

RULEMAKING HEARINGS

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION - 0620 BUREAU OF TENNCARE

There will be a hearing before the Commissioner to consider the promulgation of amendments of rules pursuant to Tennessee Code Annotated, 71-5-105 and 71-5-109. The hearing will be conducted in the manner prescribed by the Uniform Administrative Procedures Act Tennessee Code Annotated, Section 4-5-204 and will take place in the Bureau of TennCare, 1st Floor East Conference Room, 310 Great Circle Road, Nashville, Tennessee 37243 at 9:00 a.m. C.D.T. on the 16th day August 2006.

Any individuals with disabilities who wish to participate in these proceedings (to review these filings) should contact the Department of Finance and Administration, Bureau of TennCare, to discuss any auxiliary aids or services needed to facilitate such participation. Such initial contact may be made no less than ten (10) days prior to the scheduled meeting date (the date the party intends to review such filings) to allow time for the Bureau of TennCare to determine how it may reasonably provide such aid or service. Initial contact may be made with the Bureau of TennCare's ADA Coordinator by mail at the Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243 or by telephone at (615) 507-6474 or 1-800-342-3145.

For a copy of this notice of rulemaking hearing, contact George Woods at the Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243 or call (615) 507-6446.

SUBSTANCE OF PROPOSED RULES

Subparagraph (c) of paragraph (3) of rule 1200-13-1-.06 Provider Reimbursement is deleted in its entirety and replaced with a new subparagraph (c) which shall read as follows:

- (c) Effective on the approved effective date of the State Plan Amendment approved by the Centers for Medicare and Medicaid Services through the termination date of the amendment for certified public expenditures, and subject to the availability of funds, certifying public facilities will be reimbursed based on Medicaid Level II allowable costs, plus the bed tax pass through.
 1. An interim Medicaid Level II per diem rate will be established for each certifying public facility as provided in paragraph (3)(a) above. In addition to the interim Medicaid Level II per diem rate, eligible certifying public facilities will receive supplemental payments from a pool of funds determined by the state, subject to the availability of funds. The supplemental payment will be added to the certifying public facility's interim Medicaid Level II per diem rate and will not exceed the difference between the interim Medicaid Level II per diem rate and the facility's per patient day Medicaid Level II allowable costs, plus the bed tax pass through, during the payment period as determined by the Comptrollers Office.
 2. After the Medicaid Nursing Facility Level II cost report covering the payment period has been reviewed by the Comptrollers Office, the amount paid to the certifying public facility through the interim Medicaid Level II per diem rate will be reconciled to the facility's actual Medicaid Level II allowable costs, plus the bed tax pass through. The difference between the final Medicaid Level II allowable costs, plus the bed tax pass through, and the amount paid to the facility through the interim Medicaid Level II per diem rate will be reflected in an adjustment to claims paid during the payment period.

RULEMAKING HEARINGS

3. Certifying public facilities with an interim Medicaid Level II per diem rate that is less than the Medicaid Level II rate ceiling in effect during the payment period will not be eligible for supplemental payments and will not be subject to claim adjustments as described in part 2. above.

Subparagraph (e) of paragraph (4) of rule 1200-13-1-.06 Provider Reimbursement is deleted in its entirety and replaced with a new subparagraph (e) which shall read as follows:

- (e) Effective on the approved effective date of the State Plan Amendment approved by the Centers for Medicare and Medicaid Services through the termination date of the amendment for certified public expenditures, and subject to the availability of funds, certifying public facilities will be reimbursed based on Medicaid Level I allowable costs, plus the bed tax pass through.
 1. An interim Medicaid Level I per diem rate will be established for each certifying public facility as provided in paragraph (4)(a) above. In addition to the interim Medicaid Level I per diem rate, eligible certifying public facilities will receive supplemental payments from a pool of funds determined by the state, subject to the availability of funds. The supplemental payment will be added to the certifying public facility's interim Medicaid Level I per diem rate and will not exceed the difference between the interim Medicaid Level I per diem rate and the facility's per patient day Medicaid Level I allowable costs, plus the bed tax pass through, during the payment period as determined by the Comptrollers Office.
 2. After the Medicaid Nursing Facility Level I cost report covering the payment period has been reviewed by the Comptrollers Office, the amount paid to the certifying public facility through the interim Medicaid Level I per diem rate will be reconciled to the facility's actual Medicaid Level I allowable costs, plus the bed tax pass through. The difference between the final Medicaid Level I allowable costs, plus the bed tax pass through, and the amount paid to the facility through the interim Medicaid Level I per diem rate will be reflected in an adjustment to claims paid during the payment period.
 3. Certifying public facilities with an interim Medicaid Level I per diem rate that is less than the Medicaid Level I rate ceiling in effect during the payment period will not be eligible for supplemental payments and will not be subject to claim adjustments as described in part 2. above.

Authority: T.C.A. 4-5-202, 4-5-203, 71-5-105, 71-5-109, Executive Order No. 23.

The notice of rulemaking set out herein was properly filed in the Department of State on the 30th day of June, 2006. (06-44)