

Tennessee Health Link reconsideration process and form

Providers with concerns about their *Final Performance Report* from Tennessee Health Link or payment have the right to file a reconsideration within 30 calendar days of the date of performance report distribution. Requests must be received in writing using the form below and must include detailed information about the concern.

How to submit

The *Reconsideration Form* from Health Link should be completed in full and include the following information:

- Identification of the metric in question
- A detailed explanation of why the Health Link organization believes the determination is incorrect (for example, a member is missing from the numerator, a member was discharged prior to nine member months, a member was excluded from the metric)
- Documentation to support the explanation:
 - This documentation should be in one Excel document with each metric in question on its own tab.
 - Failure to submit supporting documentation could result in denial of your reconsideration request.

There are three methods of submission:

- By mail to:
 - Attention: Tennessee Health Link
 - Amerigroup Community Care
 - Tennessee Health Link for reconsideration
 - 22 Century Blvd., Suite 220
 - Nashville, TN 37214
- By email (with form attached) to:
 - agptnhealthlink@amerigroup.com
- By fax to:
 - **866-495-3844**
 - Attention: Tennessee Health Link

Amerigroup Community Care will reply within 30 days of receiving the request with supporting data for each metric in question.

Independent review process

The Health Link consultant or Health Link program manager can address most questions and concerns, and providers are encouraged to start with an inquiry to their Health Link points of contact.

<https://provider.amerigroup.com/TN>

Amerigroup Community Care complies with the applicable federal and state civil rights laws, rules, and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call **800-454-3730**. Information about the civil rights laws can be found at [tn.gov/tennare/members-applicants/civil-rights-compliance.html](https://www.tn.gov/tennare/members-applicants/civil-rights-compliance.html).

If a provider is dissatisfied with the result of the reconsideration process or if Amerigroup fails to respond to the reconsideration request within 30 days of receipt of the payment dispute, Health Link organizations may file a request with the Commissioner of Commerce and Insurance for an independent review pursuant to the TennCare provider independent review of disputed claims process, which shall be available to organizations to resolve disputes as provided in *T.C.A. 56-32-126*. It is understood that in the event a Health Link organization files such a request with the Commissioner of Commerce and Insurance for independent review, such dispute shall be governed by *T.C.A. 56-32-126(b)*.

The *Request to Commissioner of Commerce and Insurance for Independent Review of Disputed Claim* form for TennCare, instructions for completing the form, and frequently asked questions developed by the state of Tennessee Department of Commerce and Insurance can be obtained from the [state website](#).



Email is the quickest and most direct way to receive important information from Amerigroup Community Care.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/2XxYAEg>).



Tennessee Health Link Reconsideration Form

Organization name:
TIN:
Date of request:
Contact person:
Email:
Phone:
Detail of concern (please include identification of the metric in question, explanation of concern, and attach supporting documentation at time of submission):