

TennCare Policy Manual	Section: Program Integrity
Policy No: PI 11-005 (Rev. 3)	Date: February 5, 2021

Provider Assignment or Reassignment of Payments

Purpose

Medicaid addresses the subject of prohibition of reassignment of provider claims at 42 CFR § 447.10. According to this regulation, State Medicaid agencies are prohibited from making payments to anyone other than a provider or a TennCare member with certain exceptions.

The exceptions are listed below:

- When the provider reassigns his payment to a government agency or by court order.
- When the provider reassigns his payment to a “business agent, such as a billing service or an accounting firm, that furnishes statements and receives payments in the name of the provider.” In this case, the agent’s compensation must be related to the cost of processing the billing. It may not be related “on a percentage or other basis to the amount that is billed or collected,” and it must not be “dependent upon the collection of the payment.”
- When the provider is an individual practitioner and reassigns his payment, in accordance with a condition of employment or a contract, to his employer; to the facility in which the service is delivered; or to a foundation, plan, or similar organization operating an organized health care delivery system.

Providers are specifically prohibited from reassigning their claims to “factors,” either directly or by power of attorney. A “factor” is defined as an individual or entity, such as a collection agency, that advances money to a provider for accounts receivable. See 42 CFR § 447.10(b).

Policy

It is the policy of the Division of TennCare that providers may not assign or reassign their payments except in the very limited circumstances permitted under federal regulations and described above.

Managed Care Contractors (MCCs) and State agencies serving as TennCare providers (i.e., the Department of Children’s Services, or DCS, and the Department of Intellectual and Developmental Disabilities, or DIDD) are responsible for ensuring that payments to providers are made in a manner that is compliant with this policy. If an MCC or a State agency allows providers to assign payments to business agents, as discussed above, then they must execute an alternate payee assignment agreement. All provider disclosure, screening, and related requirements continue to apply. MCCs and State agencies must report alternate payees on the provider files that they submit to TennCare.

The Division of TennCare is responsible for ensuring that payments to fee-for-service providers (i.e., private Intermediate Care Facilities for Individuals with Intellectual Disabilities, or ICFs/IID, and providers of Medicare crossover services) are made in a manner that is compliant with this policy.

TennCare Policy Manual	Section: Program Integrity
Policy No: PI 11-005 (Rev. 3)	Date: February 5, 2021

Offices of Primary Responsibility

Office of Program Integrity

Division of Managed Care Operations

Division of Long-Term Services and Supports (for DIDD)

Office of Quality Oversight (for DCS)

References

42 CFR § 447.10

<https://www.ecfr.gov/cgi-bin/text->

[idx?SID=6122d96351b9c71a878867ec25a715a1&mc=true&node=se42.4.447_110&rgn=div8](https://www.ecfr.gov/cgi-bin/text-idx?SID=6122d96351b9c71a878867ec25a715a1&mc=true&node=se42.4.447_110&rgn=div8)

Original: 06/24/11: SB

Reprinted for Dennis Garvey's signature / No changes: 03/16/12: AB

Revision 1: 05/29/12: AB

Revision 2: 07/18/13: CH

Revision 3: 02/05/21: JG