

Tennessee Health Care Innovation Initiative Provider Dispute Resolution

It is important that Tennessee Health Care Innovation Initiative (THCII) participants review interim and performance reports quarterly. Any questions about reported claims data and quality measures should be directed to the appropriate Network Manager. The Network Manager will engage a resolution team (members including, but not limited to medical informatics, , data specialists, quality team and program owner.) The resolution team will work closely with the appropriate members of the provider's office staff to reconcile issues.

If a resolution cannot be agreed upon by both parties, a formal Inquiry/reconsideration can be filed. Due to primary source verification requirements, BlueCare Tennessee must receive sufficient evidence data business rules developed by the State of Tennessee were not followed.

THCII Inquiry/Reconsideration will follow the BlueCare Tennessee Provider Dispute Resolution procedure with some variation due to the nature of this initiative. For interim performance reports, once you have engage your network manager and make the decision to pursue further, please follow the instructions listed below:

A. Inquiry/Reconsideration

- a. Complete the THCII Value-Based Payment Reconsideration form on the BlueCare Tennessee Website: http://bluecare.bcbst.com/forms/Provider%20Forms/Value_Based_Reconsideration_Form_508.pdf Include the detailed Business Requirements and submit to the THCII Reconsideration mailbox. The reconsideration will be reviewed and an answer returned in a timely manner.
- b. An Inquiry/Reconsideration must include sufficient evidence that episode of care claims data was submitted as required by the State of Tennessee detailed Business Rules for the Performance Episode of Care report. The episode of care data can be found at: <http://www.tn.gov/hcfa/topic/episodes-of-care>.
- c. A reconsideration may be filed at any time during the year.

B. Appeal

- a. If the provider dispute is not resolved during the Inquiry/Reconsideration review, the provider need only to complete the Value-Based Payment Provider Appeal form located on the BlueCare Tennessee Website at: http://bluecare.bcbst.com/forms/Provider%20Forms/Value_Based_Payment_Appeal_Form_508.pdf. Complete the form and send to the THCII appeals mailbox including all the information submitted with the Inquiry/Reconsideration and any additional information. This appeal will go to the Appeals committee, which includes management and medical director review, for a decision. The Appeals committee meets once a month and a response will be given to the provider following the committee meeting.

- b. The provider has 60 days from the time their Final Report has been posted online to appeal a gain or risk share payment.
- c. BlueCross BlueShield of TN has 60 days to respond to an appeal.

C. Binding Arbitration

- a. Follow the procedure in the BlueCare Tennessee Provider Administration Manual at: http://www.bcbst.com/docs/providers/manuals/BCT_PAM.pdf. Binding Arbitration is not a required step in the process but is an option after the appeal has gone through committee.

D. Tennessee Department of Commerce and Insurance (TDCI) Formal Appeals Process

- a. TDCI's existing process for providers appealing MCO's payment will apply to episode value-based payments. This process should be utilized if BlueCare Tennessee is unable to address a provider's complaint pertaining to the final gain or risk share amount presented in the Final Performance Report released in August. One element of TDCI's Formal Appeals Process requires providers to make one (1) attempt for reconsideration with MCO prior to utilizing this appeals process.
- b. Providers may file a request in order to dispute their episode value-based **payment** with the Commissioner of Commerce and Insurance for an independent review pursuant to the TennCare Provider Independent Review of Disputed Claims process, which shall be available to Providers to resolve final performance period gain or risk share reported by BlueCare Tennessee, as provided in T.C.A. 56-32-126. It is understood that in the event Providers file such a request with the Commissioner of Commerce and Insurance for Independent Review, such dispute shall be governed by T.C.A. 56-32-126.
- c. The *Request to Commissioner of Commerce for Independent Review of Disputed TennCare Claim* form is located on the state's website at: <http://www.tn.gov/assets/entities/commerce/attachments/TCD-IR-RequestForm-July2015.pdf>.

Additional information regarding the Independent Review process developed by the State of Tennessee Department of Commerce and Insurance are also online at: <http://www.tn.gov/assets/entities/commerce/attachments/ProviderIRInfoPacket062615.pdf> or by calling the State of Tennessee at (615) 741-2677.