



Provider Dispute Resolution Procedure

A. Inquiry/Reconsideration Level (Written or verbal)

B. Appeal Level (Formal, Written request)

- If not satisfied, submit a written appeal within 30 days of receipt of the reconsideration response
- The request should state the following:
 - Reason for the appeal
 - Why dissatisfied with the reconsideration
 - Any additional information the provider would like considered in support of the appeal

C. Mediation

- All disputes will be resolved through binding arbitration, unless both parties agreed to mediation

D. Binding Arbitration

- If dispute is not resolved to provider's satisfaction
- This is the final step in the process

Mail Reconsideration Requests to:

Commercial Members:

Attn: Customer Service Department
BlueCross BlueShield of Tennessee
P. O. Box 180150
Chattanooga, TN 37401

BlueCare or TennCare*Select* Members:

Attn: BlueCare or TennCare*Select* Customer Service
BlueCross BlueShield of Tennessee
P. O. Box 18227
Chattanooga, TN 37422-7277

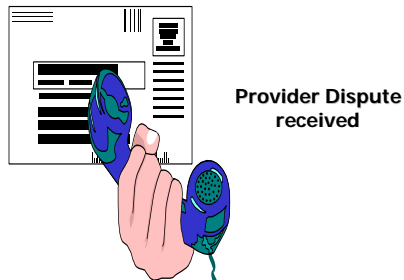
BlueAdvantage or BlueAdvantage*Plus* Members

Attn: BlueAdvantage or BlueAdvantage*Plus* Customer Service
P. O. Box 180205
Chattanooga, TN 37402-7205

If you are dissatisfied with our response to your request for Reconsideration, you may submit your Formal Appeal to:

Attn: Provider Appeals Coordinator
Provider Networks & Contracting Division
BlueCross BlueShield of Tennessee
801 Pine Street
Chattanooga, TN 37402-2555

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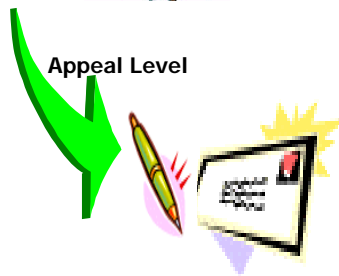


An **Inquiry** is a written or verbal request to BlueCross BlueShield of Tennessee for further review of a Dispute. The provider's **Inquiry** will be handled by the Customer Service Unit. (See telephone number on front of the member's ID card.) If an immediate response cannot be provided, the representative will make every effort to respond within thirty (30) days.

If the provider is dissatisfied with the response to the **Inquiry**, he/she may submit a written **Appeal** within thirty (30) days of receipt of the response to the **Inquiry**. Written Appeals should be mailed to:

Provider Networks and Contracting
Attn: Provider Appeals Coordinator
BlueCross BlueShield of Tennessee
801 Pine Street, 7P
Chattanooga, TN 37402-2555

If a response to the **Appeal** cannot be provided within sixty (60) days, the provider will be notified of the status of the **Appeal** after the initial sixty (60) day period and every thirty (30) days thereafter until a response can be provided.



Mediation/Arbitration Level



If the provider is dissatisfied with the response to his UM Appeal or Administrative Appeal, he may request information to pursue **Mediation** or **Binding Arbitration** from the Provider Appeals Coordinator at the address noted above. Unless agreed otherwise, the Arbitration will be arbitrated in accordance with current AAA Commercial Arbitration Rules.