

Value-Based Payment Provider Reconsideration Form

Note: Please use this form if you wish to contest the content of your THCI Episodes of Care Report. You must attach this form with any supporting documentation related to your reconsideration request. A reconsideration is not an appeal, but a reconsideration must be submitted prior to requesting an appeal.

Date of Request:

Contract ID (from your THCI report):

Provider Name:

Provider Telephone Number:

Provider Contact Name:

Provider Fax Number:

General Business Requirement in dispute:

For faster review and processing, please email your reconsideration request to: THCIIEOCRECONS@BCBST.com

BlueCareSM

TennCareSelect

Description of Reconsideration Request (required):

Notes/Comments:

* BlueCross BlueShield of Tennessee contracted providers and BlueCare Tennessee contracted providers in the state of Tennessee and in contiguous counties should submit reconsideration requests for all value-based contract payments through this form.