



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-5065
615-741-6007

BILL HASLAM
GOVERNOR

JULIE MIX McPEAK
COMMISSIONER

MEMORANDUM

TO: Commissioner John Dreyzehner MD MPH, Department of Health
Fiscal Review Committee

CC: Commissioner Larry Martin, Department of Finance & Administration
Justin P. Wilson, Comptroller
Darin J. Gordon, Deputy Commissioner, TennCare Bureau
Selection Panel for TennCare Reviewers

FROM: Commissioner Julie Mix McPeak 

DATE: May 1, 2015

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 2014.

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.

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 & Compliance Officers
Keith Gaither, Director of Managed Care Operations, TennCare Bureau



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
TENNCARE DIVISION**
500 James Robertson Parkway, 11th Floor
Nashville, TN 37243-1169
(615) 741-2677

May 1, 2015

**Annual Report to the Department of Health & Fiscal Review Committee
Of Requests for Independent Review of TennCare Claims Denial
For Calendar Year 2014**

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 2014 calendar year:

Name of MCO	Number of Requests	Out-Come Of Each Request* (See term descriptions on next page)
<u>AMERIGROUP Tennessee, Inc.</u>	19	Ineligible: 4 Decision for MCC: 0 Decision for Provider: 5 Decision for Provider & MCC (Partial): 3 Settled for Provider: 7
<u>UnitedHealthcare Plan of the River Valley</u> (UnitedHealthcare Community Plan/AmeriChoice)	272	Ineligible: 24 Decision for MCC: 105 Decision for Provider: 72 Decision for Provider & MCC (Partial): 41 Settled for Provider: 25 Settled for Provider & MCC: 5
<u>Volunteer State Health Plan</u> (BlueCare & TennCareSelect)	192	Ineligible: 10 Decision for MCC: 57 Decision for Provider: 74 Decision for MCC & Provider (Partial): 40 Settled for Provider: 11
<u>DentaQuest</u>	2	Decision for MCC & Provider (Partial): 2

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>Cookeville Regional Medical Center</u>	<u>14</u>
<u>Covenant: Ft Sanders Regional Medical Center</u>	<u>7</u>
<u>Covenant: Methodist Medical Center of Oak Ridge</u>	<u>26</u>
<u>Sweetwater Hospital Association</u>	<u>2</u>
<u>United Regional Medical Center</u>	<u>5</u>
<u>University of Tennessee Medical Center</u>	<u>4</u>

***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.

Decision for MCC - The Independent Reviewer found that the Provider claim was properly denied by the MCC.

Pending – Waiting for Reviewer action.

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.

Referred to TCB – Awaiting Medical Assistance Review by Physician

Settled - The MCC and Provider agreed to a dispute resolution before the Independent Reviewer rendered a decision.