

Episodes of Care — Reconsideration request form

Instructions:

Complete this form if you are participating in the UnitedHealthcare Community Plan of Tennessee Episodes of Care (EOC) 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 **Amber Huggins** at amber_huggins@uhc.com.

Required information		
Request date:	EOC representative:	
Organization name:		
Tax ID number (TIN):		
Street address:		
City:	State:	ZIP code:
Contact person:		
Phone number:	Email address:	
Episode type(s) needing reconsideration (perinatal, asthma, etc.):		
Reason for request:	Payment accuracy	Metrics accuracy
Other:		