

# Patient-centered medical home — Reconsideration request form

## Instructions:

Complete this form if you are participating in the UnitedHealthcare Community Plan of Tennessee Patient-Centered Medical Home (PCMH) program and want to request a reported payment or quality metric appeal.

Submit this form in response to your year-end report. You must submit the form to UnitedHealthcare Community Plan **within 20** business days after the final performance report is posted on the UnitedHealthcare Provider Portal at [UHCprovider.com](https://uhcprovider.com) > Sign In. If you do not submit the reconsideration request within this time frame, you will lose the right to request a reconsideration.

Please submit the completed reconsideration request form and any required attachments, such as a letter or memo with reconsideration details to [tnpcmh@uhc.com](mailto:tnpcmh@uhc.com).

## Required information

Request date:

Clinical transformation consultant :

PCMH name:

Tax ID number (TIN):

Street address:

City:

State:

ZIP code:

Contact person:

Phone number:

Email address:

Reason for request:      Payment accuracy      Metrics accuracy

Other:

## Required attachments:

- Copy of **final** Member-Level Detail Report highlighting members to be evaluated for reconsideration
- Copy of final PCMH Provider Performance Report

Please select the measure or measures you believe did not accurately reflect your annual performance and will be a part of your reconsideration.

### Quality measure(s) for reconsideration

Antidepressant Medication Management (adults only) – Effective Continuation Phase Treatment

Asthma Medication Ratio

Controlling High Blood Pressure

Childhood Immunizations Status Combination 10

Comprehensive Diabetes Care – BP control (<140/90 mm Hg)

Comprehensive Diabetes Care – Eye exam (retinal) performed

Comprehensive Diabetes Care – HbA1c poor control (>9.0%)

Child and Adolescent Well-Care Visits – Ages 3-11 years

Child and Adolescent Well-Care Visits – Ages 12-17 years

Child and Adolescent Well-Care Visits – Ages 18-21 years

Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 months

Well-Child Visits in the First 30 Months of Life – Well-Child Visits for Age 15 Months-30 Months

Immunizations for Adolescents Combination 2

### Efficiency measure(s) for reconsideration

Ambulatory care – Emergency room visits per 1,000 member months

Inpatient discharges per 1,000 member months

### Total cost of care (Please provide details in your attached letter or memo)

Inpatient discharges per 1,000 member months