

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, 11th Floor
Nashville, TN 37243-1169

- A Provider Complaint can be submitted by facsimile to: 615-401-6834.
- 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>