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Sequence Number: 04-16-13
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 File Date: 4/30/13

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Tennessee Department of Finance and Administration
Division:	Bureau of TennCare
Contact Person:	George Woods
Address:	Bureau of TennCare 310 Great Circle Road Nashville, TN 37243
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Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	ADA Coordinator
Address:	Bureau of TennCare 310 Great Circle Road Nashville, TN 37243
Phone:	(615) 507-6474
Email:	helen.moore@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Bureau of TennCare 1 st Floor East Conference Room		
Address 2:	310 Great Circle Road		
City:	Nashville		
Zip:	37243		
Hearing Date :	06/19/2013		
Hearing Time:	9:00 a.m.	<input checked="" type="checkbox"/> CST/CDT	<input type="checkbox"/> EST/EDT

Additional Hearing Information:

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Revision Type (check all that apply):

- Amendments
- New
- Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
1200-13-17	TennCare Crossover Payments for Medicare Deductibles and Coinsurance
Rule Number	Rule Title
1200-13-17-.01	Definitions
1200-13-17-.04	Medicare Crossover Payment Methodology

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Rule 1200-13-17-.01 Definitions is amended by adding a new Paragraph (3) and renumbering the current Paragraph (3) as (4) and subsequent paragraphs renumbered accordingly so as amended the new Paragraph (3) shall read as follows:

- (3) ENHANCED PAYMENT RATE shall mean the payment rate referred to in 42 U.S.C. § 1396a(a)(13)(C). Enhanced payment rates are made only to primary care providers and to providers of vaccine administration services, as defined in these rules. These rates are applicable only for dates of service between January 1, 2013, and December 31, 2014.

Rule 1200-13-17-.01 Definitions is amended by adding new renumbered Paragraphs (19) and (20) and the current Paragraphs (19) and (20) that were renumbered as (20) and (21) are renumbered as (22) and (23) and subsequent paragraphs renumbered accordingly so as amended the new Paragraphs (19) and (20) shall read as follows:

- (19) PRIMARY CARE PROVIDERS shall mean, for purposes of the enhanced payment rate, as defined in these rules, primary care providers practicing in family medicine, general internal medicine, pediatric medicine, and related subspecialists who meet requirements as described in 42 C.F.R. § 447.400(a). In accordance with policies set forth by the Bureau of TennCare, these providers must adequately demonstrate to an MCO or the Bureau of TennCare that they meet the minimum board certification requirements and/or that 60 percent of the services they provide represent the eligible codes identified in these rules as primary care or vaccine administration services.
- (20) PRIMARY CARE SERVICES are services for which enhanced payment rates, as defined in these rules, will be paid for dates of service between January 1, 2013, and December 31, 2014. The procedure codes for these services, as published in the American Medical Association's Current Procedural Terminology (2013 edition), are Evaluation and Management Codes 99201 through 99499, or their successor codes.

Paragraph (23) TENNCARE MAXIMUM FEE renumbered as Paragraph (26) is amended by adding a sentence at the end of the paragraph so as amended the renumbered Paragraph (26) shall read as follows:

- (26) TENNCARE MAXIMUM FEE shall mean the maximum amount considered by TennCare for reimbursement of a particular Medicare-covered service. The TennCare maximum fee is 85% of the Cigna Medicare fee schedule amount for participating providers that was in effect on January 1, 2008. For Medicare-covered services that were introduced after January 1, 2008, and that therefore had no Medicare fee schedule amount in effect on that date, the TennCare maximum fee is 85% of the Medicare fee schedule amount for the participating providers that was in effect on the date the service was introduced.

Rule 1200-13-17-.01 Definitions is amended by adding new renumbered Paragraphs (29), (30) and (31) and subsequent Paragraph (26) renumbered as (29) is renumbered as (32) so as amended the new Paragraphs (29), (30), and (31) shall read as follows:

- (29) TENNCARE PRIMARY CARE ALLOWABLE shall mean the Medicare rate in effect for primary care services, as defined in these rules, during Calendar Years (CYs) 2013 and 2014, respectively, or, if greater, the payment rate that would be applicable in those CYs during the CY 2009 Medicare physician fee schedule conversion basis. Rates will be adjusted on an annual basis. Rates will be applied based on the physician's office where the service is furnished and will not be adjusted for other sites of service. Rates will be based on the one geographic locality that is designated for the State of Tennessee.

- (30) TENNCARE VACCINATION ADMINISTRATION ALLOWABLE shall mean, for vaccination administrative services, as defined in these rules, the lesser of the 2013 and 2014 Medicare rates or the maximum regional Vaccinations for Children (VFC) amount in those years.
- (31) VACCINE ADMINISTRATION SERVICES are services for which enhanced payment rates, as defined in these rules, will be paid for dates of service between January 1, 2013, and December 31, 2014. The procedure codes for these services, as published in the American Medical Association's Current Procedural Terminology (2013 edition), are Vaccine Administration Codes 90460, 90461, 90471, 90472, 90473, and 90474 or their successor codes.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-5-105 and 71-5-109.

Paragraph (1) of Rule 1200-13-17-.04 Medicare Crossover Payment Methodology is amended by adding the phrase "lesser of (a) billed charges or (b) the" after the words "pay the" so as amended Paragraph (1) shall read as follows:

- (1) On crossover claims for professional services and procedures with dates of service on or after July 1, 2008, TennCare will pay the lesser of (a) billed charges or (b) the TennCare allowable, as defined in these rules, less the Medicare paid amount, less any third party liability.

Paragraph (2) of Rule 1200-13-17-.04 Medicare Crossover Payment Methodology is amended by adding the phrase "lesser of (a) billed charges or (b) the" after the words "pay the" so as amended Paragraph (2) shall read as follows

- (2) On crossover claims for Medicare Part B pharmacy services provided by pharmacy providers, as defined in these rules, to non-FBDEs with dates of service on or after July 1, 2009, TennCare will pay the lesser of (a) billed charges or (b) the TennCare allowable, as defined in these rules, less the Medicare paid amount, less any third party liability.

Paragraph (3) of Rule 1200-13-17-.04 Medicare Crossover Payment Methodology is amended by adding the phrase "lesser of (a) billed charges or (b) the" after the words "pay the" so as amended Paragraph (3) shall read as follows

- (3) On crossover claims for Medicare Part B pharmacy services provided by pharmacy providers, as defined in these rules, to FBDEs with dates of service on or after July 1, 2009, TennCare will pay the lesser of (a) billed charges or (b) the TennCare pharmacy allowable, as defined in these rules, less the Medicare paid amount, less any third party liability.

Rule 1200-13-17-.04 Medicare Crossover Payment Methodology is amended by adding new Paragraphs (4) and (5) and the current Paragraph (4) renumbered as (6) and subsequent paragraph renumbered accordingly so as amended Paragraph (4) and (5) shall read as follows:

- (4) On crossover claims for primary care services, as defined in these rules, TennCare will pay an enhanced payment rate for dates of service between January 1, 2013, and December 31, 2014. The enhanced payment rate will be the lesser of (a) billed charges or (b) the TennCare primary care allowable, as defined in these rules, less the Medicare paid amount, less any third party liability.
- (5) On crossover claims for vaccine administration services, as defined in these rules, TennCare will pay an enhanced payment rate for services between January 1, 2013, and December 31, 2014. The enhanced payment rate will be the lesser of (a) billed charges or (b) the TennCare vaccination administration allowable, as defined in these rules, less the Medicare paid amount, less any third party liability.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-5-105 and 71-5-109.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.



Date: 4/29/2013

Signature: *D. J. Gordon*

Name of Officer: Darin J. Gordon
Director, Bureau of TennCare

Title of Officer: Tennessee Department of Finance and Administration

Subscribed and sworn to before me on: April 29, 2013

Notary Public Signature: *Lisa Renee Bright*

My commission expires on: January 4, 2015

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Filed with the Department of State on: 4/30/13

Tre Hargett
Tre Hargett
Secretary of State

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