



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
310 Great Circle Road  
Nashville, Tennessee 37243

February 11, 2011

Greetings:

In less than one month, we will celebrate the one year anniversary of the CHOICES program in Middle Tennessee. I want to take this opportunity to thank providers across the state for their hard work and dedication to the CHOICES program. You are the first line to our members and the backbone of our continued success.

With that as the back drop, I want to provide you with a couple of updates and process enhancements in an effort to continue to provide a high level of customer service and to strengthen communication processes with the MCOs with which you are contracted.

First, early this spring, TN Anytime will be modified to display CHOICES information, including the CHOICES group, MCO assignment, and patient liability. **TN Anytime should be your first stop with regards to eligibility questions.**

Second, **the MCOs with which you are contracted are your point of contact regarding claims questions, including those related to eligibility/enrollment concerns.** MCOs are contractually obligated by TennCare to assist you with claims submission and resolution processes. Presently multiple Bureau staff receive information and requests from several sources within the same provider organization and from the MCO regarding the same issue(s), when in most cases, the issue does not require TennCare action to resolve.

In an effort to streamline processes and avoid duplication of efforts, **all communication with regards to claims (including eligibility/enrollment) issues must go first to your MCO.** If you are unable to achieve resolution with the provider customer service line and/or your provider representative, issues should be elevated within the MCO to persons responsible for provider relations and/or claims processing functions. In the unlikely event that calls, faxes, and emails come to the Bureau requesting assistance, we will put you in contact with the right person at each MCO to address your concerns. MCOs are responsible for working with TennCare on matters that require our involvement.

In conjunction with these efforts, we also want to address the processing of patient liability adjustments. When DHS sends out a Form 2362 signifying a change in an enrollee's patient liability, they also send an electronic transaction or a paper form to the Bureau to process. Therefore, provider submission of this information to the Bureau is duplicative. Accordingly, **we will no longer accept patient liability update requests that are received via mail, fax, email, etc. from any provider. All changes and/or updates to patient liability must be initiated with TennCare by DHS.** If you have concerns that patient liability has not been updated timely or that it was updated inaccurately, please contact your MCO. Since you receive notification of such changes at the same time that we do, we ask that you allow a reasonable time for such transaction to process before contacting the MCO. MCOs will confirm patient liability amounts and work with TennCare to address any transactions that remain outstanding or incorrect. No action will be taken on patient liability issues that do not follow these processes.

We appreciate everyone's attention to this information. Following these processes will ensure that your issues are addressed in a timely manner. Thank you for all of your hard work on the CHOICES program.

Sincerely,

Patti Killingsworth  
Assistant Commissioner, Chief of Long-Term Care