

Value-Based Payment (VBP) Provider Reconsideration

THCII Episodes of Care (EOC) | Tennessee Health Link (THL) | Patient-Centered Medical Home (PCMH)

- Use this form if you think that your EOC, THL, or PCMH VBP outcome payment was not calculated correctly.
- Please file this Reconsideration form and wait to receive a response BEFORE you file a VBP Appeal form.
- Attach supporting documentation for your Reconsideration to this form when you submit it.

NOTE: We **cannot** accept an Appeal on this form.

*required field

Date of Request*: _____

Provider Name*: _____

Provider Contact Name*: _____

Provider Phone Number*: _____ **Provider Fax Number:** _____

Provider Email*: _____

THCII EOC Tracking No.: _____

(required for EOC only) **TIP:** The THCII EOC Tracking Number can be found on the first page of your EOC report. It will look like this example: THCI1234567*1234567892018BLUE.

General Business Requirement in Dispute*:

Description of Reconsideration Request*:

Notes/Comments:

For faster review and processing, email this form and supporting documentation to:

EOC – THCIIEOCRECONS@bcbst.com | THL/PCMH – TennCare_PCMH@bcbst.com

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

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