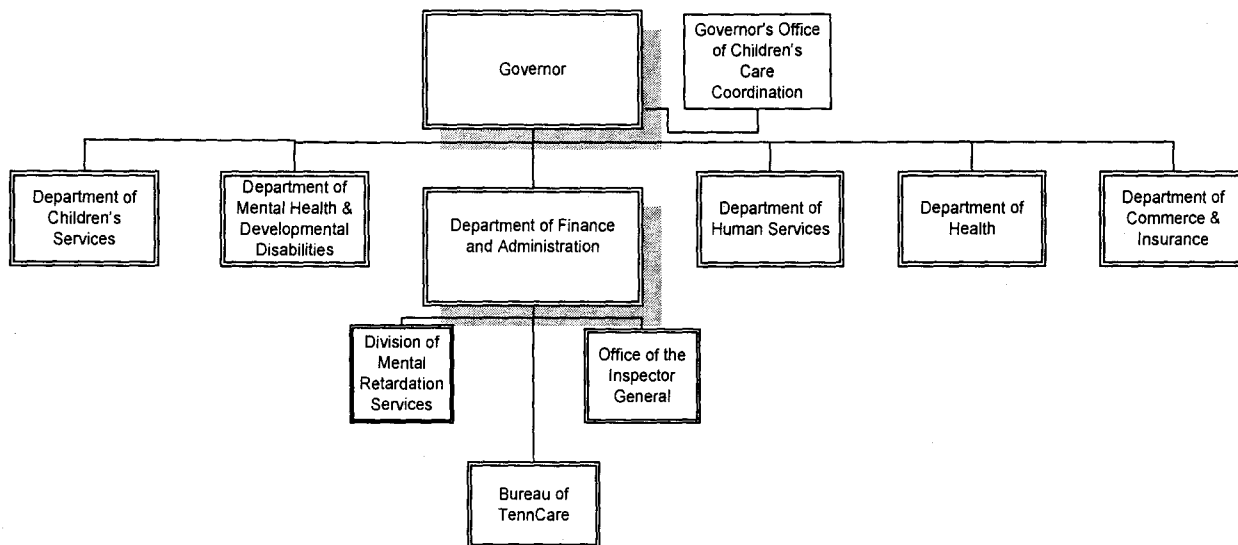


Single State Agency

Attachment 1.2A
Page 1 of 5



TN No. 06-008

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DEPARTMENT OF FINANCE & ADMINISTRATION

The department's mission is to provide continually improving financial and administrative support services which enhance state government's ability to improve the quality of life for Tennesseans. As the program that consumes the single largest portion of the state budget, it is appropriate that the Bureau of TennCare be within the Department of Finance and Administration. The Department of Finance and Administration is the "Single State Agency".

DIVISIONS WITHIN THE DEPARTMENT OF FINANCE & ADMINISTRATION

There are a number of divisions within the department, most of which support the maintenance and improvement of the State's fiscal health (Accounts, Budget, Administration); develop the State's capital initiatives and property assets (Real Property Administration); manage the State-provided insurance benefits (Insurance Administration); manage the information needs of the State of Tennessee (Information Resources); or manage State resources (Resource Development and Support which has the components of Audit & Consulting, Contracts Review, Criminal Justice Programs and Commission on National and Community Services). The Department also supports the Division of Mental Retardation Services which promotes community based services for Tennesseans with mental retardation and their families by contracting with community providers to offer a full array of services. These divisions provide state government with the necessary infrastructure to work effectively.

OFFICE OF THE INSPECTOR GENERAL

The Tennessee Office of Inspector General (OIG) was created in 2004 by the TennCare Fraud and Abuse Reform Act, Tennessee Code Annotated 71-5-2502. The mission of the OIG is to identify, investigate, and prosecute persons who commit fraud against TennCare and Tennessee health care programs. The OIG furnishes information to acquaint the public with the fraud and abuse laws pertaining to health care in Tennessee, cooperates with any city, county, state, or federal agency in order to effectuate the Office of Inspector General's goals, mission and duties, and assists in the criminal prosecution of individuals and the civil recovery of funds that are a result of health care fraud and abuse.

BUREAU OF TENNCARE

The Bureau of TennCare is the organization within the Department of Finance and Administration that is charged with the day to day operational oversight of Tennessee's Medicaid Demonstration Project known as TennCare and for purposes of this document is the "Medical Assistance Unit". The Director of the Bureau is a Deputy Commissioner reporting directly to the Commissioner of Finance and Administration. A complete description of the departments and functions within the Bureau is found at Attachment 1-2.B.

OTHER STATE DEPARTMENTS

There are a number of State Departments which directly contribute to the successful operation of Tennessee's Title XIX Medicaid Demonstration Project. These departments are mentioned to both clarify roles and responsibilities and to reinforce the complexity and interconnectedness of the entities that administer healthcare for the citizens of Tennessee.

Department of Human Services

The Department of Human Services (DHS) provides all eligibility determination services for the Bureau of TennCare. Working in tandem with the Member Services Department within the Bureau, DHS helps develop processes that ensure individuals access to appropriate eligibility categories. DHS also handles appeals related to eligibility and administrative issues and shares information between the DHS ACCENT computer system and the TennCare INTERCHANGE system so that eligibility information is current and accessible.

Department of Mental Health and Developmental Disabilities

The Department of Mental Health and Developmental Disabilities (MHDD) administers the behavioral health component of the TennCare program known as the Partners Program. This department also handles the regulation of the Pre-Admission Screening and Annual Resident Review (PASARR).

Department of Health

The Department of Health, Bureau of Health Services, beyond presiding over the health departments in each of the 95 counties that provide significant care to the TennCare population, also administers a program to enhance outreach for the EPSDT program that is an integral part of the TennCare program. The Health Department contributes significantly to the success of the TennCare dental program by conducting a statewide, school-based, oral health evaluation and screening program. The Bureau of Licensure and Regulation oversees nursing home regulations for the assurance of quality healthcare to TennCare recipients in long-term care facilities.

Department of Commerce and Insurance

The Department of Commerce and Insurance protects the public health and the integrity of the TennCare program by overseeing, examining and monitoring Health Maintenance Organizations and Behavioral Health Organizations participating in the program. The division ensures that the HMOs and BHOs under contract with the state are in compliance with statutory and contractual requirements relating to their financial responsibility, stability and integrity. The TennCare Division of the Department reviews and analyzes financial statements and other activities such as claims processing operations, prompt pay requirements and compliance with federal and state laws, rules and regulations. The Division supports the TennCare Processing Panel, overseeing the independent review of provider claims denial program and administering that program for the Panel.

Department of Children's Services

The Department of Children's Services coordinates care for children who are in the custody of the state of Tennessee or at risk of being in the custody of the state, due to adjudication by Juvenile court of dependency and neglect, delinquency, or unruliness. DCS collaborates and teams with families, schools, courts, service providers, and other child serving agencies to complete assessments and develop safety and permanency plans through the child and family team meeting process. DCS provides case management, and refers families for eligibility determinations for TennCare, coordinates with schools and community agencies, and accesses health services for children. DCS also coordinates placement for children in custody, and provides foster care services, as well as behavioral residential services through a network of contract provider agencies. The outcome for all children is permanency, and the department coordinates services to advance reunification and adoption.

The Division of Mental Retardation

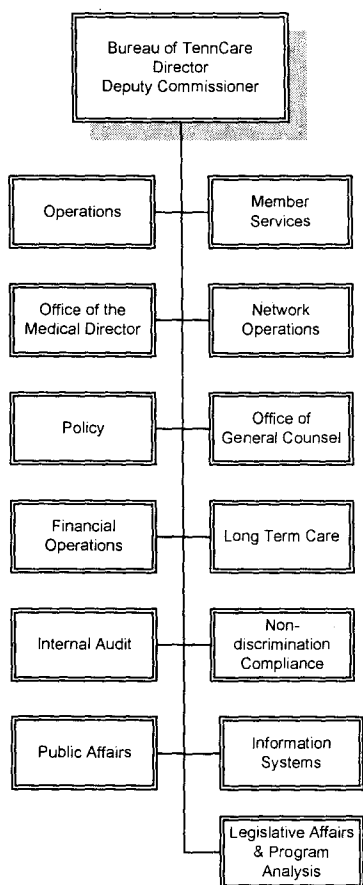
The DMRS mission is to provide leadership in the development and maintenance of a system that offers a continuum of services and support for persons with mental retardation. The Division of Mental Retardation Services (DMRS), within the Tennessee Department of Finance and Administration, is the state agency responsible for providing services and supports to Tennesseans with mental retardation. DMRS provides services directly or through contracts with community providers in a variety of settings. These settings range from institutional care to individual supported living in the community. There are three long-term care facilities in the Division system as well as Regional Offices located in Memphis, Jackson, Nashville, Chattanooga, Knoxville, Greeneville and Johnson City that work with community agencies to provide services. DMRS participates in the provision of Early Intervention (EI) services as required by the Individuals with Disabilities Act (IDEA). IDEA regulations require each state to ensure the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of services for infants and toddlers with disabilities and their families.

The Governor's Office of Children's Care Coordination

The Governor's Office of Children's Care Coordination (GOCCC) was established to improve the delivery of appropriate, effective, and coordinated health care services to children in Tennessee. GOCCC is leading efforts to facilitate collaboration among the child serving departments and the child serving communities. GOCCC focuses on infant mortality, substance abuse and preventive care to help improve health outcomes. It works to ensure that state departments are meeting the requirements of both state and federal law, and of various court orders relating to health care services for children. GOCCC monitors the contracts with the established Centers of Excellence and has helped recruit providers to expand coverage.

BUREAU OF TENNCARE

Attachment 1.2.B
Page 1 of 10



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BUREAU OF TENNCARE

The Bureau of TennCare is a multifaceted organization. This is the agency within the Tennessee Department of Finance and Administration designated to plan, organize, develop, coordinate, control and direct the federally established and state administered Medicaid Demonstration Program. It administers the Title XIX (Medicaid) program for the Department of Finance and Administration. The Department of Finance and Administration is the Single State Agency and the Bureau of TennCare is the Medical Assistance Unit designated to administer the Medical Assistance program pursuant to the provisions of Title XIX of the Social Security Act. The Bureau is presently composed of the following organizational entities: Office of the Medical Director; Financial Operations; Public Affairs; Operations; Policy; Internal Audit; Member Services; Office of General Counsel; Non-Discrimination Compliance and Health Disparities; Network Operations; Long Term Care; Information Systems and Legislative Affairs and Program Analysis. This is a highly diversified and integrated Bureau. Oversight, administration, financial management, quality control and statutory and regulatory compliance all require ongoing, daily interaction with other agencies both inside and outside Tennessee, state and federal, as well as with professional associations, recipient and advocacy groups. Specific functions of the total Bureau are addressed in detail in the following narrative overview for each of the major organizational components.

BUREAU EXECUTIVE OFFICE

The Director of the Bureau is a Deputy Commissioner reporting directly to the Commissioner of Finance and Administration. The Directors of the thirteen departments within the Bureau report to the Bureau Director.

OPERATIONS

This Office is responsible for all facilities management, security, housekeeping, purchasing, records management, and executive support. This Office also supervises Administrative Services, Project Management and Audit Liaison. The Office of Human Resources is within this Bureau Division and is responsible for providing effective and efficient customer focused service and support in the areas of personnel transactions and organizational development to include Insurance and Benefits, coordination with Fiscal Division to process Payroll, Employee Development, Employee Recognition, Employee Relations, and Employee Services for the Bureau's employees.

OFFICE OF THE MEDICAL DIRECTOR

The Office of the Medical Director provides medical direction for the TennCare program and provides oversight of the medical, pharmacy and dental services delivered through a network of managed care companies. Key activities include development of medical policy and monitoring of access to care, service quality and health outcomes. The Office also serves as the focal point for provider education and as the primary liaison with the Department of Children's Services.

- *Pharmacy Services:* This unit monitors the delivery of pharmacy services, determines pharmacy program direction and oversees the contract with the Pharmacy Benefits Manager (PBM).

- *Dental Services:* This unit develops dental standards, monitors the delivery of dental services and oversees the contract with the Dental Benefits Manager (DBM) as well as a contract with the Department of Health for the delivery of school-based screening and prevention services.
- *Quality Oversight:* This unit works with the External Quality Review Organization (EQRO) to monitor Managed Care Contractor (MCC) performance. Areas of particular focus include compliance with EPSDT standards, analysis of appeals data and comparison of quality indicators and satisfaction across MCOs.
- *Network Monitoring and Provider Education:* This unit monitors provider network adequacy and serves as a resource to providers throughout the state in regard to the operation of the TennCare program.
- *Children's Services:* This unit serves as the primary liaison with the Department of Children's Services and assists in the development and review of children's services and behavioral health policy.

FINANCIAL OPERATIONS

The Chief Financial Officer directs the Office of Fiscal Services, Office of Budget and Contracts, Office of HealthCare Informatics/Statistics and Office of Administrative Services. Other functions include personnel and purchasing as well as responsibility for monitoring, reviewing and signing off on all contracts between the Managed Care Organizations and their providers.

- *Office of Fiscal Services:* This Office is responsible for the Bureau's activities that are of a fiscal nature including supply and equipment invoice payment, revenue collection, processing payment for all Bureau contracts and grants, travel claims and employee reimbursement, non-premium deposits and allotment revisions. This Office also monitors the premium accounts and conducts an annual inventory on all state tagged equipment.
- *Office of Budget & Contracts:* This Office is responsible for developing and monitoring the budget for the Bureau with staff notifying management of any significant fiscal issues, as they become apparent. This Office oversees the development, issuance, coordination, execution, and maintenance of contracts and contract amendments between all vendors the Bureau deals with on a daily basis, as well as contracts and contract amendments between TennCare and the MCCs. This Office is also responsible for monitoring the sub-recipient contracts and grants.
- *Office of HealthCare Informatics/Statistics:* This Office is responsible for providing reports and analytical support to the TennCare Bureau's business operation and decision making in the areas of financial management, medical management, contracting, and operation. The Office consists of the following functional areas: cost and utilization reporting, financial performance, cost-driver and outlook analysis, reimbursement pricing and actuarial rate setting, quality and disease management analytics, statistical support and methodology development, information technology solutions of decision support applications and data warehousing.

NETWORK OPERATIONS

This office is responsible for the management and oversight of TennCare's MCOs and, together with the Tennessee Department of Mental Health and Developmental Disabilities Services (TDMHDD), the TennCare BHOs. Other functions include negotiating the contracts with MCOs, monitoring contract compliance, and refining MCO performance measures.

- *Office of Contract Compliance:* This office monitors the contract compliance of the MCOs, BHOs, PBM, and DBM. This office also reviews subcontracts of participating managed care contractors, reviews marketing materials disseminated by managed care contractors, and prepares notifications of sanctions for contract violations.
- *Office of Business Operations:* The responsibilities of this office include Claims resolution for Medicare Medicaid Recipients, Medicaid Provider Enrollment, Provider Inquiry and Third Party Liability.
 1. Claims Resolution- the Claims resolution unit is responsible for payment of Medicare Medicaid Crossover claims. These claims are for services rendered to recipients that have dual coverage, Medicare Primary and Medicaid Secondary. The unit also is comprised of Medicare and Medicaid Recipient inquiry Unit that provides research and analysis of claims payment for the dual eligible population.
 2. Provider Enrollment- this unit is responsible for enrolling providers that seek to participate in the Medicare and Medicaid Crossover program, as well as provide oversight and enrollment of all healthcare providers that participate in the Medicaid Managed Care Program.
 3. TennCare Call Center- This unit is responsible for call center operations to provide information to Medicare and Medicaid recipients as well as to manage a dedicated telephone line for all participating TennCare providers.
 4. Third Party Liability- this unit is responsible for providing direction and establishing policy to ensure that TennCare is the payor of last resort. This is provided through oversight of the Managed Care Contractors Third Party Liability initiatives, as well as identification of Third party resources to TennCare recipients, and Estate and Casualty recoveries of Medicaid funds.

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LONG TERM CARE SERVICES

This department determines medical eligibility for all Medicaid-funded long-term care programs for elderly and disabled persons, oversees claims processing and quality assurance activities related to long-term care facilities (i.e., Nursing Homes and ICFs/MR), provides administrative oversight of Section 1915C Home and Community Based Services (HCBS) Waiver programs for the elderly and disabled and Programs of All-inclusive Care for the Elderly (PACE), both of which are alternatives to long-term care institutional placement. This department also coordinates and monitors contracts with other state agencies participating in the delivery or oversight of long-term care programs or services. In addition, the department participates in policy and planning initiatives related to the development of long-term care services and programs.

- *Office of Developmental Disability Services:* This office determines medical eligibility, provides administrative oversight, develops program policies and procedures, and oversees claims processing involving Intermediate Care Facilities for the Mentally Retarded and the HCBS Waiver alternatives to such institutional care. The office performs quality monitoring and utilization review activities for the HCBS program for the mentally retarded and monitors the interagency agreement with the Division of Mental Retardation Services.

MEMBER SERVICES

Division of Eligibility & Medical Service Appeals

The Division of Eligibility & Medical Service Appeals focuses primarily on processing all TennCare medical, behavioral health, pharmacy, and dental appeals filed by TennCare enrollees and also handles other related appeal issues.

- *Administrative Solutions Unit:* The ASU is the intake unit for all medical issues appeals. ASU handles enrollee callbacks, processes (Managed Care Contractor) MCC /Lock-in pharmacy change requests, logs possible appeals into appeal tracking database, verifies eligibility, and sets up appeals for case reviewers.
- *Valid Factual Dispute Unit:* The VFD Unit process possible non-pharmacy appeals. The VFD Unit assesses timeliness of service appeals, reimbursement appeals, and billing appeals. The unit processes requests for continuation of benefits and reviews appeal requests for complete information and makes determinations that an appeal is a valid factual dispute. The unit determines appeal times for standard or expedited appeals and sends acknowledgement letters to enrollee.
- *TennCare Solutions Unit:* The TSU processes service appeals and consists of the following teams: Medical/Dental Services, BHO/MRDD/DCS, Reimbursement/Billing, Pharmacy Services, and Pharmacy Reimbursement & Billing. (There are three pharmacy teams: Prior Authorization Services issues, Pharmacy Valid Factual Disputes, and TSU Pharmacy Reviewers for appeals.) The TSU processes TennCare appeals and reviews timeliness of prior authorization approval/denial and issues directives to MCC if appeals and PA denial exceed 21 days.
- *Medical Solutions Unit:* The MSU processes the following types of medical reviews: medical necessity, exception criteria for exclusions, and medical contraindication.

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- Directives Solutions Unit: Upon reversal of an MCC's decision, TSU issues a directive to the MCC, requiring prompt corrective action within five days. The DSU tracks timely implementation of the corrective action.
- Legal Solutions Unit: The LSU generates timely notice of hearings, schedules hearings before an ALJ (Administrative Law Judge) and prepares cases for hearing. The ALJ conducts the hearing and issues order to LSU stating that the State prevails or Petitioner prevails or the case is continued. If an ALJ reverses a decision, the LSU issues a directive to the MCC, requiring prompt corrective action within five days. DSU tracks timely implementation of the corrective action.
- Single State Agency Unit: The SSAU reviews ALJ orders to ensure consistency with applicable law, regulation, policy, etc. The SSAU may take final agency action and recommend overturning an ALJ order that is not consistent with applicable law, regulation, policy, etc.

INFORMATION SYSTEMS

The Division of Information Systems is responsible all activities of the TennCare Management Information System including eligibility and enrollment, claims/encounter processing, data analysis, data reporting, and other related systems functions. In performance of this role, the Division functions as contract administrator over the MMIS facilities management contractor, EDS.

The Division consists of the following functions and units:

- **Chief Information Officer** - The Chief Information Officer is responsible for the oversight and overall management of the TennCare Information Systems Division.
- **Data Systems/EDI Support Unit** - The Data Systems Unit is responsible for EDI generally and specifically for processing all encounter data submitted by MCOs, BHOs, DBM and PBM. The unit is also responsible for processing provider updates from all MCCs, production of drug rebate data and various scheduled and ad hoc extracts..
- **Systems Development and Testing Unit** - This unit is responsible for verification of corrections, modifications, and enhancements to the TennCare interChange system. This includes assisting in writing requirements and verifying that changes made meet requirements and business needs of TennCare.

- **Eligibility Systems Operations** - The Medicaid Eligibility Unit is responsible for monitoring batch updates of files received from the Department of Human Services (DHS) and the Social Security Administration. This unit is also responsible for monitoring internal jobs and reviews daily outbound 834 plan enrollment files. The Medicaid Eligibility Unit also serves as a liaison with DHS, CMS and MCC's on various operations and functions and performs various types of on-line file maintenance to the TCMIS Recipient Eligibility file. The Notification Unit is responsible for quality review of a variety of outgoing TCMIS production enrollee notices.
- **Systems Infrastructure** - The infrastructure team provides support for end-user access. This team is responsible for ensuring users have desktops and peripherals needed to perform day-to-day activities, and that the systems are installed and maintained correctly. In conjunction with workstation support, the team also manages purchasing and inventory of systems and consumables. Another area of responsibility for the Infrastructure team is coordination with OIR, EDS and other state agencies or contractors to resolve any system access issues.
- **Claims Processing** - The Claims Processing unit is composed of three distinct areas of responsibility, consisting of fee-for-service claims processing, MCC/BHO monthly capitation payments, and the production and mailing of the quarterly Daniels Notices. The unit has the responsibility of insuring all fee-for-service claims are adjudicated accurately and consistently within the TennCare rules and regulations. In addition, the unit is responsible for developing and overseeing all system enhancements and modifications for both the fee-for-service claims processing and MCC/BHO capitation payments.
- **Contract Management** - Contract Management is focused on both Change Management and Contract. All requests to correct system defects or create enhancements to TCMIS affect one or more Performance Criteria, Contractor Responsibilities, or Liquidated Damages sections of the contract. The Contract Management group monitors all performance criteria and manages the Change Management work flow and authorizations for all requests to the TCMIS.
- **Systems Support** - The Systems Support unit provides security administration services, distributes reports, and does development of ad hoc reports for other units within IS and other divisions of TennCare.
- **Data Architect** - The data architect provides consultative services to the office of the CIO and all units of the Division of Information Systems and other divisions of TennCare. The services encompass domain expertise in TennCare's production databases and data warehouse, as well as in the application of database management system technologies.

- **System Security Officer** - The SSO position provide the office of the CIO with guidance in the application of security best practices to the TennCare environment. The services encompass proposing, drafting, and implementing policies to protect TennCare's operational environment, assessing risks and proposing remediation, and consulting with the Office of the General Council on issues of enrollee privacy.

POLICY

The Policy Unit's function is to prepare program proposals for with CMS regarding waiver-related matters; to ensure that the appropriate rules are filed to support the programmatic elements of the Bureau; to ensure that State Plan amendments are filed appropriately; to conduct research and produce policy statements to interpret program activity; and to be responsible for ensuring that all reports required by our waiver agreement with CMS are produced accurately and on time.

PUBLIC AFFAIRS

This Office coordinates all communications – internal and external – for the Bureau of TennCare. Within this office is the Communications Manager, who serves as point of contact for the news media with the Bureau of TennCare, and coordinates media and other communications related matters with other state departments that administer the TennCare Program. In addition to media engagements, the Office of Public Affairs oversees communications with other state departments, and with external TennCare stakeholders, including health care associations, advocates, members of the General Assembly, etc. This office develops and writes all news releases, media advisories, public service announcements, and public communications, including the TennCare website. The Media Manager coordinates all media interactions and the Bureau's Webmaster oversees the external website and the Bureau's intranet site.

LEGISLATIVE AFFAIRS

- *Legislative* -- This Office monitors all legislative activity affecting TennCare through review of filed legislation and coordinates activities of all TennCare staff involved in the review and analysis of legislation. The staff of this office meets with legislative staff as required to convey the position of TennCare and discuss issues; prepares bill analyses assessing potential impact of legislation on TennCare if passed into law; maintains working knowledge of Tennessee Code Annotated, past legislation introduced in the General Assembly, and federal regulations affecting TennCare.

- *Constituent Case Work:* This unit focuses on addressing constituent issues referred by legislators; prepares responses to survey questionnaires from other states, the federal government and other agencies; responds to concerns brought forth by the governor's office, legislators, and advocates. All legislative and advocacy case work is handled within this office.

OFFICE OF GENERAL COUNSEL

The Office of General Counsel (OGC) is responsible for providing legal counsel to the Bureau. This includes the legal oversight of the development, implementation and monitoring of TennCare's contracts for its managed care organizations, behavioral health organizations, and other contractors, grantees, subcontractors, and vendors. Its attorneys and staff also work with the other Offices within TennCare to ensure compliance with federal/state laws, regulations, court rulings and consent decrees. OGC staff work with outside litigation counsel on processing discovery and other issues as needed for all federal court class action suits in which TennCare is a party. The staff assists in drafting TennCare rules and policies, and assists in providing explanations for such with the State legislature. OGC assists the Director of Non-discrimination/Health Care Disparities with claims of discriminatory practice. Additionally, the OGC works with the Office of the Attorney General, other State agencies, and outside counsel on legal proceedings involving TennCare. OGC litigates at administrative hearings for persons requesting admission into nursing homes or home and community based waiver programs, makes statewide Probate Court appearances to defend TennCare claims to recover funds from estates of persons who received long-term care coverage and provides claims information to courts or plaintiffs' counsel to recover funds paid by TennCare for medical care provided when another person is liable for the injury.

The Office of General Counsel is separated into three units: Advisory, HIPAA/Privacy, and Long Term Care/Estate Recovery/Third Party Liability.

NON-DISCRIMINATION COMPLIANCE/HEALTH CARE DISPARITIES

The Office of the Non-Discrimination Compliance/Health Care Disparities is responsible for the coordination and monitoring of compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990 and the Age Discrimination Act of 1975. This monitoring applies to the Bureau of TennCare and its contractors (State Title XIX contractors, Managed Care Organizations, Behavioral Health Organizations, Dental Benefits Manager and Pharmacy Providers). It is also the responsibility of this Office to document, investigate and resolve all complaints received by the Bureau, applicable to those federal regulations and state statutes. All non-discrimination technical training provided for the Bureau of TennCare and its contractors is coordinated and documented by this Office.

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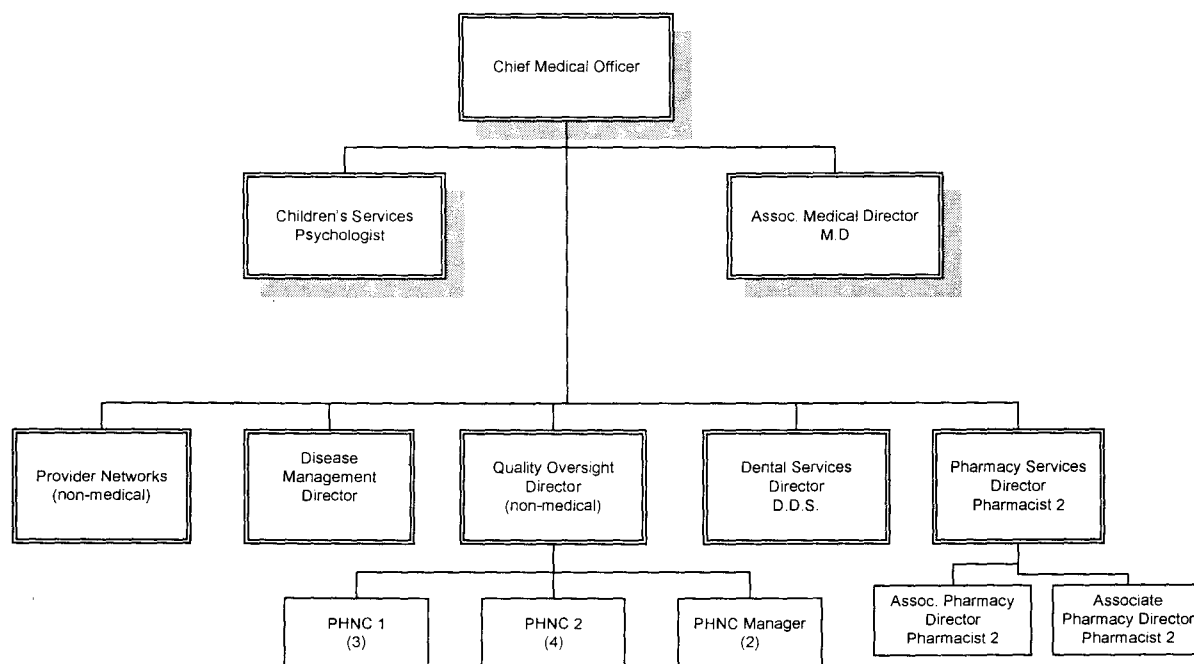
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INTERNAL AUDIT

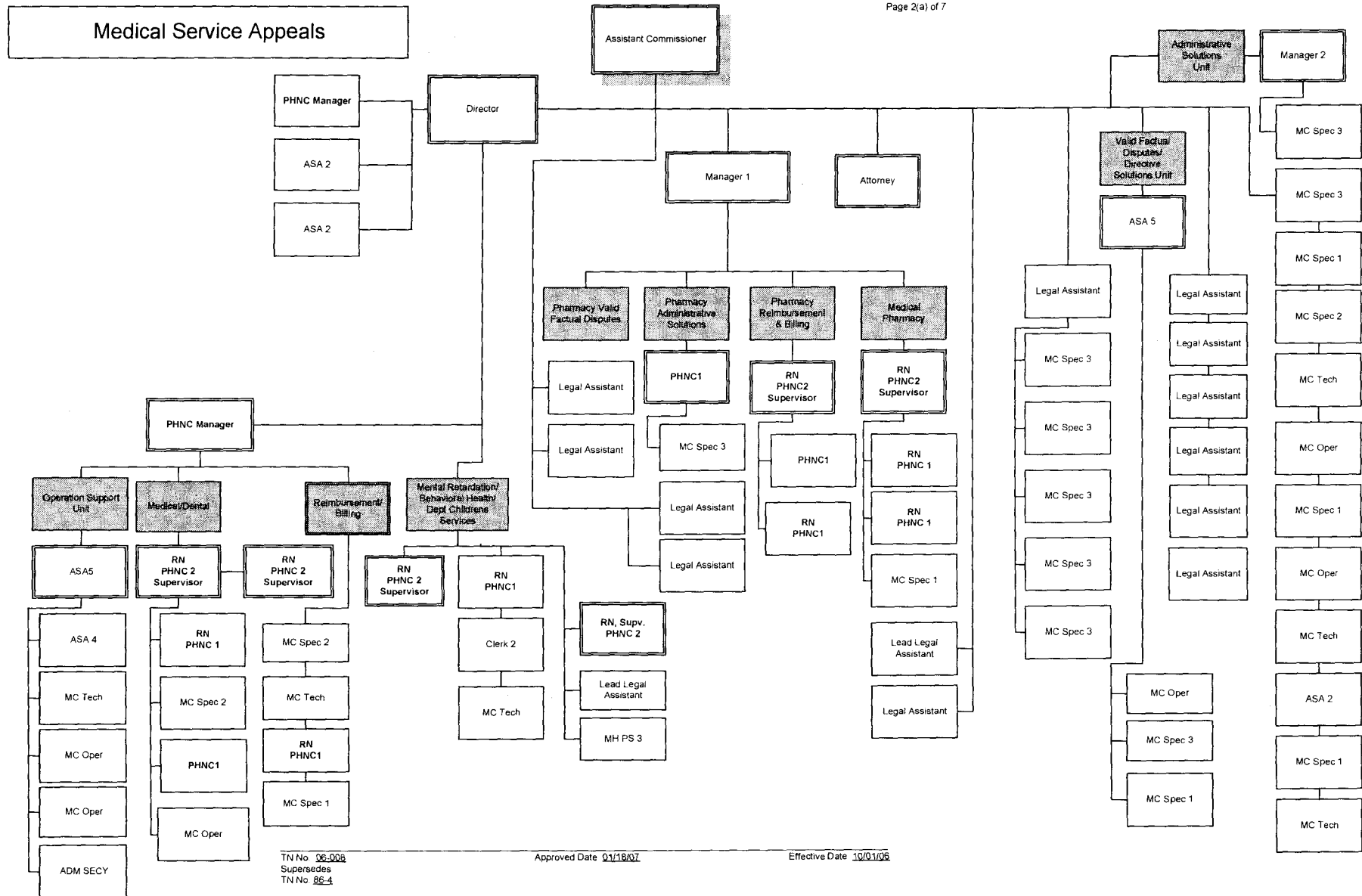
Internal Audit works in partnership with the divisions within the Bureau of TennCare to independently appraise their efforts and improve effectiveness and efficiency of the Bureau's operations and resources by promoting internal controls to ensure that assets are safeguarded; information is accurate and reliable; TennCare policies and procedures and external laws and regulations are followed; resources are used efficiently and economically; operations and programs are being carried out as planned and prior audit findings are resolved. Internal Audit also has certain responsibilities to the Office of the Comptroller of the Treasury including an annual financial and compliance audit of the Bureau.

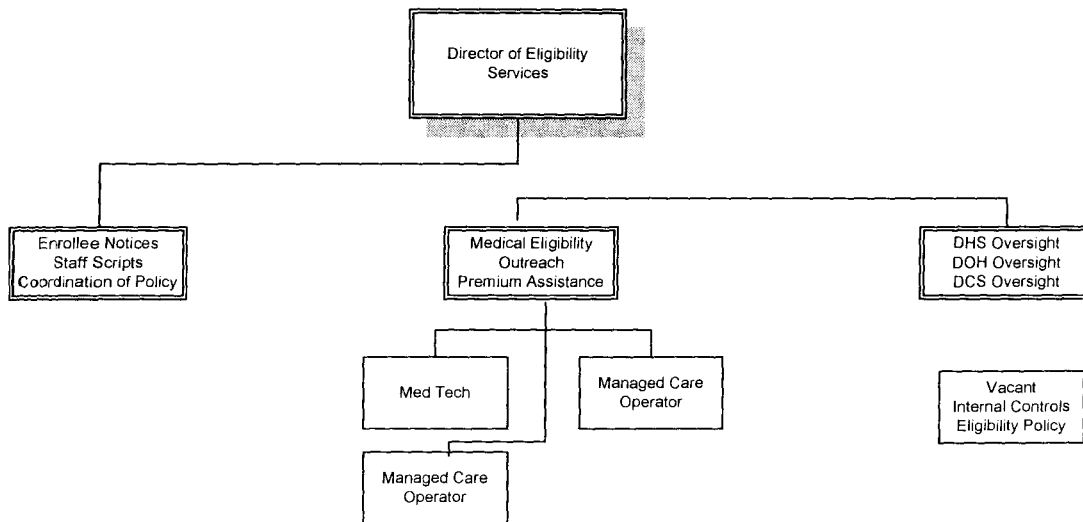
Office of the Medical Director



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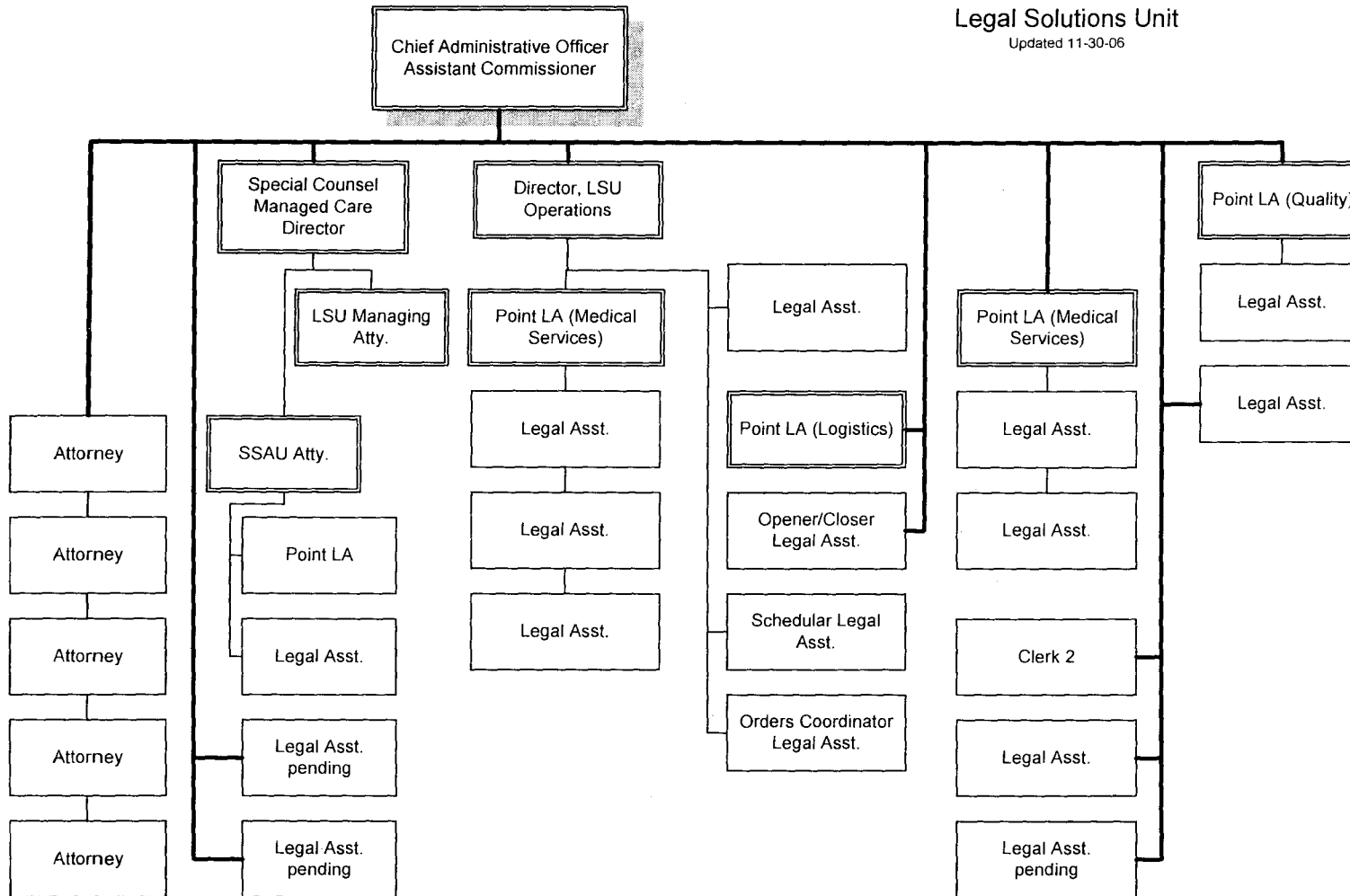
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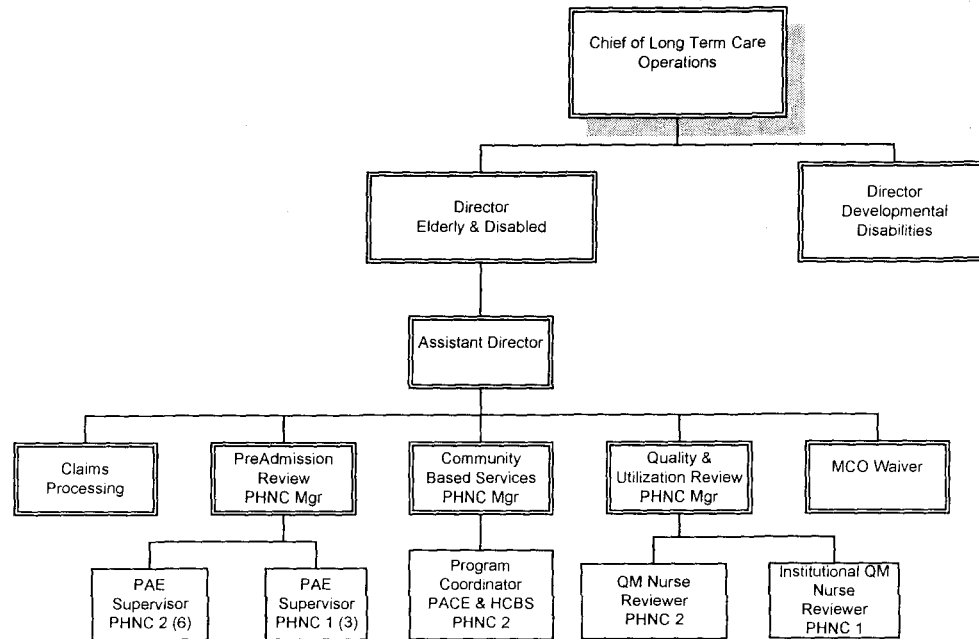
Legal Solutions Unit

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Division of Long Term Care

Attachment 1.2C
Page 3 of 7



TN No. 06-008

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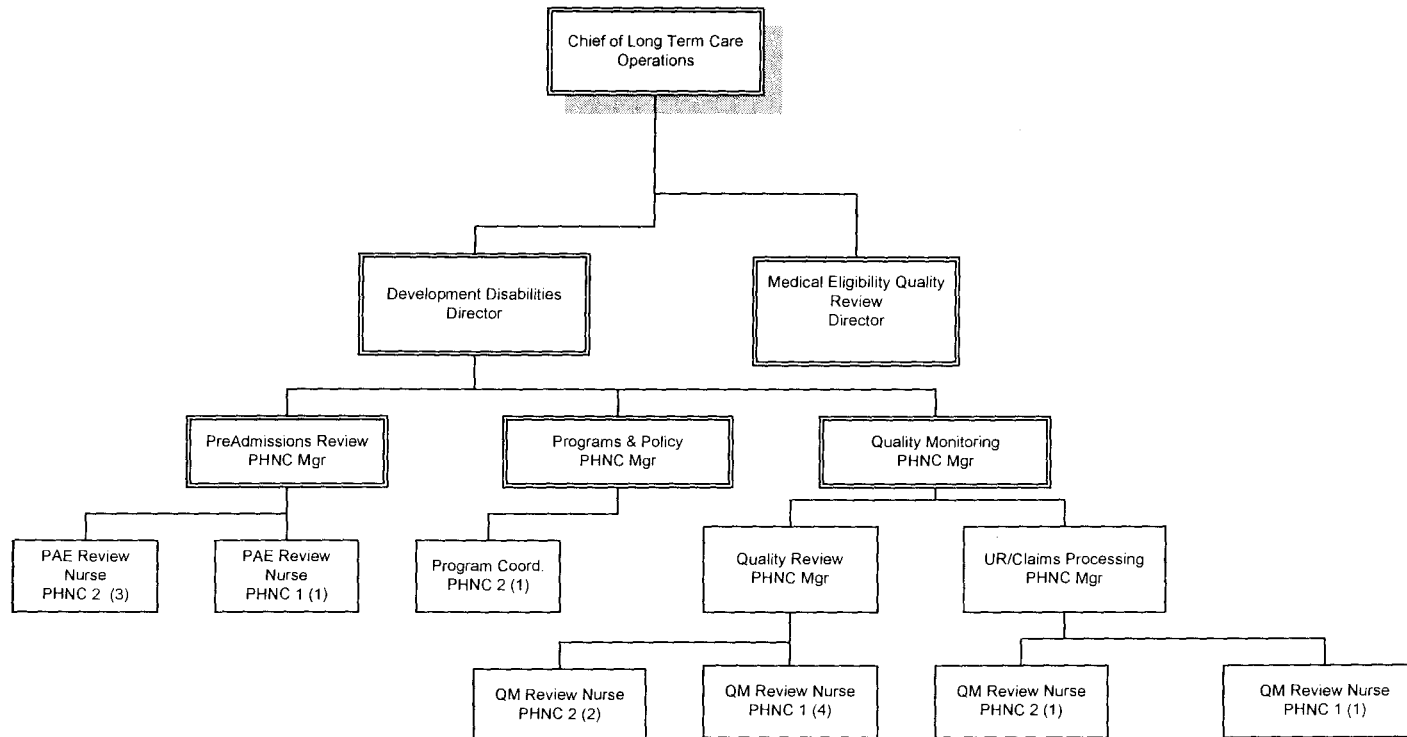
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Division of Developmental Disability Services

Attachment 1.2C
Page 4 of 7



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TN No. 86-4

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Effective Date: 10/01/06

179

PROFESSIONAL MEDICAL STAFF

Office of the Medical Director

Chief Medical Officer is an M.D. responsible for the provision of medical direction for the TennCare program and oversight of the medical, pharmacy and dental services delivered through a network of managed care companies. Key activities include development of medical policy and monitoring of access to care, service quality and health outcomes. Chief Medical Officer also supervises delivery of provider education liaison with the Department of Children's Services.

- Associate Medical Director is an M.D. This individual assists the Director in the operation of the department, oversees the Graduate Medical Education contract, chairs various medical advisory committees and reviews medical appeals.
- Director of Pharmacy Services is a Pharmacist 2: This individual monitors the delivery of pharmacy services, determines pharmacy program direction and oversees the contract with the Pharmacy Benefit Manager (PBM)
- Associate Pharmacy Director (1) is a Pharmacist 2: This individual is responsible for overseeing the operational components of the pharmacy benefits program.
- Associate Pharmacy Director (2) is a Pharmacist 2: This individual is responsible for overseeing the quality components of the pharmacy benefits program.
- Director of Dental Services is a D.D.S: This individual develops dental standards, monitors the delivery of dental services and oversees the contract with the Dental Benefit Manager (DBM) as well as a contract with the Department of Health for the delivery of school-based screening and prevention services.
- Director of Quality Oversight supervises
 1. 3 Public Health Nurse Consultant 1,
 2. 4 Public Health Nurse Consultant 2, and
 3. 2 Public Health Nurse Consultant Managers

who perform on-site annual medical record reviews on Early Periodic Screening Diagnosis and Treatment (EPSDT) services to evaluate the MCCs compliance with the contractor risk agreement and to satisfy the requirement of the EPSDT Consent Decree. QI nurses also conduct Abortion, Sterilization and Hysterectomy (ASH) audits to ensure that the MCCs are in compliance with the CRA and meet federal guidelines. Nurse review and evaluate marketing materials for clinical appropriateness and work with the EQRO to review reports and corrective actions plans. *Disease Management:* This unit provides technical assistance and other support to MCCs in the design and implementation of care management and disease management services and will oversee the expansion of statewide disease and utilization management programs.

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- Director of Children's Services is a Psychologist. This individual serves as the primary liaison with the Department of Children's Services and assists in the development and review of children's services and behavioral health policy.

Division of Medical Service Appeals

PHNC Manager (2) - Administratively supervise and manage all areas of the TSU/Medical Service Appeals Unit. Monitor work of the medical, behavioral health, pharmacy, dental and clerical support staff. Serve as liaison within different departments with the Bureau of TennCare, the Managed Care Contractors, and Schaller Anderson of Tennessee.

PHNC 1 (8): Nurse reviewers responsible for management of the medical, behavioral health, pharmacy, and dental appeals process. Receive appeal case files, communicate with the enrollees, Managed Care Contractors and providers in determining whether or not a requested benefit will be covered by TennCare. Gather data for physician reviewers to make medical necessity determinations. Prepare cases to go to for hearing or prepare directive to the Managed Care Contractor to provide the service.

PHNC 2 (7): Supervise the nurse reviewers and professional and technical support staff and all aspects of the service appeals process. Conduct training for staff.

Long Term Care

The medical personnel within the Long Term Care Division function in 3 areas: The Pre-Admission Review Unit; the Quality and Utilization Review Unit; and the Community-Based Services Unit.

PreAdmission Review Unit

PHNC 1 (3) - responsible for the review, disposition and adjudication of the PAEs, inclusive of the PreAdmission Screening and Annual Resident Reviews (PASARR), reviewing PAE transfer forms and testifying at PAE appeal hearings.

PHNC 2 (6) - nursing positions are the PAE supervisors in the three grand regions of Tennessee. They conduct on-site evaluations and testify during hearings, as well as review and adjudicate PAEs.

PHNC Manager (1) - Manages and supervises the unit.

Quality and Utilization Review Unit

PHNC 1 (2) - perform the QA visits and prepare reports for management.

PHNC 2 (1) - Supervisor responsible for the onsite reviews and audit reports.

Community Based Services Unit

PHNC Manager (1) - responsible for management and over-site of the HCBS waiver and PACE programs.

PHNC 2 (1)- responsible for entering PAE information for the HCBS program, reviewing care plans and assisting the waiver personnel in submitting claims and researching information when needed.

Long Term Care Division of Developmental Disabilities Services

PreAdmission Evaluation Unit

PHNC Mgr

PHNC 2 (3).

PHNC 1 (1) – Unit is responsible for review, disposition, and adjudication of PAEs to determine medical eligibility for the HCBS Waiver Programs and Medicaid funded institutional care for the mentally retarded and developmentally disabled.

Programs and Policy Unit

PHNC Mgr –

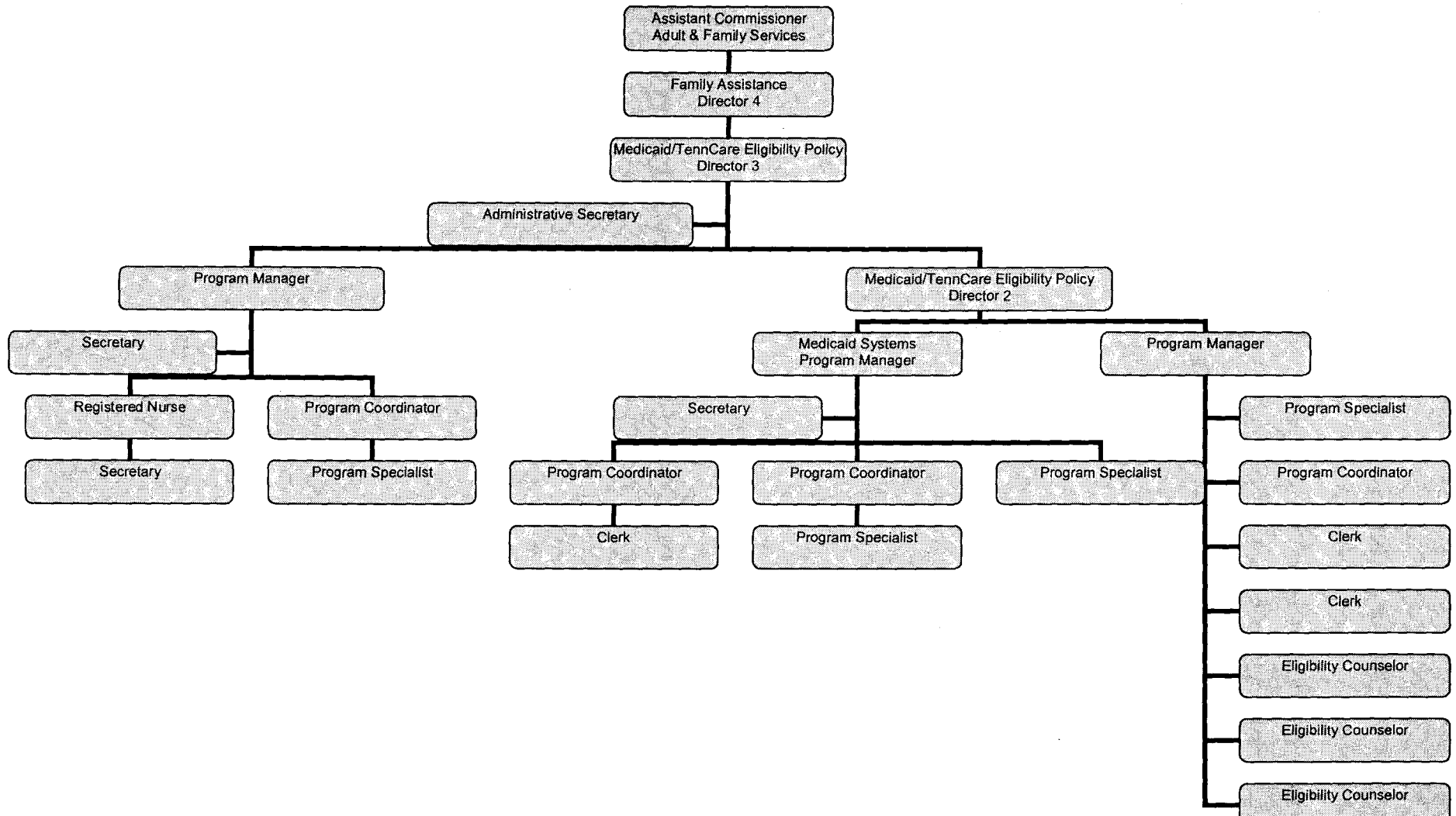
PHNC 2 (1) – Unit is responsible for development of policies and procedures, contracts and rules/regulations for HCBS waiver programs. Provides administrative oversight to Division of Mental Retardation Services by reviewing and approving all documents distributed to service providers and enrollees.

Quality Monitoring Section

- *Quality Review Unit*
PHNC Mgr (1)
PHNC 2 (2)
PHNC 1 (4) – Unit conducts surveys of HCBS waivers for compliance, conducts site visits, conducts research and compiles data for annual state survey report. Follows up on complaints and corrective actions.
- *Claims and Utilization Review Unit*
PHNC Mgr (1)
PHNC 2 (1)
PHNC 1 (1) – Unit reviews remittance advises to insure claims are paid properly, conducts random analyses of resubmitted claims, identifies recoupment amounts.

**Department of Human Services
Medicaid/TennCare Eligibility Policy Unit**

Attachment 1.2D
Page 1 of 4



TN No. 06-008
Supersedes
TN No. 86-4

Approval Date: 01/18/07
Effective Date: 10/01/06

DEPARTMENT OF HUMAN SERVICES

Section 1902, paragraph (5), Public Law 89-97, sets forth that the determination of eligibility for medical assistance under the plan shall be made by the State or local agency administering the state plan approved under Titles I, IV, X, XIV. The Tennessee Department of Human Services is designated under the above cited federal law and State Plan to determine eligibility under Title XIX of the Social Security Act; DHS rules, standards, policies and methods for determination of eligibility for medical assistance are consistent with the State and Federal objectives of the Title XIX Program and consistent with Federal and State law. DHS provides the Bureau of TennCare any proposed revisions to these policies or rules for review and approval prior to implementation. DHS promulgates all necessary rules pertaining to determination of eligibility for medical assistance.

DHS administers the Title XVI Part B Buy-In Agreement with the Social Security Administration and prepares reports necessary for the Single State Agency to comply with State and Federal reporting requirements and discharge its assigned responsibilities and duties. The Bureau of TennCare reimburses DHS for the cost of administering the Buy-In Agreement.

DHS notifies all applicants and recipients verbally and in writing of their right of appeal to DHS on matters pertaining to eligibility. DHS distributes information on appeal rights for the Bureau of TennCare services to applicants. DHS conducts the fair hearing on appeals pertaining to persons applying for Title XIX eligibility.

DHS identifies TennCare eligibles including phone numbers, providing information on eligibility and benefits, and assists applicants with the completion of the TennCare application for the non-Medicaid eligible population.

DHS maintains records necessary for the proper and efficient administration of Title XIX functions performed. The records include, but are not limited to, eligibility records, documentation of quality control and records needed to meet other State and Federal requirements.

DHS prepares reports concerning applications, eligibility, ad hoc reports, and maintains data files necessary for the Bureau of TennCare to comply with federal statistical reporting requirements. DHS also provides the Bureau of TennCare monthly reports on volume of applications, number approved and denied, demographics, and volume of appeals, type and resolution and maintains complete asset records on enrollees where resource tests apply.

Structure:

Program Directors: Primary responsibility for development and maintenance of Medicaid Eligibility Policy.

Plan, control, review and revise work schedules of staff in this unit.

Coordinate this section's effort with other Family Assistance divisions, Quality Control, Appeals and Hearings, Field Operations and other departmental divisions.

Assist the Assistant Commissioner in divisional planning, budget and reporting.

Maintain interdepartmental contact with other departments of state government.

Participate in planning and development of new and revised policies and procedures.

Participate in bill analysis during the state legislative session.

Serve on state committees as assigned.

TN No. 06-008

Supersedes

TN No. 86-4

Approval Date: 01/18/07

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Program Managers: Respond to inquiries from field supervisory staff statewide, advocates and customers regarding eligibility issues.

Monitor daily systems error reports and reviews to determine why data errors occur and error trends exist. Participate in the weekly meetings with DHS and TennCare policy and systems staff. These meetings address policy and systems issues, needed changes and future projects.

Responsible for policy input surrounding required software changes to the DHS online eligibility system, ACCENT.

Responsible for policy input for design components for the new DHS eligibility system, V.I.P., that involve Medicaid and TennCare eligibility processing, reports, case maintenance, functionality, processing, interfaces, notices, etc.

Lead policy writer for Medicaid and TennCare policy.

Lead trainer for implementing statewide policy changes.

Interpret federal rules and regulations as they affect Tennessee Medicaid policy, writes state rules, and participates in State Plan Amendment changes.

Review Quality Control cases for error trends and needed corrective action plans.

Program Coordinators: Review Medicare Buy-In reports to determine possible problems with accretion/deletion actions and notify DHS field staff or SSA of corrections needed.

Notify SSA and RRRB (Railroad Retirement Bureau) of problems between CMS and SSA/RRRB regarding Buy-In issues.

Receive and respond to inquiries from DHS field staff, SSA, Advocates and legislators about Buy-In issues.

Work with TennCare system's staff in identifying and correcting software problems with Buy-in program.

Responsible for correspondence for the unit and replies to governor's office, legislators, advocates and clients.

Answer inquiries from field staff regarding Medicaid and TennCare eligibility issues.

Process reports from the Bureau of TennCare that contain demographic data errors.

Provide technical assistance to field staff and responds to inquiries from field staff, advocates and clients about eligibility issues.

Review DHS systems error reports to detect trends and makes suggestions for corrections.

Registered Nurse 3: Manages the Medical Evaluation Unit (MEU) which processes all cases needing incapacity determinations.

Requests physical and/or psychological exams as needed

Requests additional medical data as needed.

Makes incapacity decisions (approvals or denials).

Documents and tracks MEU cases (paper files and ACCESS database).

Corresponds with medical/mental facilities and MEU examination providers.

Maintains the Disability Determination Services (DDS) Codes and Fee Schedules and DDS approved consultants and providers list.

Registered Nurse 3(continued)

Maintains EXCEL statistics for tracking MEU billing issues.
Revises HIPAA forms and attends HIPAA meetings related to MEU.
Corresponds with DHS field staff.
Completes the yearly MEU Fiscal Budget/Contract.
Trains field staff as needed and/or required.

Program Specialists: Receive and respond to out of state agency inquiries.

Receive and respond to inquiries from field staff requesting technical assistance in processing TennCare and Medicaid actions.

Compute and maintain ACCENT tables for Medicaid and TennCare variables used in budget and other calculations.

Process Presumptive Eligibility forms for Breast and Cervical Cancer Program (BCCP) enrollees.

Maintain database files for each enrollee in BCCP.

Maintain inter-agency contact with Department of Health about BCCP issues.

Answer the QMB/SLMB/QI 1 hotline.

Explain program requirements to elderly and disabled Medicare recipients and those who are seeking eligibility information.

Receive calls from other state agencies, legislators, advocates and out of state callers regarding QMB and other Medicare Buy-in related issues.

Provide literature on QMB/SLMB and mails applications for assistance upon request.

Answers inquiries from field staff regarding Medicare cost savings programs.

Case Managers: Process manual documents for emergency Medicaid for undocumented aliens.

Receive and respond to emails regarding coverage for undocumented aliens.

Assist in processing error reports.

Assist with case research as needed.

Answer the Medicare Part D, Low Income Subsidy (LIS) hotline.

Explain the program and mails LIS applications upon requests.

Strongly encourages interested individuals to apply for LIS directly with SSA.

Accept and processes LIS applications if required.