

Tennessee Health Link

— Reconsideration request form

Instructions:

Complete this form if you are participating in the UnitedHealthcare Community Plan of Tennessee Health Link (THL) 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 > 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 bh_payment_reform@uhc.com.

Required information		
Request date:	UnitedHealthcare THL consultant:	
Organization 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: <ul style="list-style-type: none">• Copy of final Tennessee Health Link Performance Report• Copy of final Member-Level Detail Report, highlighting members to be evaluated for reconsideration		