TennCare Quarterly Report

Submitted to the TennCare Oversight Committee and the Fiscal Review Committee

July 14, 2006

Status of TennCare Reforms and Improvements

The disenrollment of TennCare Standard adults continued during this quarter. As of the end of the quarter, 18,000 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.

The reform receiving the most attention this quarter was the proposed waiver amendment request 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.

There have been extensive discussions with CMS throughout the quarter around issues such as the enrollment process to be used, the availability of long-term care services for the new population, services for dual eligibles, and the state's ability to demonstrate budget neutrality. As of the end of the quarter, CMS is continuing to generate questions for the state's response.

A major step was taken this quarter to recruit new MCOs to the Middle Tennessee area. On April 7, 2006, a Request for Proposals (RFP) was issued, which was the first time that TennCare has used the competitive bid process to recruit MCOs to the TennCare service delivery network. The new RFP incorporated an integrated behavioral health model, with the MCO being asked to manage both health and mental health services in order to assure improved service coordination and efficiency. Interested MCOs were asked to submit an intent to propose by April 21, 2006, and completed proposals by May 19, 2006. The latter deadline was moved back to the end of June in order to allow interested MCOs more time to develop their proposals.

Another reform that occurred during the quarter was a proposed consolidation of HCBS programs for the elderly and disabled. Rather than continuing to manage three separate HCBS programs in varying areas of the state for this population, the state announced its intention to bring all of the programs into one statewide program. A consolidation request was submitted to CMS on May 21, 2006. The request included a proposal to

increase the total number of slots from 2,871 to 3,700, as well as a doubling of the number of HCBS program services offered to enrollees.

Finally, TennCare released its first-ever Annual Report, which was a 40-page document intended to serve as a reference companion to the state's larger budget document and to include budget and program information for the most recent completed fiscal year. The Annual Report, which was made available in hard-copy form as well as on TennCare's website, chronicled TennCare's efforts to rein in program finances by implementing dozens of pharmacy utilization control measures, expanding drug purchasing power, launching five statewide disease management programs, and aggressively managing the program to return it to financial stability. Statistics on the TennCare population, county-by-county enrollment breakdowns, and funding source breakouts with actual expenditures and growth percentages were highlighted in the report for quick reference.

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.   During this quarter, the Bureau distributed the $50 million supplemental pool payment that was also 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 – March 2006)

Hospital Name	County Name	FY 2006 YTD Payout + *$50 Million Supplemental Pymt
Safety Net Hospital		
Erlanger Medical Center	Hamilton County	**$7,721,559**
Johnson City Medical Center Hospital	Washington County	**$3,516,629**
Metro Nashville General Hospital	Davidson County	**$5,053,521**

Regional Medical Center (The Med)	Shelby County	**$24,300,529**
University of Tennessee Memorial Hospital	Knox County	**$8,290,094**
Vanderbilt University Hospital	Davidson County	**$13,617,668**
Psychiatric Hospital		
Community Behavioral Health	Shelby County	**$413,808**
Indian Path Pavilion	Sullivan County	**$215,585**
Pathways Of Tennessee	Madison County	**$482,365**
Peninsula Psychiatric Center	Blount County	**$662,335**
Ridgeview Psychiatric Hospital and Center	Anderson County	**$256,131**
Woodridge Psychiatric Hospital	Washington County	**$469,774**
Children's Hospital		
East Tennessee Childrens Hospital	Knox County	**$2,046,855**
Methodist Healthcare Lebonheur	Shelby County	**$4,203,145**
Other Hospitals		
Athens Regional Medical Center	McMinn County	**$287,624**
Baptist Dekalb Hospital	DeKalb County	**$133,333**
Baptist Hospital of Cocke County	Cocke County	**$595,225**
Baptist Memorial Hospital Huntingdon	Carroll County	**$166,347**
Baptist Memorial Hospital Lauderdale	Lauderdale County	**$37,727**
Baptist Memorial Hospital Union City	Obion County	**$540,148**
Bedford County Medical Center	Bedford County	**$405,008**
Bolivar General Hospital	Hardeman County	**$122,847**
Bradley Memorial Hospital	Bradley County	**$469,453**
Camden General Hospital	Benton County	**$124,591**
Claiborne County Hospital	Claiborne County	**$594,402**
Cleveland Community Hospital	Bradley County	**$685,268**
Cookeville Regional Medical Center	Putnam County	**$626,134**
Copper Basin Medical Center	Polk County	**$26,664**
Crockett Hospital	Lawrence County	**$294,782**
Cumberland Medical Center	Cumberland County	**$666,666**
Cumberland River Hospital	Clay County	**$69,156**
Decatur County General Hospital	Decatur County	**$122,024**
Dyersburg Regional Medical Center	Dyer County	**$386,445**
Emerald Hodgson Hospital	Franklin County	**$106,205**
Gibson General Hospital	Gibson County	**$121,334**
Hardin County General Hospital	Hardin County	**$469,661**
Harton Regional Medical Center	Coffee County	**$550,286**
Haywood Park Community Hospital	Haywood County	**$211,982**
Henderson County Community Hospital	Henderson County	**$130,525**
Henry County Medical Center	Henry County	**$490,179**
Hillside Hospital	Giles County	**$245,067**
Humboldt General Hospital	Gibson County	**$282,845**
Jamestown Regional Medical Center	Fentress County	**$443,164**
Jefferson Memorial Hospital	Jefferson County	**$371,558**
Jellico Community Hospital	Campbell County	**$644,753**
Lakeway Regional Hospital	Hamblen County	**$719,673**
Laughlin Memorial Hospital	Greene County	**$499,183**
Lincoln Medical Center	Lincoln County	**$241,120**

Livingston Regional Hospital	Overton County	$235,457
Maury Regional Hospital	Maury County	$1,169,395
McKenzie Regional Hospital	Carroll County	$191,043
McNairy Regional Hospital	McNairy County	$160,238
Milan General Hospital	Gibson County	$595,242
Morristown Hamblen Healthcare System	Hamblen County	$1,029,244
River Park Hospital	Warren County	$406,042
Roane Medical Center	Roane County	$358,404
Scott County Hospital	Scott County	$358,453
Smith County Memorial Hospital	Smith County	$148,556
Southern Tennessee Medical Center	Franklin County	$329,730
St. Marys Medical Center of Campbell County	Campbell County	$549,768
Stones River Hospital	Cannon County	$297,864
Sweetwater Hospital Assoc	Monroe County	$752,875
Takoma Adventist Hospital	Greene County	$310,148
United Regional Medical Center	Coffee County	$331,269
Volunteer Community Hospital	Weakley County	$148,424
Wayne Medical Center	Wayne County	$175,535
White County Community Hospital	White County	$214,312
Woods Memorial Hospital	McMinn County	$262,989
Baptist Memorial Hospital Tipton	Tipton County	$476,351
Blount Memorial Hospital	Blount County	$667,924
Centennial Medical Center	Davidson County	$1,741,382
Delta Medical Center	Shelby County	$692,827
East Ridge Hospital	Hamilton County	$801,877
Fort Sanders Loudon Medical Center	Loudon County	$241,190
Fort Sanders Parkwest Medical Center	Knox County	$518,823
Fort Sanders Regional Medical Center	Knox County	$1,343,144
Fort Sanders Sevier Medical Center	Sevier County	$819,398
Gateway Medical Center	Montgomery County	$712,562
Grandview Medical Center	Marion County	$297,361
Hendersonville Medical Center	Sumner County	$298,532
Horizon Medical Center	Dickson County	$362,662
Indian Path Medical Center	Sullivan County	$720,446
Jackson Madison County General Hospital	Madison County	$2,327,158
Methodist Healthcare Fayette	Fayette County	$216,577
Methodist Healthcare North	Shelby County	$537,496
Methodist Healthcare South	Shelby County	$659,727
Methodist Medical Center of Oak Ridge	Anderson County	$961,777
Methodist University Healthcare	Shelby County	$2,500,607
Middle Tennessee Medical Center	Rutherford County	$1,062,110
North Side Hospital	Washington County	$327,098
Northcrest Medical Center	Robertson County	$773,848
Regional Hospital of Jackson	Madison County	$676,823
Saint Francis Hospital	Shelby County	$1,985,797
Saint Mary's Health System	Knox County	$938,406
Skyline Medical Center	Davidson County	$850,246
Southern Hills Medical Center	Davidson County	$766,474

Summit Medical Center	Davidson County	**$669,073**
Sumner Regional Medical Center	Sumner County	**$666,052**
Sycamore Shoals Hospital	Carter County	**$477,196**
Tennessee Christian Medical Center	Davidson County	**$1,681,009**
Tennessee Christian Medical Center Portland	Sumner County	**$97,821**
Unicoi County Memorial Hospital	Unicoi County	**$119,096**
University Medical Center	Wilson County	**$1,105,751**
Wellmont Bristol Regional Medical Center	Sullivan County	**$1,252,834**
Wellmont Hawkins County Memorial Hospital	Hawkins County	**$377,905**
Wellmont Holston Valley Medical Center	Sullivan County	**$1,311,328**
Johnson City Specialty Hospital	Washington County	**$67,322**
Women's East Pavilion	Hamilton County	**$57,732**
Vanderbilt Stallworth Rehabilitation Hospital	Davidson County	**$294,500**
Saint Jude Childrens Research	Shelby County	**$1,030,456**
Stonecrest Medical Center	Rutherford County	**$356,934**

TOTAL   **$125,000,000**

* The $50 million supplemental pool payment, appropriated by the General Assembly, was distributed in April 2006.

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

Robert Hagan was appointed June 1, 2006, as a Managed Care Program Director. Mr. Hagan, who will direct the Hearing Unit of Medical Appeals, received his Juris Doctorate from Tulane University. He will be responsible for overseeing legal staff who prepare cases and represent the State in administrative hearings regarding medical appeals, and he will oversee the Single State Agency review process pursuant to the Revised Grier Consent Decree. Mr. Hagan will serve as Compliance Officer and Litigation Team Liaison, lead advisory attorney regarding regulatory and legal obligations, and will further focus on TennCare reform compliance issues.

Michael Cole was appointed June 1, 2006, as a TennCare Project Director. Mr. Cole will be responsible for directing projects related to new and existing long term care initiatives, conducting research and providing input to the TennCare Director and Long Term Care Director . Mr. Cole, a CPA, will further provide oversight of audit initiatives related to payments made through the TennCare Information System. In addition, Mr. Cole will direct the TennCare Legislative Unit.

Margaret Wallace Walker was appointed April 16, 2006, as a TennCare Project Director. Ms. Walker possesses more than eighteen years experience in state government as a Legislative Auditor and Accounting Manager, having obtained a B.S. Degree in Accounting, a CPA, and a CGFM. Ms. Walker will work with TennCare

fiscal/budget operations and associated information system operations to ensure production of accurate accounting data and timely disbursement of funds. She will be responsible for coordinating TennCare's year-end closing process, and will be directly involved in analysis of current operations, accounting practices, funds management and reconciliation, MCO payment processing, and forecasting of future trends.

Number of Recipients on TennCare and Costs to the State

As of the end of the quarter, there were 1,183,721 enrollees on TennCare: 1,144,910 Medicaid eligibles and 38,811 Uninsureds and Uninsurables (Medically Eligibles).

During the second quarter of calendar 2006 (March through June), TennCare spent $582,802,700 for managed care organization (MCO) services, $104,103,100 for behavioral health organization (BHO) services, $41,005,700 for dental benefit manager (DBM) services, and $171,744,900 for pharmacy benefits manager (PBM) services. The state's Medicare clawback payment was $52,658,500. (The "clawback" refers to the payment required under the Medicare program's new Part D pharmacy program. Pharmacy benefits for Medicaid/Medicare dual eligibles, which had formerly been provided by TennCare, were shifted to the Medicare program on January 1, 2006. The "clawback" payment is intended to be roughly the amount of state funds that the state Medicaid program would have paid if it had continued to pay for outpatient prescription drugs for persons dually eligible for Medicare and Medicaid.)

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 February, March and April 2006. TDCI also requested data files of pended TennCare claims and a paid claims triangle from February 1, 2005 through April 30, 2006.

Except for Preferred Health Partnership of Tennessee ("PHP"), all MCOs, BHOs, the DBM and the PBM were in compliance with the prompt pay requirements for February, March and April 2006. PHP was out of compliance for March and April 2006. As a

result, PHP is required to submit claims data files monthly until PHP processes claims timely for three consecutive months.

As previously reported, the PBM, First Health, had submitted deficient claims data files which prevented TDCI from verifying prompt pay compliance for claims processed during November and December 2005 and January 2006. Since the last report, First Health has submitted corrected data files and TDCI confirmed First Health did process claims timely during November and December 2005 and January 2006.

Net Worth Requirement

As of March 31, 2006, 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)
John Deere Health Plan	16,589,552	127,904,874	111,315,322
Memphis Managed Care	9,180,832	28,596,480	19,415,648
Preferred Health Partnership	7,247,122	34,556,051	27,308,929
UAHC Health Plan	7,578,682	11,111,138	3,532,456
Unison Health Plan	3,079,859	5,086,217	2,006,358
Volunteer (BlueCare & Select)	27,775,339	30,450,991	2,675,652
Windsor Health Plan	4,172,221	5,322,051	1,149,830
Premier Behavioral Systems	7,104,270	13,869,925	6,765,655
Tennessee Behavioral Health	7,005,125	21,360,560	14,355,435

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 June 30, 2006, Xantus paid $34,683,436 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 June 30, 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 June 30, 2006, the Liquidation has processed and paid $13,900,414 of claims with dates of service on and after April 12, 2002.

Success of Fraud Detection and Prevention

The Office of Inspector General (OIG) was established 2 years 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 fourth 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	4,909	29,527	56,687
Cases closed*	4,160	31,397	58,321

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.

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Summary of Provider Cases

	Quarter	FYT	Grand Total
Cases opened	73	305	642
Cases closed	66	272	609
Cases referred to TBI*	3	17	58
Cases referred to HRBs**	2	18	43

*The OIG refers **provider cases** to the TBI Medicaid Fraud Unit (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	205	266
Convictions	7	67	74
Diversions *	8	23	31

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

Arrest Categories

Drug Diversion/Forged Prescription	**193**
Access to Insurance	**35**
False Income	**10**
Ineligible Person Using Card	**13**
Living Out of State	**6**
Theft of Services	**9**
GRAND TOTAL	**266**

TennCare Referrals & Recoupments

	Quarter	FYT	Grand Total
Pharmacy Lock-in **(1)**	48	389	673
Recoupment **(2)**	$82,393.10	$283,209. 14	$592,225.23
Recommended TennCare Terminations **(3)**	157	2,539	10,460
Potential Savings **(4)**	$656,423.28	$10,615,660	$43,733,677

(1) The total in the last column is from September 2004 through June 30, 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, (when a Fiscal Manager and an attorney joined the OIG staff to facilitate and document this process) through June 30, 2006.

(3) Enrollee recommendations sent to the TennCare Bureau for consideration based on reports run from *file net* (i.e. Prisoner Report, State Wage Report, the Deceased Report, and the P ARIS Report). Reports are run upon availability on *file net*. The PARIS Report was not loaded by the TennCare Bureau this quarter so the OIG was unable to run these numbers.

(4) There were 157 enrollee terminations recommended for the fourth 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	1,223	5,621	9,171
OIG Mail Tips	79	626	2,395
OIG Web Site	430	1,798	2,764
OIG Email Tips	84	705	1,589

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

a   Preston Taylor Ministries
b   Nashville Women's Breakfast Club
c   American Legion Post 5
d   Rotary Club - Pulaski
e   Hendersonville Police Department
f   Knoxville Civitan Club
g   Media interviews - 6
h   Meetings with local law enforcement officials - 3 counties

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 investigation and 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 should be completed by the first quarter of fiscal year 2006/2007.

Training was implemented for OIG personnel during the last two quarters of FY 2005 - 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 Criminal and Civil Legal Divisions have 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 Divisions facilitate the case preparation process and work closely with various District Attorneys toward a successful prosecution of OIG cases. They review all legal matters of the OIG and advise on pending legislative issues.

The Inspector General and the Deputy Inspector General over Criminal Investigations have continued visits to 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. More visits are planned for the next quarter.

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. The formal on-site inspection is planned for next quarter: August 26 - 30, 2006.

A new OIG website was placed on line. The ability to run data reports from this site should be in place next quarter.

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.   Prepare to investigate fraud and abuse of the newly created programs: CoverTn, Cover Kids, and Access Tennessee.

g. Implement newly legislated programs pertaining to the OIG: data mining and providing administrative hearings for the recovery of money owed to the TennCare program.