

# Provider termination for cause appeal process

## Who may appeal

You may request an appeal as described in this document if you were removed from the UnitedHealthcare network by way of **termination for cause** and:

- You were removed from the UnitedHealthcare network maintained for any Medicare Advantage benefit plan. This opportunity to appeal applies to physicians only and not facilities or hospitals.
- You were removed from the UnitedHealthcare network maintained for any Medicaid, Children's Health Insurance Program (CHIP) or any other state program (Medicaid or other state program) benefit plans in any of the following states:
  - **Arizona:** This opportunity to appeal only applies if you are removed from participating in the network maintained for Arizona Long Term Care Medicaid benefit plans and only applies if your termination is based on an adverse determination regarding your continued participation during the recredentialing process
  - **District of Columbia**
  - **Florida**
  - **Hawaii:** This opportunity to appeal only applies if your termination is based on the recredentialing process
  - **Maryland**
  - **Massachusetts:** This opportunity to appeal applies to physicians only
  - **Nebraska**
  - **New Jersey:** You do not have an opportunity to appeal in a case involving imminent harm to a patient, a determination of fraud or a final disciplinary action by a state licensing board or other governmental agency that impairs your ability to practice
  - **New York:** The opportunity to appeal applies to physicians only and not facilities or hospitals
  - **North Carolina**
  - **Pennsylvania**
  - **Texas**
- You were removed from the UnitedHealthcare network maintained for any **commercial** benefit plan in any of the following states:

- **Delaware:** You do not have an opportunity to appeal when termination is based on: breach of your participation agreement; loss of liability insurance; indictment/arrest/conviction of a felony or crime of moral turpitude; final disciplinary action by a hospital, licensing board or other governmental agency that impairs your ability to practice medicine; failure to meet minimum requirements for participation in the UnitedHealthcare network; adjudication of fraud or in cases involving imminent harm to patients
- **Maine:** You do not have an opportunity to appeal in a case involving imminent harm to patients, a final determination of fraud by a governmental agency or a final disciplinary action by a state licensing board or other governmental agency that impairs your ability to practice medicine
- **Missouri:** This opportunity to appeal does not apply to hospitals or any other facilities. You do not have an opportunity to appeal in a case involving: imminent harm to patients; a determination of fraud; or a final disciplinary action by a state licensing board or other governmental agency.
- **Nebraska**
- **New Jersey:** You do not have an opportunity to appeal when the termination is for: breach of your participation agreement; you present an imminent danger to an individual patient or the public health, safety or welfare; or there is a determination of fraud. This opportunity to appeal only applies to (a) physicians, physician assistants, dentists, podiatrists and any other health care professional licensed pursuant to Title 45 and (b) hospitals and other facilities licensed pursuant to Title 26.
- **New Mexico**
- **New York:** You do not have an opportunity to appeal in a case involving: imminent harm to patients; a determination of fraud; or a final disciplinary action by a state licensing board or other governmental agency that impairs your ability to practice medicine. This opportunity to appeal **only** applies to physicians, physician assistants, dentists, podiatrists and any other health care professional licensed, registered or certified pursuant to Title 8 of the New York Education Law.
- **Rhode Island:** This opportunity to appeal does not apply to hospitals or any other facility
- **Texas**
- **Utah**

You also have the opportunity to appeal your removal from the UnitedHealthcare network if this opportunity is granted to you under the terms of your participation agreement.

**Note:** A **termination for cause** is based on a provision in your participation agreement that specifies a particular cause that is needed in order to terminate the agreement.

### **Scope of UnitedHealthcare review**

The scope of a UnitedHealthcare review of your appeal is limited to determining whether the facts and circumstances support the basis for your removal from the network. UnitedHealthcare will only consider information that is relevant to the reason for your termination from the network.



## How to request an appeal

Except as indicated below, any appeal must be made within **30 calendar days** after the date of the termination notice. The following states are exceptions to the statement regarding how to request an appeal:

- **Maryland:** If you're removed from the network maintained for Maryland Medicaid or other State Program benefit plans, any appeal or objection to your removal from the network must be made within **90 business days** after the date of the termination notice
- **New Jersey:** If you're removed from the network maintained for commercial, Medicaid or State Program benefit plans in New Jersey, any appeal must be made within **10 business days** after the date of the termination notice
- **Texas:** If you're removed from the network maintained for Texas Medicaid or other State Program benefits plans, any appeal must be made within **60 calendar days** after the date of the termination notice
- **Pennsylvania:** If you're removed from the network maintained by Pennsylvania Medicaid or other State Program benefit plans, any appeal or objection to your removal from the network must be made within **10 business days** after receipt of the Notice of Adverse Action

If, however, in the termination notice UnitedHealthcare has given you a certain amount of time after receipt of the termination notice to complete a process (e.g., UnitedHealthcare recredentialing process) or provide required information (e.g., Medicare certification information) or cure a material breach. Any appeal must be made within **30 calendar days** after the date you're required to complete the process, provide the required information or cure the material breach.

To request an appeal, please complete the attached **Appeal submission form** and submit it to the address listed. Along with the Appeal submission form, please make sure that your submission includes: **(i) a copy of the termination notice** and (ii) any information that you believe is relevant to your appeal. You are not required to submit information identified in item (ii). But if you do, the person(s) reviewing your appeal will have access to such information and may consider it in rendering a decision on your appeal.

Your appeal request is deemed to have been made on the date on which UnitedHealthcare receives it.

### UnitedHealthcare

**Attn: Provider Contract Appeals**

**P.O. Box 31376**

**Salt Lake City, UT 84131-0376**



## Requesting a hearing

If you have the opportunity to appeal as indicated above, you may request that a review of the appeal include a hearing **only if**:

- UnitedHealthcare has removed you from its network maintained for **Medicare Advantage** benefit plans
- UnitedHealthcare has removed you from its network maintained for **Medicaid or other State Program** benefit plans in the following states: **District of Columbia, Florida, Massachusetts, Nebraska, New Jersey, New York or Pennsylvania**
- UnitedHealthcare has removed you from its network maintained for commercial benefit plans in the following states: **Maine, Nebraska, New Jersey, New Mexico, New York or Texas**
- UnitedHealthcare has removed you from its network and the terms of your participation agreement specifically indicate that you may request a hearing based on your removal from the network

If your appeal is eligible for a hearing, you must specify in your appeal request that you're requesting a hearing. Unless you specifically request a hearing, review of your appeal will occur entirely outside of your presence and will be based solely on the information and documentation that is available to UnitedHealthcare.

If you request a hearing, review of your appeal will include a teleconference call at which you may verbally present relevant information to the person(s) deciding your appeal. The hearing may consist of other processes and requirements in accordance with applicable law. The hearing will be held within the same time frames set forth above. Your hearing will be conducted via a conference call. **Your presence during the call is required.**

UnitedHealthcare will inform you of the conference call's date and time and provide you with instructions on how to attend. If you do not call into the hearing within 10 minutes after the scheduled time, you will forfeit the right to participate in the call. If you forfeit such right, UnitedHealthcare will review your appeal solely based on information and documentation that are available.



**Failure to make a complete appeal submission in the manner and time frames set forth in this document will constitute a waiver of all appeal rights. Such a waiver will constitute a final and binding acceptance of your removal.**

## Appeal Decision

UnitedHealthcare aims to complete your appeal within **60 calendar days** from the receipt of your appeal request. Except as indicated below, you will receive a written decision within **30 calendar days** after the date on which review of your appeal is completed.

UnitedHealthcare aims to notify you of the decision before the effective date of your removal from the network. If the decision is issued after termination and is overturned, your participation will be retroactively reinstated back to the termination effective date.

- **Texas:** If you are removed from the network maintained for commercial benefit plans in Texas or Texas Medicaid or other State Program benefit plans, UnitedHealthcare will provide you the appeal panel's recommendation, if any, upon request. If you are removed from the network maintained for commercial benefit plans in Texas, upon request, UnitedHealthcare will provide you a written explanation of its decision regarding your appeal if the UnitedHealthcare decision is contrary to the appeal panel's recommendation. The appeal panel's recommendation must be considered but is not binding on UnitedHealthcare.
- **New York:** If you are removed from the network maintained for commercial benefit plans in New York or New York Medicaid or other State Program benefit plans, a decision by the hearing panel to terminate a health care professional shall be effective not less than **30 days** after the receipt by the health care professional of the hearing panel's decision
- **Maryland:** If you are removed from the network maintained for Maryland Medicaid or other State Program benefit plans, UnitedHealthcare will complete your appeal within **40 calendar days** from the receipt of your appeal request
- **Missouri:** If you are removed from the network maintained for commercial benefit plans in Missouri, UnitedHealthcare will complete your appeal within **45 calendar days** from the receipt of your appeal request
- **New Mexico:** If you are removed from the network maintained for commercial benefit plans in New Mexico or New Mexico Medicaid or other State Program benefit plans, UnitedHealthcare will complete your appeal within **50 calendar days** from the receipt of your appeal request



**Our decision regarding your appeal is final and binding. Unless applicable law or your participation agreement provides otherwise, you cannot make any further challenges to your removal once UnitedHealthcare renders its decision on your appeal.**

## Reporting

Your removal from the UnitedHealthcare network will be reported to the National Practitioner Data Bank (NPDB) and any other agencies if required by applicable law.

## If you are dissatisfied with the decision regarding your appeal

If you are dissatisfied with the decision regarding your appeal, you may contact your network management representative. If you do not know who your network management representative is, information is available at [UHCprovider.com](https://UHCprovider.com) > [Contact us](#). You may also request a second level appeal if such opportunity is granted to you under the terms of your participation agreement or you are removed from the network maintained for (1) Florida Medicaid or other State Program benefit plans or (2) Maryland Medicaid or other State Program benefit or (3) Nebraska Commercial plans and/or Medicaid or other State Program benefit plans. Otherwise, you may exercise any rights available to you under the terms of your participation agreement. In the event of a conflict or inconsistency between your participation agreement and this document, the provisions of your participation agreement will control unless applicable law dictates otherwise.

# Appeal submission form

## Appealing care provider information

|  |   |
|--|---|
| Physician name:                              | Phone number/extension:                 |
| Email address:                               | National Provider Identifier number(s): |
| Medical group/facility name (if applicable): | Tax ID number(s):                       |



**Reminder:** You must complete this form and submit it with your appeal request to the address below. **Please submit with this form a copy of the termination notice you received regarding your removal from 1 or more UnitedHealthcare networks.** Please refer to the attached Appeal Process document for any additional information you must submit with this form.

### Before submitting your appeal, please make sure you include the following:

1. Appeal submission form
2. Copy of the termination notice
3. Any relevant information you would like panelists to review

**Hearing request** - Only check this box if you are entitled to a hearing and are requesting one. Checking this box does not mean you are entitled to a hearing.

**Texas care providers only - Expedited request** - Only check this box if you are a Texas care provider entitled to an expedited appeal. Checking this box does not mean you are entitled to an expedited review.

**UnitedHealthcare**  
**Attn: Provider Contract Appeals**  
**P.O. Box 31376**  
**Salt Lake City, UT 84131-0376**

## For appeal coordinator use only

Appeal received date:

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare Community Plan, Inc., UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Florida, Inc., UnitedHealthcare of Georgia, Inc., UnitedHealthcare of Illinois, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., UnitedHealthcare of Mississippi, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New Mexico, Inc., UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of North Carolina, Inc., UnitedHealthcare of Ohio, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of South Carolina, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., UnitedHealthcare of Wisconsin, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Rocky Mountain Health Maintenance Organization Incorporated, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.