

TennCare Quarterly Report

Submitted to the TennCare Oversight Committee and the Fiscal Review Committee

April 17, 2006

Status of TennCare Reforms and Improvements

The disenrollment of TennCare Standard adults continued during this quarter. As of the end of the quarter, 16,000 TCS adults had been determined eligible for Medicaid and 170,000 TCS adults were disenrolled from the program because they did not meet Medicaid eligibility criteria.

During the quarter TennCare continued to negotiate with the Centers for Medicare and Medicaid Services (CMS) regarding the reforms proposed in “Phase IV,” which was submitted to CMS on September 1, 2005.

Formal approval for most of the items in Phase IV was received on March 31, 2006. The following items were approved:

- Operate one behavioral health organization statewide;
- Maintain the flexibility to re-establish an annual MCO change period for TennCare enrollees;
- Eliminate pharmacy coverage of barbiturates and benzodiazepines for all TennCare enrollees, including dual eligibles;
- Implement technical corrections to Amendment F of the Special Terms and Conditions;
- Transfer individuals who are eligible for both Medicaid and Medicare from the existing 1915(b) waiver into the section 1115 demonstration in order to enroll them into a managed care delivery system;
- Make expenditures in the amount of \$50 million total computable dollars for special hospital pool payments for the period of demonstration year #04 (state fiscal year 2006) to pay for unreimbursed costs of care in hospitals;
- Modify outpatient pharmacy related Special Terms and Conditions to provide pharmacy benefits for non-pregnant Medically Needy adults consistent with previously approved State Plan Amendment 05-010; and
- Withdraw previously granted authority to eliminate private duty nursing services for all TennCare adults.

Four items on the list were withdrawn by the state prior to receiving approval for the above items. These items were:

- Implement non-pharmacy benefit limits for adults;
- Reduce coverage limits for out-of-state services rendered to both TennCare Medicaid and TennCare Standard populations;
- Contract with one MCO in certain non-rural areas of the State of Tennessee; and
- Cover non-institutional services for residents of Institutions for Mental Disease (IMDs).

CMS took no action on the state's request to disqualify for up to one year enrollees convicted of fraud against the TennCare program or the illegal sale of prescription drugs under state law.

Another waiver amendment request was sent to CMS on January 11, 2006. This request outlined a plan for re-opening the Medically Needy program to a certain number of non-pregnant adults. (The program had been closed for this population on April 29, 2005. The pregnant women and children's categories have remained open.) One important "lever" for controlling program growth was to be the imposition of an enrollment cap. In order to do this, the state requested to move the non-pregnant adult Medically Needy categories to the demonstration population. As of the end of the quarter, CMS had not acted on the request.

Essential Access Hospital Payments

The TennCare Bureau continued to make essential access hospital payments during this period. Essential access hospital payments are payments from a pool of \$100 million (\$35,292,500 in state dollars) appropriated by the General Assembly.

The methodology for distributing these funds specifically considers each hospital's relative contribution to providing services to TennCare members, while also acknowledging differences in payer mix and hospitals' relative ability to make up TennCare losses. Data from the Hospital Joint Annual Report is used to determine hospitals' eligibility for these payments. Eligibility is determined each quarter based on each hospital's participation in TennCare. In order to receive a payment for the quarter, a hospital must be a contracted provider with TennCare Select and at least one other managed care organization, and it must have contracted with TennCare Select for the entire quarter that the payment represents. Excluded from the essential access hospital payments are critical access hospitals, which receive cost-based reimbursement from the TennCare program and therefore do not have unreimbursed TennCare costs, and the five state mental health institutes.

Essential access hospital payments for State Fiscal Year 06 are shown in the following table.

**FY 2006 Essential Access Hospital Payments
(July 2005 – December 2005)**

Hospital Name	County	FY 2006 PAYOUT (7/1/05 to 12/31/05)
SAFETY NET HOSPITALS		
Erlanger Medical Center	Hamilton County	\$3,088,624
Johnson City Medical Center	Washington County	\$1,406,651
Metro Nashville General Hospital	Davidson County	\$2,021,409
Regional Medical Center at Memphis	Shelby County	\$9,720,212
University of Tennessee Medical Center	Knox County	\$3,316,038
Vanderbilt University Hospital	Davidson County	\$5,447,067
CHILDREN'S HOSPITALS		
East Tennessee Children's Hospital	Knox County	\$818,742
Meth. Hlthcare-LeBonheur Child. Med. Ctr	Shelby County	\$1,681,258
PSYCHIATRIC HOSPITALS		
Community Behavioral Health, LLC	Shelby County	\$165,523
Indian Path Pavilion	Sullivan County	\$86,234
Pathways of Tennessee, Inc.	Madison County	\$192,946
Peninsula Hospital	Blount County	\$264,934
Ridgeview Psych. Hosp. & Ctr., Inc.	Anderson County	\$102,453
Woodridge Psychiatric Hospital	Washington County	\$187,910
OTHER ACUTE CARE HOSPITALS		
Athens Regional Medical Center	McMinn County	\$114,111
Baptist Dekalb Hospital	Dekalb County	\$52,898
Baptist Hospital of Cocke County	Cocke County	\$236,147
Baptist Memorial Hospital Huntingdon	Carroll County	\$65,996
Baptist Memorial Hospital Lauderdale	Lauderdale County	\$37,727
Baptist Memorial Hospital Tipton	Tipton County	\$188,985
Baptist Memorial Hospital Union City	Obion County	\$214,296
Bedford County Medical Center	Bedford County	\$160,681
Blount Memorial Hospital	Blount County	\$264,989
Bolivar General Hospital	Hardeman County	\$48,738
Bradley Memorial Hospital	Bradley County	\$186,249
Camden General Hospital	Benton County	\$124,591
Centennial Medical Center	Davidson County	\$690,868
Claiborne County Hospital	Claiborne County	\$235,820
Cleveland Community Hospital	Bradley County	\$271,870
Cookeville Regional Medical Center	Putnam County	\$248,409
Copper Basin Medical Center	Polk County	\$26,664
Crockett Hospital	Lawrence County	\$116,950
Cumberland Medical Center	Cumberland County	\$264,490
Cumberland River Hospital	Clay County	\$27,437
Decatur County General Hospital	Decatur County	\$48,411
Delta Medical Center	Shelby County	\$274,869

WORKING DRAFT—4/10/06

Dyersburg Regional Medical Center	Dyer County	\$153,316
East Ridge Hospital	Hamilton County	\$318,133
Emerald Hodgson Hospital	Franklin County	\$42,135
Fort Sanders Loudon Medical Center	Loudon County	\$95,689
Fort Sanders Parkwest Medical Center	Knox County	\$205,836
Fort Sanders Regional Medical Center	Knox County	\$532,873
Fort Sanders Sevier Medical Center	Sevier County	\$325,084
Gateway Medical Center	Montgomery County	\$282,699
Gibson General Hospital	Gibson County	\$48,138
Grandview Medical Center	Marion County	\$117,974
Hardin County General Hospital	Hardin County	\$186,331
Harton Regional Medical Center	Coffee County	\$218,318
Haywood Park Community Hospital	Haywood County	\$84,101
Henderson County Community Hospital	Henderson County	\$51,784
Hendersonville Medical Center	Sumner County	\$118,438
Henry County Medical Center	Henry County	\$194,471
Hillside Hospital	Giles County	\$97,227
Horizon Medical Center	Dickson County	\$143,881
Humboldt General Hospital	Gibson County	\$112,215
Indian Path Medical Center	Sullivan County	\$285,826
Jackson Madison County General Hospital	Madison County	\$923,266
Jamestown Regional Medical Center	Fentress County	\$175,819
Jefferson Memorial Hospital	Jefferson County	\$147,410
Jellico Community Hospital	Campbell County	\$255,796
Johnson City Specialty Hospital	Washington County	\$26,709
Lakeway Regional Hospital	Hamblen County	\$285,520
Laughlin Memorial Hospital	Greene County	\$198,043
Lincoln Medical Center	Lincoln County	\$95,661
Livingston Regional Hospital	Overton County	\$93,414
Maury Regional Hospital	Maury County	\$463,940
McKenzie Regional Hospital	Carroll County	\$75,793
McNairy Regional Hospital	McNairy County	\$63,572
Methodist Healthcare Fayette	Fayette County	\$85,924
Methodist Healthcare North	Shelby County	\$213,244
Methodist Healthcare South	Shelby County	\$261,737
Methodist Medical Center of Oak Ridge	Anderson County	\$381,571
Methodist University Healthcare	Shelby County	\$992,079
Middle Tennessee Medical Center	Rutherford County	\$421,377
Milan General Hospital	Gibson County	\$297,621
Morristown Hamblen Healthcare System	Hamblen County	\$408,337
North Side Hospital	Washington County	\$129,771
Northcrest Medical Center	Robertson County	\$307,013
Regional Hospital of Jackson	Madison County	\$268,520
River Park Hospital	Warren County	\$161,091
Roane Medical Center	Roane County	\$142,192
Saint Francis Hospital	Shelby County	\$787,836
Saint Jude Childrens Research	Shelby County	\$408,818
Saint Mary's Health System	Knox County	\$372,299

Scott County Hospital	Scott County	\$142,211
Skyline Medical Center	Davidson County	\$337,323
Smith County Memorial Hospital	Smith County	\$58,937
Southern Hills Medical Center	Davidson County	\$304,087
Southern Tennessee Medical Center	Franklin County	\$130,816
St. Marys Medical Center of Campbell County	Campbell County	\$218,112
Stonecrest Medical Center	Rutherford County	\$141,608
Stones River Hospital	Cannon County	\$118,173
Summit Medical Center	Davidson County	\$265,445
Sumner Regional Medical Center	Sumner County	\$264,246
Sweetwater Hospital Assoc	Monroe County	\$298,692
Sycamore Shoals Hospital	Carter County	\$189,321
Takoma Adventist Hospital	Greene County	\$123,047
Tennessee Christian Medical Center	Davidson County	\$666,916
Tennessee Christian Medical Center Portland	Sumner County	\$38,809
Unicoi County Memorial Hospital	Unicoi County	\$47,250
United Regional Medical Center	Coffee County	\$131,426
University Medical Center	Wilson County	\$438,691
Vanderbilt Stallworth Rehabilitation Hospital	Davidson County	\$116,839
Volunteer Community Hospital	Weakly County	\$58,885
Wayne Medical Center	Wayne County	\$69,641
Wellmont Bristol Regional Medical Center	Sullivan County	\$497,044
Wellmont Hawkins County Memorial Hospital	Hawkins County	\$149,928
Wellmont Holston Valley Medical Center	Sullivan County	\$520,250
White County Community Hospital	White County	\$85,025
Women's East Pavilion	Hamilton County	\$22,904
Woods Memorial Hospital	McMinn County	\$104,337
		\$50,000,000

Renewal Status

The renewal process has been “on hold” for this quarter in order to focus on the disenrollment process.

Status of Filling Top Leadership Positions in the Bureau

Nina Ash, TennCare Project Manager, was hired on January 17, 2006. She comes to us with a Bachelor’s Degree and five years of statistical analyses. Her knowledge/expertise includes applying statistical analyses to assist in identifying measuring and implementing high-impact process improvements. She also has extensive knowledge in leading process studies and providing data management and supporting research in the healthcare management environment. She is responsible for the ongoing activities related to the TennCare process improvement initiative through the process of implementation and service change request recommendations.

Judith Womack, Managed Care Director, joined our team on February 15, 2006, and is responsible for planning, organizing and assisting in the directing of the Quality Oversight Division. She will provide guidance in facilitating the MCOs in the acquisition and maintenance of the required National Committee for Quality Assurance (NCQA) accreditation status. She comes with over twenty years of managing experience in public health programs, policy development and served as Director of EPSDT Outreach.

Eric Fowlie was appointed as TennCare Project Manager in the Division of Operations on February 21, 2006. He joins our team with a Master's in Technology Management and nine years experience in law enforcement and government operational processes. He will work directly with business process stakeholders, management, and OIR to ensure project success.

Number of Recipients on TennCare and Costs to the State

As of the end of the quarter, there were 1,184,937 enrollees on TennCare: 1,146,458 Medicaid eligibles and 38,479 Uninsureds and Uninsurables (Medically Eligibles).

During the first quarter of calendar 2006 (January through March), TennCare spent \$897,145,258¹ for managed care services. These expenditures included: payments to the managed care organizations (MCOs), payments to the behavioral health organizations (BHOs), payments to the dental benefits manager (DBM), and payments to the pharmacy benefits manager (PBM).

Viability of MCOs in the TennCare Program

Claims Payment Analysis

The prompt pay requirements of T.C.A. § 56-32-226(b) mandate that each health maintenance organization and behavioral health organization ensure that 90% of clean claims for payment for services delivered to a TennCare enrollee are paid within 30 calendar days of the receipt of such claims and 99.5% of all provider claims are processed within 60 calendar days of receipt. TennCare's contract with its Dental Benefit Manager requires that the DBM also process claims in accordance with this statutory standard.

TennCare's contract with its Pharmacy Benefits Manager requires that the PBM must pay 95% of all clean claims within 20 calendar days of receipt and the remaining 5% of clean claims within the following 10 calendar days.

TDCI requested data files of all TennCare processed claims from TennCare MCOs, BHOs, the DBM and the PBM for the months of November and December 2005 and

¹ These figures are as of March 31 and are unaudited.

January 2006. TDCI also requested data files of pended TennCare claims and a paid claims triangle from November 1, 2004 through January 31, 2006.

All MCOs, BHOs and the DBM were in compliance with the prompt pay requirements for November and December 2005 and January 2006. It should be noted, however, that although UAHC Health Plan of Tennessee met the prompt pay requirements based on the total number of claims processed each month, the vision claims processed by its subcontractor, Block Vision, were not processed timely during the three (3) months tested. On November 4, 2005, TDCI and TennCare received notice from UAHC that its subcontract with Block Vision was terminated effective December 1, 2005 at which time Vestica, UAHC's claims processing vendor subcontracted to process medical claims was to begin processing the vision claims. TDCI will continue to monitor the timeliness of payment of vision claims processed by Block Vision until Block Vision processes all UAHC vision claims in its inventory.

As stated above, the PBM, First Health, was also required to submit the same data for pharmacy claims as the MCOs, BHOs and DBM were required to submit. The data files submitted by First Health, however, were deficient. TDCI notified First Health of the deficiencies by letter dated March 1, 2006 and required corrected claims data files be submitted by no later than March 21, 2006. First Health did not respond to TDCI's March 1, 2006 letter and did not submit corrected claims data files. As a result, by letter dated March 30, 2006, TDCI notified the TennCare Bureau that TDCI could not verify prompt pay compliance for claims processed by First Health during November and December 2005 and January 2006. TDCI also recommended the TennCare Bureau assess appropriate liquidated damages pursuant to the terms of its contract with First Health.

Net Worth Requirement

As of December 31, 2005, TennCare MCOs/BHOs reported net worth as indicated in the table below. TDCI has not adjusted the net worth reported on the NAIC annual statements. TDCI's calculations for the net worth requirement reflect payments made for the calendar year ending December 31, 2005, including payments made under the "stabilization plan."

	Net Worth Requirement	Reported Net Worth	Excess/ (Deficiency)
Unison Health Plan (formerly Better Health Plan)	3,079,859	4,956,514	1,879,655
John Deere Health Plan	16,589,552	115,392,342	98,802,790
Memphis Managed Care	9,180,832	26,538,308	17,357,476
UAHC Health Plan (formerly OmniCare Health Plan)	7,578,682	10,853,113	3,274,431
Preferred Health Partnership	7,247,122	35,095,479	27,848,357
Windsor Health Plan (formerly Victory Health Plan)	4,172,221	5,288,524	1,116,303
Volunteer (BlueCare & Select)	27,775,339	30,420,776	2,645,437
Premier Behavioral Systems	7,104,270	11,067,068	3,962,798
Tennessee Behavioral Health	7,005,128	18,517,488	11,512,360

FINANCIAL ISSUES:

Xantus Healthplan of Tennessee, Inc. (Xantus)

On January 21, 2004, the Chancery Court of Davidson County entered an order to convert the rehabilitation of Xantus to liquidation. Amendment 4 to Xantus' Contractor Risk Agreement provided for the TennCare Bureau to continue funding claims with dates of service of April 1, 1999 through July 31, 2003 (the "run-out claims") and the reasonable and necessary administrative costs for processing these claims after July 31, 2003. During the period August 1, 2003 through March 31, 2006, Xantus paid \$34,149,125 for run-out claims.

Securing the remaining assets of Xantus and developing procedures for the distribution of assets is still in process.

Tennessee Coordinated Care Network d/b/a Access MedPlus (TCCN)

On November 2, 2001, the Chancery Court of Davidson County entered a Liquidation Order for TCCN. When the TCCN liquidation estate receives the \$1,500,000 from a settlement agreement between the TCCN liquidation estate and the bankruptcy estate of TCCN's former management company, a petition for distribution of the remaining assets of TCCN will be filed with the Chancery Court for approval.

As of March 31, 2006, disbursements of \$39,568,193 have been made against a total debt of \$76,095,315, or 52 cents of every dollar owed to providers.

Universal Care of Tennessee (Universal)

TennCare terminated its Contractor Risk Agreement with Universal effective May 31, 2003. On July 2, 2003, the Chancery Court of Davidson County entered an order to place Universal in liquidation. Between June 1, 2003, and the liquidation order date of July 2, 2003, Universal continued to process and pay claims for dates of service April 12, 2002, through May 31, 2003, the period for which TennCare was financially responsible for funding Universal claims.

CMS approved a contract between TennCare and Universal Care of Tennessee in Liquidation for TennCare to pay the HMO in liquidation for processing Universal claims with dates of service on and after April 12, 2002. As of March 31, 2006, the Liquidation has processed and paid \$13,712,152.99 of claims with dates of service on and after April 12, 2002.

Success of Fraud Detection and Prevention
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The Office of Inspector General (OIG) was established 20 months ago (July 1, 2004). The mission of the OIG is: *To identify, investigate, and prosecute persons who commit fraud against TennCare.* The OIG staff receives case information from a variety of sources including local law enforcement, the Tennessee Bureau of Investigation (TBI),

Health Related Boards (HRB), the Department of Human Services (DHS), other state agencies, health care providers, Managed Care Contractors (MCC), and the general public via the OIG web site, faxes, letters, and phone calls to the OIG hotline. The statistics for the third quarter of the 2005 - 2006 fiscal year are as follows:

NOTE: Included are the fiscal year totals (FYT) and the grand totals--since the OIG was created (7/04 TD)

Summary of Enrollee Cases

	Quarter	FYT	Grand Total
Cases received	6,767	24,618	51,778
Cases closed*	6,436	27,237	54,161

*Cases are closed when there is inadequate information provided to investigate the complaint, the information has been researched and determined to be unfounded, the case was referred to another agency (as per appropriate jurisdiction), or prosecuted by the OIG and closed. This number also includes reports the OIG runs for the TennCare Bureau regarding potential fraud.

Summary of Provider Cases

	Quarter	FYT	Grand Total
Cases opened	41	232	569
Cases closed	42	206	543
Cases referred to TBI*	2	14	55
Cases referred to HRBs**	3	16	41

*The OIG refers **provider cases** to the TBI (as per federal law) and assists with these investigations as requested.

**Health Related Boards

There is an aggressive push to pursue enrollees who have committed fraud against the TennCare program. The primary criminal case types are: drug cases (drug diverters, drug seekers, and forged prescriptions), reporting a false income, access to insurance, and living outside the State of Tennessee.

Summary of Arrests & Convictions

	Quarter	FYT	Grand Total
Arrests	51	151	212
Convictions	16	45	52
Diversions*	5	15	17
Assists**	4	9	9

Note: Special Agents were not in the field making arrests until February 2005.

***Judicial Diversion:** A guilty plea or verdict subject to expungement following successful completion of probation. Tennessee Code Annotated § 40-35-313

***Pre-trial Diversion:** Prosecution was suspended and if probation is successfully completed, the charge will be dismissed. Tennessee Code Annotated § 40-15-105

****Assists:** Cases in which the OIG provided information (such as drug profiles), legal advice, or other assistance which led to a conviction or diversion.

Arrest Categories

Drug Diversion/Forged Prescription	150
Access to Insurance	26
False Income	9
Ineligible Person Using Card	12
Living Out of State	6
Theft of Services	9
GRAND TOTAL	212

TennCare Referrals & Recoupments

	Quarter	FYT	Grand Total
Pharmacy Lock-in (1)	103	341	625
Recoupment (2)	\$29,093.34	\$200,816.04	\$509,832.13
Cases to be Reviewed for Potential Terminations (3)	793	2,382	10,303
Potential Savings (4)	\$3,315,564.71	\$9,959,237.21	\$43,077,254.71

(1) The total in the last column is from September 2004 through March 31, 2006. Pharmacy lock-in referrals are sent to the TennCare Bureau for consideration.

(2) The total in the last column reflects dollars collected by the OIG and sent to the TennCare Bureau from February 15, 2005, through March 31, 2006, when a Fiscal Manager and an attorney joined the OIG staff to facilitate and document this process.

(3) Enrollee recommendations sent to the TennCare Bureau for consideration based on reports run from *file net* (i.e. Prisoner Report, State Wage Report, and the PARIS Report). Reports are run upon availability on *file net*. Identification of potentially ineligible TennCare recipients for each new iteration of these reports is shared with TennCare, TennCare then forwards the reports to DHS & DCS, who determine/verify TennCare eligibility.

(4) There were 793 enrollee terminations recommended for the third quarter. The TennCare Bureau uses \$4,181.04 as the average annual cost per enrollee (Medical & Pharmacy Services - FY 2005 expenditure projections).

Investigative Sources

	Quarter	FYT	Grand Total
OIG Hot Line	1,313	4,398	7,948
OIG Mail Tips	115	547	2,316
OIG Web Site	536	1,368	2,334
OIG Email Tips	104	621	1,505

The OIG staff provided presentations for the following organizations/contacts during this quarter:

- a. Leadership Rutherford County
- b. FBI National Academy Graduates, Tennessee Chapter
- c. Rotary Club, Gallatin, Tennessee
- d. Media interviews - 3
- e. Meetings with local law enforcement - 9
- f. Other civic groups - 2

The OIG staff continues to work with the state's contractor, Medstat, to develop the fraud and abuse detection software system. The OIG is working with this vendor to initiate proactive reports for identifying TennCare fraud. Targeted queries are generated on a routine basis. The goal behind these reports and queries is to assist with a successful OIG prosecution of individuals who have violated the law as it pertains to TennCare fraud.

The OIG Information Services Section was busy this quarter expanding and improving the current electronic case management system. Once completed, the OIG will have a faster and more efficient process of tracking all cases from beginning to prosecution/judgment. Testing and implementation of this new system will be during the early portion of the fourth quarter.

Training is being implemented for OIG personnel for 2006. The Special Agents will complete an annual In-Service training that will include POST required courses, new policies and procedures, all qualifications with approved weapons, a legal update, etc.

The Legal Division has assisted OIG staff members by providing legal advice on issues including how to meet the requirements of various statutes and drafting and reviewing documents that have legal implications. The Legal Division facilitates the case preparation process and works closely with various District Attorneys toward a successful prosecution of the OIG's cases. They review all legal matters of the OIG and advise on pending legislative issues.

OIG information posters have been distributed to: MCC's, local law enforcement, providers, district attorneys, the TennCare Bureau, members of the General Assembly, members of the media, and other State agencies (DHS, DCS, Commerce and Insurance, etc.). This poster provides information regarding the TennCare fraud law and the new State law concerning the *tips for cash program* (TCA §71-5-2512). The OIG submitted the first Incentive Program Annual Report to the Legislature on February 15, 2006 (as per TCA §71-5-2512 (d)).

The Inspector General and the Deputy Inspector General over Criminal Investigations began visiting counties where arrests have not occurred as of this report. In each jurisdiction visited, there is a courtesy call to the Sheriff and Chief of Police. The goal is to continue to solidify the collaboration between local law enforcement and the OIG.

The OIG made application for law enforcement accreditation through the Commission on Accreditation for Law Enforcement Agencies (CALEA) and was accepted in the fall of 2005. Staff members have been busy assembling the files documenting the OIG's compliance with the CALEA standards. New policy and procedure manuals were issued to all personnel. A mock on-site inspection was held the last week of March 2006 in preparation for the official on-site in the summer.

Plans for next quarter:

- a. Continue to exchange information with local, state, and federal government agencies.
- b. Continue to work with Medstat to improve reports that would assist with the data mining function of the OIG.

- c. Provide presentations and training for interested parties regarding TennCare fraud and the role of the OIG.
- d. Continue staff training and develop best practices.
- e. Track the newly created pay incentive program for tips that lead to a successful conviction for TennCare fraud. This program is a result of legislation from the 104th General Assembly and is a law.
- f. To implement a new OIG website. The goal is to ensure the reporting process is user friendly for anyone who wants to report TennCare fraud. Also, the website will be used to get information out about the reward program.
- g. Complete the self assessment process for law enforcement accreditation and prepare for the on-site inspection.