

## **The TDCI TennCare Division Provider Complaint Process**

### ***A Summary for TennCare Providers***

- This process is a courtesy available to Providers of TennCare benefits who have a complaint against a TennCare managed care company ("MCC").
- This process is free.
- The TennCare Division requires TennCare MCCs to respond to complaints from providers concerning operational and claims disputes in a timely manner.
- The TennCare Division uses information regarding disputed claims and other MCC operations to monitor and examine TennCare MCC compliance.

#### **What kinds of Complaints can be sent?**

- Provider Complaints may involve: claims denials, claims payment accuracy and timeliness, credentialing procedures, inability to contact or obtain assistance from the MCC, miscommunication or confusion around MCC policy and procedures, etc.
- We also process complaints involving Medicare for services rendered to dually eligible TennCare members enrolled in:
  - UnitedHealthcare Community Plan Medicare Advantage SNP Plan
  - Amerigroup Community Care Medicare Advantage SNP Plan

#### **How does this Process work?**

- The TennCare Oversight Division will forward the Complaint to the MCC for investigation and response.
- The Division will send the Provider written notification of this referral
- The MCC is required to respond in writing to both the Provider and the TennCare Oversight Division by a set deadline to avoid assessment of liquidated damages.

#### **What should a Provider include in the Complaint?**

- It should contain a detailed cover letter with a summary of the complaint dispute.
- It should also contain all the necessary supporting information to explain your position.

- Copy of claim(s), remittance advice(s), MCC denial correspondence, reconsideration requests, email correspondence, and any other relevant information.

### **What if the Provider Complaint involves multiple enrollees (5 or More):**

- The complaint **MUST** include an Excel spreadsheet identifying:
  - The Services Rendered, the Dates of Service, and the Enrollees
    - Enrollee *name, date of birth, social security number.*
  - It is helpful if the denial reasons are listed as well.
- The spreadsheet **Must** be submitted on a CD via surface delivery.

### **What if the Provider is not satisfied with the MCC Complaint Response?**

The Provider may seek other remedies to resolve the complaint, including but not limited to, requesting a claims payment dispute be sent to an **Independent Reviewer** for resolution or pursuing other available legal or contractual remedies. (To learn more about Independent Reviews, go to <http://www.tn.gov/commerce/tenncare/IR.shtml>.)

### **What if the MCC fails to do what it promises in the Complaint Response?**

- The Provider should notify TennCare Oversight in writing.
- The Division will require the MCC to show proof that the MCC has done what it promised to avoid assessment of liquidated damages.

### **Where do I send the Provider Complaint?**

- A Provider Complaint can be submitted in writing to:

Compliance Office, TennCare Division  
Tennessee Department of Commerce & Insurance  
500 James Robertson Parkway, 11<sup>th</sup> Floor  
Nashville, TN 37243-1169

- A Provider Complaint can be submitted by facsimile to: 615-532-8872.
- If a Provider has questions not addressed in this Information Packet, the Provider may call (615) 741-2677.

### **Where should insurance complaints that do not involve TennCare be sent?**

- Complaints should be directed to the TCDI Consumer Insurance Service at: <http://tngov/commerce/insurance/complaint.shtml>