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BULLETIN

TO: All Health Maintenance Organizations and Prepaid Limited Health Service Organizations participating in the TennCare Program

FROM: Paula A. Flowers, Commissioner Paula A. Flowers

DATE: April 30, 2004

RE: **TennCare Independent Review Process**

The purpose of this Bulletin is to communicate the Department's position regarding the independent review process as set forth in Tenn. Code Ann. § 56-32-226(b).

Tennessee Code Annotated § 56-32-226(b)(2)(A) states, in pertinent part:

> If a provider's claim is partially or totally denied in a remittance advice or other appropriate written or electronic notice from a health maintenance organization, or a provider's previously allowed claim is subsequently partially or totally denied by a health maintenance organization by an appropriate written or electronic notice, then the provider may file a written request to the commissioner to submit the claim denial to an independent reviewer as provided in subdivision (b)(3). In the event the provider receives no remittance advice or other appropriate written or electronic notice from a health maintenance organization either partially or totally denying a claim within sixty (60) calendar days of the health maintenance organization's receipt of the claim, then the provider may file a written request to the commissioner to submit the claim to an independent reviewer as provided in subdivision (b)(3). However, prior to sending this request, the provider must send a written request for reconsideration to the health maintenance organization...

It is the Department's position that there are two ways a provider can request independent review from this Department: (1) if a claim is partially or totally denied and the provider has sought reconsideration from the health maintenance organization and (2) if a provider receives no remittance advice from the health maintenance organization and the provider has sought reconsideration from the health maintenance organization. Thus, before a provider can request independent review from this Department, the provider must first seek reconsideration from the health maintenance organization, whether or not

a remittance advice is received by the provider. In other words, a provider may not file a request for independent review until the provider has requested reconsideration of the claim by the health maintenance organization. The providers and health maintenance organizations must follow all timeframes and other filing requirements as set forth in Tenn. Code Ann. § 56-32-226(b).

This bulletin supersedes all previously issued bulletins on this issue.

Should you have any questions concerning this bulletin, please contact the TennCare Oversight Division at (615) 741-2677.