



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
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NASHVILLE, TENNESSEE 37243-5065
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BILL LEE
GOVERNOR

CARTER LAWRENCE
COMMISSIONER

MEMORANDUM

TO: Ralph Alvarado, MD, FACP, Department of Health
Fiscal Review Committee

FROM: Commissioner Carter Lawrence


Carter Lawrence (May 1, 2024 13:55 CDT)

DATE: May 1, 2024

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 2023.

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 Jim Bryson, Department of Finance & Administration
Stephen Smith, Deputy Commissioner, TDFA Division of TennCare
Johnny Lai, 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 and Fiscal Review Committee
Requests for Independent Review of TennCare & CoverKids Claims Denial
For Calendar Year 2023**

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 2023 calendar year:

Name of MCC	Number of Requests	Outcome of Each Result^
<u>AMERIGROUP Tennessee, Inc.</u>	17	Decision for MCC: 6 Decision for MCC to Pay Outpatient: 1 Decision for Provider: 2 Ineligible: 1 Settled for Provider: 7
<u>UnitedHealthcare Plan of the River Valley</u> (UnitedHealthcare Community Plan)	31	Decision for MCC: 11 Decision for MCC to Pay Outpatient: 4 Decision for Provider: 4 Decision for Provider and MCC (Partial): 1 Ineligible: 4 PC Process: 1 Refer to TCB: 1 Settled for Provider: 5
<u>DentaQuest</u>	1	Enrollee Services Process

Volunteer State Health Plan 129
(BlueCare and TennCareSelect)

Decision for MCC: 45 Decision for MCC to Pay Outpatient: 28 Decision for Provider: 30 Ineligible: 6 PC Process: 1 Settled for Provider: 19

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:

East TN Children’s Hospital 37*

Maury Regional Health 40**

The Tankersley Clinic 1

* The Independent Reviewers directed the Managed Care Companies to pay East TN Children’s Hospital observation rates if they submitted corrected claims in 14 IRs requesting In-patient rates.

** The Independent Reviewers directed the Managed Care Companies to pay Maury Regional Health observation rates if they submitted corrected claims in 18 IRs requesting In-patient rates.

^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.

Decision for MCC to Pay Outpatient – MCC inpatient denial upheld. MCC ordered to pay as outpatient claim.

Enrollee Services Process – Processed as an Enrollee Services Request for Assistance.

PC Process — Processed as a Provider Complaint.

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

Decision for MCC and Provider (Partial) — The Independent Reviewer found that the claim should be partially paid by the MCC.

Rescinded — Provider withdrew the Independent Review Request.

Refer to TCB — Referred to the Division of TennCare for Medical Review (Pending).

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



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