



<Ret address1>
<Ret address2>

<Date>

<Physician Name>

<Address 1>

<Address 2>

<City>, <State> <ZIP Code>

Re: Expanded Claims Reconsideration for Clinical Denials – Effective Feb. 1, 2018

Dear <Physician Name>:

UnitedHealthcare Community Plan is committed to improving your care provider experience. One way we're doing that is by expanding our existing claims reconsideration process. Starting Feb. 1, 2018, in addition to submitting reconsideration requests for administrative claim denials, you can also request a medical necessity review on clinical denials issued in the last 365 days.

The new process will offer a faster turn around time and involve a full medical necessity review without your having to file a formal claim dispute. You'll also have two choices for submitting your request: online at the web path below or by calling Provider Services.

Submitting Your Clinical Reconsideration Request

To request a reconsideration for a claim that was previously denied or closed for **“No Authorization on File”** or **“Does Not Meet Medical Necessity,”** please include the following Medical Necessity documentation with your clinical reconsideration request:

- Medical Records
- Lab Reports
- Radiology Reports
- Any other pertinent medical necessity documents

You can submit your Claim & Clinical Reconsideration Request form at UHCprovider.com > Claims, Billing and Payments > Submit a Claim Reconsideration.

We realize you may not always agree with the outcome of the medical necessity review. Our appeals process is still available for you to dispute the decision. You can find additional information on the reconsideration process and claim dispute rights in your Care Provider Administrative Guide at UHCCCommunityPlan.com > For Health Professionals > (Your State) > Provider Manual.

We're Here to Help

If we can answer any questions for you, please call us at 800-690-1606.

Sincerely,

<name>

<title>