



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
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BILL HASLAM
GOVERNOR

JULIE MIX McPEAK
COMMISSIONER

MEMORANDUM

TO: Commissioner Susan Cooper, Department of Health
Fiscal Review Committee

CC: Commissioner Mark A. Emkes, Department of Finance & Administration
Justin P. Wilson, Comptroller
Darin J. Gordon, Deputy Commissioner, TennCare Bureau
TennCare Oversight Committee
Selection Panel for TennCare Reviewers

FROM: Commissioner Julie Mix McPeak *Julie Mix McPeak*

DATE: May 2, 2011

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 2010.

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 Joint 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.

Although Doral Dental/DentaQuest and Delta Dental of TN (TennDent), TennCare's dental benefits managers that are licensed as third party administrators (TPAs) are not subject by statute to the TennCare Prompt Pay Act, they are included in the report pursuant to their contracts with the TennCare Bureau.

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

Enclosure

cc: Lisa R. Jordan, Assistant Commissioner, TennCare Division
John Mattingly, Examinations Director, TennCare Division
Patricia L. Newton, Compliance Manager, TennCare Division
Gregory Hawkins, Examinations Manager, TennCare Division
TennCare Examiners
Keith Gaither, Chief Network Officer, TennCare Bureau



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MAY 1, 2011
ANNUAL REPORT TO THE DEPARTMENT OF HEALTH & FISCAL REVIEW COMMITTEE
OF REQUESTS FOR INDEPENDENT REVIEW OF TENNCARE CLAIMS DENIAL
FOR CALENDAR YEAR 2010

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

Number of requests for Independent Review of TennCare claims denial filed for each TennCare health maintenance organization (HMO) and third party administrator (TPA) during the 2010 calendar year:

<u>Name Of HMO/ TPA</u>	<u>Number of Requests</u>	<u>Out-Come Of Each Request*</u>
AMERIGROUP Tennessee, Inc. (AMERIGROUP)	31	9 Provider 4 MCO 2 Decisions for MCO/Provider 10 Settlements for Provider 6 Ineligible

***Description of Outcome Information:**

Ineligible – The independent review request did not meet the statutory guidelines for eligibility. The providers are notified of their ineligible status and are given the opportunity to correct the deficiencies.

MCO – The Independent Reviewer found that the claim was properly denied by the MCO.

Provider – The Independent Reviewer found that the claim was properly filed by the Provider and the claim should be paid by the MCO.

Settlement – The MCO and Provider agreed to a dispute resolution before the Independent Reviewer rendered a decision.

<u>Name Of HMO/ TPA</u>	<u>Number of Requests</u>	<u>Out-Come Of Each Request*</u>
Delta Dental of TN (TennDent)¹	None	N/A
Doral Dental/DentaQuest²	None	N/A
UnitedHealthcare Plan of the River Valley (AMERICHoice)	107	19 Pending 12 Provider 36 MCO 12 MCO in Part /Provider in Part 19 Settlements for Provider 9 Ineligible
Volunteer State Health Plan, Inc. (BlueCare & TennCare Select)	9	0 Provider 2 MCO 4 Settlements for Provider 3 Ineligible
Total Number of Requests	147	

¹ Delta Dental of TN (TennDent), licensed as a third party administrator, is required by its contract with the Bureau of TennCare to be subject to the Independent Review statute.

² Doral Dental/DentaQuest, licensed as a third party administrator, is required by its contract with the Bureau of TennCare to be subject to the Independent Review statute.

***Description of Outcome Information:**

Ineligible – The independent review request did not meet the statutory guidelines for eligibility. The providers are notified of their ineligible status and are given the opportunity to correct the deficiencies.

MCO – The Independent Reviewer found that the claim was properly denied by the MCO.

Provider – The Independent Reviewer found that the claim was properly filed by the Provider and the claim should be paid by the MCO.

Settlement – The MCO and Provider agreed to a dispute resolution before the Independent Reviewer rendered a decision.

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:

<u>Name of Provider</u>	<u>Number of Claims Review and</u>	<u>Outcome</u>
Elk Valley Health Services	5 Reviews Submitted	3 Denials Upheld
Jellico Community Hosp	4 Reviews Submitted	4 Denials Upheld
Northcrest Medical Center	3 Reviews Submitted	2 Denials Upheld
Parkway Reg. Medical Center	4 Reviews Submitted	3 Denials Upheld
University Medical Center	8 Reviews Submitted	6 Denials Upheld

***Description of Outcome Information:**

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