

TennCare Program Provider Independent Review Process

***An Information Guide for Providers
of TennCare Services***

June 26, 2015

What is Independent Review?

Independent Review is a process available for Providers to resolve claims payment disputes with **TennCare Program MCCs only.**

- Submit a written Request to the Commissioner of Commerce & Insurance c/o TennCare Oversight Division
- T.C.A. § 56-32-126(b) governs the Independent Review process.

MCC = The 3 TennCare HMOs, the Dental Benefits Manager (DBM) & the Pharmacy Benefit Manager (PBM).

Who are Independent Reviewers?

They are persons selected by a panel to hear disputes between TennCare MCCs and Providers. They act like judges in that they make decisions on claims disputes.

- Pursuant to T.C.A. § 56-32-126(b), the Selection Panel for TennCare Reviewers selects the Independent Reviewers.
- The Panel consists of two Provider representatives, one representative from each of the two largest TennCare HMOs, and the Commissioner of TDCI or the Commissioner's designated representative. See T.C.A. § 56-32-126(b).

Who Pays Independent Reviewers?

The MCCs pay the Independent Reviewers the fee amount set by the Selection Panel for TennCare Reviewers pursuant to T.C.A. § 56-32-126(b).

However, if the Provider loses the Independent Review, the Provider is required to reimburse the MCC for the fee.

So, it is the “Losing” party that is ultimately responsible for paying the Reviewer.

What makes an Independent Reviewer “Independent”?

- Reviewers are not selected by the MCC, the Provider, the Department of Commerce & Insurance (“TDCI”) or the TennCare Bureau.
- Reviewers’ compensation is not connected to the outcome of the reviews performed.

Independent Reviewers are selected by the independent Selection Panel for TennCare Reviewers

What kinds of Claims can be sent to Independent Review?

- Claims for a **TennCare Program service** rendered to a TennCare enrollee; **and**
- the MCC partially or totally denied or recouped the claim or
- the MCC failed to respond to the claim by issuing an RA within 60 calendar days; **and**
- and the Provider requested reconsideration of the denial or recoupment in writing; **and**
- 30 days have passed since the MCC received the reconsideration request.

What are the Eligibility Limitations for Independent Review?

- Request must be received by the TennCare Oversight Division within 365 days of the initial denial or recoupment.
- Request must include a copy of the Provider's request for reconsideration of the denial or recoupment.
- Non-contracted Providers must submit a check for \$750.00 with the Request.
- The claim(s) must not be involved in arbitration or litigation.

What Happens if my Request is not Eligible for Independent Review?

When a Request does not meet eligibility requirements required by Tenn. Stat. Ann. § 56-32-126(b), the TennCare Oversight Division will generally process the Request as a Provider Complaint.

The Division will send written notice to the Provider saying why the Request is not eligible for Independent Review and whether the Request is being processed as a Provider Complaint.

Can I Aggregate Multiple Claims into One IR Request?

YES, if the specific denial reason involves one “common” question of fact or law.

- Can a Reviewer decide one claim and apply that decision to all claims?
- The mere fact that claims are not paid does not create a common substantive question of fact or law.
- The Reviewer makes the final determination as to whether claims are eligible for aggregation.

What happens if I request claims be aggregated when they are not eligible for aggregation?

- If a Reviewer determines that claims should not have been aggregated, a fee will be assessed for each claim that cannot be aggregated with another claim.
- The Reviewer will explain the reason for this determination.

Aggregated Request Issues

- Multiple claims denied for Medical Necessity are not eligible for aggregation.
- When an aggregated request contains claims for multiple enrollees (>5), the provider should submit electronic Excel Spreadsheets listing all of the enrollees with appropriate demographic data, including Name, DOB, SSN & DOS.

Who pays for the review?

Contracted Providers (Par-Providers)

- The MCC always pays the Reviewer.
- If a contracted Provider loses the Independent Review, the Provider must reimburse the MCC the fee.
- If a losing Provider does not refund the MCC the fee, the TennCare Oversight Division may prohibit that Provider from future participation in the Independent Review process.

Who pays for the review?

Non – Contracted Providers (Non-Par Providers)

- The MCC always pays the Reviewer.
- Non-contracted Providers must submit the Reviewer fee to the TennCare Oversight Division with the Request for Independent Review.
- If the non-contracted Provider wins the review, TDCI will reimburse the money held to Provider.
- If the MCC wins, TDCI will pay the MCC.

(If the claim is not eligible for independent review, the fee will be returned to the non-contracted Provider.)

How much is the Independent Review fee?

- The Independent Reviewer fee is \$750.00 per Independent Review Request. (\$450.00 if settled prior to Decision.)
- If claims are “aggregated” into one Independent Review Request, there is only one fee of \$750.00

(Remember that the Independent Reviewer makes the final determination of whether requests are appropriately aggregated. So the final number of fees per submitted request may increase.)

How can I request an Independent Review?

Fill out the information requested on the Request for Independent Review Form and attach or enclose supporting documents. Be sure to include everything supporting your position.

Send the Request to:

Fax: 615-401-6834; or

Surface Delivery:

Compliance Office, TennCare Division
TN Dept of Commerce & Insurance
500 James Robertson Parkway, 11th Floor
Nashville, TN 37243-1169

Where Can I Get the Request for Independent Review Form?

- The Independent Review Request Form is located on the Internet at:

<http://www.tn.gov/tncoversight/IR.shtml>

- A provider may also call (615) 741-2677 to request the form.

Will I be contacted by the Reviewer?

- Yes. The Reviewer will contact the Provider and the MCC, by certified mail, return receipt requested or by date and time marked facsimile.

The Reviewer will ask the Provider and the MCC to provide any additional written information and documentation that the Provider or MCC wants the Reviewer to consider.

How will I know who wins the Independent Review?

The Reviewer will tell you.

The Reviewer will write a decision and send a copy to the Provider, MCC, and the TennCare Oversight Division.

Can I Appeal the IR Decision ?

Not exactly. T.C.A. § 56-32-126(b), says either party may file suit between the MCC and Provider, but not the Independent Reviewer, in any court having jurisdiction to review the Reviewer's decision. The suit must be filed within 60 days of the Reviewer's decision.

Any claim concerning a Reviewer's decision not brought within sixty (60) calendar days of the Reviewer's decision will be forever barred.

If I win, when will I get my money?

The MCC must pay the Provider within 20 days of receipt of the Reviewer's decision.

What if the MCC does not pay when I win?

The Provider should contact TDCI by secure/encrypted email, facsimile or surface mail if payment is not received within 20 days of receipt of the Reviewer's decision.

An email should be sent to: TennCare.Oversight@tn.gov

A facsimile should be sent to: 615.401.6834

If your email (or any email attachment) contains any PHI, the email must be sent by HIPAA compliance secure email.

What will the TennCare Oversight
Division do if the MCC does not
pay as decided?

The Division will require the MCC to show proof that the MCC has done what the Reviewer decided to avoid assessment of Liquidated Damages.



TennCare Oversight Division
500 James Robertson Parkway, 11th Floor
Nashville, TN 37243

Phone: (615) 741-2677
Fax: (615) 401-6834
TennCare.Oversight@TN.Gov

Request to Commissioner for Independent Review of Disputed TennCare Claim

Please complete this form and fax or mail it back to us. You will be copied on our correspondence concerning this matter. Please provide documentation that supports your complaint.

DO NOT send any Member Protected Health Information (PHI) via email unless you have HIPAA compliant encrypted email. PHI includes the members name and other demographic information.

Complainant Information

Provider Representative * Required field

Prefix: Mr. Mrs. Ms. Dr.

First Name*: Last Name*:

Provider Name:

Street Address:

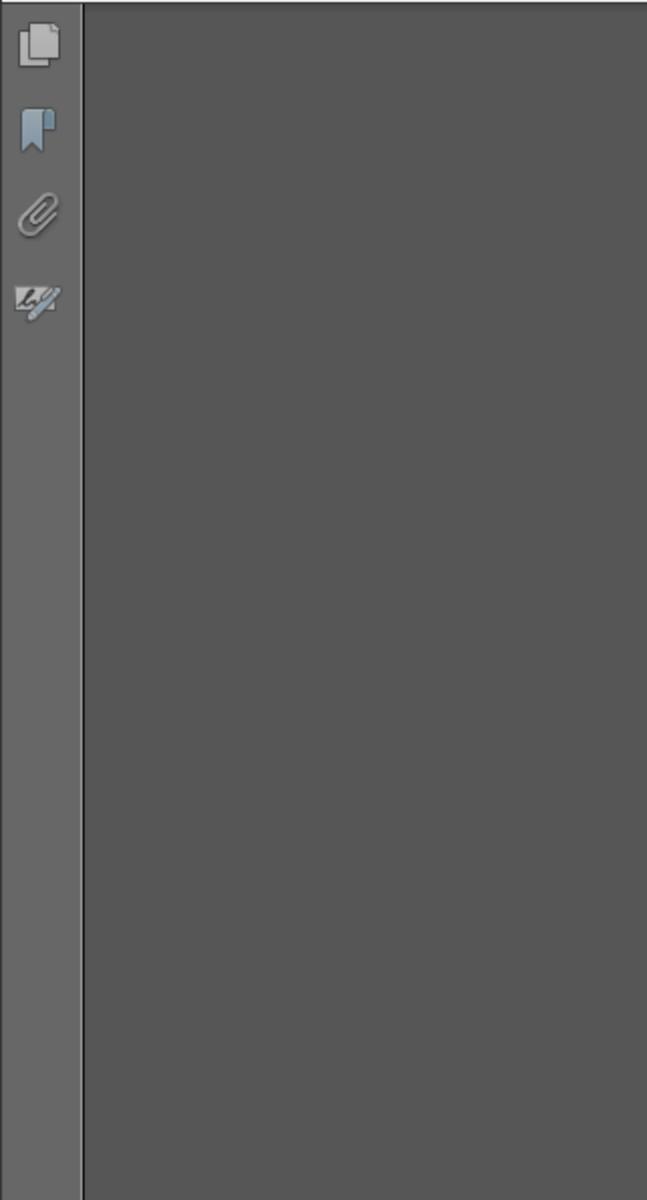
City: State: Zip Code:

Phone Number: Daytime / Alternate:

Fax Number:

Email Address:

TennCare Plan Information



TennCare Plan Information (Continued)

Provider Type: [Reserved]

Provider Type examples: Hospital, Physician, Nursing Facility, Hospice, etc.

Date(s) of Service(s)

Start Date: **End Date:**

Initial Claim Submission to MCC Date:

(Attach a copy of the Provider Claim.)

Initial MCC Claim Denial or Recoupment Date:

(Attach a copy of the MCC Denial or Recoupment Advice.)

Date Provider submitted written Reconsideration Request to MCC:

(Attach a copy of the Provider's Reconsideration Request.)

Date Provider received written Reconsideration Denial:

(Attach a copy of the MCC's Reconsideration Denial.)

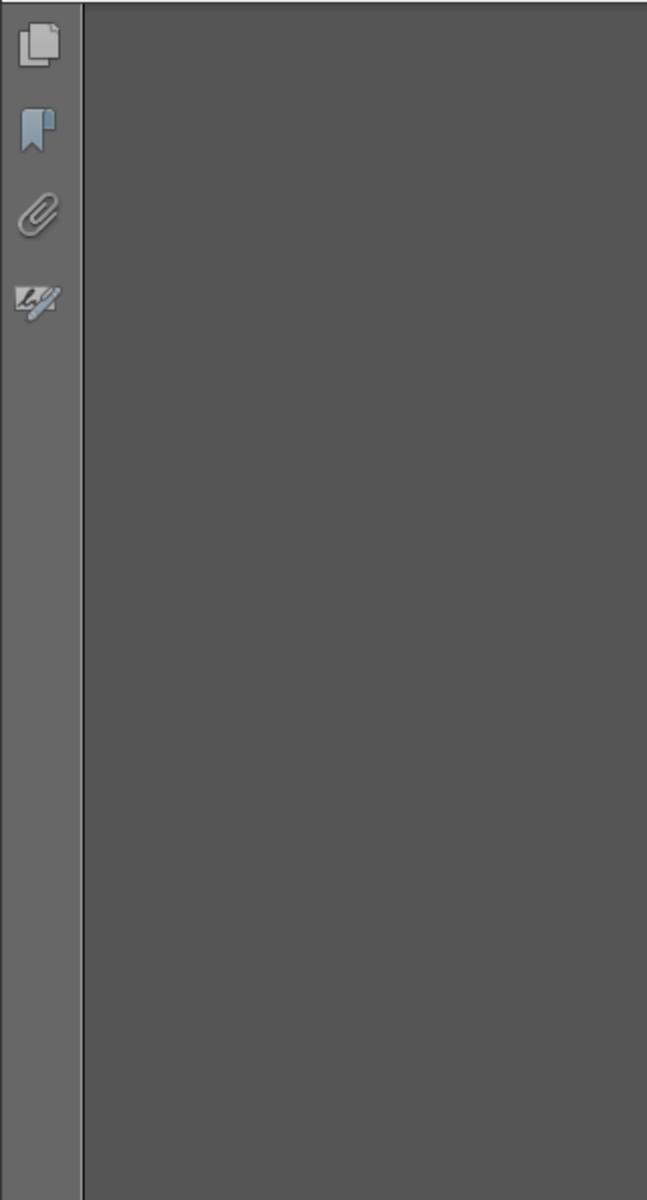
Are you a contracted network provider? Yes No

(If Yes, attach evidence of contract. A copy of the signature page is sufficient.)

If you are not contracted with the MCC, you must submit the reviewer's fee with this request.

Have you enclosed the Fee? Yes No

(Per claim, attach a check in the amount of \$450 made payable to the Department of Commerce and Insurance.)



ACKNOWLEDGEMENT OF FEE OBLIGATION

By my signature below, I hereby request independent review of the above claim, pursuant to T.C.A. §§ 56-32-126(b) or 71-5-2314. I also confirm that the above mentioned disputed claim will not be raised as an issue in litigation or arbitration until the reviewer issues his decision. Any provider who brings a lawsuit or initiates arbitration involving a claims payment dispute raised in an independent review request before the independent reviewer renders a decision, must ultimately pay the independent reviewer's fee. Any provider who initiates independent review for a non-TennCare claim is ultimately responsible for paying the reviewer's fee. I also understand that there is a mandatory fee of \$450.00 per claim and if I have a contract with the MCO, the MCO is initially responsible for paying the fee. I further understand that if the reviewer determines the MCO correctly denied payment of this disputed claim(s), then I must reimburse the MCO for the reviewer's fee as established by the Selection Panel for TennCare Reviewers.

If you are NOT the aggrieved provider, what is your relationship to the provider?

I declare that the information I've furnished is true and accurate.

Signature:

Date:





- Commerce (TDCI)
- Insurance
- Athletic Commission
- Consumer Affairs
- Corrections Institute
- Emergency Comm. (E911)
- Fire Prevention
- Law Enforcement Training
- Regulatory Boards
- Securities
- TennCare Oversight
- Small Business Advocate
- Public Meetings

TENNCARE OVERSIGHT DIVISION

Quick Links

- [Contact Information](#)
- [Speaker Request](#)

News And Information

- [Public Notice for Upcoming Selection Panel Meeting](#)
- [Order signed Approving Wellpoint Acquisition of AMERIGROUP Tennessee](#)

Financial/Operational Oversight

- [Monitoring Activities](#)

Other Resources

- [MCO Financial Reports](#)
- [Prompt Pay Compliance](#)
- [NAIC](#)
- [CMS](#)
- [TennCare Bureau](#)
- [Fraud & Abuse](#)
- [Examination Reports](#)
- [HMO Filing Checklist \[pdf\]](#)
- [Prepaid Limited Health Service Organization Application \[pdf\]](#)
- [3rd Party Administrator Packet \[pdf\]](#)

Commissioner

LISA JORDAN,
ASSISTANT
COMMISSIONER

Contact Info

Mailing Address:
Tennessee Department of Commerce
and Insurance
TennCare Oversight Division
500 James Robertson Parkway
Floor
Nashville, TN 37243-1169

Telephone:
Phone: (615) 741-2677
Fax: (615) 401-6834

[Email Us \(Click Here\)](#)



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TENNCARE OVERSIGHT DIVISION

Provider Complaints And Independent Review

The TennCare Oversight Division can assist medical and transportation providers in resolving disputes with TennCare Managed Companies ("MCCs") by administering the provider complaint and independent review processes. For more information on the complaint and independent review processes and to see summary reports on the provider complaints and independent review submitted to the TennCare Oversight Division, click on the links below:

- [Provider Complaint Process](#)
- [Independent Review Process](#)

NOTE:
The TennCare Oversight Division has no authority to intervene in contract negotiations between providers and MCCs, including establishment rates for medical services.





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TENNCARE OVERSIGHT DIVISION

Independent Review Info

This process was established by statute (Tennessee Code Annotated § 56-32-126(b)(2)) to resolve claims disputes when a provider believes a TennCare managed care company ("MCC") has partially or totally denied claims incorrectly. A MCC's failure to send a remittance advice or other written or electronic notice either partially or totally denying a claim within sixty (60) days of the M receipt of the claim is considered a claims denial.

The independent review statute specifically applies to MCCs licensed as health maintenance organizations or prepaid limited health service organizations (e.g. the behavioral health organizations). TennCare has contractually required its dental benefits manager subject to the independent review process.

The TennCare Oversight Division administers the independent review process, but does not perform the independent review of disputed claims. When a request for independent review is received, the TennCare Oversight Division determines that the disputed claims are eligible for independent review based on the statutory requirements (i.e. the disputed claims were submitted for independent review within 365 days from the date the MCC's first denied the claims). If the claims are eligible, the TennCare Oversight Division forwards the claims to a reviewer that is not a state employee or contractor and is independent of the MCC and the provider. The decision of the independent reviewer is binding unless either party to the dispute appeals the decision to any court having jurisdiction to review the independent reviewer's decision.

There is a \$450 fee associated with an independent review request. If the independent reviewer decides in favor of the provider, the provider is responsible for paying the fee. Conversely, if the independent reviewer finds in favor of the MCC, the provider is responsible for the fee.

The independent review process is only one option a provider has to resolve claims payment disputes with a TennCare MCC. In requesting independent review, a provider may pursue any available legal or contractual remedy to resolve the dispute.

To learn more about the independent review process, click [here](#) for the Information Packet for Independent Review.