TennCare Oversight Division of the Tennessee Department of Commerce and Insurance Prompt Pay Compliance Summary for Processed Electronic Nursing Facility/HCBS and ECF Claims

The HMO's contract with the TennCare Bureau include additional prompt pay claims processing requirements for the CHOICES program. The additional CHOICES requirements apply to electronically submitted nursing facility claims/HCBS claims and Employment Community First (ECF) claims.

90% **TennCare Contractual** 99.5% **Requirements Only** 14 Day 21 Day For the Clean Clean

Claim Type Compliance? Month Ended Claims Claims

Wellpoint of Tennessee,	Inc. (fka AMEF	RIGROUF	P Tennessee	e, Inc.)	
Region(s): All					
Nursing Facility/HCBS	1/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	2/28/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	3/31/2023	99%	99.6%	Yes	
Nursing Facility/HCBS	4/30/2023	100%	99.9%	Yes	
Nursing Facility/HCBS	5/31/2023	99%	99.7%	Yes	
Nursing Facility/HCBS	6/30/2023	99%	99.9%	Yes	
Nursing Facility/HCBS	7/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	8/31/2023	100%	99.9%	Yes	
Nursing Facility/HCBS	9/30/2023	100%	99.9%	Yes	
Nursing Facility/HCBS	10/31/2023	99%	100.0%	Yes	
Nursing Facility/HCBS	11/30/2023	100%	99.7%	Yes	
Nursing Facility/HCBS	12/31/2023	100%	99.7%	Yes	
Nursing Facility/HCBS	1/31/2024	99%	99.6%	Yes	
Nursing Facility/HCBS	2/29/2024	99%	99.9%	Yes	

TennCare Contractual		90%	99.5%
Requirements Only		14 Day	21 Day
	For the	Clean	Clean

Claim Type	Month Ended	Claims	Claims	Compliance?	
Wellpoint of Tennes Region(s): All	ssee, Inc. (fka AMER	IGROUP	Tennesse	ee, Inc.)	
ECF	1/31/2023	100%	100.0%	Yes	
ECF	2/28/2023	99%	99.0%	Yes	
ECF	3/31/2023	100%	99.9%	Yes	
ECF	4/30/2023	100%	99.8%	Yes	
ECF	5/31/2023	99%	99.8%	Yes	
ECF	6/30/2023	94%	98.0%	Yes	
ECF	7/31/2023	99%	99.0%	Yes	
ECF	8/31/2023	100%	100.0%	Yes	
ECF	9/30/2023	100%	100.0%	Yes	
ECF	10/31/2023	100%	99.7%	Yes	
ECF	11/30/2023	100%	99.9%	Yes	
ECF	12/31/2023	100%	100.0%	Yes	
ECF	1/31/2024	99%	100.0%	Yes	
ECF	2/29/2024	94%	100.0%	Yes	

TennCare Contractual		90%	99.5%
Requirements Only		14 Day	21 Day
	For the	Clean	Clean

Claim Type	For the Month Ended	Clean Claims	Clean Claims	Compliance?	
UnitedHealthcare Plans	of the River Valle	ey, Inc.			
Region(s): All					
Nursing Facility/HCBS	1/31/2023	100%	99.9%	Yes	
Nursing Facility/HCBS	2/28/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	3/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	4/30/2023	100%	99.9%	Yes	
Nursing Facility/HCBS	5/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	6/30/2023	100%	99.9%	Yes	
Nursing Facility/HCBS	7/31/2023	100%	99.9%	Yes	
Nursing Facility/HCBS	8/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	9/30/2023	98%	99.5%	Yes	
Nursing Facility/HCBS	10/31/2023	98%	99.2%	No	
Nursing Facility/HCBS	11/30/2023	100%	100.0%	Yes	-
Nursing Facility/HCBS	12/31/2023	100%	100.0%	Yes	-
Nursing Facility/HCBS	1/31/2024	93%	98.1%	No	
Nursing Facility/HCBS	2/29/2024	98%	99.7%	Yes	

TennCare Contractual		90%	99.5%	
Requirements Only		14 Day	21 Day	
	For the	Clean	Clean	

Claim Type	Month Ended	Claims	Claims	Compliance?	
UnitedHealthcare Pla	ans of the River Valle	ey, Inc.			
Region(s): All					
ECF	1/31/2023	80%	94.4%	No	
ECF	2/28/2023	100%	100.0%	Yes	
ECF	3/31/2023	100%	100.0%	Yes	
ECF	4/30/2023	100%	100.0%	Yes	
ECF	5/31/2023	100%	100.0%	Yes	
ECF	6/30/2023	100%	100.0%	Yes	
ECF	7/31/2023	100%	100.0%	Yes	
ECF	8/31/2023	100%	99.9%	Yes	
ECF	9/30/2023	98%	99.8%	Yes	
ECF	10/31/2023	98%	98.9%	No	
ECF	11/30/2023	100%	100.0%	Yes	
ECF	12/31/2023	100%	100.0%	Yes	
ECF	1/31/2024	96%	99.1%	No	-
ECF	2/29/2024	98%	99.9%	Yes	

TennCare Contractual		90%	99.5%	
Requirements Only		14 Day	21 Day	
Claim Tyne	For the	Clean	Clean	Compliance?

Claim Type	Month Ended	Claims	Claims	Compliance?	
Volunteer State Health F	Plan. Inc d/b/a B	lueCare			
Region(s): All					
Nursing Facility/HCBS	1/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	2/28/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	3/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	4/30/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	5/31/2023	99%	100.0%	Yes	
Nursing Facility/HCBS	6/30/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	7/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	8/31/2023	99%	100.0%	Yes	
Nursing Facility/HCBS	9/30/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	10/31/2023	99%	100.0%	Yes	
Nursing Facility/HCBS	11/30/2023	98%	100.0%	Yes	
Nursing Facility/HCBS	12/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	1/31/2024	100%	100.0%	Yes	
Nursing Facility/HCBS	2/29/2024	100%	100.0%	Yes	

TennCare Contractual		90%	99.5%	
Requirements Only		14 Day	21 Day	
	For the	Clean	Clean	

Claim Type	Month Ended	Claims	Claims	Compliance?	
Volunteer State Heal	th Plan. Inc d/b/a B	lueCare			
Region(s): All					
ECF	1/31/2023	100%	100.0%	Yes	
ECF	2/28/2023	100%	100.0%	Yes	
ECF	3/31/2023	100%	100.0%	Yes	
ECF	4/30/2023	100%	100.0%	Yes	
ECF	5/31/2023	100%	100.0%	Yes	
ECF	6/30/2023	100%	100.0%	Yes	
ECF	7/31/2023	100%	100.0%	Yes	
ECF	8/31/2023	99%	100.0%	Yes	
ECF	9/30/2023	100%	100.0%	Yes	
ECF	10/31/2023	98%	100.0%	Yes	
ECF	11/30/2023	100%	99.9%	Yes	
ECF	12/31/2023	100%	99.9%	Yes	
ECF	1/31/2024	100%	100.0%	Yes	
ECF	2/29/2024	100%	100.0%	Yes	

TennCare Contractual		90%	99.5%	
Requirements Only		14 Day	21 Day	
01: -	For the	Clean	Clean	0 " 0
Claim Type	Month Ended	Claims	Claims	Compliance?

Claim Type	Month Ended	Claims	Claims	Compliance?	
olunteer State Health F	Plan, Inc., d/b/a To	ennCare :	Select		
Region(s): All					
Nursing Facility/HCBS	1/31/2023	92%	100.0%	Yes	
Nursing Facility/HCBS	2/28/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	3/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	4/30/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	5/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	6/30/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	7/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	8/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	9/30/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	10/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	11/30/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	12/31/2023	100%	100.0%	Yes	
Nursing Facility/HCBS	1/31/2024	100%	100.0%	Yes	
Nursing Facility/HCBS	2/29/2024	97%	100.0%	Yes	-