Tennessee Episodes of Care Reconsideration Form

This form is to be completed by health care professionals participating in the UnitedHealthcare Community Plan of Tennessee's Episodes of Care program who want to request an appeal regarding the accuracy of a reported payment or quality metric.

Complete this form and email it, along with supporting documentation, to David Cropp, vice president of Network Strategy and Transformation at david_cropp@uhc.com.

Required Information

Date of request	
Health care professional name	
Tax ID number	
Street address	
City, state, ZIP Code	
Contact name	
Contact email	
Contact telephone	
Who is your Episodes of Care Provider Representative?	
Episode type(s) needing reconsideration (perinatal, asthma, etc.)	

Reason for reconsideration request (check all that apply)	____ Payment accuracy ____ Metric accuracy ____ Other
If you select Other, please provide further details	
Are you attaching documentation?	_____ Yes _____ No
Please include any additional information that helps support your request for a reconsideration	

Reconsideration requests must be submitted to UnitedHealthcare Community Plan within 20 business days of when the final performance report is posted at UHCprovider.com.

If the reconsideration isn't requested within 20 business days, you will waive your ability to pursue reconsideration in any forum.

We're here to help

If you have questions, please contact your Episodes of Care Provider Representative, or email us at SE_government_programs@uhc.com.