

**What are the State's TennCare requirements regarding Out Of Network Referrals, especially for emergent care & follow up?**

<http://www.tn.gov/tenncare/forms/MCOStatewideContract.pdf>

**A.2.13.11 Emergency Services Obtained from Non-Contract Providers**

2.13.11.1 Payments to non-contract providers for emergency services may, at the CONTRACTOR's option, be limited to the treatment of emergency medical conditions, including post-stabilization care services, as described in Section A.1. Payment amounts shall be consistent with the pricing policies developed by the CONTRACTOR and in accordance with TENNCARE requirements, including TennCare rules and regulations for emergency services provided by non-contract providers.

2.13.11.2 Payment by the CONTRACTOR for properly documented claims for emergency services rendered by a non-contract provider shall be made within thirty (30) calendar days of receipt of a clean claim by the CONTRACTOR.

2.13.11.3 The CONTRACTOR shall review and approve or disapprove claims for emergency services based on the definition of emergency services specified in Section A.1 of this Contract. If the CONTRACTOR determines that a claim requesting payment of emergency services does not meet the definition as specified in Section A.1 and subsequently denies the claim, the CONTRACTOR shall notify the provider of the denial. This notification shall include information to the provider regarding the CONTRACTOR's process and time frames for reconsideration. In the event a provider disagrees with the CONTRACTOR's decision to disapprove a claim for emergency services, the provider may pursue the independent review process for disputed claims as provided by TCA 56-32-126, including but not limited to reconsideration by the CONTRACTOR.

**A.2.13.12 Medically Necessary Services Obtained from Non-Contract Provider when MCO Assignment is Unknown**

2.13.12.1 The CONTRACTOR shall pay for medically necessary covered services provided to an enrollee by a non-contract provider when TENNCARE has enrolled the enrollee in the CONTRACTOR's MCO, but the enrollee could not have known which MCO they were enrolled in at the time of the service. Examples of when this may occur include, but are not limited to, (i) when an enrollee receives services during a retroactive eligibility period (see Section A.2.4.5) and the enrollee did not select an MCO and is assigned to an MCO by TENNCARE, or (ii) the enrollee was assigned to an MCO other than the one that he/she requested (see Section A.2.4.4.5). In these cases, the effective date of enrollment may occur prior to the CONTRACTOR or the enrollee being notified of the enrollee becoming a member of the CONTRACTOR's MCO.

2.13.12.2 When this situation arises, the CONTRACTOR shall not deny payment for medically necessary covered services provided during this period of eligibility for lack of prior authorization or lack of referral; likewise, the CONTRACTOR shall not deny a claim on the basis of the provider's failure to file a claim within a specified time period after the date of service when the provider could not have reasonably known which MCO the enrollee was in during the timely filing period. However, in such cases the CONTRACTOR may impose timely filing requirements beginning on the date of notification of the individual's enrollment.

2.13.12.3 The CONTRACTOR shall only pay for covered long-term care services for which the member was eligible (see Section A.2.6), as determined by the State and shown in the outbound 834 enrollment file furnished by TENNCARE to the CONTRACTOR.

**A.2.13.13 Medically Necessary Services Obtained from Contract Provider without Prior Authorization when MCO Assignment is Unknown**

2.13.13.1 The CONTRACTOR shall pay for medically necessary covered services provided to an enrollee by a contract provider without prior authorization or referral when TENNCARE has enrolled the enrollee in the CONTRACTOR's MCO, but the enrollee could not have known which MCO they were enrolled in at the time of the service.

2.13.13.2 When this situation arises, the CONTRACTOR shall not deny payment for medically necessary covered services for lack of prior authorization or lack of referral; likewise, a CONTRACTOR shall not deny a claim on the basis of the provider's failure to file a claim within a specified time period after the date of service when the provider could not have reasonably known which MCO the enrollee was in during the timely filing period. However, in such cases the CONTRACTOR may impose timely filing requirements beginning on the date of notification of the individual's enrollment.

2.13.13.3 The CONTRACTOR shall only pay for covered long-term care services for which the member was eligible (see Section A.2.6), as determined by the State and shown in the outbound 834 enrollment file furnished by TENNCARE to the CONTRACTOR.

**A.2.13.14 Medically Necessary Services Obtained from Non-Contract Provider Referred by Contract Provider**

The CONTRACTOR shall pay for any medically necessary covered services provided to a member by a non-contract provider at the request of a contract provider. The CONTRACTOR's payment shall not be less than eighty percent (80%) of the rate that would have been paid by the CONTRACTOR if the member had received the services from a contract provider. The CONTRACTOR shall only pay for covered long-term care services for which the member was eligible (see Section A.2.6) and that were authorized by the CONTRACTOR in accordance with the requirements of this Contract.

**A.2.13.15 Medically Necessary Services Obtained from Non-Contract Provider Not Authorized by the CONTRACTOR**

2.13.15.1 With the exception of circumstances described in Section A.2.13.14 when an enrollee has utilized medically necessary non-emergency covered services from a non-contract provider, and the CONTRACTOR has not authorized such use in advance, the CONTRACTOR shall not be required to pay for the service(s) received unless payment is required pursuant to a directive from TENNCARE or an Administrative Law Judge.

2.13.15.2 The CONTRACTOR shall not make payment to non-contract providers for covered services that are not medically necessary or for long-term care services for which the member was not eligible (see Section A.2.6).

**A.2.13.16 Covered Services Ordered by Medicare Providers for Dual Eligibles**

2.13.16.1 Generally, when a TennCare enrollee is dually eligible for Medicare and TennCare and requires services that are covered under this Contract but are not covered by Medicare, and the services are ordered by a Medicare provider who is a non-contract provider, the CONTRACTOR shall pay for the ordered, medically necessary service if it is provided by a contract provider. However, if all of the following criteria are met, the CONTRACTOR may require that the ordering physician be a contract provider:

2.13.16.1.1 The ordered service requires prior authorization; and

2.13.16.1.2 Dually eligible enrollees have been clearly informed of the contract provider requirement and instructed in how to obtain assistance identifying and making an appointment with a contract provider; and

2.13.16.1.3 The CONTRACTOR assists the enrollee in obtaining a timely appointment with a contract provider upon request of the enrollee or upon receipt of an order from a non-contract provider.

2.13.16.2 Reimbursement shall be at the same rate that would have been paid had the service been ordered by a contract provider.

2.13.16.3 The CONTRACTOR shall not pay for non-covered services, services that are not medically necessary, or services ordered and obtained from non-contract providers.

**Can you give us some background on how the TennCare rolls are updated and how that information is transferred to the MCO's / Carriers?**

#### **A.2.4.5 Effective Date of Enrollment**

##### 2.4.5.1 Initial Enrollment of Current TennCare Enrollees

The effective date of initial enrollment in an MCO for TennCare enrollees who are enrolled in accordance with Section A.2.4.4.2 shall be the date provided on the outbound 834 enrollment file from TENNCARE. In general, the effective date of enrollment for these enrollees will be the start date of operations.

##### 2.4.5.2 Ongoing Enrollment

In general, a member's effective date of enrollment in the CONTRACTOR's MCO will be the member's effective date of eligibility for TennCare. For SSI enrollees the effective date of eligibility/enrollment is determined by the Social Security Administration in approving SSI coverage for the individual. The effective date of eligibility for other TennCare enrollees is the date of application or the date of the qualifying event (e.g., the date the spend down obligation is met for medically needy enrollees). The effective date on the outbound 834 enrollment file provided by TENNCARE to the CONTRACTOR shall govern regardless of the other provisions of this Section A.2.4.5.2.

2.4.5.3 In the event the effective date of eligibility provided by TENNCARE to the CONTRACTOR for either the initial enrollment of current TennCare enrollees or ongoing enrollment precedes the start date of operations, the CONTRACTOR shall treat the enrollee as a member of the CONTRACTOR's MCO effective on the start date of operations. Although the enrollee is not a member of the CONTRACTOR's MCO prior to the start date of operations, the CONTRACTOR shall be responsible for the payment of claims incurred by the enrollee during the period of eligibility prior to the start date of operations as specified in Section B.1.

##### 2.4.5.4 Enrollment Prior to Notification

2.4.5.4.1 Because individuals can be retroactively eligible for TennCare, and the effective date of initial enrollment in an MCO is the effective date of eligibility or start date of operations, whichever is sooner, the effective date of enrollment may occur prior to the CONTRACTOR being notified of the person's enrollment. Therefore, enrollment of individuals in the CONTRACTOR's MCO may occur without prior notice to the CONTRACTOR or enrollee.

2.4.5.4.2 The CONTRACTOR shall not be liable for the cost of any covered services prior to the effective date of enrollment/eligibility but shall be responsible for the costs of covered services obtained on or after 12:01 a.m. on the effective date of enrollment/eligibility.

2.4.5.4.3 TENNCARE shall make payments to the CONTRACTOR from the effective date of an enrollee's date of enrollment/eligibility. If the effective date of enrollment/eligibility precedes the start date of operations, payment shall be made in accordance with Section C.3.

2.4.5.4.4 Except for applicable TennCare cost sharing and patient liability, the CONTRACTOR shall ensure that members are held harmless for the cost of covered services provided as of the effective date of enrollment with the CONTRACTOR.

#### **A.2.4.6 Eligibility and Enrollment Data**

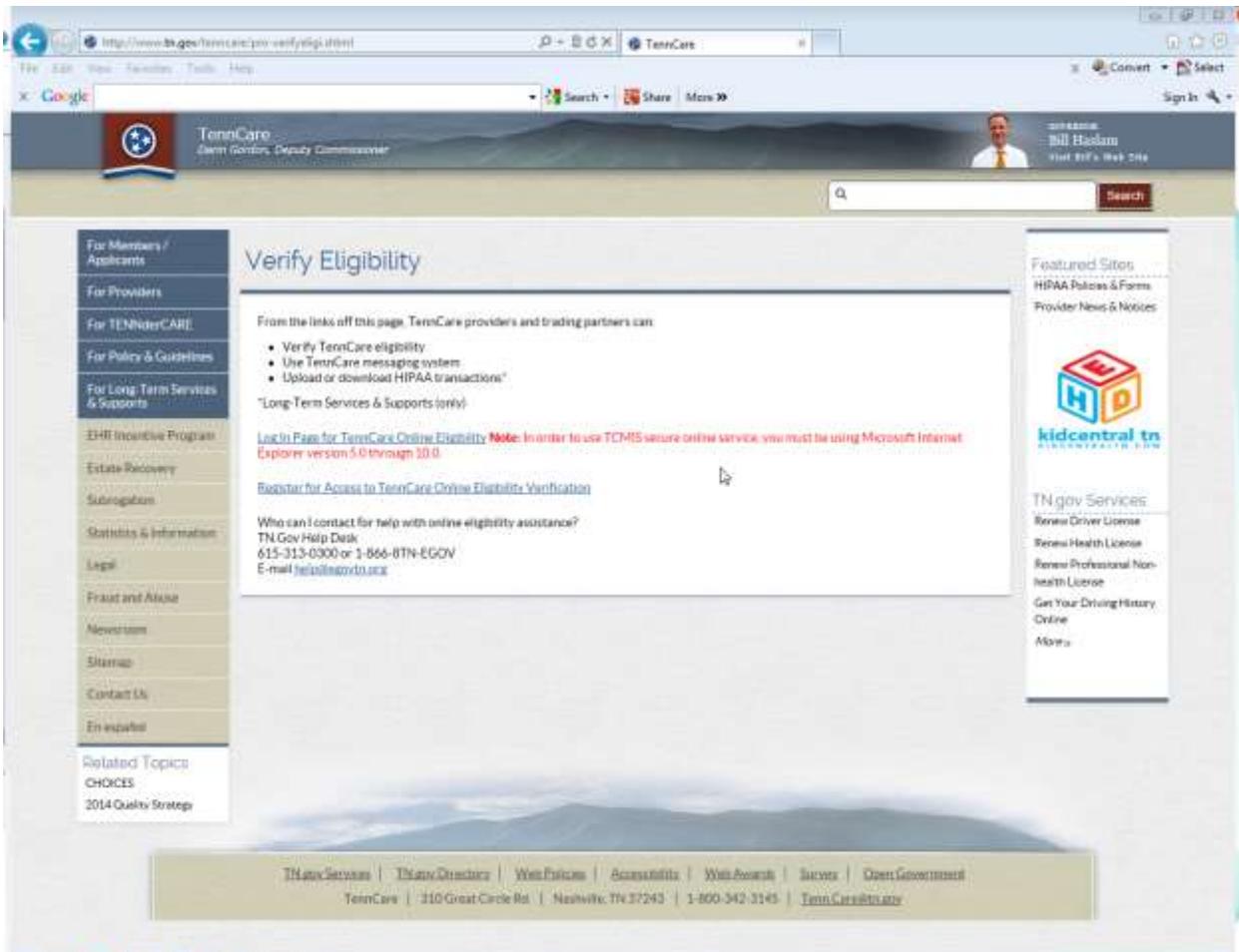
2.4.6.1 The CONTRACTOR shall receive, process, and update outbound 834 enrollment files from TENNCARE. Enrollment data shall be updated or uploaded systematically to the CONTRACTOR's eligibility/enrollment database(s) within twenty-four (24) hours of receipt from TENNCARE. Any outbound 834 transactions which fail to update/load systematically must be manually updated within twenty-four (24) hours of receipt. The CONTRACTOR shall report to TENNCARE, in a form and format to be provided by TENNCARE, outbound 834 transactions that are not processed within these time frames and include information regarding when the transactions were completed. Any transactions that are not updated/loaded within twenty-four (24) hours of receipt from TENNCARE and/or persistent issues with high volumes of transitions that require manual upload may require the CONTRACTOR to initiate a Corrective Action Plan for resolution of the issues preventing compliance. If the CONTRACTOR has reason to believe they may not meet this requirement based on unusual circumstances, the CONTRACTOR must notify TENNCARE and TENNCARE may make an exception without requiring a Corrective Action Plan.

2.4.6.2 The CONTRACTOR shall provide an electronic eligibility file (inbound 834) to TENNCARE as specified and in conformance to data exchange format and method standards outlined in Section A.2.23.5.

**When a patient is retro-eligible and does not tell us what recourse do we have? What is the time limit to file an appeal in that case?**

2.12.9.28 Provide for prompt submission of information needed to make payment. Specify that a **provider shall have one hundred twenty (120) calendar days from the date of rendering a covered service to file a claim** with the CONTRACTOR **except** in situations regarding coordination of benefits or subrogation in which case the provider is pursuing payment from a third party **or** if an enrollee is enrolled in the MCO with a **retroactive eligibility date**. In situations of third party benefits, the maximum time frames for filing a claim shall begin on the date that the third party documented resolution of the claim. **In situations of enrollment in the CONTRACTOR's MCO with a retroactive eligibility date, the time frames for filing a claim shall begin on the date that the CONTRACTOR receives notification from TENNCARE of the enrollee's eligibility/enrollment;**

<http://www.tn.gov/tennicare/pro-verifyeligi.shtml>



Is that anything that providers can do pro-actively to lessen some of the issues that we're having with getting authorizations, disclosures being on file, etc?

Timothy Stalnaker, TennCare Bureau: [Timothy.Stalnaker@tn.gov](mailto:Timothy.Stalnaker@tn.gov)

<http://www.tn.gov/tenncare/providers.shtml>

**Providers**

Are you a provider who needs assistance with TennCare related matters?

If so, please contact Provider Services at the member's [Managed Care Organization](#) for MCO claims.

For general questions, eligibility verification or Medicare Cross-Over Claim questions, contact TennCare Provider Services at 1-800-852-2683.

**Provider Links**

- [Current P.O. Box List](#)
- [Dental Services](#)
- [Electronic Data Interchange](#)
- [Managed Care Organizations](#)
- [Medicare/Medicaid Crossover Claims](#)
- [Pharmacy](#)
- [Provider Educational Handouts](#)
- [Provider Miscellaneous Forms](#)
- [Provider Registration](#)
- [TennCare/Medicaid EHR Incentive Program](#)
- [Verify Eligibility](#)
- [Web Functionality & Access](#)

The Centers for Medicare & Medicaid Services (CMS) implemented the [Payment Error Rate Measurement \(PERM\)](#) program to measure improper payments in Medicaid. For more information on PERM please visit CMS PERM website for educational guides and question/answer section [Payment Error Rate Measurement \(PERM\)](#) and view the informational video [PERM: Responding to Medical Records/Documentation Requests](#).

**Literacy in Health Care / Communicating with TennCare Enrollees / Cultural Competency / Disparities in Health Care**

- Do your patients understand their treatment plans? Help with achieving that goal may be found by viewing:
  - The North Carolina Health Literacy - "Teach Back Method" at: <http://nchealthliteracy.org/teachback.html>
  - The National Patient Safety Foundation- "Ask Me 3" video at: <http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/>
  - The American Medical Association- "Health Literacy and Patient Safety" [http://www.youtube.com/watch?v=GiTZ\\_voY6](http://www.youtube.com/watch?v=GiTZ_voY6)
- Information to assist provider's with communicating with Limited English Proficient (LEP) enrollees or those classified as having a low level of health care literacy is available at:
  - **Interpretation and Translation Services** - Assistance for enrollees with Limited English Proficiency may be obtained by contacting the Provider Services division of an enrollee's [managed care organization](#). Also, the following link will provide **Speak Cards** which can assist you with identifying an enrollee's primary language.

**Related Topics**  
CHOICES  
2014 Quality Strategy

**Featured Sites**  
HIPAA Policies & Forms  
Provider News & Notices

**kidcentral tn**  
KID CENTRAL TN

**TN.gov Services**  
Renew Driver License  
Renew Health License  
Renew Professional Non-health License  
Get Your Driving History Online  
More »



**TennCare**  
Darin Gorham, Deputy Commissioner



Governor  
**Bill Haslam**  
Visit Bill's Web Site

**For Members / Applicants**

**For Providers**

**For TENNstarCARE**

**For Policy & Guidelines**

**For Long-Term Services & Supports**

**EHR Incentive Program**

**Estate Recovery**

**Subrogation**

**Statistics & Information**

**Legal**

**Fraud and Abuse**

**Newsroom**

**Stamps**

**Contact Us**

**Employers**

---

**Related Topics**

**CHOICES**

**2014 Quality Strategy**

## Policy Index

TennCare and related HCFA policies are listed below in alphabetical order. Policies are categorized according to their functional area and each policy is identified by a number consisting of the year it was finalized and its category (e.g., policy BEN 05-001 was the first Benefits policy finalized in 2005). These are the categories, or functional areas in which policies are placed.

**Category Key**

Benefits	BEN
Contractors	CON
Eligibility, Enrollment & Disenrollment	EED
Organization	ORG
Payment Issues	PAY
Program Integrity	PI
Providers	PRO

**Tip** Sort multiple columns simultaneously by holding down the shift key and clicking a second or even third column header!

Subject	Policy Number	Category Key
1433 Drug Pricing Program	<a href="#">PRD 11-002</a>	PRD
Actuarial Soundness of TennCare Rates	<a href="#">PAY 06-001</a>	PAY
Cash Receipts	<a href="#">ORG 09-002</a>	ORG
Claims Processing, Timely Filing and Prior Authorizations	<a href="#">PAY 06-002</a>	PAY
Contractor and Provider Screening of Employees and Contractors	<a href="#">PI 11-003</a>	PI
Cost Effective Alternatives	<a href="#">BEN 06-001</a>	BEN
Credible Allegation of Fraud	<a href="#">PI 12-001</a>	PI
Dental: Coverage of Adult Services in a Hospital Emergency Room	<a href="#">BEN 06-002</a>	BEN
Disclosure of Ownership or Control, Changes in Ownership, and Program Integrity Reporting Responsibilities	<a href="#">PI 10-001</a>	PI
Emergency Medical Services for Illegal and Ineligible Aliens	<a href="#">EED 05-001</a>	EED
Enhanced Rate for Primary Care	<a href="#">PRD 11-003</a>	PRD
Epilepsy Durable Medications	<a href="#">BEN 06-001</a>	BEN
False Claims Act Policy	<a href="#">PI 08-001</a>	PI

**Featured Sites**

[HPAA Policies & Forms](#)

[Provider News & Notices](#)



**kidcentral tn**  
CHILDREN'S HEALTH PLAN

**TN.gov Services**

[Renew Driver License](#)

[Renew Health License](#)

[Renew Professional Non-health License](#)

[Get Your Driving History Online](#)

[About us](#)

http://www.tn.gov/tenncare/pol-policies.shtml | TennCare

File Edit View Favorites Tools Help

Google Search Share More

Federal Provider Terminations and Exclusions	FI 11-003	FI
Hospice	BEH 07-001	BEH
Investigative Monitoring & Examination of HCFA Employees' Computer, Email, and Internet Usage	ORG 06-003	ORG
MCC's Responsibilities to Provide Services to TennCare Children Receiving Special Education Services	CON 07-003	CON
Medicaid State Plan	ORG 06-003	ORG
Minimum Requirements for Provider Directories	CON 06-003	CON
National Provider Identifier (NPI)	PRO 07-001	PRO
Networks, Coverage and Billing, Assignment of	CON 06-002	CON
Official TennCare Addresses	CON 09-007	CON
Operational Protocol	ORG 06-001	ORG
Ordering, Referring, or Prescribing Providers	PRO 12-001	PRO
Out-of-State Providers	PRO 03-001	PRO
Overpayments and Section 6402 of the Affordable Care Act	FI 11-001	FI
Paper Checks and Direct Deposits	PAY 10-001	PAY
Prior Recovery Services	BEH 11-002	BEH
Policy Manual	ORG 06-002	ORG
Prohibitions of Payments to Institutions or Entities Outside the United States	FI 11-004	FI
Provider Application Fees	PRO 11-001	PRO
Provider Assignment or Reassignment of Payments	FI 11-005	FI
Provider Terminations for Inactivity	FI 12-001	FI
TennCare Coverage of Supersessions for Opioid Addiction	BEH 11-001	BEH
TennCare Rules	ORG 06-004	ORG
TennCare/Medicaid for Qualified Aliens, Including Lawfully Admitted Aliens, Refugees, and Asylees	ED 06-002	ED
Third party Copays and Deductibles, MCC's and Providers' Responsibilities	CON 05-001	CON
Timely Filing	PAY 12-001	PAY
Transition of Enrollees Between MCOs	CON 11-001	CON
When a Provider May Bill a TennCare Enrollee	PRO 04-001	PRO
Withholds for MCO Non-Compliance	PAY 06-001	PAY

**Medical Necessity Guidelines**

- Assess Behavioral Analysis (pdf, 36kb)

TennCare Services | TennCare Directory | Web Policies | Accessibility | Web Awards | Service | Open Government  
 TennCare | 310 Great Circle Rd. | Nashville, TN 37243 | 1-800-342-3145 | TennCare@tn.gov