

The TennCare Provider & Independent Review: An Information Packet for TennCare Providers

What is Independent Review?

Independent Review¹ is a process for Providers to resolve their claims payment disputes with TennCare managed care companies (MCCs).²

Who are Independent Reviewers?

They are persons selected by a panel³ to hear disputes between TennCare MCCs and providers. They act like judges in that they make decisions on claims disputes.

What makes them “Independent”?

Independent Reviewers are “independent” because they are selected by an independent panel. They are not selected by the MCC, the Provider, the Department of Commerce and Insurance (“TDCI”) or the TennCare Bureau. Their compensation is not connected to the outcome of the reviews performed.

What kinds of claims can be sent?

Only claims that are eligible can be sent to Independent Review.

To be eligible for Independent Review, a claim must meet **ALL** of the following:

1. The claim involves a TennCare service, which was provided to a TennCare enrollee,
- AND**
2. The MCC:
 - a. Partially or totally denied the claim in a written or electronic remittance advice, *or*
 - b. Subsequently partially or totally denied or recouped a previously allowed claim by a written or electronic notice;
or

1 T.C.A. § 56-32-126(b) governs the Independent Review process.

2 MCC = TennCare HMOs and the Dental Benefits Manager (DBM).

3 The Selection Panel for TennCare Reviewers sets the review fee. The Panel consists of 2 provider representatives, 1 representative from each of the 2 largest TennCare HMOs, and the TDCI Commissioner or the commissioner’s designated representative. See T.C.A. § 56-32-126.

- c. Failed to respond by issuing a remittance advice or other appropriate written or electronic notice partially or totally denying the claim within sixty (60) calendar days of the MCC's receipt of the claim.

AND

- 3. The Provider sent a written request for reconsideration to the MCC.

(If a Provider has failed to receive from the MCC a remittance advice or other appropriate written or electronic notice partially or totally denying a claim within 60 calendar days of the MCC's receipt of the claim, then the Provider must request reconsideration from the MCC prior to requesting Independent Review.)

AND

- 4. The MCC:
 - a. Failed to respond to the request for reconsideration within 30 calendar days of the MCC's receipt of the request; *or*
 - b. Failed to respond within 60 calendar days of receipt of the reconsideration request, if the MCC requested additional time within the first 30 calendar days of the receipt of the reconsideration request; *or*
 - c. Failed to respond within the timeframe mutually agreed to by the Provider and the MCC in writing; *or*
 - d. Continued to deny the claim;

AND

- 5. The disputed claim is not involved in arbitration or litigation;

AND

- 6. The Provider requested Independent Review within 365 days of MCC's first denial or first recoupment.

Note: If the claim does not meet the eligibility requirements, TDCI will send the Provider a written notice that sets out the reason for the claim's ineligibility. Sometimes an ineligible claim can become eligible if the reason for the ineligibility is that there are missing items. In addition, when a claim does not meet eligibility requirements, TDCI will automatically process the request as a Provider Complaint.

If I have similar claims to dispute, can I group them together?

Yes. Claims involving the same MCC may be grouped together or “aggregated”, if the specific reason for the denial involves a common question of fact or law. The mere fact that a claim is denied does not create a common question of fact or law. The basic rule for whether claims may be aggregated is whether a reviewer can decide for one claim and apply that decision to all claims. If the claims are aggregated, then there is only one fee of \$450.

The Independent Reviewer makes the ultimate determination as to whether claims you want aggregated are actually eligible for aggregation. If they are not, the fee will be assessed for each claim that cannot be aggregated with another claim.

Who pays for the review?

Contracted Providers (Par-Providers)

The MCC initially pays the review fee. If a contracted provider loses the independent review, the contracted provider must reimburse the MCC the fee. If a losing contracted provider does not refund the MCC the fee, TDCI may prohibit that provider from future participation in the independent review process.

Non – Contracted Providers (Non-Par Providers)

Providers who do not have a contract with the MCC involved in the claims dispute must submit an amount of money equal to the review fee for TDCI to hold before the claim is eligible for review. If the non-contracted provider wins the review, TDCI will reimburse the money held to the non-contracted provider. If the MCC wins, TDCI will pay the MCC with the money held. If the claim is not eligible for independent review, the independent review fee will be returned to the non-contracted provider.

How much is the fee?

As of October 8, 2002, the review fee is \$450 per claim. If claims are aggregated, there is only one fee of \$450.

How can I request an Independent Review of my claim?

Providers should submit the information requested on the Request for Independent Review Form to TDCI at the following address:

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

The Independent Review Request Form is located at: www.tn.gov/commerce/tenncare
A provider may also call (615) 741-2677 to request the form.

How long does the Independent Review take?

About 90 days. Within 14 days of receiving the request for independent review from TDCI, the reviewer will send the provider and MCC an information request regarding the claims payment dispute. The provider and the MCC must respond within 30 days, unless the reviewer grants more time. The reviewer may grant the provider or MCC an additional 30 days to respond for aggregated requests.

The reviewer will render a decision within 60 days of the receipt of the request from TDCI, unless the reviewer requests guidance on a medical issue or requests and receives an extension of time from the Commissioner of TDCI.

How will I be contacted by the reviewer?

The Reviewer will contact the provider, by certified mail, return receipt requested or date and time marked facsimile, using the contact information provided on the Request for Independent Review form.

What will the Independent Reviewer request from parties involved?

The Reviewer will request any and all written information and documentation regarding the disputed claim that the provider or the MCC wants considered. However, information or documentation from the provider which was not also submitted by the provider to the MCC during the organization's reconsideration review of the disputed claim will not be considered by the reviewer.

How will I know if my claim will be paid?

The reviewer will write a decision and will send a copy to the Provider, MCC, and TDCI.

If the independent reviewer determined my claim should not be paid, can I appeal?

Yes. Pursuant to T.C.A. § 56-32-126(b) within 60 calendar days of a reviewer's decision, 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. Any claim concerning a reviewer's decision not brought within sixty (60) calendar days of the reviewer's decision will be forever barred.

If the independent reviewer decided my claim should be paid, when will I get my money?

The MCC must pay the provider within 20 days of receipt of the reviewer's decision. The provider may contact TDCI at (615) 741-2677 if payment is not received within 20 days of receipt of the reviewer's decision.