

APPEALS AND GRIEVANCES STANDARD DEFINITIONS AND PROCESS REQUIREMENTS								
SITUATION	DEFINITION	WHO MAY SUBMIT?	SUBMISSION ADDRESS	FILING OPTIONS	CONTACT PHONE NUMBER	WEBSITE (Care Providers Only) for Online Submissions	CARE PROVIDER FILING TIMEFRAME	UnitedHealthcare Community Plan RESPONSE TIMEFRAME
Care Provider Claim Resubmission	Creating a new claim. If a claim was denied and you resubmit the claim (as if it were a new claim), then you will normally receive a duplicate claim rejection on your resubmission	Care Provider	UnitedHealthcare Community Plan P.O. Box 5240 Kingston, NY 12402	Use claimsLink tool to submit request.	877-842-3210, Monday-Friday 8 a.m. to 6 p.m., ET	Use the Claims Management or ClaimsLink application on Link. To access Link, go to UHCprovider.com/link .	Must receive within 45 business days	30 business days
Care Provider Claim Reconsideration (step 1 of claim dispute)	Overpayment, underpayment, payment denial, or an original or corrected claim determination you do not agree with.	Care Provider	UnitedHealthcare Community Plan Grievance & Appeals Department P.O. Box 31364 Salt Lake City, UT 84131	Use claimsLink tool to submit request. If unable to access, mail in Single Paper Claim Reconsideration Request Form	877-842-3210, Monday-Friday 8 a.m. to 6 p.m., ET	Use the Claims Management or ClaimsLink application on Link. To access Link, go to UHCprovider.com/link .	Must receive within 90 business days	30 business days
Care Provider Claim Formal Appeal (step 2 of claim dispute)	A second review in which you did not agree with the outcome of the reconsideration.	Care Provider	UnitedHealthcare Community Plan Grievance & Appeals Department P.O. Box 31364 Salt Lake City, UT 84131-0364	Use claimsLink tool to submit request.	877-842-3210, Monday-Friday 8 a.m. to 6 p.m., ET	Use the Claims Management or ClaimsLink application on Link. To access Link, go to UHCprovider.com/link .	90 business days from the date of the reconsideration notice Second level appeal: 15 business days from the date on the first level appeal notice	First level appeal: 40 calendar days Second level appeal: 35 calendar days
Care Provider Grievances	A complaint expressing dissatisfaction with operations, activities, or behavior of a health plan or member	Care Provider	UnitedHealthcare Community Plan Grievance & Appeals Department P.O. Box 31364 Salt Lake City, UT 84131-0364	Verbal filing, complete request in writing	877-842-3210, Monday-Friday 8 a.m. to 6 p.m., ET	Use the Claims Management or ClaimsLink application on Link. To access Link, go to UHCprovider.com/link .	120 business days	30 calendar days (administrative) 5 calendar days (medically related) 24 hours (expedited)

The above definitions and process requirements are subject to modification by state contract or regulations. States may impose more stringent requirements.

UnitedHealthcare Community Plan and its contracted providers may agree to more stringent requirements within provider contracts than described in the standard process.