



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
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NASHVILLE, TENNESSEE 37243-5065
615-741-6007

BILL LEE
GOVERNOR

HODGEN M. MAINDA
COMMISSIONER

MEMORANDUM

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

FROM: Commissioner Hodgen Mainda *Hodgen Mainda*

DATE: May 1, 2020

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 2019.

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: Carter Lawrence, Chief Deputy/COO
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 Ely, Department of Finance & Administration
Justin P. Wilson, Comptroller
Stephen Smith, Deputy Commissioner, TDFA Division of TennCare
Keith Gaither, Director of Managed Care Operations, TDFA Division of TennCare
Sherri Ernst, Selection Panel for TennCare Reviewers
Patrick Sullivan, Selection Panel for TennCare Reviewers
Brian Luidhardt, Selection Panel for TennCare Reviewers
Autry J. Parker, Jr., MD, 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 2019**

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 2019 calendar year:

Name of MCO	Number of Requests	Out-Come of Each Request*
<u>AMERIGROUP Tennessee, Inc.</u>	70	Ineligible: 6 Decision for MCC: 17 Decision for Provider: 13 Decision for Provider & MCC (Partial): 10 Rescinded: 1 Settled for Provider: 17 Under \$\$: 6
<u>UnitedHealthcare Plan of the River Valley (UnitedHealthcare Community Plan)</u>	32	Ineligible: 2 Decision for MCC: 12 Decision for Provider: 5 Decision for Provider & MCC (Partial): 5 Paid: 1 Settled for Provider: 7
<u>Volunteer State Health Plan (BlueCare & TennCareSelect)</u>	14	Ineligible: 1 Decision for MCC: 3 Decision for Provider: 1 Decision for Provider & MCC (Partial): 2 Settled for Provider: 6 Under \$\$: 1

Annual Report of Requests for TennCare Claims Review- Calendar Year 2019
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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:

Methodist Healthcare LeBonheur Children's Hosp 4

*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