



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-5065
615-741-6007

BILL LEE
GOVERNOR

CARTER LAWRENCE
COMMISSIONER

MEMORANDUM

TO: Commissioner Lisa Piercey, MD, MBA, FAAP, Department of Health
Fiscal Review Committee

FROM: Commissioner Carter Lawrence


lwrence | Apr 27.

DATE: April 26, 2022

RE: Report of Requests for Independent Review Pursuant to the TennCare Prompt Pay
Act, Tenn. Code Ann. § 56-32-126(b)(5)

Please find attached the Annual Report of Requests for TennCare Independent Reviews for calendar year 2021.

Pursuant to the TennCare Prompt Pay Act, Tenn. Code Ann. § 56-32-126(b)(5), the Commissioner of Commerce and Insurance shall report to the Department of Health and to the Fiscal Review Committee the number of requests for TennCare claims review filed for each health maintenance organization operating a TennCare line of business during the prior calendar year and the general outcome of these independent review requests. The Commissioner shall also report the name of any provider whose claim denial is upheld in more than fifty percent (50%) of submitted claim reviews as well as the number of claim reviews lost by that provider.

If you have any questions, please contact Assistant Commissioner Lisa Jordan, TennCare Oversight Division, at (615) 741 -2677.

Enclosure

cc: Lisa R. Jordan, Assistant Commissioner, TennCare Oversight Division
John Mattingly, Examinations Director, TennCare Oversight Division
Patricia L. Newton, Compliance Manager, TennCare Oversight Division
Gregory Hawkins, Examinations Manager, TennCare Oversight Division
Commissioner Butch Eley, Department of Finance & Administration
Jason E. Mumpower, Comptroller
Stephen Smith, Deputy Commissioner, TDFA Division of TennCare
Vincent A. Pinkney, Acting Director of Managed Care Operations, Division of TennCare
Sherri Ernst, Selection Panel for TennCare Reviewers
Patrick Sullivan, Selection Panel for TennCare Reviewers
Justin Campbell, Selection Panel for TennCare Reviewers
Christopher Turner, MD, MMHC, FHM, Selection Panel for TennCare Reviewers

**Annual Report to the Department of Health & Fiscal Review Committee
Of Requests for Independent Review of TennCare Claims Denial
For Calendar Year 2021**

Pursuant to Tenn. Code Ann. § 56-32-126(b)(5):

Number of requests for Independent Review of TennCare claims denial filed for each TennCare Managed Care Company (MCC) during the 2021 calendar year:

Name of MCC	Number of Requests	Outcome of Each Request*
<u>AMERIGROUP Tennessee, Inc.</u>	34	Ineligible: 2 Decision for MCC: 9 Decision for Provider: 7 Decision for Provider & MCC (Partial): 9 Settled for Provider: 7
<u>UnitedHealthcare Plan of the River Valley</u> (UnitedHealthcare Community Plan)	25	Ineligible: 2 Decision for MCC: 13 Decision for Provider: 1 Decision for Provider & MCC (Partial): 2 Settled for Provider: 7
<u>Volunteer State Health Plan</u> (BlueCare & TennCareSelect)	79	Decision for MCC: 34 Decision for Provider: 5 Decision for Provider & MCC (Partial): 17 Pending: 3 Settled for Provider: 20

Annual Report of IR Requests for TennCare Claims Review- Calendar Year 2021
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Name of Provider whose claim denial is upheld in more than fifty percent (50%) of the Independent Review Requests, as well as the number of claim reviews lost by that provider:

Cardiovascular Surgery Clinic PLCC 1

Covenant Cumberland Medical Center 1

Integrity Pain Consultants 1

Marshall Medical Center 2

*Description of Outcome Information:

Ineligible- The Independent Review Request did not meet the statutory guidelines for eligibility. The Providers are notified of their ineligible statuses and are given the opportunity to correct the deficiencies.

Decision for MCC - The Independent Reviewer found that the Provider claim was properly denied by the MCC.

Paid – MCC paid the claim prior to referral to an Independent Reviewer.

Pending – Waiting for Reviewer decision.

Decision for Provider - The Independent Reviewer found that the Provider claim should be paid by the MCC.

Decision for MCC & Provider - The Independent Reviewer found that the claim should be partially paid by the MCC.

Rescinded – Provider withdrew the Independent Review Request.

Settled for Provider - The MCC and Provider agreed to a dispute resolution in the Provider's favor before the Independent Reviewer rendered a decision.

Settled for MCC & Provider - The MCC and Provider agreed to a dispute resolution in that favored both Provider and MCC before the Independent Reviewer rendered a decision.

UNDER \$\$ - Provider Withdrew Independent Review Request Because Dispute Amount was Less Than Independent Reviewer Fee; Processed as Provider Complaint.