

Request to Commissioner for Independent Review of Disputed TennCare Episode of Care Cycle Provider Gain/Risk Share Total

Please complete this form fax or mail it back to us. You will be copied on our correspondence concerning this matter. Please provide documentation that supports your Request.

DO **NOT** send any Member Protected Health Information (PHI) via email unless you have HIPAA compliant encrypted email. PHI includes the members name and other demographic information.

Provider Information

Provider Representative Name

* Required field

Prefix: Mr. Mrs. Ms. Dr

First Name*:

Last Name*:

Street Address:

City:

State:

Zip Code:

Phone Number:

Daytime / Alternate:

Fax Number:

Email Address:

Provider Name & NPI#

Prefix: Mr. Mrs. Ms. Dr. LLC PC INC

Name*:

NPI #*:

Street Address:

City:

State:

Zip Code:

Phone Number:

Daytime / Alternate:

Fax Number:

Email Address:

TennCare Plan Information

My Dispute is with:

<input type="checkbox"/>	Amerigroup RealSolutions (Amerigroup of TN HMO)
<input type="checkbox"/>	UnitedHealthcare Community Plan (UnitedHealthcare of the River Valley HMO)
<input type="checkbox"/>	BlueCare (Volunteer State Health Plan HMO)
<input type="checkbox"/>	TennCare Select (Volunteer State Health Plan HMO)

Type of Episode as identified in the Report:	Select One of the Episodes in this picklist/dropbox.
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Provider Type:

Provider Type examples: Hospital, Physician or Physician Group

Date(s) of EoC Cycle Performance Report Period:

Start Date:

End Date:

Episode of Care Performance Report Date:

(Attach a copy of the Final Episode of Care Provider Performance Report)

Date Provider submitted written Reconsideration Request to MCC:

(Attach a copy of the Provider's Reconsideration Request)

Date Provider received written Reconsideration Denial:

(Attach a copy of the MCC's Reconsideration Denial)

Reason(s) for Dispute Not Reaching the Correct Total Gain/Risk Share:

- Average Cost calculated incorrectly
- All valid episode service claims not included
- Included claims that were not valid episode service claims
- Risk Sharing Factor was calculated incorrectly
- Report did not include the total number of cycle valid episodes (included and excluded)
- Risk adjustment methodology not based on the reports of risk markers and risk weight on the MCO's web site.
- Episode Gain Sharing Limit incorrect
- Quality Metrics Acceptable Thresholds used not correct
- Quality Metrics Commendable Threshold used not correct
- Other
- Other

Amount in Dispute because the MCC did not calculate the Correct Total Gain/Risk Share:

- Amount owed by Provider to MCC is not correct and should equal the amount of: _____
- Amount owed by Provider to MCC is incorrect and should equal zero.
- Amount owed by Provider to MCC is not correct and the MCC should owe Provider the amount of: _____
- Determination by MCC there is not a gain or risk share amount is not correct and the MCC should owe Provider the amount of: _____
- Amount owed by MCC to Provider is not correct and should equal the amount of: _____

Only Episodes of Care Reports Provider Performance Reports which meet ALL of the requirements set forth in T.C.A. § 56-32-126(b) (2) (A) thru (D) are eligible for Independent Review. Disputes involved in litigation, arbitration or not associated with a TennCare member are not eligible.

Please give a written description of the problem: (Attach additional pages if needed)

- Description should include, but is not limited to, your position explaining why the value of the MCO's Total Gain/Risk Share is incorrect. Please include all pertinent information in your position description.
- Attach copies of pertinent documentation, including correspondence to and from the MCO, Episode of Care Quarterly Preview Reports or remittance advices (as applicable) concerning this Episode of Care.

