



BlueCare<sup>SM</sup>  
TennCare Select  
CoverKids

1 Cameron Hill Circle  
Chattanooga, Tennessee 37402  
[bluecare.bcbst.com](http://bluecare.bcbst.com)

## Tennessee Health Care Innovation Initiative Provider Dispute Resolution

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

If a resolution can't be agreed upon by both parties, providers may file a formal Inquiry/Reconsideration. Due to primary source verification requirements, BlueCare Tennessee must receive sufficient evidence that data business rules developed by the State of Tennessee weren't 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've engaged your Provider Network Manager and make the decision to pursue further, please follow the instructions listed below:

### A. Inquiry/Reconsideration (Episodes of Care)

- a. Complete the THCII Value-Based Payment Reconsideration form on the BlueCare Tennessee website:  
[https://bluecare.bcbst.com/forms/Provider%20Forms/Value\\_Based\\_Reconsideration\\_Form\\_508.pdf](https://bluecare.bcbst.com/forms/Provider%20Forms/Value_Based_Reconsideration_Form_508.pdf). Include the detailed Business Requirements and submit the completed form to the THCII Reconsideration mailbox. We'll review the reconsideration and return an answer 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 of Care report. You can find the episode of care data at:  
<https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/technical-documents.html>.
- c. A reconsideration may be filed at any time during the year.

### B. Inquiry/Reconsideration (Patient-Centered Medical Home and Tennessee Health Link)

An organization can file a reconsideration for:

- Quality metric performance
- Efficiency metric performance
- Efficiency improvement percentage
- Calculation of the final Outcome Payment amount

- a. Complete the THCI Value-Based Payment Reconsideration form on the BlueCare Tennessee website:  
[https://bluecare.bcbst.com/forms/Provider%20Forms/Value\\_Based\\_Reconsideration\\_Form\\_508.pdf](https://bluecare.bcbst.com/forms/Provider%20Forms/Value_Based_Reconsideration_Form_508.pdf). Include the detailed Business Requirements and submit it to the THCI Reconsideration mailbox.
- b. The PCMH or THL provider has 30 calendar days from the time their Final Report has been posted online to submit a reconsideration request.
- c. We'll review the PCMH or THL reconsideration request and return an answer within 30 calendar days of receiving the reconsideration request.

### **C. Appeal (Episodes of Care)**

- a. If the provider dispute isn't resolved during the Inquiry/Reconsideration review, the provider must complete the Value-Based Payment Provider Appeal form located on the BlueCare Tennessee website:  
[https://bluecare.bcbst.com/forms/Provider%20Forms/Value\\_Based\\_Payment\\_Appeal\\_Form\\_508.pdf](https://bluecare.bcbst.com/forms/Provider%20Forms/Value_Based_Payment_Appeal_Form_508.pdf). Complete the form and send it to the THCI Appeals mailbox, including all information submitted with the Inquiry/Reconsideration and any additional details. This appeal will go to the Appeals committee, which includes management and medical director review, for a decision. The committee meets on an as-needed basis, and we'll respond to providers after the meeting.
- b. The provider has 30 calendar days from the time their Final Report has been posted online to appeal a gain- or risk-share payment.
- c. We have 30 calendar days to respond to an appeal.

### **D. Appeal (Patient-Centered Medical Home and Tennessee Health Link)**

- a. If the provider dispute isn't resolved during the Inquiry/Reconsideration review, the provider must complete the Value-Based Payment Provider Appeal form located on the BlueCare Tennessee website:  
[https://bluecare.bcbst.com/forms/Provider%20Forms/Value\\_Based\\_Payment\\_Appeal\\_Form\\_508.pdf](https://bluecare.bcbst.com/forms/Provider%20Forms/Value_Based_Payment_Appeal_Form_508.pdf). Complete the form and send it to the THCI Appeals mailbox, including all 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 committee meets on an as-needed basis, and we'll respond to providers after the meeting.
- b. The provider has 14 calendar days from the date of our Reconsideration response to appeal the Reconsideration.
- c. We have 14 calendar days to respond to an appeal.

### **E. Binding Arbitration**

- a. Follow the procedure in the BlueCare Tennessee Provider Administration Manual at:  
[https://www.bcbst.com/providers/manuals/BCT\\_PAM.pdf](https://www.bcbst.com/providers/manuals/BCT_PAM.pdf). Binding Arbitration isn't a required step in the process but is an option after the appeal has gone through committee.

### **F. Tennessee Department of Commerce and Insurance (TDCI) MCO Dispute Resolution Process**

TDCI's existing process for providers appealing a managed care organization's (MCO's) payment will apply to episode value-based payments. This process should be used 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.

Information on the MCO Dispute Resolution Process and how to file is located on the TDCI website at <https://www.tn.gov/commerce/tenncare-oversight/mco-dispute-resolution.html>. You can also learn more by calling TDCI at (615) 741-2677.