



October 30, 2019

Ms. Krista Lee Carsner, Executive Director  
Fiscal Review Committee  
8<sup>th</sup> Floor, Rachel Jackson Bldg.  
Nashville, TN 37243

RE: Automated Health Services – Amendment #3  
Altruista Health, Inc. – Amendment #2  
Blue Cross Blue Shield of Tennessee, Inc. (CoverKids) – Amendment #6  
Clear2There – Amendment #2  
Edifecs, Inc. – Amendment #1  
Health Management System, Inc. – Amendment #2  
(MCO): Amerigroup Tennessee, Inc. – Amendment #11  
(MCO): UnitedHealthcare Community Plan, Inc. – Amendment #11  
(MCO): VSHP BlueCare Tennessee – Amendment #11  
(MCO): Volunteer State Health Plan, Inc. – Amendment #46  
Myers & Stauffer, LC – Amendment #2  
Navigant Consulting, Inc. – Amendment #3  
Proteus, Inc. (New Contract)

Dear Ms. Lee Carsner:

The Department of Finance and Administration, Division of TennCare, is submitting for consideration by the Fiscal Review Committee the required documentation for twelve (12) Amendments and one (1) new Contract as follows:

- 1) Automated Health Services:** Automated Health Systems, Inc. (AHS) is the competitively procured contractor for the provision of a TennCare/Chip Member Service Center. TennCare seeks to exercise an additional 16-month term which is beyond the requisite 60-months for TennCare/CHIP Member Services. With the recent implementation of the Tennessee Eligibility Determination System (TEDS), the State has experienced a significant increase in call volume and call time handling and continued business process enhancements due to the integration of the new eligibility system.

These elements continue to change as the State fully operationalizes the full functionality of TEDS. Lastly, while integrating the TEDS system into existing business operations, the State recognized the need to explore additional changes to TEDS which would greatly impact the future scope of work of the TennCare service centers document management solution, specifically optical recognition technology, for a new Request for Proposal and subsequent replacement contract. To meet the needs of the State from a planning perspective and sustain a satisfactory level of customer service to a vulnerable service population, TennCare respectfully requests approval of the proposed term extension.

- 2) Altruista Health, Inc.:** This competitively procured contract with Altruista Health Inc., was put into place for the provision of providing and implementing an Off the Shelf Solution (Solution)

with customizations that allows health care providers the ability to coordinate patients across multiple payers, plan types including Medicaid, Medicare, and Commercial plans. The primary use of this tool in the first phase was to enhance transitions of care and allow for potential future expansion to leverage this tool to enhance care coordination and management across the State's Medicaid enterprise. TennCare is seeking to exercise the second of two (2) renewal options as allowed in Section B.2. of contract 48925 as well as increase the maximum liability in order to continue regular payments to accommodate for the extended term.

- 3) **BlueCross Blue Shield of Tennessee, Inc. (CoverKids):** This contract provides delivery of CoverKids services to the eligible CoverKids population. This amendment is necessary to: (1) delete all sections that are no longer applicable and/or outdated contract language; (2) update the scope of service sections as they relate to program updates; (3) add funding, exercise a renewal option, and adjust appropriate language to the Performance Guarantee section which correlates to the scope replacements.
- 4) **Clear2There:** C2T is the only telephone bridging and digital recording system specifically created and designed for state appeals hearings. There is no other system that allows the state hearing schedule data to be uploaded to the vendors' database in order to provide meaningful indexing and search capabilities, as well as autodialing of the party phone numbers. C2T's system is specific to meeting the technical and legal requirements for appeals hearings. The appeal volume and necessity of hearing procedures provided by C2T has greatly impacted TennCare. The web-based functionality has all but eliminated the need of using court reporters as well as allowed TennCare to utilize digital storage, housing, and digital searching mechanisms that are not otherwise available or in use by standard court reporters. The purpose of this request is to exercise the second renewal option in accordance with Section B.1 of Contract 56441.
- 5) **Edifecs, Inc.:** Edifecs, Inc. is the competitively procured contractor for the provision of the statewide development, implementation, and maintenance of a service to collect clinical quality data that cannot be acquired from processed medical billing claims. Ultimately, these Quality Applications provide all payers, including TennCare, commercial insurers, and Medicare Advantage plans with the necessary information to reimburse providers for high quality health outcomes. Quality Applications are based on a contractor-provided service that support two innovation strategies: Episodes of Care and Long-Term Services and Supports (LTSS). As part of payment reform efforts within the Tennessee Health Care Innovation Initiative, these two strategies increase quality of care, reduce health care costs, and improve Tennessee's population health. Episodes of Care Quality Applications track certain quality measures for clinical encounters that are not included in medical billing claims data. LTSS Quality Applications support the payment calculations, data aggregation, and quality measures for Nursing Facilities and Home and Community Based Services (HCBS) programs. TennCare seeks to exercise the first of two renewal options as provided in Section B.2. of Contract 53564.
- 6) **Health Management System, Inc.:** This competitively procured contract with Health Management Systems, Inc. is for the provision of Third Party Liability recovery services. It is necessary to amend the contract to add funding to support the continuation of recovery and cost avoidance services throughout the remainder of the term and to also exercise a renewal option as laid out in contract section B.2. The recoveries associated with this contract are not amounts that can easily be projected and vary significantly from one payment cycle to the other,

depending on the dollar amounts of recoveries made, as well as the percentage of reimbursement to the contractor according to their cost and associated rates and percentage of reimbursement in the contract.

**Managed Care Organization (MCO) 7, 8, 9 are combined:**

- 7) Amerigroup Tennessee, Inc. (Edison # 40180, Amendment #11)**
- 8) UnitedHealthcare Plan of the River Valley, d/b/a UnitedHealthcare Community Plan (Edison # 40181, Amendment #11)**
- 9) Volunteer State Health Plan, Inc. d/b/a Blue Care Tennessee (Edison # 40197, Amendment #11):**

These competitively procured contracts are being amended to provide relative changes to the managed care program including:

- CoverKids Implementation Requirements for January 1, 2021 Effective Date
- Updated language to address CMS's Focused Program Integrity Review of Personal Care Services and PI Investigator credentials
- EVV Compliance changes to include changes to LDs
- Clarifications around the new PCSP and Medication Risk Assessment Processes
- Correcting weighting errors from prior cycles
- Changes to required reporting for CHOICES and ECF CHOICES Advisory Groups
- Additions of Beneficiary Support System training and education
- Care Coordination and Support Coordination Changes as well as changes to Monitoring requirements
- Requirements for Contractors to collaborate with DIDD
- ECF CHOICES Quality Monitoring Changes
- WFD updates
- Direct Service Worker Oversight and Monitoring
- Requirements surrounding NCI and NCI-AD
- Updates to member handbook requirements
- Updates to Groups 7 & 8 reporting requirements
- Update Population Health language to reflect current program
- Clarifications to Turning 21 Transition requirements
- Medication Assisted Treatment language updated to include Methadone requirements
- Updated training requirements for PCMH, THL and EOC4
- Housekeeping updates to Reporting and Reporting Template requirements

- 10) Volunteer State Health Plan, Inc. – Amendment #46:** This contract is being amended to provide relative changes to the program including:

- Updated language to address CMS's Focused Program Integrity Review of Personal Care Services and PI Investigator credentials
- Update Population Health language to reflect current program
- Clarifications to Turning 21 Transition requirements
- Medication Assisted Treatment language updated to include Methadone requirements

- Updated training requirements for PCMH, THL and EOC4
- Housekeeping updates to Reporting and Reporting Template requirements

**11) Myers & Stauffer, LC – Amendment #2:** This competitively procured contractor, Myers and Stauffer, LC (MSLC), established benchmark reimbursement for covered outpatient drugs using an Average Actual Acquisition Cost (AAAC) cost methodology for pharmacies to be compliant with federal requirements of the Covered Outpatient Drug final rule (CMS-2345-FC)(81 FR 5170). As a result, TennCare has been using MSLC to implement and acquire pharmacy invoice level detail to determine a consistent, efficient, economical pharmacy drug reimbursement costs under the AAAC methodology. Since implementation TennCare continues to have tremendous partnership with the pharmacy community with a 96.7 percent pharmacy network participation rate.

The proposed amendment is requested to ensure TennCare's alignment with its State Plan Amendment (SPA) as governed by the Health Resources and Services Administration (HRSA) which requires reimbursement to 340B pharmacies for pharmaceuticals purchased through the 340B pricing program. To ensure that 340B pharmacy reimbursements are at or below the 340B ceiling price set by HRSA and maintain alignment with the Affordable Care Act (ACA) and HRSA requirements, the addition of 340B reporting, survey activities, and help desk support are necessary elements to ensure accuracies for 340B reimbursements and Federal Rebates.

Additionally, TennCare is requesting to extend the contracted actuarial services performed by MSLC to ensure ongoing maintenance of the State of Tennessee specific AAAC for the purposes of pharmacy reimbursement that follows federal requirements and to increase the maximum liability to accommodate the extension and proposed services for 340B compliance. This will continue to support continuity for the Tennessee pharmacies and our members.

**12) Navigant Consulting, Inc. – Amendment #3:** Navigant Consulting, Inc. (formerly Aon Consulting, Inc.) is the competitively procured Contractor that develops actuarially sound per capita costs on an annual basis to be used for compensating Managed Care Organization (MCO) participants within the Division of TennCare. The contract term included an initial three (3) year term with an additional three (3) one (1) year renewal options that the State may exercise. The proposed amendment is needed in order to exercise the contracts remaining renewal options plus an additional 12-months and increase the maximum liability accordingly for the proposed term extension.

**13) Proteus, Digital Health, Inc. (New Contract):** Proteus Digital Health is the sole innovator of digital pharmaceuticals and global leader in the digital pharmaceutical industry. Since 2001, Proteus Digital Health has secured more than 500 patents for both wearable and ingestible sensors for patient compliance monitoring.

Proteus Discover® for Infectious Disease includes the FDA-approved Proteus ingestible sensor and specialty pharmacy preparations of commercially available Hepatitis C, HIV and TB medicines, Proteus Patch® for sensing a patient's usage and response to therapy, and the Proteus Discover App and Proteus Discover Portal for patients and healthcare professionals to receive treatment management and intervention support.



The Proteus sensor and digital medicine platform is currently the only FDA-approved ingestible event marker and ingestion-based adherence management product available in the marketplace. There is no other provider who offers Hepatitis C ingestible digital medication to monitor patient compliance with Hepatitis C medications.

Hepatitis C medications are high-cost, but effective medications. At the end of a well-maintained regimen, the patient can be cured of Hepatitis C. The goal of this pilot is to improve health outcomes by tracking adherence to the Hepatitis C medications and therefore ensuring greater cure rates and to reduce over-utilization of these high-cost medications through a reduction in retreatments, greater patient autonomy over his or her care, and higher cure rates. If this pilot is successful, compliance should increase, allowing for expansion of this method.

TennCare respectfully submits the above referenced contract amendments for consideration and approval by the Fiscal Review Committee. We look forward to promptly providing any additional information as may be requested by the Committee.

Sincerely,

A handwritten signature in blue ink, appearing to read "William Aaron".

William Aaron  
Chief Financial Officer

cc: Gabe Roberts, Director of TennCare

# Amendment Request

This request form is not required for amendments to grant contracts. Route a completed request, as one file in PDF format, via e-mail attachment sent to: [Agsprs.Agsprs@tn.gov](mailto:Agsprs.Agsprs@tn.gov)

**APPROVED**

CHIEF PROCUREMENT OFFICER

DATE

<b>Agency request tracking #</b>	<b>31865-00026</b>	
<b>1. Procuring Agency</b>	<b>Department of Finance and Administration Division of TennCare</b>	
<b>2. Contractor</b>	<b>Volunteer State Health Plan (TennCare Select)</b>	
<b>3. Edison contract ID #</b>	<b>29635</b>	
<b>4. Proposed amendment #</b>	<b>46</b>	
<b>5. Contract's Original Effective Date</b>	<b>July 1, 2001</b>	
<b>6. Current end date</b>	<b>December 31, 2020</b>	
<b>7. Proposed end date</b>	<b>December 31, 2020</b>	
<b>8. Current Maximum Liability or Estimated Liability</b>	<b>\$6,300,523,505.90</b>	
<b>9. Proposed Maximum Liability or Estimated Liability</b>	<b>\$6,300,523,505.90</b>	
<b>10. Strategic Technology Solutions Pre-Approval Endorsement Request</b> <i>– information technology service (N/A to THDA)</i>	<input checked="" type="checkbox"/> <b>Not Applicable</b> <input type="checkbox"/> <b>Attached</b>	
<b>11. eHealth Pre-Approval Endorsement Request</b> <i>– health-related professional, pharmaceutical, laboratory, or imaging</i>	<input checked="" type="checkbox"/> <b>Not Applicable</b> <input type="checkbox"/> <b>Attached</b>	
<b>12. Human Resources Pre-Approval Endorsement Request</b> <i>– state employee training service</i>	<input checked="" type="checkbox"/> <b>Not Applicable</b> <input type="checkbox"/> <b>Attached</b>	
<b>13. Explain why the proposed amendment is needed</b>		
<b>This contract is being amended to provide relative changes to the program including:</b>		
<ul style="list-style-type: none"> <li>• Updated language to address CMS's Focused Program Integrity Review of Personal Care Services and PI Investigator credentials</li> <li>• Update Population Health language to reflect current program</li> <li>• Clarifications to Turning 21 Transition requirements</li> <li>• Medication Assisted Treatment language updated to include Methadone requirements</li> </ul>		

<b>Agency request tracking #</b>	<b>31865-00026</b>
<ul style="list-style-type: none"> <li>• Updated training requirements for PCMH, THL and EOC4</li> <li>• Housekeeping updates to Reporting and Reporting Template requirements</li> </ul>	
<p><b>14. If the amendment involves a change in Scope, describe efforts to identify reasonable, competitive, procurement alternatives to amending the contract.</b></p> <p>This Contractor is currently providing a statewide network of medical and behavioral services for the TennCare Program for children in State custody and other high-risk populations. This amendment represents changes to scope that are necessary to make updates to the contract based on program changes of contract existing language.</p>	
<p><b>Signature of Agency head or authorized designee, title of signatory, and date</b> (the authorized designee may sign his or her own name if indicated on the Signature Certification and Authorization document)</p>	



**CONTRACT AMENDMENT COVER SHEET**

<b>Agency Tracking #</b> 31865-00026	<b>Edison ID</b> 29635	<b>Contract #</b>	<b>Amendment #</b> 46		
<b>Contractor Legal Entity Name</b> VSHP (TennCare Select)			<b>Edison Vendor ID</b> 0000071694		
<b>Amendment Purpose &amp; Effect(s)</b> Updates Scope					
<b>Amendment Changes Contract End Date:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>End Date:</b> December 31, 2020			
<b>TOTAL Contract Amount INCREASE or DECREASE per this Amendment</b> (zero if N/A):			<b>N/A</b>		
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
2002	\$6,755,937.23	\$11,843,931.25			\$18,599,868.48
2003	\$15,785,123.40	\$17,294,819.40			\$ 33,079,942.80
2004	\$25,125,990.72	\$38,364,165.90			\$ 63,490,156.62
2005	\$58,007,447.00	\$58,007,447.00			\$ 116,014,894.00
2006	\$87,748,111.00	\$87,748,111.00			\$ 175,496,222.00
2007	\$87,748,111.00	\$87,748,111.00			\$ 175,496,222.00
2008	\$72,610,000.00	\$127,390,000.00			\$ 200,000,000.00
2009	\$72,610,000.00	\$127,390,000.00			\$ 200,000,000.00
2010	\$100,882,479.00	\$304,024,121.00			\$ 404,906,600.00
2011	\$131,085,619.00	\$312,820,981.00			\$ 443,906,600.00
2012	\$149,893,942.00	\$294,012,658.00			\$ 443,906,600.00
2013	\$150,102,578.00	\$293,804,022.00			\$ 443,906,600.00
2014	\$153,147,777.00	\$290,758,823.00			\$ 443,906,600.00
2015	\$155,078,771.00	\$288,827,829.00			\$ 443,906,600.00
2016	\$155,211,942.69	\$288,694,657.31			\$ 443,906,600.00
2017	\$175,085,000.00	\$324,915,000.00			\$ 500,000,000.00
2018	\$171,975,000.00	\$328,025,000.00			\$ 500,000,000.00
2019	\$170,710,000.00	\$329,290,000.00			\$ 500,000,000.00
2020	\$170,710,000.00	\$329,290,000.00			\$ 500,000,000.00
2021	\$85,355,000.00	\$164,645,000.00			\$250,000,000.00

Amendment 46 (cont.)

<b>TOTAL:</b>	<b>\$2,195,628,829.04</b>	<b>\$4,104,894,676.86</b>			<b>\$6,300,523,505.90</b>
<b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.			<i>CPO USE</i>		
<b>Speed Chart</b> (optional)		<b>Account Code</b> (optional)			

**AMENDMENT NUMBER 46  
AN AGREEMENT FOR THE ADMINISTRATION OF TENNCARE SELECT  
BETWEEN  
THE STATE OF TENNESSEE,  
d.b.a. TENNCARE  
AND  
VOLUNTEER STATE HEALTH PLAN, INC.**

CONTRACT NUMBER: FA-02-14632-00

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Agreement for the Administration of TennCare Select by and between the State of Tennessee, Division of TennCare, hereinafter referred to as TENNCARE, and Volunteer State Health Plan, Inc., hereinafter referred to as the CONTRACTOR, as specified below.

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. **All references in this Contract to “Fraud and Abuse” shall be deleted and replaced with the phrase “Fraud, Waste, and Abuse”. All references to “Medicaid Fraud Control Unit (TBI MFCU)” shall be deleted and replaced by “Medicaid Fraud Control Division (TBI MFCD).**
2. **Section 2.7.6.5 shall be deleted as all members are assessed for special health care needs in accordance with Sections 2.9 and 2.15 of this Contract.**
3. **Sections 2.8.4 through 2.8.13 shall be deleted and replaced as follows, including any references thereto.**

**2.8.1 Program Content and Minimum Interventions**

The CONTRACTOR shall establish and implement program content and interventions, based on program objectives, member assessments and risk stratification, for the Wellness, Low Risk Maternity, Health Risk Management, Chronic Care Management, High Risk Pregnancy and Complex Case Management Population Health Programs listed in Section 2.8.1 of this Contract. Activities, interventions, and education objectives appropriate for members will vary for each program with increasing engagement and intensity as level of risk increases. All Population Health programs shall include the provisions of clinical reminders around HEDIS/gaps in care, and after-hours assistance with urgent or emergent member needs. The Wellness, Low Risk Maternity, Health Risk Management, Chronic Care Management, High Risk Pregnancy and Complex Case Management Population Health programs will have a minimum standard set of interventions and frequency of touches but utilize varying modes of communication to attain the program objective. The CONTRACTOR shall develop and operate all Population Health programs using an “opt out” methodology. Population Health program services shall be provided to all eligible members unless they specifically ask to be excluded.

2.8.4.1 **Wellness Program**

For all eligible Level 0 members not pregnant the CONTRACTOR shall provide a Wellness Program with the objective of keeping members healthy.

2.8.4.1.1 The **Wellness Program** shall utilize educational materials and or activities that emphasize primary and secondary prevention.

2.8.4.1.2 The CONTRACTOR shall provide to members eligible for the Wellness Program self-management tools per PHM 4: Wellness and Prevention, as well as the following minimum intervention:

<b>Wellness Program Minimum Intervention</b>	
1.	One non-interactive educational quarterly touch to address the following within one year:
	<ul style="list-style-type: none"> <li><b>A.</b> How to be proactive in their health</li> <li><b>B.</b> How to access a primary care provider</li> <li><b>C.</b> Preconception and inter-conception health, to include Dangers of becoming pregnant while using narcotics</li> <li><b>D.</b> Age and/or gender appropriate wellness preventive health services (e.g., “knowing your numbers”)</li> <li><b>E.</b> Assessment of special population needs for gaps in care (e.g., recommended immunizations for <i>children and adolescents</i>)</li> <li><b>F.</b> Health promotion strategies (e.g., discouraging tobacco use and/or exposure, weight management, stress management, physical activity, substance abuse prevention)</li> <li><b>G.</b> Healthy nutrition</li> <li><b>H.</b> Other healthy and safe lifestyles</li> </ul>

2.8.4.2 **Low Risk Maternity Program**

The CONTRACTOR shall provide a Low Risk Maternity Program for eligible members identified as described in Sections 2.8.2.2 and 2.8.2.2.1 of this Contract. The goal of the program is to engage pregnant women into timely prenatal care and to deliver a healthy, term infant without complications.

2.8.4.2.1 The CONTRACTOR shall provide defined ongoing member monitoring for the need to move these members into the High Risk Maternity Program.

2.8.4.2.1.1 CONTRACTOR shall provide to members eligible for the **LOW MATERNITY PROGRAM** the following minimum standard interventions:

<b>Low Risk Maternity Program Minimum Interventions</b>	
1.	Screening for risk factors to include screening for mental health and substance abuse. This screening shall follow the contact attempt protocol referenced in Section 2.8.4.6.2 of this Contract.
2.	One non-interactive intervention to the member for the duration of the pregnancy to include, at a minimum, information on pregnancy, newborn, and inter-conception health.
3.	Access number to appropriate support, to include a maternity nurse/social

	worker, when appropriate, if member would like to engage in sustained maternity management.
4.	Follow-up to assure member is established with a provider, receives prenatal and postpartum visits, and postpartum depression screening. If prenatal visits have not been kept more frequent calls are required.
5.	Referrals to appropriate community-based resources and follow-up for these referrals.

**2.8.4.3 Health Risk Management Program**

For eligible Level 1 members, who are not pregnant, identified as designated in Section 2.8.2.1.3.1 of this Contract, the CONTRACTOR shall provide a **Health Risk Management** Program designed to empower members to be proactive in their health and support the provider-patient relationship. The interventions provided in this program shall address the program’s goal of preventing, reducing or delaying exacerbation and complications of a condition or health risk behavior.

- 2.8.4.3.1 Health coaching or other interventions for health risk management shall emphasize self-management strategies addressing self-management tools per PHM 4: Wellness and Prevention (Element H), as well as self-monitoring, co-morbidities, cultural beliefs, and appropriate communication with providers.
- 2.8.4.3.2 The CONTRACTOR, through a Welcome Letter, shall inform members how to access and use services, and how to opt in or out of the program. The Welcome Letter may be used as the required non-interactive intervention if it includes all the required elements as detailed in Section 2.8.4.3.7 of this Contract.
- 2.8.4.3.3 The CONTRACTOR shall provide, to members identified with weight management problems, education and support to address and improve this health risk. At the CONTRACTOR’s discretion the CONTRACTOR may also provide, as cost effective alternatives, weight management programs for Level 1 or 2 members identified as overweight or obese.
- 2.8.4.3.4 The CONTRACTOR shall provide, to members identified as users of tobacco, information on availability of tobacco cessation benefits, support and referrals to available resources such as the Tennessee Tobacco QuitLine.
- 2.8.4.3.5 The CONTRACTOR shall provide to members in the Health Risk Management Program the following minimum standard interventions:

Health Risk Management Program Minimum Interventions	
1.	<u>Four</u> documented non-interactive communications each year. The communications shall address self-management education emphasizing the following: <ul style="list-style-type: none"> <li>A. Increasing the members knowledge of chronic health conditions</li> <li>B. The importance of medication adherence</li> <li>C. Appropriate lifestyle/behavioral changes</li> <li>D. Management of the emotional aspect of health conditions</li> <li>E. Self-efficacy &amp; support</li> </ul>
2.	Offering of individual support for self -management if member desires to

	become engaged.
3.	Availability of 24/7 NurseLine.
4.	Availability of health coaching

**2.8.4.4 Care Coordination Program**

For all eligible members the CONTRACTOR shall provide a Care Coordination Program designed to help non-CHOICES members and non-ECF CHOICES members who may or may not have a chronic disease but have acute healthcare needs, health service needs, or risks which need immediate attention. The goal of the Care Coordination Program is to assure members get the services they need to prevent or reduce an adverse health outcome. Services provided are short-term and time limited in nature and should not be confused with the CHOICES Care Coordination Program. Services may include assistance in making and keeping needed medical and or behavioral health appointments, hospital discharge instructions, health coaching and referrals related to the members’ immediate needs, PCP reconnection and offering other resources or materials related to wellness, lifestyle, and prevention. Members receiving care coordination may be those members that were identified for but declined complex case management.

**2.8.4.5 Chronic Care Management Program**

For all eligible Level 2 non-pregnant members the CONTRACTOR shall provide a **Chronic Care Management Program**. The goal of the program is to improve the quality of life, health status and utilization of services, of members with multiple chronic conditions, by providing intense self-management education and support.

2.8.4.5.1 The CONTRACTOR shall at a minimum make three outreach attempts to contact each newly identified member as eligible for Chronic Care Management to inform the member about the program. For those members known to have urgent or critical needs more and varied types of contact attempts may be indicated. All non-critical eligible members must have three outreach attempts within three months of their identification. For those members where contact failed but who appear on the next refreshed list the CONTRACTOR is not obligated to attempt another contact for one hundred and eighty (180) days.

2.8.4.5.2 The CONTRACTOR shall provide to members enrolled in the **CHRONIC CARE MANAGEMENT PROGRAM** the following minimum standard interventions:

<b>Chronic Care Management Program Minimum Interventions</b>	
1.	<p>Monthly interactive contacts addressing the following with one face-to-face visit as deemed appropriate by the CONTRACTOR:</p> <ul style="list-style-type: none"> <li>A. Development of a supportive member and health coach relationship</li> <li>B. Disease specific management skills such as medication adherence and monitoring of the member’s condition</li> <li>C. Development and implementation of individualized care plan</li> <li>D. Problem solving techniques</li> <li>E. The emotional impact of member’s condition</li> <li>F. Self-efficacy</li> <li>G. Referral and linkages to link the members with medical, social, educational and/or other providers or programs</li> </ul>

	and services to address identified needs
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2.8.4.5.3 The CONTRACTOR shall provide ongoing member assessment for the need to move these members into a lower risk classification or to the Complex Case Management Program for services.

2.8.4.6 **High Risk Maternity Program**

The CONTRACTOR shall provide a **High Risk Maternity Program** for eligible members identified as described in Sections 2.8.2.2 and 2.8.2.2.1 of this Contract. The goal of the program is to engage pregnant women into timely prenatal care and aim for delivery of a healthy, term infant without complications.

2.8.4.6.1 The CONTRACTOR shall at a minimum make three (3) outreach attempts as detailed in Section 2.8.4.5.2 of this Contract to contact newly identified members eligible for the High Risk Maternity Program to inform the member about the program. For those members known to have urgent or critical needs, more and varied types of contact attempts may be indicated. All non-critical eligible members must have three outreach attempts within three months of their identification. For those members where contact failed but who appear on the next refreshed list, the CONTRACTOR is not obligated to attempt another contact for one hundred and eighty (180) days.

2.8.4.6.2 The CONTRACTOR shall provide to members enrolled in the **HIGH RISK MATERNITY PROGRAM** the following minimum standard interventions:

<b>High Risk Maternity Program Minimum Interventions</b>	
1.	One interactive contact to the member per month of pregnancy to provide intense case management including the following:
	A. Development of member support relationship by face to face visit or other means as appropriate.
	B. Monthly interactive contacts to support and follow-up on patient self-management. If prenatal visits have not been kept more frequent calls are required.
	C. Comprehensive HRA to include screening for mental health and substance abuse.
	D. Development and implementation of individualized care plan to include information on pregnancy, newborn, and inter-conception health.
	E. Follow-up to assure member is established with a provider, receives prenatal and postpartum visits, and postpartum depression screening. If prenatal visits have not been kept more frequent calls are required.
	F. Referrals to appropriate community-based resources and follow-up for these referrals.
	G. If applicable, provide information on availability of tobacco cessation benefits, support and referrals to cessation services including Tennessee Tobacco QuitLine.

#### 2.8.4.7 **Complex Case Management Program**

The CONTRACTOR shall provide a **Complex Case Management Program** for eligible members, identified by criteria listed in Section 2.8.2 of this Contract. The goal of the program is to move members to optimal levels of health and well-being by providing timely coordination of quality services and self-management support.

2.8.4.7.1 The CONTRACTOR shall at a minimum make three (3) outreach attempts as detailed in Section 2.8.4.6.2 of this Contract to contact newly identified members eligible for Complex Case Management to inform the member about the program. The outreach attempts shall be completed within the appropriate timeframes according to NCQA standard PHM 5 for complex case management. For those members known to have urgent or critical needs, more and varied types of contact attempts may be indicated. For those members where contact failed but appear on the next refreshed list, the CONTRACTOR is not obligated to attempt another contact for one hundred and eighty (180) days.

2.8.4.7.2 The CONTRACTOR shall develop and operate the Complex Case Management per NCQA standard PHM 5: Complex Case Management.

2.8.4.7.3 The CONTRACTOR shall provide to members enrolled in the **COMPLEX CASE MANAGEMENT PROGRAM** monthly interactive member contacts to provide individual self-management support.

#### 2.8.2 **Program Strategy**

The CONTRACTOR shall develop and maintain a Population Health Program Strategy that meets or exceeds the NCQA standard PHM 1: PHM Strategy. The Division of TennCare requests an annual analysis of your PHM activities and any edits to your strategy, based on the data that was collected for the reporting year. At each MCOs discretion, the analysis required by NCQA may be submitted to TennCare to fulfill this requirement.

#### 2.8.3 **Clinical Practice Guidelines**

Population Health programs shall utilize evidence-based clinical practice guidelines.

#### 2.8.4 **System Support and Capabilities**

The CONTRACTOR shall maintain and operate centralized information system necessary to conduct population health risk stratification. Systems recording program documentation shall meet NCQA Complex Case Management specifications and include the capability of collecting and reporting short term and intermediate outcomes such as member behavior change. The system shall be able to collect and query information on individual members as needed for follow-up confirmations and to determine intervention outcomes.

#### 2.8.5 **CHOICES**

The CONTRACTOR shall include CHOICES members **and** dual eligible CHOICES members when risk stratifying its entire population.

Amendment 46 (cont.)

- 2.8.8.1 The CONTRACTOR's Population Health Program Strategy shall include a CHOICES/ECF CHOICE section that describes how the organization integrates a CHOICES member's information with other CONTRACTOR activities, including but not limited to, Utilization Management (UM), Health Risk assessment information, Health Risk Management and Chronic Care Management programs to assure programs are linked and enrollees receive appropriate and timely care.
- 2.8.8.2 The CONTRACTOR's CHOICES/ECF CHOICES section of the Population Health Strategy shall address how the CONTRACTOR will ensure that, upon enrollment into CHOICES or ECF CHOICES, Health Risk Management or Chronic Care Management activities are integrated with CHOICES care coordination or ECF CHOICES support coordination processes and functions. and that the member's assigned Care Coordinator or Support Coordinator has primary responsibility for coordination of all the member's physical health, behavioral health, and long-term care services and supports, including appropriate management of chronic conditions. If a CHOICES member has one or more chronic conditions, the member's care coordinator may use the CONTRACTOR's applicable Population Health Program's tools and resources, including staff with specialized training, to help manage the member's condition, and shall integrate the use of these tools and resources with care coordination. Population Health staff shall supplement, but not supplant, the role and responsibilities of the member's care coordinator/care coordination team.
- 2.8.8.3 The CONTRACTOR's CHOICES/ECF CHOICES section of the Population Health Program Strategy shall also include the method for addressing the following for CHOICES members:
  - 2.8.8.3.1 Notifying the CHOICES care coordinator of the member's participation in a Population Health Program;
  - 2.8.8.3.2 Providing member information collected to the CHOICES care coordinator.
  - 2.8.8.3.3 Provide to the CHOICES Care Coordinator any educational materials given to the member through these programs;
  - 2.8.8.3.4 Ensure that the care coordinator reviews Population Health educational materials verbally with the member and with the member's caregiver and/or representative (as applicable) and Coordinate follow-up that may be needed regarding the Population Health program, such as scheduling screenings or appointments with the CHOICES Care Coordinator;
  - 2.8.8.3.5 Ensure that the Care Coordinator integrates into the member's plan of care aspects of the Population Health Program that would help to better manage the member's condition; and
  - 2.8.8.3.6 Ensure that the member's care coordinator shall be responsible for coordinating with the member's providers regarding the development and implementation of an individualized treatment plan which shall be integrated into the member's plan of care and which shall include monitoring the member's condition, helping to ensure compliance with treatment protocols, and to the extent appropriate, lifestyle changes which will help to better ensure management of the member's condition (see Section 2.9.6 of this Agreement).

Amendment 46 (cont.)

- 2.8.8.4 As part of a Population Health Program, the CONTRACTOR shall place CHOICES members into appropriate programs and/or stratification within a program, not only according to risk Level or other clinical or member-provided information but also by the type of setting in which long-term care services are delivered, i.e., nursing facility, community-based residential alternative, or home-based. The targeted interventions for CHOICES members should not only be based on risk level but also based on the setting in which the member resides.
- 2.8.8.4.1 Targeted methods for informing and educating CHOICES members shall not be limited to mailing educational materials.
- 2.8.8.5 The CONTRACTOR shall include CHOICES process data in quarterly and annual reports as indicated in Section 2.30.5 of this Contract. CHOICES members will not be included in outcome measures in annual Population Health reports.
- 2.8.8.6 The CONTRACTOR shall ensure that upon a member's enrollment in CHOICES, if applicable, all High Risk Population Health Management CONTRACTOR activities are integrated with CHOICES care coordination processes and functions, and that the member's assigned care coordinator has primary responsibility for coordination of all the member's physical health, behavioral health, and long-term care needs. The care coordinator may use resources and staff from the CONTRACTOR's MCO Complex Case Management Program, including persons with specialized expertise in areas such as behavioral health, to supplement but not supplant the role and responsibilities of the member's care coordinator/care coordination team.
- 2.8.8.7 The CONTRACTOR, in addition to requirements pertaining to nursing facility to community transitions (see Section 2.9.6.8), members in CHOICES Group 1 who are under the age of 21 and who are residents of a nursing facility and have requested to transition home, shall provide coordination of care by the CHOICES Care Coordinator and the Population Health Complex Case Management staff:
- 2.8.8.7.1 The member will be informed by CHOICES Care Coordinator of disenrollment from CHOICES upon discharge from Nursing Facility;
- 2.8.8.7.2 Within three (3) business days of a request to transition by or on behalf of a Group 1 member under age 21, the member will be referred by the CHOICES Care Coordinator to MCO Case Management for service identification and implementation in the home setting;
- 2.8.8.7.3 The Population Health Complex Case Manager will be responsible for developing a service plan for the home setting;
- 2.8.8.7.4 The CHOICES Care Coordinator will communicate weekly via phone or face-to-face visits with the Population Health Complex Case Management staff, the member and/or the member's parent or guardian (as applicable and appropriate), and the nursing facility staff to ensure timely progression of the transition plan until it is determined that the transition is not appropriate or until the plan is complete; and

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2.8.8.7.5 Any EPSDT benefits needed by the child in the community as an alternative to nursing facility care, including medically necessary home health or private duty nursing, as applicable, shall be initiated immediately upon transition from a nursing facility (i.e., CHOICES Group 1) to the community and as of the effective date of transition with no gaps between the member's receipt of nursing facility services and EPSDT benefits.

2.8.6 **Evaluation**

The CONTRACTOR shall collect and report process and outcome data as indicated on Population Health quarterly and annual report templates provided by TENNCARE.

**4. Section 2.9.4 shall be deleted and replaced as follows:**

2.9.4 Coordination and Collaboration for Members receiving Home Health or Private Duty Nursing Services

2.9.4.1 The CONTRACTOR shall actively engage all members receiving home health (HH) or private duty nursing (PDN) services, as defined in TennCare Rule 1200-13-13-.01, respectively, in excess of adult benefit limits and/or coverage criteria. The CONTRACTOR shall meet the following milestone requirements and provide documentation as required below, and as requested by TENNCARE, that the following milestones are met.

2.9.4.1.1 For all members receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria, as applicable, in preparation for and during the eighteenth (18<sup>th</sup>) year of age, the CONTRACTOR shall:

2.9.4.1.1.1 Identify all members receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria, at least two (2) months prior to the member turning eighteen (18) years of age.

2.9.4.1.1.2 Create an internal mechanism to track and review all cases, including outreach and education, assessment and transition planning discussions and activities for members at or older than eighteen (18) years of age who are receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria. The internal tracking mechanism should be able to provide status updates as requested and, in the form, and format determined by TENNCARE. The internal tracking mechanism shall include but is not limited to the following:

2.9.4.1.1.2.1 Member Name;

2.9.4.1.1.2.2 Demographics;

2.9.4.1.1.2.3 1915(c) HCBS waiver status;

2.9.4.1.1.2.4 Intellectual Disability/Developmental Disability (ID/DD) status;

2.9.4.1.1.2.5 Current number of hours of HH or PDN;

2.9.4.1.1.2.6 Ventilator or tracheostomy dependent, or other complex respiratory care needs that qualify for PDN;

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- 2.9.4.1.1.2.7 Date of completed listed milestone as appropriate;
- 2.9.4.1.1.2.8 Case notes, including outreach and education, assessments and transition planning discussions and activities. If milestones not reached, a brief description of why the CONTRACTOR was unable to complete listed milestone;
- 2.9.4.1.1.2.9 Member transition plan of care.
- 2.9.4.1.1.3 Complete internal re-assessment of skilled and unskilled hands-on care needs that includes input of member, family, and home care agency staff, and review of service documentation regarding actual skilled and unskilled hands-on care services provided and their frequency. Additionally, the re-assessment should address clinical respiratory evaluation for all members that are ventilator dependent or have a tracheostomy or other complex respiratory care needs that qualify for PDN.
- 2.9.4.1.1.4 Complete an in-home or face-to-face visit with member and the member's family that includes but is not limited to the following topics:
  - 2.9.4.1.1.4.1 Provide information regarding aging into the adult benefit category;
  - 2.9.4.1.1.4.2 Re-address supported decision-making and legal issues (including, but not limited to competency, power of attorney, etc.) related to a member turning eighteen (18) years of age;
  - 2.9.4.1.1.4.3 Discuss any school-related transitions, if applicable;
  - 2.9.4.1.1.4.4 Provide education to member regarding TennCare HH and PDN benefits, including the adult HH and PDN benefit;
  - 2.9.4.1.1.4.5 Provide education on ECF CHOICES and CHOICES programs;
  - 2.9.4.1.1.4.6 Assist, as needed with referral and intake/enrollment processes, as applicable for CHOICES or ECF CHOICES.
- 2.9.4.1.1.5 Provide a semi-annual report to TENNCARE demonstrating the completion of the above items required in Section 2.9.4.1.1 for each applicable member. This report does not need to include the actual case notes referenced in Section 2.9.4.1.1.2.8.
- 2.9.4.1.2 For all members receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria, as applicable, in preparation for and during the nineteenth (19<sup>th</sup>) year of age, the CONTRACTOR shall:
  - 2.9.4.1.2.1 Identify all members receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria, at least two (2) months prior to the member turning nineteen (19) years of age.
  - 2.9.4.1.2.2 Continue to track all members internally in accordance with Section 2.9.4.1.1.2. Additionally, the CONTRACTOR's Care team shall have quarterly multidisciplinary care coordination reviews to discuss and provide status updates for all members at or older than nineteen (19) years of age receiving HH or PDN services in excess of adult benefit

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limits and/or coverage criteria. The internal tracking mechanism shall include but is not limited to the following:

- 2.9.4.1.2.2.1 Member Name;
- 2.9.4.1.2.2.2 Demographics;
- 2.9.4.1.2.2.3 1915(c) HCBS waiver status;
- 2.9.4.1.2.2.4 Intellectual Disability/Developmental Disability (ID/DD) status;
- 2.9.4.1.2.2.5 Current number of hours of HH or PDN;
- 2.9.4.1.2.2.6 Ventilator or tracheostomy dependent, or other complex respiratory care needs that qualify for PDN;
- 2.9.4.1.2.2.7 Date of completed listed milestone as appropriate;
- 2.9.4.1.2.2.8 Case notes, including outreach and education, assessments and transition planning discussions and activities. If milestones not reached, a brief description of why the CONTRACTOR was unable to complete listed milestone;
- 2.9.4.1.2.2.9 Member transition plan of care.
- 2.9.4.1.2.3 Complete in-home reassessment of skilled and unskilled hands-on care needs that incorporates input of member, family, and home care agency staff, and review of service documentation regarding actual skilled and unskilled hands-on care services provided and their frequency. Additionally, the re-assessment should address clinical respiratory evaluation for all members that are ventilator dependent or have a tracheostomy or other complex respiratory care needs that qualify for PDN.
- 2.9.4.1.2.4 Coordinate joint interdisciplinary face-to-face in-home visit including but not limited to the HH or PDN care coordinator and ECF CHOICES and CHOICES Care and Support Coordinator Team or Advocate.
- 2.9.4.1.2.5 Complete a face-to-face in-home visit with member and the member's family that includes but is not limited to the following topics:
  - 2.9.4.1.2.5.1 Provide education to members regarding TennCare HH and PDN benefits, including the adult HH and PDN benefit;
  - 2.9.4.1.2.5.2 Review of the Turning Twenty-One (21) Member Handbook and accompanying acknowledgment form;
  - 2.9.4.1.2.5.3 Review any pertinent clinical care plan with input from home care providers and PCP representatives.
- 2.9.4.1.2.6 Provide a Semi-Annual report to TENNCARE demonstrating the completion of the above items required in Section 2.9.4.1.2 for each applicable member. This report should not include the actual case notes referenced in Section 2.9.4.1.2.2.6.

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- 2.9.4.1.3 For all members receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria, as applicable, in preparation for and during the first three (3) months of their twentieth (20th) year of age, the CONTRACTOR shall:
- 2.9.4.1.3.1 Identify all members receiving HH or PDN services above the adult benefit limit at least one (1) month prior to the member turning twenty (20) years of age;
  - 2.9.4.1.3.2 Continue to track all members internally in accordance with Sections 2.9.4.1.1.2 and 2.9.4.1.2.2. Additionally, the CONTRACTOR's Care team will have monthly multidisciplinary care coordination reviews to discuss and provide status updates for all members at or older than twenty (20) years of age receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria. The internal tracking mechanism shall include but is not limited to the following:
    - 2.9.4.1.3.2.1 Member Name;
    - 2.9.4.1.3.2.2 Demographics;
    - 2.9.4.1.3.2.3 1915(c) HCBS waiver status;
    - 2.9.4.1.3.2.4 Intellectual Disability/Developmental Disability (ID/DD) status;
    - 2.9.4.1.3.2.5 Current number of hours of HH or PDN;
    - 2.9.4.1.3.2.6 Ventilator or tracheostomy dependent, or other complex respiratory care needs that qualify for PDN;
    - 2.9.4.1.3.2.7 Date of completed listed milestone as appropriate;
    - 2.9.4.1.3.2.8 Case notes, including outreach and education, assessments and transition planning discussions and activities. If milestones not reached, a brief description of why the CONTRACTOR was unable to complete listed milestone;
    - 2.9.4.1.3.2.9 Member transition plan of care.
  - 2.9.4.1.3.3 Complete in-home reassessment of skilled and unskilled hands-on care needs that incorporates input of member, family, and home care agency staff, and review of service documentation regarding actual skilled and unskilled hands-on care services provided and their frequency. Additionally, the re-assessment should address clinical respiratory evaluation for all members that are ventilator dependent or have a tracheostomy or other complex respiratory care needs that qualify for PDN.
  - 2.9.4.1.3.4 Coordinate joint interdisciplinary face-to-face in-home visit including but not limited to the HH or PDN care coordinator and ECF CHOICES and CHOICES Care and Support Coordinator Team or Advocate;
  - 2.9.4.1.3.5 Complete a face-to-face in-home visit with member and the member's family that includes but is not limited to the following topics:
    - 2.9.4.1.3.5.1 Provide education to members regarding TennCare HH and PDN benefits, including the adult HH and PDN benefit;

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- 2.9.4.1.3.5.2 Re-review of the Turning Twenty-One (21) Member Handbook and accompanying acknowledgment form;
- 2.9.4.1.3.5.3 Determine and document any anticipated changes to the member's support plan/environment when turning twenty-one (21) (and update ECF CHOICES person-centered support plan if already enrolled);
- 2.9.4.1.3.5.4 Review any pertinent clinical care plan with input from home care providers and PCP representatives;
- 2.9.4.1.3.5.5 Education and discussion with member regarding MCO change upon the member turning twenty-one (21) years old;
- 2.9.4.1.3.5.6 Identify prospectively which MCO member would likely choose. If none chosen, the CONTRACTOR shall explain that member will be automatically assigned to an MCO.
- 2.9.4.1.3.5.7 Establish date for joint CONTRACTOR and prospective MCO care team face-to-face introduction and meeting with member and member's family to occur no later than the member being twenty (20) years and six (6) months of age.
- 2.9.4.1.3.6 Contact member's primary care provider and/or specialist to discuss member's benefit limit change and review the transition plan of care.
- 2.9.4.1.3.7 Provide a semi-annual report to TENNCARE demonstrating the completion of the above items required in Section 2.9.4.1.3 for each member. This should not include the actual case notes referenced in Section 2.9.4.1.3.2.8.
- 2.9.4.1.4 For all members age twenty (20) years six (6) months and older receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria, as applicable, the CONTRACTOR shall:
  - 2.9.4.1.4.1 Continue to track all members internally in accordance with Sections 2.9.4.1.1.2, 2.9.4.1.2.2, and 2.9.4.1.3.2. Additionally, the CONTRACTOR's Care team will have weekly multidisciplinary care coordination reviews to discuss and provide status updates for all members at or older than twenty (20) years six (6) months of age receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria. The internal tracking mechanism shall include but is not limited to the following:
    - 2.9.4.1.4.1.1 Member Name;
    - 2.9.4.1.4.1.2 Demographics;
    - 2.9.4.1.4.1.3 1915(c) HCBS waiver status;
    - 2.9.4.1.4.1.4 Intellectual Disability/Developmental Disability (ID/DD) status;
    - 2.9.4.1.4.1.5 Current number of hours of HH or PDN;
    - 2.9.4.1.4.1.6 Ventilator or tracheostomy dependent, or other complex respiratory care needs that qualify for PDN as defined in TennCare Rule 1200-13-13-.01 (101);

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- 2.9.4.1.4.1.7 Date of completed listed milestone as appropriate;
- 2.9.4.1.4.1.8 Case notes, including outreach and education, assessments and transition planning discussions and activities. If milestones not reached, a brief description of why the CONTRACTOR was unable to complete listed milestone;
- 2.9.4.1.4.1.9 Member transition plan of care.
- 2.9.4.1.4.2 At least monthly include the care coordination team of the prospective MCO of the member in the multidisciplinary care coordination reviews.
- 2.9.4.1.4.3 Re-evaluate all members and confirm if member is considering CHOICES or ECF CHOICES.
- 2.9.4.1.4.3.1 For members receiving HH or PDN services above the adult benefit limit and/or coverage criteria considering home and community based services CHOICES or ECF CHOICES the CONTRACTOR shall connect with LTSS to discuss transition of member. This shall include but is not limited to discussing and initiating the intake process for CHOICES or ECF CHOICES. For CHOICES group 2 or 3, the member cannot enroll until age twenty-one (21) but the MCO can complete a person-centered support plan (PCSP) with the member/family to demonstrate what services will be provided. For ECF CHOICES, enrollment can occur earlier and allows the member to initiate some ECF CHOICES services and also begin the process of hiring CD workers if they choose that option.
- 2.9.4.1.4.4 For members not willing to transition to HH and/or PDN services, as applicable, that comport with adult benefit limits upon turning age 21, and considering home and community based CHOICES or ECF CHOICES and not enrolled in a Section 1915(c) HCBS waiver, or alternatively, enrolled in a Section 1915(c) HCBS waiver, but not participating with the CONTRACTOR and the Independent Support Coordinator to make needed adjustments in the member's Individual Support Plan:
  - 2.9.4.1.4.4.1 Require the Medical Director (or equivalent) to conduct peer-to-peer review with the member's PCP of the care plan;
  - 2.9.4.1.4.4.2 Develop and provide a proposed plan that outlines how the services within CHOICES/ECF CHOICES program, in combination with medically necessary covered home health or private duty nursing for adults age 21 and older, as applicable, could support the member in lieu of current skilled or home health services, and in the case of a person enrolled in a Section 1915(c) HCBS waiver, in lieu of 1915(c) waiver services as well. The proposed plan will be developed based on the member's current diagnosis, medical and behavioral needs and not considered final. A complete CHOICES/ECF CHOICES assessment and development of the person centered support plan would occur should the member choose to enroll in the CHOICES/ECF CHOICES program, which for a person enrolled in a Section 1915(c) HCBS waiver would require disenrollment from that waiver program;
  - 2.9.4.1.4.4.3 If the member is enrolled in a Section 1915(c) HCBS waiver, but not participating with the CONTRACTOR and the Independent Support Coordinator to make needed adjustments in the member's Individual Support Plan, work with the Independent Support Coordinator to develop proposed updates to the member's Individual Support Plan that

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could, in combination with medically necessary covered home health or private duty nursing for adults age 21 and older, as applicable, support the member in lieu of current skilled or home health services. The proposed plan will be developed based on the member's current diagnosis, medical and behavioral needs and shall not be considered final. Updates could be finalized with the member and his/her Circle of Support in order to facilitate timely transition to adult benefits; and

- 2.9.4.1.4.4.4 Maintain detailed documentation of all contacts and activities described in this section, including efforts to educate the member and family, and to engage them in planning for the member's transition to adult benefit limits and the development of home and community based services (and other alternatives, as applicable) that could support the member in lieu of current skilled or home health services; and provide monthly reports to TENNCARE for each member outlining continued engagement, assessments, transition planning discussions and activities, reduction status and supporting documentation. The report shall also include clinical assessment documenting whether the patient is ventilator dependent or has a tracheostomy or other complex respiratory care needs that qualify for PDN and current skilled nursing needs.
- 2.9.4.1.4.5 Provide TENNCARE with a weekly report that identifies member name, identifying information and selected MCO. At TENNCARE's discretion, the report should contain at least the following elements:
  - 2.9.4.1.4.5.1 Member name;
  - 2.9.4.1.4.5.2 Demographics;
  - 2.9.4.1.4.5.3 1915(c) HCBS waiver status;
  - 2.9.4.1.4.5.4 Intellectual Disability/Developmental Disability (ID/DD) status;
  - 2.9.4.1.4.5.5 Initial MCO choice (at 20 ½ years of age);
  - 2.9.4.1.4.5.6 If no patient choice, auto assigned MCO at 20 ½ years of age;
  - 2.9.4.1.4.5.7 Transition plan (Yes/No);
  - 2.9.4.1.4.5.8 MCO assignment at 20 years and 9 months of age;
  - 2.9.4.1.4.5.9 In-person" meeting between TennCare Select and assigned MCO regarding the impending transition ";
  - 2.9.4.1.4.5.10 Date of change for MCO assignment since last report, if applicable.
- 2.9.4.1.5 For all members receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria, as applicable, that are eighteen (18) or nineteen (19) years of age during the implementation of the requirements in Sections 2.9.4.1.1 through 2.9.4.1.4, the CONTRACTOR shall perform the requirements for the member's respective age within six (6) months of January 1, 2018. However, the CONTRACTOR shall not be required to perform the requirements applicable to the ages younger than the member. By way of example, if a member is nineteen (19) years of age during the first year of implementation of the requirements in Sections 2.9.4.1.1 through 2.9.4.1.4, within six (6) months the

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CONTRACTOR shall perform the requirements applicable in a member's nineteenth (19<sup>th</sup>) year of age per Section 2.9.4.1.2 but is not required to perform the requirements applicable in a member's eighteenth (18<sup>th</sup>) year of age per Section 2.9.4.1.1.

- 2.9.4.1.6 For all members that are twenty (20) years of age and receive HH or PDN services in excess of adult benefit limits and/or coverage criteria, as applicable, during the implementation of the requirements in Section 2.9.4.1.3, the CONTRACTOR shall perform the requirements for the member's respective age within six (6) months of January 1, 2018. However, the CONTRACTOR shall not be required to perform the requirements applicable to eighteen (18) year old members per Section 2.9.4.1.1 and nineteen (19) year old members per Section 2.9.4.1.2.
- 2.9.4.1.7 For any member that is twenty-one (21) years of age or older and receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria, as applicable, after the implementation of Sections 2.9.4.1.1 through 2.9.4.1.3 the CONTRACTOR shall perform the following requirements within fifteen (15) months of implementation of said requirements:
  - 2.9.4.1.7.1 Identify all members receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria.
  - 2.9.4.1.7.2 Create internal mechanism to track and review all cases, including outreach and education, assessment and transition planning discussions and activities for members who are receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria. The internal tracking mechanism should be able to provide status updates as requested and, in the form, and format determined by TENNCARE. The internal tracking mechanism shall include but is not limited to the following:
    - 2.9.4.1.7.2.1 Member Name;
    - 2.9.4.1.7.2.2 Demographics;
    - 2.9.4.1.7.2.3 1915(c) HCBS waiver status;
    - 2.9.4.1.7.2.4 Intellectual Disability/Developmental Disability (ID/DD) status;
    - 2.9.4.1.7.2.5 Current number of hours of HH or PDN;
    - 2.9.4.1.7.2.6 Ventilator or tracheostomy dependent, or other complex respiratory care needs that qualify for PDN;
    - 2.9.4.1.7.2.7 Date of completed listed milestone as appropriate;
    - 2.9.4.1.7.2.8 Case notes, including outreach and education, assessments and transition planning discussions and activities. If milestones not reached, a brief description of why the CONTRACTOR was unable to complete listed milestone;
    - 2.9.4.1.7.2.9 Member transition plan of care.
  - 2.9.4.1.7.3 Complete the requirements of Section 2.9.4.1.2.5.
  - 2.9.4.1.7.4 Complete the requirements of Section 2.9.4.1.3.5.

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- 2.9.4.1.7.5 At the sole discretion of TENNCARE, an On Request Report (ORR) may be issued to the CONTRACTOR to obtain information for review by TENNCARE prior to the CONTRACTOR issuing an adverse benefit determination (ABD), reducing PDN and/or HH for any member age twenty-one (21) years old or older receiving PDN and/or HH services in excess of adult benefit limits and/or coverage criteria.
- 2.9.4.1.7.6 The ORR from TENNCARE may include requests for information and documentation, including but not limited to, transition planning discussions, nursing notes, home health aide notes, assessments, current plan of care, alternative plans of care, and information regarding missed shifts.
- 2.9.4.1.8 For all members eighteen (18) years of age or older who are receiving HH or PDN services in excess of adult benefit limits and/or coverage criteria, as applicable, in compliance with an Administrative Law Judge's (ALJ) order or provided as a cost-effective alternative (CEA), the CONTRACTOR shall perform the following requirements:
  - 2.9.4.1.8.1 Identify the applicable member.
  - 2.9.4.1.8.2 Fulfill the requirements in Contract Section 2.9.4.1 for these members.
  - 2.9.4.1.8.3 Six (6) months after the ALJ order or the determination of the cost-effective alternative and every six (6) months thereafter, complete internal re-assessment of skilled and unskilled hands-on care needs that includes input from the member, family, and home care agency staff, and review of service documentation regarding actual skilled and unskilled hands-on care services provided and their frequency. Additionally, this re-assessment shall address clinical respiratory evaluation for all members that are ventilator dependent or have a tracheostomy or other complex respiratory care needs.
  - 2.9.4.1.8.4 The CONTRACTOR's Medical Director (or equivalent) shall conduct peer-to-peer review with the member's PCP of the care plan, determine if the member's clinical status has changed, the appropriateness of the ALJ ordered services, and/or whether the service still qualifies as a cost-effective alternative. Depending on the CONTRACTOR's determination, the CONTRACTOR shall take the appropriate action.
  - 2.9.4.1.8.5 Provide TENNCARE with a semi-annual report demonstrating the above items required in section 2.9.4.1.8 for each applicable member.

**5. Section 2.11.4 shall be deleted and replaced as follows:**

**A.2.11.4 Medication Assisted Treatment (MAT) Network**

**2.11.4.1 Buprenorphine Treatment**

2.11.4.1.1 The CONTRACTOR shall establish a provider network for Medication Assisted Treatment (MAT) for members with opioid use disorder (OUD). The CONTRACTOR shall engage all contracted MAT providers, at the individual NPI level, as described below.

2.11.4.1.1.1 For the first two (2) calendar years of a provider's participation in the MAT network, the CONTRACTOR shall provide at minimum three (3) engagements as described below with the contracted MAT provider. These three (3) engagements shall include, at a

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minimum, the in-person check in, the in-person audit meeting, and the virtual education session as described below.

- 2.11.4.1.1.1.1 The CONTRACTOR shall conduct at minimum one (1) in-person check-in, at individual NPI-level, with each contracted MAT provider per calendar year. The CONTRACTOR must have the appropriate representative present to discuss the following with the provider in-person:
  - 2.11.4.1.1.1.1.1 Billing or processing questions;
  - 2.11.4.1.1.1.1.2 Provide education (programmatic and clinical);
  - 2.11.4.1.1.1.1.3 Quality metrics;
  - 2.11.4.1.1.1.1.4 Program description and opportunities for additional supports.
- 2.11.4.1.1.1.2 The CONTRACTOR shall conduct one (1) in-person audit meeting, at individual NPI-level, per calendar year for each contracted MAT provider. The CONTRACTOR shall use the audit tool template as prescribed by TENNCARE to ensure that the providers are accurately and consistently implementing the program description and providing high-quality care. The CONTRACTOR shall review a minimum of ten (10) member charts per provider. If the provider has less than ten (10) members, the CONTRACTOR shall review all members treated with buprenorphine Medication Assisted Treatment (MAT) by that provider.
  - 2.11.4.1.1.1.2.1 The CONTRACTOR may collaborate with the other TennCare MCOs to allow a provider to only be audited by one CONTRACTOR during a calendar year. If the CONTRACTOR decides to partner with another MCO, this shall fulfill the requirements for the CONTRACTOR.
- 2.11.4.1.1.1.3 The CONTRACTOR shall conduct at minimum one (1) virtual education session for all contracted MAT providers per calendar year. The virtual education session shall be for MAT providers and staff to receive additional training, education, or necessary general updates to the MAT network requirements. The CONTRACTOR shall share all topics for the virtual education sessions with TENNCARE, at least ninety (90) days in advance of the meeting and shall receive approval by TENNCARE prior to using the virtual education session.
  - 2.11.4.1.1.1.3.1 The CONTRACTOR may collaborate with other TennCare MCOs to provide a single virtual education session for providers. If the CONTRACTOR decides to partner with another MCO, this shall fulfill the requirements for the CONTRACTOR.
  - 2.11.4.1.1.1.3.2 The CONTRACTOR shall record the virtual education session and make the recording available to contracted MAT providers for future viewings.
- 2.11.4.1.1.2 After two (2) calendar years of a provider participating in the MAT network, the CONTRACTOR shall provide at minimum two (2) engagements with the contracted MAT provider.
  - 2.11.4.1.1.2.1 Each CONTRACTOR shall conduct one (1) in-person meeting, at individual NPI-level, per contracted MAT provider per calendar year to function as a check-in and audit.

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2.11.4.1.1.2.2 The CONTRACTOR shall conduct one (1) virtual education session per calendar year for all contracted MAT providers.

2.11.4.1.1.2.2.1 The CONTRACTOR may collaborate with other TennCare MCOs to provide a single virtual education session for providers. If the CONTRACTOR decides to partner with another MCO, this shall fulfill the requirements for the CONTRACTOR.

2.11.4.1.1.2.2.2 The CONTRACTOR shall record the virtual education session and make the recording available to contracted MAT providers for future viewings.

2.11.4.1.1.3 The CONTRACTOR shall distribute quarterly MAT Network Quality Metrics Reports to all contracted MAT providers on an NPI-level as described by TENNCARE. Reports shall be distributed in a format described by TENNCARE no later than ninety (90) calendar days following the end of each calendar year quarter unless otherwise described by TENNCARE.

2.11.4.2 Methadone Treatment

2.11.4.2.1 The CONTRACTOR shall establish a provider network by July 1, 2020 for Methadone Medication Assisted Treatment (MAT) for members with opioid use disorder (OUD) as outlined by TENNCARE. The CONTRACTOR shall comply with all guidance set forth by the TennCare Methadone Program Description.

2.11.4.2.2 The CONTRACTOR shall reimburse the Methadone Medication Assisted Treatment providers at rate specified by TENNCARE through December 31, 2021. The CONTRACTOR shall also use the payment methodology as specified by TENNCARE.

2.11.4.2.3 The CONTRACTOR shall meet with each TDMHSAS licensed Opioid Treatment Program and offer each facility a contract for Methadone Medication Assisted Treatment. If the CONTRACTOR has quality of care concerns that may prevent contracting with the Opioid Treatment Program, the CONTRACTOR shall inform TENNCARE of this finding.

**6. Section 2.13.1.2.9 and 2.13.1.2.10 shall be deleted and replaced as follows, including updates as appropriate to any references thereto.**

2.13.1.2.9 The CONTRACTOR shall implement Primary Care Transformation strategies, inclusive of PCMH (comprehensive primary care program) and Tennessee Health Link (integrated care coordination for members with the highest behavior health needs), consistent with Tennessee's multi-payer payment reform initiative in a manner and on a timeline approved by TENNCARE. This includes but is not limited to:

2.13.1.2.9.1 Using a retrospective process to administer value-based outcome payments for the initiative's payment reform strategies that is aligned with the models designed by TENNCARE.

2.13.1.2.9.2 Implementing key design choices as directed by TENNCARE and the definition of quality measures for the initiative's payment reform strategies.

2.13.1.2.9.3 Implementation of payment reform strategies and improvements at a pace dictated by the State.

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2.13.1.2.9.4 Implementation of aligned TennCare PCMH strategy shall include at least thirty-seven percent (37.0%) of the CONTRACTOR’s TennCare population beginning January 1, 2019 and at least thirty-seven percent (37.0%) of the population beginning January 1, 2020.

2.13.1.2.9.4.1 In order for TENNCARE to monitor the CONTRACTOR’s compliance, the CONTRACTOR shall track and report PCMH participation and membership in accordance with the following:

2.13.1.2.9.4.1.1 The CONTRACTOR shall submit PCMH projected membership counts for members attributed to groups that are anticipated to sign and/or renew TennCare PCMH contracts for the following year with the CONTRACTOR.

2.13.1.2.9.4.1.2 The CONTRACTOR shall submit PCMH actual membership counts for members attributed to groups that are participating in PCMH.

2.13.1.2.9.4.1.3 PCMH membership counts shall be submitted in accordance with Sections 2.30.4.8.1 and 2.30.4.8.2.

2.13.1.2.9.4.1.4 The CONTRACTOR shall notify the State within thirty (30) days of terminating participation with a PCMH provider.

2.13.1.2.9.4.1.5 PCMH projected membership counts shall be calculated using the following formulas:

Target Due Date	Formula
July 31	CONTRACTOR’s total TennCare PCMH membership as of June 30 from <i>anticipated</i> PCMH TINs as of the June enrollment report
December 31	CONTRACTOR’s total TennCare PCMH membership as of November 30 from <i>anticipated</i> PCMH TINs for January 1 of following year / CONTRACTOR’s total TennCare members as of the November enrollment report

2.13.1.2.9.4.1.6 PCMH actual membership counts shall be calculated using the following formula:

Target Due Dates	Formula
February 28 May 31 August 31 November 30	CONTRACTOR’s total TennCare PCMH membership as of January 31, April 30, July 31, and October 31 from <i>actual</i> PCMH TINs/ CONTRACTOR’s total TennCare members as of the same month’s enrollment report

2.13.1.2.9.4.1.7 TENNCARE will monitor the CONTRACTOR’s progress in accordance with the following timeline:

Target Due Date	Benchmark

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May 31, 2019	TENNCARE will verify that the CONTRACTOR is meeting the PCMH membership requirement for 2019
July 31, 2019	TENNCARE will verify that the CONTRACTOR is on track to meet the PCMH membership requirement for 2020
August 31, 2019	TENNCARE will verify that the CONTRACTOR is meeting the PCMH membership requirement for 2019
November 30, 2019	TENNCARE will verify that the CONTRACTOR is meeting the PCMH membership requirement for 2019
December 31, 2019	TENNCARE will verify that the CONTRACTOR is on track to meet the PCMH membership requirement for 2020
February 28, 2020	TENNCARE will verify that the CONTRACTOR is meeting the PCMH membership requirement for 2020

- 2.13.1.2.9.4.1.8 If the CONTRACTOR fails to meet and maintain the percentage benchmarks described herein, the CONTRACTOR shall provide a contingency plan to TENNCARE within five (5) business days of TENNCARE’s quarterly calculation. This contingency plan will describe efforts to meet the thirty seven percent (37.0%) benchmark which shall be achieved within thirty (30) calendar days of reported deficiency. If the thirty seven percent (37.0%) benchmark is not reached by the thirtieth (30th) calendar day, the CONTRACTOR shall submit a corrective action plan (CAP) and shall be subject to liquidated damages.
- 2.13.1.2.9.5 Participate in a State-led process to design, launch and refine the initiative's payment reform strategies including the seeking of clinical input from payer medical teams and clinical leaders throughout Tennessee.
- 2.13.1.2.9.6 The CONTRACTOR shall submit to TENNCARE, PCMH and THL attribution files for the Care Coordination Tool in accordance with TENNCARE policy and Section 2.30.4.10.
- 2.13.1.2.9.7 The CONTRACTOR shall submit an annual Provider Engagement Plan and quarterly Provider Engagement Tracker detailing information and communication plans with the Tennessee Health Link (THL) and Patient Centered Medical Home (PCMH) in accordance with Sections 2.30.4.6.1 and 2.30.4.6.2.
- 2.13.1.2.9.8 Delivering performance reports for the initiative's payment reform strategies with the same appearance and content as those designed by the State/Payer Coalition.
- 2.13.1.2.9.9 The CONTRACTOR shall provide training and technical assistance for PCMH and THL as described in Section 2.18.6 of this Contract.
- 2.13.1.2.9.10 The CONTRACTOR shall submit documents related to Payment Reform Initiatives (e.g., data analytics requests) to TENNCARE in a timely manner as requested by the state.
- a. 2.13.1.2.10 The CONTRACTOR shall implement State Budget Reductions and Payment Reform Initiatives as described by TENNCARE. The CONTRACTOR’s failure to implement State Budget Reductions and/or Payment Reform Initiatives as described by TENNCARE may, at the discretion of TENNCARE, result in the CONTRACTOR forfeiting savings that would have been realized based on the timely implementation, including the forfeiture of recoupment from providers.

**7. Section 2.14.2 shall be deleted and replaced as follows:**

**2.14.2 Prior Authorization for Physical Health and Behavioral Health Covered Services**

- 2.14.2.1 The CONTRACTOR shall have in place, and follow, written policies and procedures for processing requests for initial and continuing prior authorizations of services and have in effect mechanisms to ensure consistent application of review criteria for prior authorization decisions. The policies and procedures shall provide for consultation with the requesting provider when appropriate. If prior authorization of a service is granted by the CONTRACTOR and the service is provided, payment for the prior authorized service shall not be denied based on the lack of medical necessity, assuming that the member is eligible on the date of service, unless it is determined that the facts at the time of the denial of payment are significantly different than the circumstances which were described at the time that prior authorization was granted.
- 2.14.2.2 Prior authorization for home health nurse, home health aide and private duty nursing services shall comply with TennCare rules and regulations, including service definitions in TennCare Rule 1200-13-13-.01, medical necessity requirements at 1200-13-16, and specific prior authorization requirements at 1200-13-13-.04(6).
- 2.14.2.3 Prior authorization requests shall be processed in accordance with 42 CFR § 438.210(d) and the guidelines described in TennCare rules and regulations which include, but are not limited to, provisions regarding decisions, notices, medical contraindication, and the failure of an MCO to act timely upon a request. If the CONTRACTOR determines that following the standard authorization timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, the CONTRACTOR shall make an expedited service authorization decision and provide notice as expeditiously as the enrollee's health condition requires and no later than seventy-two (72) hours after receipt of the request for service. See 42 C.F.R. §438.210(d)(2)(i); 42 C.F.R. §438.404(c)(6).
- 2.14.2.4 The CONTRACTOR's prior authorization requirements shall comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910(d). TENNCARE may request copies of the CONTRACTOR's policies and procedures to assure compliance with 42 CFR, Subpart K.

**8. Sections 2.15.7.3.2 and 2.15.7.4.2 shall be deleted and replaced as follows:**

- 2.15.7.3.2 Each incident must be reported using the TENNCARE prescribed HHA Critical Incident report template within twenty-four (24) hours of detection or notification by the CONTRACTOR's QM/QI Program staff receiving information relative to such an incident. An updated report, including results of investigation and next steps must be submitted to TENNCARE within thirty (30) calendar days of notification of the incident.
- 2.15.7.4.2 The CONTRACTOR shall be responsible for reviewing and tracking all unexpected deaths, regardless of circumstances or setting. The CONTRACTOR shall submit an annual report to Quality Improvement regarding all unexpected deaths, in a manner prescribed by TENNCARE.

**9. Section 2.18.3 shall be amended as follows:**

**2.18.3 Cultural Competency**

As required by 42 CFR 438.206, the CONTRACTOR and its Providers and Subcontractors that are providing services pursuant to this Contract shall participate in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with Limited English Proficiency, disabilities and diverse cultural and ethnic backgrounds regardless of an enrollee's sex. This includes the CONTRACTOR emphasizing the importance of network providers to have the capabilities to ensure physical access, accommodations, and accessible equipment for the furnishing of services to enrollees with physical or mental disabilities.

**10. Section 2.18.6 shall be amended by adding new Sections 2.18.6.9 through 2.18.6.14 and renumbering the remaining Sections accordingly including any references thereto.**

2.18.6.9 The CONTRACTOR shall provide training and technical assistance services for primary care providers (PCPs) and behavioral health providers to assist them in participating in TennCare's Patient-Centered Medical Home (PCMH) program and TennCare's Tennessee Health Link program for members with acute behavioral health needs, respectively. The CONTRACTOR shall comply with the following general requirements:

2.18.6.9.1 Prepare practices to design, execute, and track improvements in practice management, care delivery, and care team effectiveness to achieve PCMH and Health Home goals;

2.18.6.9.2 Prepare practices to proactively coordinate activities and improve relationships with other healthcare stakeholders;

2.18.6.9.3 Assist practices in monitoring and improving performance on select adult and child quality measures for PCMH. The CONTRACTOR shall assist PCMH practices in reducing avoidable utilization and decreasing unnecessary spend;

2.18.6.9.4 In order to effectively train practices, the CONTRACTOR shall have a working knowledge of the Care Coordination Tool (CCT) and be able to communicate about the basic functionality of the tool and how it can be used to meet practice transformation goals. The State shall supply information to the CONTRACTOR on the capabilities and uses of the CCT;

2.18.6.9.5 The CONTRACTOR shall train practices on how to incorporate the CCT in practice to augment transformation efforts (e.g., use of Admission, Discharge, Transfer (ADT) feeds from the hospital to expedite post-discharge follow ups);

2.18.6.9.6 Respond to TennCare provider inquiries regarding training and transformation and, as appropriate, notify the State about those provider concerns and issues.

2.18.6.10 The CONTRACTOR shall maintain qualified trainers and coaches for the PCMH and THL organizations. For PCMH organizations contracted with multiple MCOs, one MCO will be assigned as the primary coach for the practice. By October 1st, the MCOs shall submit to the State each PCMH organization's primary coach for the following program year. The MCO primary coach shall be responsible for sharing updates and information with other contracted MCOs. The primary coach role is to be in regular communication and provide updates to the

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other contracted MCOs and be responsible for initiating annual reviews. The CONTRACTOR's trainers and coaches shall comply with the following:

- 2.18.6.10.1 The CONTRACTOR's training and coaching staff shall have strong knowledge of primary care transformation processes;
- 2.18.6.10.2 The CONTRACTOR's training and coaching staff shall have strong background in behavioral health treatment, service delivery, and care coordination;
- 2.18.6.10.3 The CONTRACTOR's training and coaching staff shall have strong knowledge of the State's PCMH and Health Home programs;
- 2.18.6.10.4 The CONTRACTOR's training and coaching staff shall have the skills necessary to effectively train practices, and equip them with best practices and approaches to optimize their population health impact, control total cost of care, and improve the patient experience;
- 2.18.6.10.5 The CONTRACTOR shall maintain NCQA Certified Content Experts as part of the training and coaching staff. The CONTRACTOR's training and coaching staff shall complete training as required by NCQA and sit for the CCE Exam. At a minimum, the CONTRACTOR shall have three (3) staff with the specified training and sit for the NCQA CCE exam.
- 2.18.6.11 Initial Assessment of Provider Capabilities - The CONTRACTOR shall conduct an Initial Assessment of each newly participating provider that identifies current capabilities. The Initial Assessment shall be conducted no later than three months after the newly participating provider begins participation in the Patient Centered Medical Home and/or Tennessee Health Link programs. The CONTRACTOR shall use a standard assessment tool approved by the State in order to complete the initial readiness assessment as well as subsequent semi-annual assessments. Consistency across the initial assessment and subsequent assessments shall allow the State to uniformly track providers' progress.
  - 2.18.6.11.1 The initial assessment shall differentiate between the wide ranges of provider readiness in areas including, but not limited to:
    - 2.18.6.11.1.1 Knowledge of practice transformation and quality improvement principles;
    - 2.18.6.11.1.2 Supporting processes and workflows already in place;
    - 2.18.6.11.1.3 Staff capabilities and gaps in workforce;
    - 2.18.6.11.1.4 Already existing clinical activities (e.g., same-day appointment access, care planning, patient risk stratification) relative to future required activities;
    - 2.18.6.11.1.5 Current level of quality improvement capabilities;
    - 2.18.6.11.1.6 Supporting technical capabilities and infrastructure (e.g., EHR use and data sharing, e-prescribing);
    - 2.18.6.11.1.7 Current level of medical/behavioral integration to include referral and coordination activities;

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- 2.18.6.11.1.8 Current use of team-based care;
- 2.18.6.11.1.9 Current methods of patient engagement;
- 2.18.6.11.1.10 Awareness of current patient experience performance (i.e., through Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, user ratings, or patient feedback) and knowledge of techniques to improve patient satisfaction;
- 2.18.6.11.1.11 Initial practice needs and prioritized areas of improvement; and
- 2.18.6.11.1.12 Presence and perceived enthusiasm of practice staff for practice transformation training.
- 2.18.6.11.2 The Initial Assessment shall support the CONTRACTOR in tailoring a curriculum for each practice.
- 2.18.6.11.4 The completed Initial Assessment shall be shared with TennCare via the agreed upon shared platform (i.e., SharePoint or OneDrive).
- 2.18.6.12 The CONTRACTOR shall conduct an Annual Review of each PCMH and THL organization engaged in coaching. The Annual Review shall be completed at the end of each CY for each PCMH and THL organization to assess their progress in the program. The Annual Review shall be shared with TennCare via the agreed upon shared platform (i.e., SharePoint or OneDrive).
- 2.18.6.13 The CONTRACTOR shall hold large format, in-person conferences quarterly in each of Tennessee's three grand divisions (East, Middle, and West Tennessee). The CONTRACTOR shall work collaboratively with the other MCOs in planning and executing the Large Format In-person Conferences. Each MCO shall be responsible for hosting/payment for a total of three (3) conferences throughout the year. These trainings shall comply with the following requirements:
  - 2.18.6.13.1 The conference sessions shall be non-duplicative material not otherwise covered in webinars;
  - 2.18.6.13.2 The conference sessions shall target audiences of PCMH, THL, and EOC;
  - 2.18.6.13.3 The CONTRACTOR shall facilitate all aspects of the large format trainings including but not limited to communicating to providers, RSVPs, facility rental, logistics, and content;
  - 2.18.6.13.4 All training sessions shall be recorded and posted on the State's website for those practices that are unable to attend;
  - 2.18.6.13.5 The CONTRACTOR shall provide the State with detailed notes on the proceedings of the trainings, including lists of attendees, discussions initiated by the audience, and frequently asked questions;
  - 2.18.6.13.6 The State shall approve the training session topics in writing prior to the training session content being developed and advertised to providers.

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- 2.18.6.14 The CONTRACTOR shall conduct live, hosted webinars with live question and answer sessions on a bi-monthly basis (each MCO shall be responsible for two webinars per year) for both PCMH and Health Homes. The CONTRACTOR shall work collaboratively with the other MCOs in planning an annual schedule for webinars. The webinars shall comply with the following requirements:
  - 2.18.6.14.1 The webinars shall be non-duplicative, including material not otherwise covered in large format conferences;
  - 2.18.6.14.2 The CONTRACTOR shall facilitate all aspects of the webinars including but not limited to, communicating to providers, RSVPs, hosting the webinar platform, and content;
  - 2.18.6.14.3 The CONTRACTOR shall track attendance and share the attendance data with the State;
  - 2.18.6.14.4 The content can be targeted to PCMH providers, Health Home providers, or to both PCMH and Health Home providers;
  - 2.18.6.14.5 All live webinars shall be recorded and posted on the State’s website for those practices that are unable to attend, and
  - 2.18.6.14.6 The State shall approve the webinar topics in writing prior to the webinar content being developed and advertised to providers.

**11. Section 2.20 shall be deleted and replaced as follows. All references shall be updated accordingly.**

**2.20 FRAUD, WASTE, AND ABUSE**

**A.2.11.1 General**

- 2.20.1.1 The Tennessee Bureau of Investigation, Medicaid Fraud Control Division (TBI MFCD) is the state agency responsible for the investigation of provider fraud, waste, and abuse in the TennCare program.
- 2.20.1.2 The Office of Inspector General (OIG) has the primary responsibility to investigate TennCare enrollee fraud, waste, and abuse.
- 2.20.1.3 The Division of TennCare, Managed Care Operations, Office of Program Integrity (OPI) is the State Medicaid Agency unit responsible for the prevention, detection and investigation of alleged provider fraud, waste, and abuse of the TennCare program. OPI is responsible for providing the Managed Care Program Integrity Guidelines for Fraud, Waste, and Abuse (FWA). These guidelines shall be utilized by all MCC’s to implement and maintain compliance with TennCare’s FWA policies and procedures.
- 2.20.1.4 The CONTRACTOR, and any subcontractors delegated responsibility for coverage of services or payment of claims under this Contract, shall implement and maintain a compliance program, as described 42 CFR 438.608, that includes, at a minimum:

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- 2.20.1.4.1 Written policies, procedures, and standards of conduct that demonstrate compliance with all applicable requirements and standards under the Contract, as well as all Federal and state requirements, related to program integrity.
- 2.20.1.4.2 A designated Compliance Officer who is responsible for developing and implementing policies, procedures and practices designed to ensure compliance with program integrity requirements. The Compliance Officer shall report to the CEO and the Board of Directors.
- 2.20.1.4.3 A Regulatory Compliance Committee, consisting of members of the Board of Directors, which is responsible for oversight of the CONTRACTOR's compliance program.
- 2.20.1.4.4 A system for training and education for the Compliance Officer, directors, managers, and employees regarding the CONTRACTOR's compliance program and program integrity-related requirements.
- 2.20.1.4.5 Effective lines of communication between the CONTRACTOR's Compliance Officer and employees.
- 2.20.1.4.6 Enforcement of compliance program standards and program integrity-related requirements through well-publicized disciplinary guidelines.
- 2.20.1.4.7 A system of dedicated staff with established and implemented procedures for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues, investigation of potential compliance problems identified in the course of self-evaluation and audits, correction of identified compliance problems to reduce the potential for recurrence, and ongoing compliance with program integrity-related requirements.
- 2.20.1.5 The CONTRACTOR shall have procedures in place for reporting of all overpayments identified or recovered due to potential administrative and non-administrative fraud, waste, and abuse to the State.
- 2.20.1.6 The CONTRACTOR shall establish written policies and procedures for its employees, subcontractors, providers, and agents that provide detailed information about the False Claims Act and any other federal and state laws described in section 1902(a)(68) of the Act, including whistleblower protections, administrative remedies for false claims, any State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in federal health care programs. The CONTRACTOR shall include in any employee handbook a description of the laws and the rights of employees to be protected as whistleblowers.
- 2.20.1.7 The CONTRACTOR shall have surveillance and utilization control programs and procedures (42 CFR 456.3, 456.4, 456.23) to safeguard the Medicaid funds against unnecessary or inappropriate use of Medicaid services and against improper payments. The CONTRACTOR shall have internal controls and policies and procedures in place that are designed to prevent, detect, and report known or suspected fraud, waste, and abuse activities.

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- 2.20.1.8 The CONTRACTOR, as well as its subcontractors shall comply with all federal requirements (42 CFR Part 455) on disclosure reporting. All tax-reporting provider entities that bill and/or receive TennCare funds as the result of this Contract shall submit routine disclosures in accordance with timeframes specified in 42 CFR Part 455, Subpart B and TennCare policies and procedures, including at the time of initial contracting, contract renewal, at any time there is a change to any of the information on the disclosure form, within thirty five (35) days after any change in ownership of the disclosing entity, at least once every three (3) years, and at any time upon request.
- 2.20.1.9 The CONTRACTOR's providers, whether contract or non-contract, shall comply with all federal requirements (42 CFR Part 455) on disclosure reporting. All tax-reporting provider entities that bill and/or receive TennCare funds as the result of this Contract shall submit routine disclosures in accordance with timeframes specified in 42 CFR Part 455, Subpart B and TennCare policies and procedures, including at the time of initial contracting, contract renewal, at any time there is a change to any of the information on the disclosure form, within thirty five (35) days after any change in ownership of the disclosing entity, at least once every three (3) years, and at any time upon request. For providers, this requirement may be satisfied through TENNCARE's provider registration process.
- 2.20.1.10 The CONTRACTOR, as well as its subcontractors and providers, whether contract or non-contract, shall comply with all federal requirements (42 C.F.R. § 1002) on exclusion and debarment screening. The CONTRACTOR, its subcontractors and all tax-reporting provider entities that bill and/or receive TennCare funds as the result of this Contract shall screen their owners and employees against the General Services Administration (GSA) System for Award Management (SAM) and the HHS-OIG List of Excluded Individuals/Entities (LEIE). In addition, the CONTRACTOR and its subcontractors shall screen their owners and employees against the Social Security Master Death File. Any unallowable funds made to excluded individuals as full or partial wages and/or benefits shall be refunded to and/or obtained by the State and/or the CONTRACTOR dependent upon the entity that identifies the payment of unallowable funds to excluded individuals.
- 2.20.1.11 The CONTRACTOR shall have adequate staffing and resources to investigate unusual incidents and develop and implement corrective action plans to assist the CONTRACTOR in preventing and detecting potential fraud, waste, and abuse activities.
- 2.20.1.12 The CONTRACTOR may recoup and retain overpayments made to providers within timeframes determined by the state.
- 2.20.1.12.1 The CONTRACTOR shall notify TennCare OPI of any non-administrative overpayments identified outside of the timeframes determined by the state, or for which recovery is prohibited under Section 2.20.1.10. The CONTRACTOR shall take no actions to recoup the overpayments without written authorization from TennCare OPI.
- 2.20.1.12.2 The CONTRACTOR shall report to TennCare OPI all non-administrative overpayments, both identified and recovered, on a quarterly basis.
- 2.20.1.13 The CONTRACTOR is prohibited from taking any actions to recoup or withhold improperly paid funds already paid or potentially due to a provider when the issues, services or claims upon which the recoupment or withhold are based meet one or more of the following criteria:

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- 2.20.1.13.1 The improperly paid funds have already been recovered by the State of Tennessee, either by TENNCARE directly or as part of a resolution of a state or federal investigation and/or lawsuit, including but not limited to False Claims Act cases; or
- 2.20.1.13.2 When the issues, services or claims that are the basis of the recoupment or withhold are currently being investigated by the State of Tennessee or are the subject of pending Federal or State litigation or investigation,
- 2.20.1.13.3 The prohibition described in this section shall be limited to a specific provider(s), for specific dates, and for specific issues, services, or claims.
- 2.20.1.13.4 The CONTRACTOR shall determine if the prohibition to recoup or withhold improperly paid funds is applicable utilizing methods as directed by TennCare OPI.
- 2.20.1.13.5 In the event that the CONTRACTOR recoups or otherwise obtains funds in cases where overpayment recovery is prohibited, under this section or as otherwise directed by TennCare, the CONTRACTOR shall notify the Director of TennCare OPI and take action in accordance with written instructions from the Director of TennCare OPI.
- 2.20.1.13.6 If the CONTRACTOR fails to adhere to the prohibitions and requirements of this section, the CONTRACTOR may be subject to forfeiture of the funds to the State and the imposition of liquidated damages as described in Section E.29.2.
- 2.20.1.14 The CONTRACTOR shall comply with all federal and state requirements regarding fraud, waste, and abuse, including but not limited to Sections 1128, 1156, and 1902(a)(68) of the Social Security Act.
- 2.20.1.15 The CONTRACTOR shall comply with all written direction provided by TennCare OPI regarding fraud, waste, and abuse investigations, overpayments, and any other program integrity related activities and reporting.

**A.2.11.2 Reporting and Investigating Suspected Fraud, Waste, and Abuse**

- 2.20.2.1 The CONTRACTOR shall cooperate with all appropriate state and federal agencies, including TBI MFCD and/or OIG, in investigating fraud, waste, and abuse. In addition, the CONTRACTOR shall fully comply with the TCA 71-5-2601 and 71-5-2603 in performance of its obligations under this Contract.
- 2.20.2.2 The CONTRACTOR shall have methods for identification, investigation, and referral of suspected fraud cases (42 CFR 455.13, 455.14, 455.21).

Amendment 46 (cont.)

- 2.20.2.3 The CONTRACTOR shall notify TBI MFCD and TennCare Office of Program Integrity simultaneously and in a timely manner regarding all internal (such as identified patterns of data mining outliers, audit concerns, critical incidences) and external (such as hotline calls) tips with potential implications to TennCare providers' billing anomalies and/or to safety of TennCare enrollees ([TBI.MFCU@tn.gov](mailto:TBI.MFCU@tn.gov); [ProgramIntegrity.TennCare@tn.gov](mailto:ProgramIntegrity.TennCare@tn.gov)). Along with a notification, the CONTRACTOR shall take steps to triage and/or substantiate these tips and provide simultaneous and timely updates to TBI MFCD and the TennCare Office of Program Integrity when the concerns and/or allegations of any tips are authenticated.
- 2.20.2.4 The CONTRACTOR shall report all tips, confirmed or suspected fraud, waste, and abuse to TENNCARE and the appropriate agency as follows:
- 2.20.2.4.1 All tips (any program integrity case received within the previous two (2) weeks) shall be reported to TennCare Office of Program Integrity and TBI MFCD;
- 2.20.2.4.2 Suspected fraud, waste, and abuse in the administration of the program shall be reported to TennCare Office of Program Integrity, TBI MFCD and/or OIG;
- 2.20.2.4.3 All confirmed or suspected provider fraud, waste, and abuse shall immediately be reported to TBI MFCD and TennCare Office of Program Integrity; and
- 2.20.2.4.4 All confirmed or suspected enrollee fraud, waste, and abuse shall be reported immediately to OIG.
- 2.20.2.5 The CONTRACTOR shall use the Fraud Reporting Forms in Attachment VI, or such other form as may be deemed satisfactory by the agency to whom the report is to be made under the terms of this Contract.
- 2.20.2.6 Pursuant to TCA 71-5-2603(c) the CONTRACTOR shall be subject to a civil penalty, to be imposed by the OIG, for willful failure to report fraud, waste, and abuse by recipients, enrollees, applicants, or providers to TENNCARE and OIG or TBI MFCD, as appropriate.
- 2.20.2.7 The CONTRACTOR shall promptly perform a preliminary investigation of all incidents related to suspected and/or confirmed provider fraud and abuse. The CONTRACTOR shall not take any of the following actions once the suspected fraud is substantiated and reported to the state without prior written approval from the State:
- 2.20.2.7.1 Contact the subject of the investigation about any matters related to suspected and/or confirmed fraud or abuse;
- 2.20.2.7.2 Enter into or attempt to negotiate any settlement or agreement regarding incidents of suspected and/or confirmed fraud or abuse; or
- 2.20.2.7.3 Accept any monetary or other thing of valuable consideration offered by the subject(s) of the investigation in connection with incidents of suspected and/or confirmed fraud or abuse.

Amendment 46 (cont.)

- 2.20.2.8 The CONTRACTOR shall immediately contact the TennCare Office of Program Integrity for guidance if during the course of an audit it is determined the provider is already under review by the State.
- 2.20.2.8.1 The CONTRACTOR shall promptly provide the results of its preliminary investigation to the agency to whom the incident was reported, or to another agency designated by the agency that received the report.
- 2.20.2.9 The CONTRACTOR shall cooperate fully in any further investigation or prosecution by any duly authorized government agency, whether administrative, civil, or criminal. Such cooperation shall include providing, upon request, information, access to records, and access to interview CONTRACTOR employees and consultants, including but not limited to those with expertise in the administration of the program and/or in medical or pharmaceutical questions or in any matter related to an investigation.
- 2.20.2.10 The CONTRACTOR shall suspend payment to a provider upon notification from TennCare OPI of the determination of a credible allegation of fraud.
- 2.20.2.11 The State shall not transfer its law enforcement functions to the CONTRACTOR.
- 2.20.2.12 The CONTRACTOR, subcontractor and providers, whether contract or non-contract, shall, upon request and as required by this Contract or state and/or federal law, make available to the TBI MFCD/OIG any and all administrative, financial and medical records relating to the delivery of items or services for which TennCare monies are expended. Such records will be made available at no cost to the requesting agency. In addition, the TBI MFCD/OIG shall, as required by this Contract or state and/or federal law, be allowed access to the place of business and to all TennCare records of any contractor, subcontractor or provider, whether contract or non-contract, during normal business hours, except under special circumstances when after hour admission shall be allowed. Special circumstances shall be determined by the TBI MFCD/OIG.
- 2.20.2.13 The CONTRACTOR and/or subcontractors shall include in any of its provider agreements a provision requiring, as a condition of receiving any amount of TennCare payment, that the provider comply with this Section, Section 2.20 of this Contract.
- 2.20.2.14 The CONTRACTOR shall notify TENNCARE when the CONTRACTOR denies a provider credentialing application for program integrity-related reasons or otherwise limits the ability of providers to participate in the program for program integrity reasons.
- 2.20.2.15 If the CONTRACTOR subjects a provider (who is not otherwise determined to be under investigation or litigation involving the State or Federal government) to pre-payment review or any review requiring the provider to submit documentation to support a claim prior to the CONTRACTOR considering it for payment, as a result of suspected fraud, waste, and/or abuse, the CONTRACTOR shall adhere to the following, within ninety (90) days of requiring such action:

Amendment 46 (cont.)

- 2.20.2.15.1 Initiate a retrospective medical and coding review on the relevant claims; and
- 2.20.2.15.2 If fraud, waste or abuse is still suspected after conducting the retrospective review, submit to TennCare OPI a suspected fraud referral, including all referral components as required by TennCare OPI.
- 2.20.2.15.3 A retrospective review shall not be conducted for providers who are determined to be under investigation or litigation involving the State or Federal government or other instances as deemed appropriate by TENNCARE.
- 2.20.2.16 Except as described in Section 2.11.10.2 of this Contract, nothing herein shall require the CONTRACTOR to ensure non-contract providers are compliant with TENNCARE contracts or state and/or federal law.
- 2.20.2.17 In accordance with the Affordable Care Act and TennCare policy and procedures, the CONTRACTOR shall promptly report overpayments made by TENNCARE to the CONTRACTOR as well as overpayments made by the CONTRACTOR to a provider and/or subcontractor (See Section 2.12.9.36).

**A.2.11.3 Compliance Plan**

- 2.11.3.1 The CONTRACTOR shall have a written fraud, waste, and abuse compliance plan. A paper and electronic copy of the plan shall be provided to TennCare OPI within ninety (90) calendar days of Contract execution and an electronic copy shall be provided annually thereafter. TENNCARE shall provide notice of approval, denial, or modification to the CONTRACTOR within thirty (30) calendar days of receipt. The CONTRACTOR shall make any requested updates or modifications available for review as requested by TennCare OPI within thirty (30) calendar days of a request.
- 2.11.3.2 The CONTRACTOR's fraud, waste, and abuse compliance plan shall:
  - 2.11.3.2.1 Require that the reporting of suspected and/or confirmed fraud, waste, and abuse be done as required by this Contract;
  - 2.11.3.2.2 Include a risk assessment of the CONTRACTOR's various fraud, waste, and abuse/program integrity processes. A risk assessment shall also be submitted on an 'as needed' basis and immediately after a program integrity related action, including financial-related actions (such as overpayment, repayment and fines), is issued on a provider with concerns of fraud, waste, and abuse. The CONTRACTOR shall inform TENNCARE of such action and provide details of such financial action. The assessment shall also include a listing of the CONTRACTOR's top three vulnerable areas and shall outline action plans in mitigating such risks;
  - 2.11.3.2.3 Outline activities proposed for the next reporting year regarding employee education of federal and state laws and regulations related to Medicaid Program Integrity against Fraud/Abuse/Waste to ensure that all of its officers, directors, managers and employees know and understand the provisions of the CONTRACTOR's fraud, waste, and abuse compliance plan;
  - 2.11.3.2.4 Outline activities proposed for the next reporting year regarding provider education of federal and state laws and regulations related to Medicaid Program Integrity against

Amendment 46 (cont.)

Fraud/Abuse/Waste and on identifying and educating targeted providers with patterns of incorrect billing practices and/or overpayments;

- 2.11.3.2.5 Outline unique policy and procedures, and specific instruments designed to identify, investigate, and report fraud, waste, and abuse activities under the CHOICES' program.
- 2.11.3.2.6 Contain procedures designed to prevent and detect abuse and fraud in the administration and delivery of services under this Contract; and
- 2.11.3.2.7 Include a description of the specific controls in place for prevention and detection of potential or suspected fraud, waste, and abuse, such as:
  - 2.11.3.2.7.1 A list of automated pre-payment claims edits;
  - 2.11.3.2.7.2 A list of automated post-payment claims edits;
  - 2.11.3.2.7.3 A list of desk audits on post-processing review of claims;
  - 2.11.3.2.7.4 A list of reports of provider profiling and credentialing used to aid program and payment integrity reviews;
  - 2.11.3.2.7.5 A list of surveillance and/or utilization management protocols used to safeguard against unnecessary or inappropriate use of Medicaid services;
  - 2.11.3.2.7.6 A list of provisions in the subcontractor and provider agreements that ensure the integrity of provider credentials; and
  - 2.11.3.2.7.7 A list of references in provider and member material regarding fraud, waste, and abuse referrals.
- 2.11.3.2.8 Include a list of provisions for the confidential reporting of plan violations to the designated person;
- 2.11.3.2.9 Include a list of provisions for the investigation and follow-up of any suspected or confirmed fraud, waste, and abuse, even if already reported, and/or compliance plan reports;
- 2.11.3.2.10 Ensure that the identities of individuals reporting violations of the CONTRACTOR's MCO are protected and that there is no retaliation against such persons;
- 2.11.3.2.11 Contain specific and detailed internal procedures for officers, directors, managers and employees for detecting, reporting, and investigating fraud, waste, and abuse compliance plan violations;
- 2.11.3.2.12 Require any confirmed or suspected provider fraud, waste, and abuse under state or federal law be reported to TBI MFCD as well as TennCare Office of Program Integrity and that enrollee fraud, waste, and abuse be reported to the OIG;
- 2.11.3.2.13 Ensure that no individual who reports MCO violations or suspected fraud, waste, and abuse is retaliated against; and

Amendment 46 (cont.)

- 2.11.3.2.14 Include work plans for conducting both announced and unannounced site visits and field audits to providers defined as high risk (providers with cycle/auto billing activities, providers offering DME, home health, mental health, and transportation services) to ensure services are rendered and billed correctly.
- 2.11.3.3 The CONTRACTOR shall have provisions regarding compliance with the applicable requirements of the Model Compliance Plan for Medicaid MCOs or Medicare+Choice Organizations/Medicare Advantage plans issued by the DHHS OIG.
- 2.11.3.4 The CONTRACTOR shall provide a list of procedures regarding implementation of TennCare policy on disclosure and adverse action reporting.
- 2.11.3.5 The CONTRACTOR shall have provisions in its Compliance plan regarding the reporting of fraud, waste, and abuse activities as required in Section 2.30.15, Reporting Requirements.
- 2.11.3.6 The CONTRACTOR shall have provisions in its Compliance Plan regarding conducting monthly comparison of their provider files, including atypical providers, and Personal Care Service providers against the Social Security Master Death File, the General Services Administration (GSA) System for Award Management (SAM) and the HHS-OIG List of Excluded Individuals/Entities (LEIE) and provide a report of the result of comparison to TENNCARE each month. The CONTRACTOR shall establish an electronic database to capture identifiable information on the owners, agents and managing employees listed on providers' Disclosure information as provided by TENNCARE.
- 2.11.3.7 The CONTRACTOR shall have provisions in its Compliance Plan regarding performing a monthly check for exclusions of their owners, agents and managing employees. The CONTRACTOR shall establish an electronic database to capture identifiable information on its owners, agents and managing employees and perform monthly exclusion checking. The CONTRACTOR shall provide the State Agency with such database and a monthly report of the exclusion check.
- 2.11.3.8 The CONTRACTOR shall have provisions in its Compliance Plan regarding prompt terminations of inactive providers due to inactivity in the past twelve (12) months, unless TENNCARE provides prior approval for a provider type to remain contracted or as otherwise required by TENNCARE.
- 2.11.3.9 The CONTRACTOR shall have provisions in its Compliance Plan regarding instructions to Personal Care Service providers to maintain written policies and procedures of their business model. The policy and procedures shall include at a minimum; roles and responsibilities of key personnel, organizational chart, succession planning, ownership, background checks for all personnel, fraud, waste, and abuse reporting protocols, and a plan for fraud, waste, and abuse employee training as required by Deficit Reduction Act of 2005 Section 6032.
- 2.11.3.10 The CONTRACTOR shall have provisions in its Compliance Plan to perform a coordinated audit of a sampling of Personal Care Service providers to ensure PCS providers are only audited by one Managed Care Organization. The results of the audits will be submitted annually to TennCare with the Compliance Plan.

**12. Section 2.29.1.3 shall be amended by adding a new Section 2.29.1.3.15 as follows, renumbering the remaining Section accordingly including any references thereto and amended the renumbered Section 2.29.1.3.16 as follows:**

2.29.1.3.15 Maintain a sufficient number of full-time staff persons dedicated to the TennCare program as qualified trainers and coaches for the Patient-Centered Medical Home (PCMH) and TennCare’s Tennessee Health Link organizations. The CONTRACTOR’s trainers and coaches shall comply with the requirements described in Section 2.18.6

2.29.1.3.16 At least one (1) full-time investigator per operating region dedicated solely to TennCare program investigations and at least three (3) additional staff persons responsible for all fraud, waste, and abuse detection activities, including two (2) full-time certified coders, and at least one (1) registered nurse, for medical record reviews dedicated solely to TennCare program fraud, waste, and abuse retrospective investigations. The investigator(s) shall have full knowledge of provider investigations related to the TennCare program and will be the key staff handling day-to-day provider investigation related inquiries from TENNCARE. The Investigators are required to be actively pursuing or currently have one or more of the listed credentials/degrees:

2.29.1.3.21.1 Certified Fraud Examiner;

2.29.1.3.21.2 NHCAA certified Anti-Fraud Investigator;

2.29.1.3.21.3 Degree in Statistics, Criminal Justice, Finance, Healthcare Management or any other related field that supports health care fraud investigations;

2.29.1.3.21.4 Certified Healthcare Coder;

2.29.1.3.21.5 Other nationally recognized healthcare certification.

**13. Section 2.30.2.6 shall be deleted in its entirety and the remaining Section 2.30.2 shall be renumbered accordingly, including any references thereto.**

**14. Sections 2.30.4.1, 2.30.4.2 and 2.30.4.3 shall be deleted and replaced as follows:**

2.30.4.1 The CONTRACTOR shall submit a semi-annual Psychiatric Hospital/RTF Readmission Report that provides: the percentage of members readmitted to the facility within seven (7) calendar days of discharge (the number of members readmitted divided by the total number of discharges); and the percent of members readmitted within thirty (30) calendar days of discharge (the number of members readmitted divided by the total number of discharges). The information shall be reported separately for members age eighteen (18) and over and under eighteen (18). These reports shall be submitted to TENNCARE on April 1 and November 1 of each year.

2.30.4.2 The CONTRACTOR shall submit a semi-annual Post-Discharge Services Report that provides information on Post-Discharge services appointments. The minimum data elements required are identified in Attachment IX, Exhibit B. These reports shall be submitted to TENNCARE on April 1 and November 1 of each year.

2.30.4.3 LEFT BLANK INTENTIONALLY

**15. Sections 2.30.4.6 and 2.30.4.7 shall be deleted and replaced as follows including any references thereto.**

2.30.4.6 The CONTRACTOR shall submit Payment Reform Engagement, Education and Outreach Reports as follows:

2.30.4.6.1 The CONTRACTOR shall submit a single annual *Provider Engagement Plan* detailing communication plans with the Tennessee Health Link (THL) and Patient Centered Medical Home (PCMH) providers no later than December 1<sup>st</sup> of each year for review and approval by TENNCARE. The Provider Engagement Plan shall be effective as of January 1<sup>st</sup> of the next calendar year. If approved by TENNCARE, this reporting requirement may be satisfied by combining the data with deliverables required by another TENNCARE/CONTRACTOR contract.

2.30.4.6.1.1 The Provider Engagement Plans shall be written in accordance with guidance prepared by TENNCARE. This outreach plan shall outline communication efforts with providers engaged in the Tennessee Health Link (THL) and Patient Centered Medical Home (PCMH) initiatives. It shall include, but is not limited to: all proposed education regarding reading and interpreting provider reports; all proposed details regarding report delivery and accessibility; a plan for (at least) quarterly leadership meetings between MCO program leads and PCMH/THL practice leadership; detailed strategy outlining the providers or quarterbacks to prioritize when conducting outreach efforts (i.e. providers who did not open reports or owe a penalty), schedule of conferences and webinars, details of the PCMH/THL CAP and Remediation Process due to poor performance.

2.30.4.6.1.2 For THL providers, the CONTRACTOR may meet quarterly in-person or virtually or by phone upon the providers' request. For PCMH providers who are in their first year of participation, the CONTRACTOR shall meet with the provider quarterly in-person. For PCMH providers who have participated in the initiative for at least one year, the CONTRACTOR may alter the quarterly in person meeting schedule and/or meet by phone.

2.30.4.6.2 The CONTRACTOR shall submit a quarterly *Provider Engagement Tracker* Report in accordance with guidance prepared by TENNCARE. The CONTRACTOR shall submit the Provider Engagement Tracker no later than one (1) week after each quarter in the calendar year for the Tennessee Health Link (THL) and Patient Centered Medical Homes (PCMH) initiatives. There should be separate quarterly Provider Engagement Tracker for THL and PCMH that shall record all in-person visits, calls, mailings, and all other communications for THL and PCMH. Therefore, each quarter, a total of three (3) separate Provider Engagement Tracker shall be sent to TENNCARE by the CONTRACTOR. The details regarding when such outreach shall occur are described in Sections 2.30.10.12.1 to 2.30.10.12.3. If approved by TENNCARE, this reporting requirement may be satisfied by combining the data with deliverables required by another TENNCARE/CONTRACTOR contract.

2.30.4.6.2.1 The CONTRACTOR shall alert all providers or quarterbacks to the availability of their reports through emails and/or letters. The CONTRACTOR shall supplement alerts to providers or quarterbacks with calls, in-person visit, WebEx, fax, provider Information Expos, State Medical Association Conferences, or online videos.

Amendment 46 (cont.)

- 2.30.4.6.2.2 In the initial communication to providers or quarterbacks, the CONTRACTOR shall provide instructions on 1) how to access full reports, and 2) how to share or update electronic contact information. Ensuring that providers have given their most up-to-date contact information is essential for them to receive alerts about any changes to their reports or newly released reports.
- 2.30.4.6.2.3 The CONTRACTOR shall also use in-person education, newsletters, web banners, and scripted calls to share general information and updates about Patient Centered Medical Home and Health Link reports.
- 2.30.4.6.3 The CONTRACTOR shall submit a copy of the CONTRACTOR's Annual Review of each PCMH and THL organization engaged in coaching as described in Section 2.18.6. The Annual Review shall be provided to TENNCARE via the agreed upon shared platform (i.e., SharePoint or OneDrive) by the date provided and agreed upon by the PCMH and THL programs.
- 2.30.4.7 LEFT BLANK INTENTIONALLY

**16. Section 2.30.4.8.5 shall be deleted and replaced as follows:**

- 2.30.4.8.5 The CONTRACTOR shall submit an Annual PCMH Data Report including the data elements described by TENNCARE. This report shall be submitted to TENNCARE no later than June 15 of each year.

**17. Section 2.30.4.9.4 shall be deleted and replaced as follows:**

- 2.30.4.9.4 The CONTRACTOR shall submit an Annual *Tennessee Health Link (THL) Data Report* including the data elements described by TENNCARE. This report shall be submitted to TENNCARE no later than June 15 of each year.

**18. Section A.2.30.5.3 shall be amended by deleting and replacing the word "Description" with "Strategy" and Sections 2.30.6.15 through 2.30.6.18 shall be deleted and replaced as follows:**

- 2.30.6.15 The CONTRACTOR shall submit to TENNCARE a Semi-Annual HH/PDN Coordination Report demonstrating the CONTRACTOR's completion of requirements described in Sections 2.9.4.1.1 through 2.9.4.1.3 in accordance with a template described by TENNCARE.
- 2.30.6.16 The CONTRACTOR shall provide a Monthly HH/PDN Coordination Report to TENNCARE, as described in Section 2.9.4.1.4.4.2, for each member outlining continued engagement, assessments, transition planning discussions and activities and supporting documentation. The report shall also include clinical assessment documenting whether the patient is ventilator dependent or has a tracheostomy or other complex respiratory care needs that qualify for PDN and current skilled nursing needs.
- 2.30.6.17 The CONTRACTOR shall provide a Weekly Member MCO Selection/Assignment Report in accordance with Section 2.9.4.1.4.5.
- 2.30.6.18 The CONTRACTOR shall submit to TENNCARE a Semi-Annual HH/PDN ALJ/CEA Report demonstrating the CONTRACTOR's compliance with requirements described in Section 2.9.4.1.8.

19. Section 2.30.10.7 through 2.30.10.9 shall be deleted and the remaining Section 2.30.10 shall be renumbered accordingly, including any references thereto.

20. Section 2.30.12.1 shall be amended by adding the word “Extension” before Y3” as follows:

2.30.12.1 The CONTRACTOR shall submit a preliminary Performance Improvement Projects Topics report that includes information specified in Section 2.15.3.6. The CONTRACTOR shall list and clearly categorize and label each PIP for the upcoming year into the area that it addresses. The CONTRACTOR shall indicate the current measurement year (Baseline, Y1, Y2, Extension Y3, Extension Y4, or Extension Y5) for each PIP. The CONTRACTOR shall also include the rationale for selection of each new PIP topic. The CONTRACTOR shall submit the report annually on or before March 31.

21. Level A.4 of Section 5.20.2.2.7 shall be amended by deleting and replacing Level A.4 and adding a new A.14(c) as follows:

LEVEL	PROGRAM ISSUES	DAMAGE
A.4	Failure to comply with obligations and time frames in the delivery of TennCare Kids screens and related services	Statewide EPSDT Rate as determined from CMS416 Report: <ul style="list-style-type: none"> <li>• Below 70%: \$75,000</li> <li>• Between 71% - 75%: \$50,000</li> <li>• Between 76% - 79%: \$25,000</li> </ul>

LEVEL	PROGRAM ISSUES	DAMAGE
A.14(c)	Failure to conduct prior authorization processes for home health or private duty nursing in accordance with service definitions in TennCare Rule 1200-13-13-01, medical necessity requirements at 1200-13-16, and specific prior authorization requirements at 1200-13-13-04(6).	The cost of home health or private duty nursing services provided plus \$500 per day, per occurrence, for each day that home health or private duty nursing services were approved and provided in a manner that does not comport with service definitions in TennCare Rule 1200-13-13-01, medical necessity requirements at 1200-13-16, and specific prior authorization requirements at 1200-13-13-04(6).

**22. The Definition under the Opioid Use Disorder Treatment Service in Attachment I shall be amended as follows:**

<b>SERVICE</b>	<b>Opioid Use Disorder Treatment</b>
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**Definition**

Treatments for opioid use disorder are designed and delivered across the continuum of care including but not limited to hospital, residential treatment, Intensive Outpatient Program, Office-Based Opioid Treatment, Opioid Treatment Program, primary care and peer recovery services. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. The duration of treatment should be based on the needs of the persons served. For opioid use disorder, one essential component within the continuum is Medication Assisted Treatment. Medication Assisted Treatment (MAT) for persons diagnosed with opioid-use disorder is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. The medications used to achieve treatment goals include buprenorphine, naltrexone, and methadone products approved by the Food and Drug Administration (FDA) for the use in the treatment of opioid-use disorder.

All providers treating members with opioid use disorder must either provide Medication Assisted Treatment (MAT) or have a policy for referral to a MAT provider for those members wishing to access MAT. Providers must also maintain compliance with the licensure rules and/or program standards set by TDMHSAS to render MAT Services.

**23. Availability of OUD Treatment Care in Attachment IV shall be amended as follows:**

**Availability of OUD Treatment Care**

The CONTRACTOR shall provide adequate numbers of OUD treatment providers for the provision of covered services to ensure adequate provider availability for its non-dual members. To account for variances in MCO enrollment size, the guidelines described in this Attachment have been established for determining the number of OUD treatment providers with whom the CONTRACTOR must have a provider agreement. These are aggregate guidelines and are not age specific. The CONTRACTOR shall have a sufficient number of provider agreements with each type of specialist in each Grand Region served to ensure that the number of non-dual members per provider does not exceed the following:

Maximum Number of Non-Dual Members per Provider by Specialty

Specialty	Number of Non-Dual Members
OUD Treatment provider contracted to treat with buprenorphine	10,000
OUD Treatment provider contracted to treat with Methadone	50,000

24. Attachment VII shall be amended by deleting the “TennCare Kids Screening” Performance Measure as this measure is addressed in Section 5.20.2.2.7.
25. Performance Measures “Length of time between psychiatric hospital/RTF discharge and first subsequent mental health service that qualifies as a post-discharge service as defined in Attachment IX, Exhibit B”, “Seven (7) day readmission rate” and “Thirty (30) day readmission rate” in Attachment VII shall each be amended by deleting the word “Quarterly” under Measurement Frequency and replacing it with “Semi-Annually”.
26. Attachment IX, Exhibit A shall be amended by deleting “2. Data Analysis” and “3. Action plan/follow-up”.

**ATTACHMENT IX, EXHIBIT A  
PSYCHIATRIC HOSPITAL/RTF READMISSION REPORT**

The *Psychiatric Hospital/RTF Readmission Report* required in Section 2.30.4.1 shall include, at a minimum, the following data elements:

1. Readmission rates by age group (under 18 and 18 and over) for
  - a.) Seven (7) days
  - b.) Thirty (30) days
27. Item 2.B.5) of Attachment IX, Exhibit B shall be deleted and replaced as follows:

**ATTACHMENT IX, EXHIBIT B  
POST-DISCHARGE SERVICES REPORT**

The *Post-Discharge Services Report* required in Section 2.30.4.2 shall include, at a minimum, the following data elements:

1. MCO ID number
2. Number and percentage of compliance for kept appointments that occur within seven (7) calendar days of the date of discharge from psychiatric inpatient or residential treatment facility. Appointments that meet compliance include the following:
  - A. Intake
  - B. Non Urgent Services:
    - 1) MD Services (Medication Management, Psychiatric Evaluation)
    - 2) Non MD Services (Psycho- Therapy)
    - 3) Substance Abuse (SA) (SA IOP, SA therapy)
    - 4) Psychosocial Rehabilitation (Psych Rehab, Supportive Employment, Supported Housing, Illness Management and Recovery, Peer Recovery Services and Family Support Services)
    - 5) Tennessee Health Link
  - C. Urgent Services:
    - 1) MD Services
    - 2) Non MD Services
    - 3) Substance Abuse (SA IOP) or Detoxification

28. Attachment IX shall be amended by deleting “ATTACHMENT IX, EXHIBIT C – LEFT BLANK INTENTIONALLY”, “ATTACHMENT IX, EXHIBIT E – LEFT BLANK INTENTIONALLY”, “ATTACHMENT IX, EXHIBIT F - LEFT BLANK INTENTIONALLY”, “ATTACHMENT IX, EXHIBIT I - LEFT BLANK INTENTIONALLY”, “ATTACHMENT IX, EXHIBIT J - LEFT BLANK INTENTIONALLY”, “ATTACHMENT IX, EXHIBIT L - LEFT BLANK INTENTIONALLY”, renumbering the remaining EXHIBITS accordingly, and deleting and replacing the template in the renumbered EXHIBIT G as follows:

**ATTACHMENT IX, EXHIBIT G  
MEMBER SERVICES, PROVIDER SERVICES, AND UTILIZATION MANAGEMENT  
PHONE LINE REPORT**

MCO Name: \_\_\_\_\_  
 Report Submission Date: \_\_\_\_\_  
 Reporting Quarter: \_\_\_\_\_

		[Month 1]	[Month 2]	[Month 3]
<b>Member Services Line</b>	Total Number of Call Received			
	% of Call Abandoned			
	Average Time to Answer			
	Number of Calls Answered within 30 Seconds			
	% of Call Answered within 30 Seconds			
<b>Nurse Triage Line</b>	Total Number of Call Received			
	% of Call Abandoned			
	Average Time to Answer			
	Number of Calls Answered within 30 Seconds			
	% of Call Answered within 30 Seconds			
<b>Provider Services Line</b>	Total Number of Call Received			
	% of Call Abandoned			
	Average Time to Answer			
	Number of Calls Answered within 30 Seconds			
	% of Call Answered within 30 Seconds			
<b>Utilization Management Line</b>	Total Number of Call Received			
	% of Call Abandoned			
	Average Time to Answer			
	Number of Calls Answered within 30 Seconds			
	% of Call Answered within 30 Seconds			

**Narrative:** [Explain performance deficiencies when identified and list action steps being taken]

\_\_\_\_\_

\_\_\_\_\_

\*Submit only Statewide data\*

Amendment 46 (cont.)

All of the provisions of the original Contract not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective January 1, 2020.

The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

The CONTRACTOR, by signature of this Amendment, hereby affirms that this Amendment has not been altered and therefore represents the identical document that was sent to the CONTRACTOR by TENNCARE.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE  
AND ADMINISTRATION**

**VOLUNTEER STATE HEALTH PLAN, INC.**

**BY:** \_\_\_\_\_  
*Stuart C. McWhorter*  
*Commissioner*

**BY:** \_\_\_\_\_  
*Amber Cambron*  
*President & CEO VSHP*

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Supplemental Documentation Required for  
Fiscal Review Committee

*Contact Name:	Matt Brimm	*Contact Phone:	615-687-5811		
*Presenter's Name	William Aaron				
Edison Contract Number: <i>(if applicable)</i>	29635	RFS Number: <i>(if applicable)</i>	31866-00026		
*Original Contract Begin Date:	July 1, 2001	*Current End Date:	December 31, 2020		
Current Request Amendment Number: <i>(if applicable)</i>	46				
Proposed Amendment Effective Date: <i>(if applicable)</i>	January 1, 2020				
*Department Submitting:	Department of Finance and Administration				
*Division:	Division of TennCare				
*Date Submitted:	October 30, 2019				
*Submitted Within Sixty (60) days:	Yes				
<i>If not, explain:</i>	NA				
*Contract Vendor Name:	Volunteer State Health Plan, Inc. (TennCare Select)				
*Current Maximum Liability:	\$6,300,523,505.90				
*Estimated Total Spend for Commodities	N/A				
<b>*Current Contract Allocation by Fiscal Year:</b> <i>(as Shown on Most Current Fully Executed Contract Summary Sheet)</i>					
<b>FY: 2002</b>	<b>FY: 2003</b>	<b>FY: 2004</b>	<b>FY: 2005</b>	<b>FY 2006</b>	<b>FY 2007</b>
\$18,599,868.48	\$33,079,942.80	\$63,490,156.62	\$116,014,894.00	\$175,496,222.00	\$175,496,222.00
<b>FY: 2008</b>	<b>FY: 2009</b>	<b>FY: 2010</b>	<b>FY: 2011</b>	<b>FY:2012</b>	<b>FY 2013</b>
\$200,000,000.00	\$200,000,000.00	\$404,906,600.00	\$443,906,600.00	443,906,600.00	443,906,600.00
<b>FY: 2014</b>	<b>FY: 2015</b>	<b>FY: 2016</b>	<b>FY: 2017</b>	<b>FY: 2018</b>	<b>FY: 2019</b>
\$443,906,600.00	\$443,906,600.00	\$443,906,600.00	\$500,000,000.00	\$500,000,000.00	\$500,000,000.00
<b>FY: 2020</b>	<b>FY: 2021</b>				
\$ 500,000,000.00	\$250,000,000.00				
<b>Current Total Expenditures by Fiscal Year of Contract:</b> <i>(attach backup documentation Edison report - Attached)</i>					
<b>FY: 2002</b>	<b>FY: 2003</b>	<b>FY: 2004</b>	<b>FY: 2005</b>	<b>FY 2006</b>	<b>FY 2007</b>
\$290,556,541.35	\$413,769,656.17	\$811,750,972.40	\$990,250.679.53	\$904,108,515.31	\$929,733,206.66
<b>FY: 2008</b>	<b>FY: 2009</b>	<b>FY: 2010</b>	<b>FY:2011</b>	<b>FY: 2012</b>	<b>FY 2013</b>
\$367,161,736.62	\$382,199,549.22	\$384,317,146.84	\$376,871,961.99	\$385,566,957.59	\$389,790,953.99
<b>FY: 2014</b>	<b>FY: 2015</b>	<b>FY: 2016</b>	<b>FY: 2017</b>	<b>FY: 2018</b>	<b>FY: 2019</b>
\$405,469,617.80	\$419,552,360.15	\$443,450,945.20	\$429,551,447.81	\$547,680,620.15	\$687,956,642.32
<b>FY: 2020</b>					
\$21,036,111.47 *Expenditures through July 31, 2019					
<b>IF Contract Allocation has been greater than Contract Expenditures, please give the reasons and explain where surplus funds</b>			N/A		

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were spent:			
IF surplus funds have been carried forward, please give the reasons and provide the authority for the carry forward provision:		N/A	
IF Contract Expenditures exceeded Contract Allocation, please give the reasons and explain how funding was acquired to pay the overage:		TennCare is obligated by contract to reimburse the Managed Care Organization for medical claims paid by the plan to providers and pay an administrative capitation payment per member to cover administrative costs. The maximum liability amounts for this contract represent the payments made by the State to the plan to provide claims processing and other administrative services for each fiscal year. The contract payments reported for each fiscal year represent both the medical claims reimbursement payments and the administrative payments to the plan.	
*Contract Funding Source/Amount:			
State:	\$2,195,628,829.04	Federal:	\$4,104,894,676.86
<i>Interdepartmental:</i>		<i>Other:</i>	
If “other” please define:		N/A	
If “interdepartmental” please define:		N/A	
Dates of All Previous Amendments or Revisions: <i>(if applicable)</i>	Brief Description of Actions in Previous Amendments or Revisions: <i>(if applicable)</i>		
November 1, 2002	Amendment #1 – Language Modification, including changes to MCO language; Term Extension; Maximum Liability Increase		
May 29, 2003	Amendment #2 - Language Modification, including changes to MCO language; Maximum Liability Increase		
July 1, 2003	Amendment #3 – Language Modification, including changes to MCO language		
November 14, 2003	Amendment #4 - Language Modification, including changes to MCO language; Maximum Liability Increase		
December 15, 2003	Amendment #5 - Language Modification, including changes to MCO language; Maximum Liability Increase		
January 1, 2004	Amendment #6 – Language Modification, including changes to MCO language; Term Extension; Maximum Liability Increase		
July 1, 2004	Amendment #7 – Language Modification, including changes to MCO language		
October 26, 2004	Amendment #8 - Language Modification, including changes to MCO language; Maximum Liability Increase		
January 1, 2005	Amendment #9 – Language Modification, including changes to MCO language; Term Extension; Maximum Liability increase		
May 18, 2005	Amendment #10 - Language Modification, including changes to MCO language; Maximum Liability Increase		
July 1, 2005	Amendment #11 – Language Modification, including changes to MCO language		
January 1, 2006	Amendment #12 – Language Modification, including changes to MCO language; Term Extension; Maximum Liability Increase		
March 30, 2006	Amendment #13 – Language Modification, including changes to MCO language; Maximum Liability Increase		
April 28, 2006	Amendment #14 – Language Modification, including changes to		

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	MCO language; Maximum Liability Increase
July 1, 2006	Amendment #15 – Language Modification, including changes to MCO language; Maximum Liability Increase
January 1, 2007	Amendment #16 - Language Modification, including changes to MCO language; Term Extension; Maximum Liability Increase
July 1, 2007	Amendment #17 - Language Modification, including changes to MCO language; Term Extension; Maximum Liability Increase
May 1, 2008	Amendment #18 – Language Modification, including changes to MCO language; Term Extension; Maximum Liability Increase
March 1, 2009	Amendment #19 – This amendment provided Shared Risk for Contractor, payment for Performance Measures, including EPSDT, Medical Service Budget Target, Case Manager Assignment, as well as establish bonus pool for shared risk initiative. The establishment of partial risk arrangements with managed care entities allows the state to claim a more favorable federal matching rate as well as properly align incentives between the State and the managed care entity.
July 1, 2009	Amendment #20 - This amendment extended the term and provided funds to support the term extension of existing services. Additionally, due to integration of behavioral services into the already existing medical service scope of service, this amendment provided language and funds to support this integration scheduled to begin September 1, 2009.
October, 2009	Amendment #21 - provides language nurse case management services to support MR enrollees currently being served by separate contractor.
March 1, 2010	Amendment #22 – provides language to comply with Long Term Care Community Choices Act of 2008 for provision of home and community-based services and restructuring the long-term care system in Tennessee.
July 1, 2010	Amendment #23 - Provide language relating to enforcement of Annual Coverage Assessment Act of 2010 and clarifications of Long-Term care reporting.
January 1, 2011	Amendment #24 - Address Program Integrity clarifications, Performance measures, CHOICES requirement clarifications, and update risk adjustment language modifications.
July 1, 2011	Amendment #25 - (1) Clarification of CHOICES Requirements; (2) Clarification of CHOICES Credentialing Requirements; (3) Clarification of Disease Management and NCQA Requirements; (4) Revise Behavioral Health Monitoring Reports, and (5) extends term and provides funding to support services for FY '12.
October 1, 2011	Amendment #26 – Inclusion of Money Follows the Person Rebalancing Demonstration Grant
January 1, 2012	Amendment #27 - Language Updates; extend term and provide funding for FY '12 and FY '13.
July 1, 2012	Amendment #28 - provides requirements for the Contractor regarding the implementation and operation of CHOICES Group 3, the portion of the CHOICES program that extends limited Home and Community Based Services (HCBS) benefits to individuals at risk of nursing facility placement.
October 1, 2012	Amendment #29 - Administration of a community health record to provide data integration services for all TennCare enrollees which include maintaining an Enterprise Master Person Index

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	(EMPI), a central repository for person-centric data from a variety of contributing systems, and facilitates the integrity of a single person record. No additional funding is required relative to this amendment.
January 1, 2013	Amendment #30 - Replaces Disease Management requirements with Population Health Requirements, clarifies CHOICES 3 requirements, CMS TPL language, extends term through 12/31/2014 and provides funding for FY '14.
March 15, 2013	Amendment #31 - Added language requested by the Center for Medicare and Medicaid Services (CMS) regarding the Primary Care Rate Bump Final Rule as required by the Affordable Care Act
June 1, 2013	Amendment #32 - Added language requirements surrounding CHOICES, member material and Outreach Evaluation of MCO outreach plans, and additional changes to update references regarding Individuals with Developmental Disabilities.
January 1, 2014	Amendment #33 – Added language updates to CHOICES and extended term and funding.
August 1, 2014	Amendment #34 – Health Insurer Fee (HIF) Language
September, 2015	Amendment #35 – Health Insurer Fee (HIF) Language (revised)
December 31, 2015	Amendment #36 – Language changes per program changes/updates, term through 12/31/2016 and funding.
July 1, 2015	Amendment #37 – Language changes per program changes/updates
January 1, 2016	Amendment #38 – Program language changes and updates
July 1, 2016	Amendment #39 – Program language change and updates
January 1, 2017	Amendment #40 – Program language changes and updates; term extension and funding.
July 1, 2017	Amendment #41 – Program language changes and updates; term extension and funding.
January 1, 2018	Amendment #42 - Program language changes and updates
July 1, 2018	Amendment #43 – Program language changes and updates; term extension and funding.
January 1, 2019	Amendment #44 - Program language changes and updates
July 1, 2019	Amendment #45 – Program language changes and updates; term extension and funding.
Method of Original Award: <i>(if applicable)</i>	Non Competitive
*What were the projected costs of the service for the entire term of the contract prior to contract award?	This contract was originally set up to provide medical and behavioral services to children in state custody and other high risk enrollees, as well as to be a safety net should other MCOs fail. The projected costs were based on actual services provided to those enrollees included in this population.
*List number of other potential vendors who could provide this good or service; efforts to identify other competitive procurement alternatives, and the reason(s) a sole-source contract is in the best interest of the State.	This contractor provides services to high risk individuals statewide. To change this contractor would be a potential risk to these enrollees and would not be in the best interest of the State.
Provide information on the circumstances and status of any disciplinary action taken or pending against the vendor during	No disciplinary actions identified.

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the past 5 years with state agencies/ departments, professional organizations, or through any legal action.	
In addition, please provide any information regarding the due diligence that the Department has taken to ensure that the vendor is not or has not been involved in any circumstances related to illegal activity, including but not limited to fraud.	TennCare conducted online research on the contractor and did not identify any illegal activity. Language in the contract requires immediate notification to the state regarding illegal activity or fraud if discovered during the term of this Contract.



VSHP - TennCare Select  
Edison Contract ID: 29635

**CONTRACT EXPENDITURES BY FISCAL YEAR**  
(Payment Detail Attached)

FY 2002	\$290,556,541.35	
FY 2003	\$413,769,656.17	
FY 2004	\$811,750,972.40	
FY 2005	\$990,250,679.53	
FY 2006	\$904,108,515.31	
FY 2007	\$929,733,206.66	
FY 2008	\$367,161,736.62	
FY 2009	\$382,199,549.22	
FY 2010	\$384,317,146.84	
FY 2011	\$376,871,961.99	
FY 2012	\$385,566,957.59	
FY 2013	\$389,790,953.99	
FY 2014	\$405,469,617.80	
FY 2015	\$419,552,360.15	
FY 2016	\$443,450,945.20	
FY 2017	\$429,551,447.81	
FY 2018	\$547,680,620.15	
FY 2019	\$687,956,642.32	
FY 2020	<u>\$21,036,111.47</u>	(Expenditures through July 31, 2019)
<b>TOTAL</b>	<b><u><u>\$9,580,775,622.57</u></u></b>	

\*Liquidated Damages Total \$983,101.59 and can be found at the end of this document.

2002 TennCare Select Vendor payment

Vendor Number	Vendor Suffix	Amount
V621656610	00	290,556,541.35
	<b>Total</b>	<b>290,556,541.35</b>

## 2003 TennCare Select Vendor payment

Vendor Invoice	Warrant Number	Voucher	Amount
2002-69	P048785	091102NR2	9,392,524.07
2002-70	P055144	091702NR3	10,661,813.93
2002-71	P062257	092402NR4	7,105,264.99
2002-72	P068524	100102NR6	10,945,659.18
2002-73	P076150	100902NR3	8,681,617.84
2002-74	P083369	101502NR2	11,476,661.77
2002-75	P084274	101602NR2	652,206.19
2002-76	P089684	102202NR3	4,834,204.32
2002-77	P096569	102902NR4	15,849,505.83
2002-78	P102381	110502NR6	8,025,508.48
2002-79	P107483	111202NR5	12,226,470.95
2002-80	P116522	111902NR6	8,003,425.42
2002-81	P122933	112502NR2	10,523,735.41
2002-82	P128685	120302NR2	4,791,802.56
2002-83	P135702	121002NR4	12,182,299.13
2002-84	P145330	121702NR9	7,512,867.50
2002-85	P150215	122002NR1	11,070,533.38
2002-86	P155422	123102NR2	4,648,140.62
2003-01	P160508	010703NR5	10,357,303.58
2003-02	P170401	011403NR7	6,531,613.34
2003-03	P173689	012103NR3	9,669,481.84
2003-04	P179975	012803NR1	9,476,743.07
2003-06	P194464	021103NR5	8,234,543.23
2003-07	P202292	021803NR5	13,122,054.97
2003-08	P209638	022503NR3	8,191,323.02
2003-09	P216181	030403NR4	11,504,541.50
2003-10	P223739	031103NR4	8,245,497.34
2003-11	P232607	031803NR4	12,893,442.05
2003-12	P239494	032503NR6	7,425,841.02
2003-13	P246046	040103NR4	11,164,958.94
2003-14	P252368	040803NR7	7,709,575.34
2003-15	P253893	040903NR2	618,264.59
2003-16	P261104	041503NR6	12,491,593.75
2003-17	P266787	042203NR3	9,102,200.18
2003-18	P274218	042903NR4	10,904,296.01
2003-19	P280017	050603NR6	9,161,558.11
2003-20	P289403	051303NR3	12,467,903.24
2003-21	P295524	052003NR4	8,653,596.32

2003-22	P300931	052703NR4	10,678,761.95
2003-23	P308385	060303NR6	8,974,860.87
2003-24	P315549	061003NR4	12,942,681.44
2003-25	P324615	061703NR4	8,048,696.13
2003-25	P331612	062406NR2	15,661,878.76
2003-5	P186972	020403NR3	10,952,204.01
		<b>Total</b>	<b>413,769,656.17</b>

## 2004 TennCare Select Vendor payment

Vendor Invoice	Warrant Number	Voucher	Amount
2003-27	P339516	070103NR5	9,571,621.66
2003-28	P345419	070803NR4	12,901,141.70
2003-29	P356122	071503NR2	13,114,403.76
2003-30	P361788	072203NR4	10,612,921.84
2003-31	P367474	072903NR4	10,307,908.12
2003-36	P371129	080503NR9	13,384,066.87
2003-33	P377274	081203NR1	10,345,783.89
2003-34	P385856	081903NR6	11,143,261.05
2003-35	P394644	082793NR1	11,669,284.48
2003-36	P397991	090203NR3	11,586,532.73
2003-37	P404206	090903NR4	13,354,953.90
2003-38	P413180	091603NR6	12,633,269.91
2003-39	P420975	092403NR3	15,055,885.62
2003-40	P426714	093003NR6	15,798,808.77
2003-41	P432250	100703NR7	16,415,573.94
2003-41	P441025	101403NR2	(1,064,145.86)
2003-41-	P441025	101403NR2	1,064,145.86
2003-42	P441025	101403NR2	12,133,450.47
2003-42	P447099	102103NR6	44,179.16
2003-42-	P447099	102103NR6	48,915.83
2003-42--	P447099	102103NR6	(93,094.99)
2003-43	P447099	102103NR6	14,215,623.88
2003-43	P453627	102803NR4	20,944.70
2003-43-	P453627	102803NR4	1,039,913.89
2003-43--	P453627	102803NR4	(1,060,858.59)
2003-44	P453627	102803NR4	17,621,780.18
2003-44	P460688	110403NR4	190,334.85
2003-44-	P460688	110403NR4	1,388,563.91
2003-44--	P460688	110403NR4	(1,578,898.76)
2003-45	P460688	110403NR4	13,707,170.77
2003-45	P468670	111203NR2	187,475.89
2003-45-	P468670	111203NR2	797,122.56
2003-45--	P468670	111203NR2	(984,598.45)
2003-46	P468670	111203NR2	15,809,075.76
2003-47	P475333	111803NR4	13,929,696.52
2003-46	P483097	112503NR4	47,781.35
2003-46-	P483097	112503NR4	680,591.02
2003-46--	P483097	112503NR4	(728,372.37)
2003-47	P483097	112503NR4	39,309.50
2003-47-	P483097	112503NR4	638,481.33
2003-47--	P483097	112503NR4	(677,790.83)

2003-48	P483097	112503NR4	14,974,277.93
2003-48	P487383	120203NR5	22,442.87
2003-48-	P487383	120203NR5	554,454.74
2003-48--	P487383	120203NR5	(576,897.61)
2003-49	P487383	120203NR5	8,306,089.43
2003-49	P494604	120903NR4	16,059.06
2003-49-	P494604	120903NR4	158,530.34
2003-49--	P494604	120903NR4	(174,589.40)
2003-50	P494604	120903NR4	18,352,281.27
2003-50	P504141	121603NR6	37,740.06
2003-50-	P504141	121603NR6	664,415.90
2003-50--	P504141	121603NR6	(702,155.96)
2003-51	P504141	121603NR6	15,726,068.53
2003-51	P510184	122203NR4	86,270.36
2003-51-	P510184	122203NR4	1,144,550.20
2003-51--	P510184	122203NR4	(1,230,820.56)
2003-52	P510184	122203NR4	16,430,966.73
2003-52	P515582	123003NR4	27,506.84
2003-52-	P515582	123003NR4	592,937.23
2003-52--	P515582	123003NR4	(620,444.07)
2003-53	P515582	123003NR4	8,721,987.07
2003-53	P520061	010604NR6	18,625.59
2003-53-	P520061	010604NR6	92,378.82
2003-53--	P520061	010604NR6	(111,004.41)
2004-01	P520061	010604NR6	13,000,161.88
2004-01	P529928	011304NR3	21,753.95
2004-01-	P529928	011304NR3	597,456.99
2004-01--	P529928	011304NR3	(619,210.24)
2004-02	P529928	011304NR3	17,546,494.22
2004-02	P535078	012004NR7	63,928.89
2004-02-	P535078	012004NR7	121,655.31
2004-02--	P535078	012004NR7	(185,584.20)
2004-03	P535078	012004NR7	12,868,081.59
2004-03	P549037	020304NR2	10,921.60
2004-03-	P549037	020304NR2	(1,232,670.30)
2004-03--	P549037	020304NR2	1,221,748.70
2004-04	P549037	020304NR2	31,813.28
2004-04-	P549037	020304NR2	357,666.44
2004-04--	P549037	020304NR2	(389,479.72)
2004-05	P549037	020304NR2	16,260,359.96
2004-05	P556339	021004NR6	26,900.83
2004-05-	P556339	021004NR6	305,930.03
2004-05--	P556339	021004NR6	(332,830.86)
2004-06	P556339	021004NR6	18,970,284.89
2004-04	P541761	012704NR5	4,214,773.78
2004-04-	P541761	012704NR5	15,221,252.76
2004-06	P564496	021704NR7	13,238.83

2004-06-	P564496	021704NR7	142,442.76
2004-06--	P564496	021704NR7	(155,681.59)
2004-07	P564496	021704NR7	17,080,163.52
2004-07	P571198	022404NR5	27,734.97
2004-07-	P571198	022404NR5	264,361.31
2004-07--	P571198	022404NR5	(292,096.28)
2004-08	P571198	022404NR5	19,656,057.63
2004-08	P578797	030204NR4	61,776.64
2004-08-	P578797	030204NR4	198,077.82
2004-08--	P578797	030204NR4	(259,854.46)
2004-09	P578797	030204NR4	17,932,603.38
2004-09	P586386	030904NR5	11,330.72
2004-09-	P586386	030904NR5	191,673.51
2004-09--	P586386	030904NR5	(203,004.23)
2004-10	P586386	030904NR5	19,480,654.91
2004-10	P595341	031604NR4	24,364.27
2004-10-	P595341	031604NR4	213,986.50
2004-10--	P595341	031604NR4	(238,350.77)
2004-11	P595341	031604NR4	16,739,640.17
2004-11	P602609	032304NR2	6,301.60
2004-11-	P602609	032304NR2	247,131.18
2004-11--	P602609	032304NR2	(253,432.78)
2004-12	P602609	032304NR2	18,786,140.00
2004-13	P610025	033004NR5	16,268,602.11
2004-14	P616395	040604NR6	18,831,995.00
2004-15	P624541	041304NR3	19,185,757.42
2004-16	P631569	042004NR4	18,113,523.24
2004-17	P638012	042704NR4	16,946,800.75
2004-18	P645376	050404NR4	19,902,428.14
2004-19	P652258	051104NR3	18,259,754.23
2004-20	P661472	051804NR6	17,738,461.86
2004-20	P668376	052504NR8	(400.00)
2004-21	P668376	052504NR8	16,691,824.67
2004-20	Q001625	052704NR2	400.00
2004-22	Q004096	060104NR3	15,043,406.35
2004-23	Q011105	060804NR4	17,669,270.69
2004-24	Q020959	061504NR5	18,459,311.35
2004-25	Q027081	062204NR2	16,249,722.14
2004-26	Q036035	062904NR4	16,809,558.28
		<b>Total</b>	<b>811,750,972.40</b>

2005 TennCare Select Vendor payment

Vendor Invoice	Warrant Number	Voucher	Amount
2004-27	Q042367	070604NR4	13,805,308.23
2004-28	Q043815	070704NR3	1,101,601.81
2004-29	Q053375	071304NR3	17,536,614.77
2004-30	Q059096	072004NR7	17,140,846.34
2004-31	Q063466	072704NR5	21,768,665.01
2004-32	Q069516	080304NR5	17,137,689.89
2004-33	Q075332	081004NR4	20,267,480.86
2004-34	Q084930	081704NR7	18,850,281.71
2004-35	Q092202	082404NR1	17,899,784.19
2004-36	Q099296	083104NR6	19,478,023.19
2004-37	Q104552	090704NR3	18,189,723.57
2004-38	Q113644	091404NR3	16,131,772.44
2004-39	Q120552	092104NR4	19,026,751.60
2004-40	Q127527	092804NR4	20,018,213.38
2004-41	Q134297	100504NR2	18,684,861.89
2004-42	Q141101	101204NR4	18,865,004.09
2004-43	Q150261	101904NR4	15,540,616.56
2004-44	Q157406	102604NR3	25,601,222.15
2004-45	Q165051	110204NR3	18,651,988.03
2004-46	Q170459	110804NR3	17,706,671.30
2004-47	Q180475	111604NR3	16,498,772.25
2004-47B	Q183568	111804NR1	639,879.31
2004-47	Q186373	112204NR2	19,938,964.52
2004-48B	Q189943	112404NR1	853,051.24
2004-49	Q192986	113004NR4	12,286,193.56
2004-50	Q200656	120704NR3	23,229,410.67
2004-51	Q210927	121404NR5	22,942,631.44
2004-52	Q217109	122204NR2	23,469,595.61
2004-53	Q222329	122804NR3	7,384,351.21
2005-01	Q226563	010405NR3	16,083,818.43
2005-02	Q233515	011105NR3	19,578,867.41
2005-03	Q241962	011805NR4	19,607,510.32
2005-04	Q249534	012505NR4	25,823,785.87
2005-05	Q257430	020105NR1	21,368,292.95
2005-06	Q264106	020805NR3	21,654,011.13
2005-07	Q274350	021505NR5	19,863,749.95
2005-08	Q279857	022205NR6	20,615,380.60
2005-07	Q287730	030105NR2	1,089.22
2005-08	Q287730	030105NR2	(1,089.22)
2005-09	Q287730	030105NR2	22,193,003.63
2005-10	Q295874	030805NR4	21,216,557.65
2005-11	Q306182	031505NR2	21,699,893.04
2005-12	Q313549	032205NR2	18,831,307.75
2005-12	Q319248	032905NR4	17,992,341.46
2005-14	Q326639	040505NR3	19,659,202.06
2005-15	Q333302	041205NR1	18,677,731.22
2005-16	Q343240	041905CO6	19,104,939.58
2005-17	Q349882	042605NR2	26,598,290.01
2005-18	Q358432	050305NR1	20,929,323.29

2005-19	Q365115	051005NR2	21,641,385.00
2005-20	Q374441	051705NR4	20,077,386.14
2005-21	Q381801	052405NR2	20,658,158.17
2005-22	Q388730	053105NR2	18,712,519.87
2005-23	Q395119	060705NR4	18,369,808.05
2005-24	Q405289	061405NR4	20,951,295.23
2005-25	Q412166	062105NR3	19,675,061.20
2005-26	Q419968	062805NR2	19,720,981.74
		<b>Total</b>	<b>990,250,679.53</b>

2006 TennCare Select Vendor payment

Vendor Invoice	Voucher	Amount
2005-30	072605NR5	23,530,975.71
2006-04	012406NR2	21,749,449.95
2006-17	042506NR2	21,369,311.52
2005-49	120605NR2	20,606,440.88
2005-29	071905NR3	20,570,935.54
2005-27	070505NR2	20,221,130.26
2006-11	031406NR3	20,197,818.45
2006-26	062706NR3	19,986,895.01
2005-43	102505NR4	19,691,508.89
2005-33	081605NR4	19,498,944.07
2005-51	122005NR2	19,154,057.50
2005-32	080905NR3	19,095,632.45
2006-12	032106NR1	18,990,278.17
2005-47	112105NR2	18,925,878.75
2005-28	071205NR4	18,881,877.95
2006-06	020706NR3	18,556,398.83
2005-50	121305NR2	18,235,062.26
2005-35	083005NR3	18,196,655.52
2006-05	013106NR4	18,186,584.61
2005-46	111505NR4	18,153,665.40
2006-09	022806NR2	18,121,797.95
2006-19	050906NR4	18,120,001.07
2005-40	100405NR2	18,000,182.53
2005-31	080205NR3	17,928,609.59
2006-24	061306NR3	17,830,061.44
2005-45	110805NR1	17,805,545.42
2005-36	090605NR3	17,630,949.44
2005-44	110105NR1	17,567,158.81
2006-14	040406NR3	17,507,708.45
2005-34	082305NR4	17,383,004.25
2006-20	051606NR5	17,220,456.87
2006-03	011706NR4	17,051,015.51
2005-36	091305NR2	16,999,409.92
2006-08	022106NR5	16,983,748.18
2005-39	092705NR2	16,968,298.94
2006-10	030706NR2	16,953,239.25
2006-13	032806NR1	16,850,998.03
2005-42	101805NR1	16,609,270.69
2006-07	021406NR1	16,525,382.24
2006-21	052306NR3	16,260,689.37
2005-38	092005NR3	16,074,495.63

2006-18	050206NR1	16,042,283.90
2006-15	041106NR3	15,975,611.17
2006-15	041806NR4	15,448,206.81
2006-01	010306NR3	15,306,476.97
2006-25	062006NR2	15,305,684.66
2006-22	053006NR2	15,217,720.36
2006-02	011006NR4	14,563,137.47
2005-52	122705NR5	14,001,360.40
2005-41	101105NR1	13,601,677.80
2005-48	112905NR2	10,676,650.10
2005-45B	100905NR1	1,778,180.37
	<b>Total</b>	<b>904,108,515.31</b>

## 2007 TennCare Select Vendor payment

Vendor Invoice	Invoice Date	Voucher	Amount
2006-26		070306NR2	0.00
2006-27		070306NR2	16,262,352.83
2006-28		071106NR2	15,644,024.82
2006-29		071806NR1	17,005,130.42
2006-30		072606NR2	24,731,415.08
2006-31		080106NR3	16,996,699.73
2006-32	8/8/2006	080906NR2	17,248,515.67
2006-33	8/15/2006	081606NR3	16,577,975.95
2006-34	8/22/2006	082206NR2	17,614,658.55
2006-35	8/29/2006	083006NR3	18,917,975.73
2006-36	9/5/2006	090506NR4	17,210,552.58
2006-37	9/12/2006	091206NR3	13,301,832.88
2006-38	9/19/2006	091906NR3	20,320,994.67
2006-39	9/26/2006	092606NR3	22,180,915.29
2006-40	10/3/2006	100306NR5	23,463,094.52
2006-41	10/10/2006	101006NR2	17,651,414.72
2006-42		101706NR2	16,052,176.14
2006-43	10/24/2006	102406NR2	21,287,276.20
2006-44	10/31/2006	103106NR2	16,248,943.11
2006-45	11/7/2006	110706NR1	22,366,180.20
2006-46	11/14/2006	111406NR4	24,435,987.79
110306	8/23/2006	110606OT1	918,644.43
2006-47	11/20/2006	112006NR2	22,534,216.51
2006-48	11/28/2006	112806NR4	10,768,460.11
2006-49	12/5/2006	120506NR5	25,263,087.62
2006-50	12/12/2006	121206NR5	22,549,726.25
2006-51	12/19/2006	121906NR3	18,261,656.72
2006-52	12/27/2006	122706NR2	18,819,656.44
2007-01	1/2/2007	010207NR4	12,060,139.25
2007-02	1/9/2007	010907NR4	15,822,481.58
2007-03	1/16/2007	011607NR4	19,138,300.02
2007-04	1/23/2007	012307NR3	23,463,730.71
2007-05	1/30/2007	013007NR1	23,425,253.78
2007-06	2/6/2007	020607NR4	20,550,165.93
2007-07	2/13/2007	021307NR2	21,310,244.65
2007-08	2/20/2007	022007NR3	21,145,908.60
2007-09	2/27/2007	022707NR4	28,205,782.76
2007-10	3/6/2007	030607NR2	25,383,408.26
2007-11	3/12/2007	031307NR4	21,670,981.00
2007-12	3/20/2007	032007NR4	22,471,345.50
2007-13	3/27/2007	032707NR5	22,221,662.46
2007-14	4/3/2007	040307NR1	20,444,321.61
2007-15	4/9/2007	041007NR2	21,498,656.91
2007-16	7/16/2007	041707NR1	13,929,180.68
2007-17	4/24/2007	042407NR3	18,684,036.40
2007-18	4/30/2007	050107NR4	11,658,711.12
2007-19	5/8/2007	050807NR3	12,041,186.08
2007-20	5/14/2007	051507NR1	11,253,604.12
2007-21	5/21/2007	052207NR1	10,302,073.28
2007-22	5/29/2007	052907NR1	8,392,623.79
2007-23	6/4/2007	060507NR2	8,727,679.58
2007-24	6/11/2007	061207NR2	8,078,652.35
2007-25	6/18/2007	061907NR2	6,843,275.21
2007-26	6/26/2007	062607NR3	6,376,236.07
		<b>Total</b>	<b>929,733,206.66</b>

2008 TennCare Select Vendor payment

Vendor Invoice	Invoice Date	Voucher	Amount
TPL ADMIN FY08	3/24/2008	032408OT1	590,773.18
2008-01	7/2/2007	070207NR1	8,874,275.93
RATE ADJUST	7/5/2007	070507NR1	13,787,598.00
2008-02	7/9/2007	071007NR1	5,862,696.71
2008-03	7/17/2007	071707NR3	5,278,216.47
2008-04	7/23/2007	072407NR1	9,237,287.76
2008-05	7/31/2007	073107NR6	8,314,595.68
2008-06	8/6/2007	080607NR2	7,923,631.92
2008-07	8/13/2007	081407NR3	7,063,107.76
2008-08	8/20/2007	082107NR5	6,923,114.68
2008-09	8/28/2007	082807NR6	8,590,631.40
2008-10	9/4/2007	090407NR3	5,649,195.03
2008-11	9/10/2007	091107NR3	5,530,250.23
TPL ADMIN	9/14/2007	091407OT1	1,714,667.19
2008-12	9/17/2007	091807NR4	7,186,374.44
2008-13	9/25/2007	092507NR4	7,030,873.28
2008-14	10/2/2007	100207NR2	5,934,061.15
2008-15	10/8/2007	100907NR4	7,013,158.67
NCQA	10/2/2007	100507OT1	134,407.00
2008-16	10/15/2007	101607NR3	6,353,278.06
2008-17	10/22/2007	102307NR5	9,752,014.63
2008-18	10/29/2007	103007NR2	6,301,810.58
2008-19	11/5/2007	110607NR5	7,064,685.71
2008-20	11/13/2007	111307NR6	8,087,177.98
2008-21	11/19/2007	111907NR4	7,034,463.56
2008-22	11/26/2007	112607NR2	4,595,460.36
2008-23	12/4/2007	120407NR5	9,398,864.85
2008-24	12/10/2007	121107NR4	7,183,459.36
2008-25	12/17/2007	121807NR3	7,665,163.71
2008-26	12/26/2007	122607NR3	6,970,653.72
2008-27	1/2/2008	010208NR5	3,815,524.43
2008-28	1/7/2008	010807NR4	3,993,418.36
2008-29	1/14/2008	011508NR3	7,495,270.98
2008-30	1/22/2008	012208NR4	8,933,348.49
2008-31	1/28/2008	012908NR4	6,605,308.64
2008-32	2/5/2008	020508NR3	6,030,307.08
2008-33	2/11/2008	021208NR4	5,571,950.15
2008-34	2/19/2008	021908NR5	5,844,930.94
2008-35	2/25/2008	022608NR4	6,953,700.04
2008-36	3/3/2008	030408NR5	6,105,078.86
2008-37	3/11/2008	031108NR3	7,201,578.61
2008-38	3/17/2008	031808NR4	6,852,789.47
2008-39	3/24/2008	032508NR4	6,816,851.20
2008-40	3/31/2008	040108NR5	6,481,683.64
2008-41	4/8/2008	040808NR3	6,004,251.78
2008-42	4/15/2008	041508NR5	6,900,640.94

2008-43	4/22/2008	042208NR4	9,390,994.69
2008-44	4/29/2008	042908NR4	5,349,680.76
2008-45	5/5/2008	050608NR3	6,731,103.10
2008-46	5/13/2008	051308NR2	6,227,000.38
2008-47	5/20/2008	052008NR3	6,526,640.19
2008-48	5/27/2008	052708NR4	6,904,841.81
2008-49	6/3/2008	060308NR5	4,813,399.62
2008-50	6/10/2008	061008NR4	5,277,854.26
2008-51	6/17/2008	061708NR4	5,188,273.42
2008-52	6/23/2008	062408NR4	6,099,365.78
		<b>Total</b>	<b>367,161,736.62</b>

# 2009 Select All Vendor Payment

Total

Vendor Invoice	Invoice Date	Voucher	Total
TPL Q3 FY 08	7/16/2008	071608OT1	390,607.57
TPL QTR 4 FY08	8/14/2008	081408OT2	296,949.69
VSHP200812	12/31/2008	022509CO2	28,697.00
ADMIN PYMT	2/26/2009	032309OT1	3,743,113.24
VSHP200901	1/31/2009	032609CO1	29,442.08
RA100297726	7/1/2008	100297726	177,013.77
RA100297728	7/1/2008	100297728	1,542,229.48
TPL Q3 FY 08	7/16/2008	071608OT2	334,113.75
TPL QTR 4 FY08	8/14/2008	081408OT1	147,383.65
CRA100356632	9/2/2008	100356632	11,500.00
RA100356632	9/2/2008	100356632	468,741.96
RA100356633	9/2/2008	100356633	1,565,625.31
RA100383426	9/30/2008	100383426	481,359.43
RA100383427	9/30/2008	100383427	1,562,143.69
CRA100417534	11/4/2008	100417534	(134,439.20)
RA100417534	11/4/2008	100417534	335,121.77
RA100417535	11/4/2008	100417535	1,567,488.89
RA100444525	12/2/2008	100444525	304,793.72
RA100444526	12/2/2008	100444526	1,521,396.32
RA100471378	12/29/2008	100471378	130,410.72
CRA100471378	12/29/2008	100471378	(400.00)
RA100471379	12/29/2008	100471379	1,531,782.04
CRA100505483	2/3/2009	100505483	(1,800.00)
RA100505483	2/3/2009	100505483	135,272.85
RA100505484	2/3/2009	100505484	1,523,025.31
RA100533140	3/3/2009	100533140	135,975.69
RA100533141	3/3/2009	100533141	1,498,094.29
RA100561123	3/31/2009	100561123	133,947.68
RA100561124	3/31/2009	100561124	1,514,079.98
CRA100323082	7/29/2008	100323082	(8,924.00)
RA100323082	7/29/2008	100323082	480,909.58
RA100323083	7/29/2008	100323083	1,516,319.23
CRA100626257	6/2/2009	100626257	(43,927.16)
2009-01	7/1/2008	070108NR6	5,986,282.95
2009-02	7/8/2008	070808NR3	4,800,054.49
2009-03	7/15/2008	071508NR4	6,566,145.02
2009-04	7/22/2008	072208NR3	9,321,585.86
2009-05	7/29/2008	072908NR5	8,610,756.69
2009-06	8/5/2008	080508NR4	6,121,801.15
2009-07	8/12/2008	081208NR5	6,328,280.50
2009-08	8/19/2008	081908NR5	5,318,991.16
2009-09	8/26/2008	082608NR5	7,335,974.09
2009-10	9/2/2008	090208NR3	5,018,636.59
2009-11	9/9/2008	090908NR5	8,130,376.17
2009-12	9/16/2008	091608NR4	5,880,753.84
2009-13	9/23/2008	092308NR5	6,358,441.00
2009-14		093008NR2	4,592,658.88

2009-15	10/7/2008	100708NR1	6,051,519.59
2009-16	10/14/2008	101408NR2	6,013,149.83
2009-17	10/21/2008	102108NR5	6,849,471.53
2009-18	10/28/2008	102808NR2	7,936,283.21
2009-19	11/4/2008	110408NR3	5,891,777.12
2009-20	11/12/2008	111208NR2	6,743,929.22
2009-21	11/18/2008	111808NR4	5,577,857.68
2009-22	11/24/2008	112408NR2	5,756,420.98
2009-23	12/2/2008	120208NR1	4,166,410.39
2009-24	12/9/2008	120908NR4	9,059,739.71
2009-25	12/16/2008	121608NR2	6,327,111.51
2009-26	12/22/2008	122208NR2	6,085,475.35
2009-27	12/29/2008	122908NR2	3,495,799.07
2009-28	1/6/2009	010609NR2	4,698,011.72
2009-29	1/13/2009	011309NR5	7,949,522.69
2009-30	1/20/2009	012009NR5	8,349,147.23
2009-31	1/27/2009	012709NR2	9,999,136.43
2009-32	2/3/2009	020309NR2	7,377,347.18
2009-33	2/10/2009	021009NR3	6,611,999.63
2009-34	2/17/2009	021709NR4	6,091,241.78
2009-35	2/24/2009	022409NR5	5,826,233.29
2009-36	3/3/2009	030309NR5	6,133,426.43
2009-37	3/10/2009	031009NR4	8,183,872.04
2009-38	3/17/2009	031709NR2	6,593,399.97
2009-39	3/24/2009	032409NR4	7,513,842.97
2009-40	3/31/2009	033109NR6	8,333,840.37
2009-41	4/7/2009	040709NR3	6,823,896.66
2009-42	4/14/2009	041409NR4	8,098,047.14
2009-43	4/21/2009	042109NR2	7,928,486.52
2009-44	4/28/2009	042809NR2	8,468,322.78
2009-45	5/5/2009	050509NR5	8,531,078.00
2009-46	5/12/2009	051209NR3	5,383,514.73
2009-47	5/19/2009	051909NR7	8,696,476.71
2009-48	5/26/2009	052609NR5	5,837,479.99
2009-49	6/2/2009	060209NR3	7,182,453.99
2009-50	6/9/2009	060909NR3	6,287,183.36
2009-51	6/16/2009	061609NR8	7,360,821.17
2009-52	6/23/2009	062309NR5	6,014,685.34
2010-01	6/30/2009	063009NR1	6,361,744.29
VSHP 200902	2/28/2009	041409CO2	39,244.00
VSHP 200904	4/30/2009	070809CO4	0.00
VSHP 200905	5/31/2009	070809CO4	0.00
RA100590399	4/28/2009	100590399	135,265.33
CRA100590399	4/28/2009	100590399	(7,700.00)
RA100590400	4/28/2009	100590400	1,518,060.08
RA100626257	6/2/2009	100626257	142,187.06
CRA100626257	6/2/2009	100626257	(43,937.16)
RA100626258	6/2/2009	100626258	1,528,565.62
Total			382,499,549.22

# VSHP - TennCare Select - Edison #29635

FY 2010

## Pre-Edison Payments:

Vendor Invoice	Invoice Date	Voucher	TCS	18A	Total
			<b>BHO PAYMENTS</b>	<b>INTEGRATED MCOS-FULLY CAPPED</b>	
VSHP 200904	4/30/2009	070809CO4			131,909.00
VSHP 200905	5/31/2009	070809CO4			88,670.64
2010-03	7/14/2009	071409NR4			8,368,271.36
2010-04	7/21/2009	072109NR6			6,438,603.73
2010-05	7/28/2009	072809NR2			7,969,099.28
2010-02	7/7/2009	070709NR2			5,337,861.44
2010-07	8/11/2009	081109NR4			7,075,585.71
2010-08	8/18/2009	081809NR5			5,825,220.87
2010-09	8/25/2009	082509NR4			7,005,295.04
2010-06	8/4/2009	080409NR4			6,602,889.83
2010-10	9/1/2009	090109NR5			6,659,381.96
					<b>61,502,788.86</b>

## Edison Payments:

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00007038	0000071694	225,115.41	10/2/2009
31865	00007039	0000071694	1,668,948.91	10/2/2009
31865	00015914	0000071694	236,246.12	11/5/2009
31865	00015915	0000071694	1,681,973.67	11/5/2009
31865	00023037	0000071694	233,538.37	12/4/2009
31865	00023038	0000071694	1,678,780.43	12/4/2009
31865	00004772	0000071694	6,238,032.89	10/1/2009
31865	00000002	0000071694	6,767,501.75	9/10/2009
31865	00001305	0000071694	5,915,944.90	9/17/2009
31865	00002886	0000071694	6,882,822.34	9/24/2009
31865	00002887	0000071694	196,432.00	9/24/2009
31865	00007984	0000071694	9,557,165.24	10/8/2009
31865	00009742	0000071694	8,098,413.12	10/15/2009
31865	00011449	0000071694	6,862,296.79	10/22/2009
31865	00013102	0000071694	12,336,221.78	10/29/2009
31865	00015242	0000071694	7,209,281.42	11/5/2009
31865	00016957	0000071694	8,416,111.10	11/13/2009
31865	00018422	0000071694	7,316,207.41	11/19/2009

VSHP - TennCare Select FY 2010 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00020150	0000071694	7,532,177.66	11/27/2009
31865	00020234	0000071694	4,529,826.40	12/4/2009
31865	00026838	0000071694	7,525,071.50	12/10/2009
31865	00032505	0000071694	7,739,811.62	12/17/2009
31865	00036958	0000071694	7,453,574.23	12/24/2009
			<b>126,301,495.06</b>	

31865	00051830	0000071694	155,803.57	1/7/2010
31865	00051831	0000071694	1,442,407.16	1/7/2010
31865	00050043	0000071694	6,905,006.41	1/7/2010
31865	00054499	0000071694	6,499,216.62	1/14/2010
31865	00058240	0000071694	11,559,883.93	1/22/2010
31865	00062094	0000071694	13,376,299.97	1/29/2010
31865	00068929	0000071694	148,178.13	2/4/2010
31865	00068930	0000071694	1,280,217.65	2/4/2010
31865	00067054	0000071694	7,041,438.74	2/4/2010
31865	00071770	0000071694	8,219,534.94	2/11/2010
31865	00076254	0000071694	7,355,598.94	2/18/2010
31865	00080849	0000071694	6,157,195.18	2/25/2010
31865	00085547	0000071694	1,184,379.61	3/3/2010
31865	00087404	0000071694	73,647.74	3/4/2010
31865	00087405	0000071694	1,205,307.40	3/4/2010
31865	00085568	0000071694	7,022,718.74	3/4/2010
31865	00090154	0000071694	8,599,785.32	3/12/2010
31865	00094549	0000071694	8,414,339.75	3/18/2010
31865	00098974	0000071694	47.37	3/23/2010
31865	00098991	0000071694	6,491,485.95	3/25/2010
			<b>103,132,493.12</b>	

31865	00105520	0000071694	62,712.71	4/1/2010
31865	00105521	0000071694	1,196,711.66	4/2/2010
31865	00103808	0000071694	6,128,708.09	4/1/2010
31865	00108185	0000071694	7,733,651.34	4/9/2010
31865	00087405	0000071694	1,205,307.40	4/13/2010
31865	00112463	0000071694	7,529,117.53	4/15/2010
31865	00116675	0000071694	7,724,487.99	4/22/2010
31865	00120643	0000071694	12,407,477.70	4/29/2010
31865	00126042	0000071694	54,482.53	5/6/2010

VSHP - TennCare Select FY 2010 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00126043	0000071694	1,209,734.12	5/7/2010
31865	00128038	0000071694	6,102,765.68	5/10/2010
31865	00128075	0000071694	5,425,794.14	5/13/2010
31865	00132879	0000071694	5,669,531.03	5/20/2010
31865	00137125	0000071694	5,178,580.19	5/27/2010
31865	00137422	0000071694	96.42	5/28/2010
31865	00141633	0000071694	5,095,699.28	6/3/2010
31865	00143230	0000071694	49,694.07	6/3/2010
31865	00143231	0000071694	1,205,241.23	6/4/2010
31865	00145639	0000071694	5,982,325.84	6/10/2010
31865	00149679	0000071694	6,290,570.68	6/17/2010
31865	00153763	0000071694	7,127,680.17	6/25/2010
			<b>93,380,369.80</b>	

**FY 2010 TOTAL**

**\$384,317,146.84**

# VSHP - TennCare Select - Edison #29635

FY 2011

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00157379	0000071694	6,183,677.76	7/1/2010
31865	00158622	0000071694	64,821.04	7/1/2010
31865	00158623	0000071694	1,206,323.91	7/2/2010
31865	00160583	0000071694	6,214,649.37	7/8/2010
31865	00164525	0000071694	5,253,045.13	7/15/2010
31865	00165954	0000071694	8,751,997.27	7/22/2010
31865	00166622	0000071694	11,546,147.32	7/29/2010
31865	00172163	0000071694	7,306,719.60	8/5/2010
31865	00173679	0000071694	69,888.84	8/5/2010
31865	00173680	0000071694	1,217,914.38	8/6/2010
31865	00176092	0000071694	7,208,337.22	8/13/2010
31865	00178433	0000071694	7,271,155.45	8/19/2010
31865	00181567	0000071694	6,500,795.81	8/26/2010
31865	00185418	0000071694	5,842,001.99	9/2/2010
31865	00186737	0000071694	64,792.52	9/2/2010
31865	00186738	0000071694	1,211,546.72	9/3/2010
31865	00188919	0000071694	5,944,086.03	9/9/2010
31865	00192379	0000071694	4,815,942.61	9/16/2010
31865	00195717	0000071694	4,710,996.77	9/23/2010
31865	00198446	0000071694	9,833,592.74	9/30/2010
31865	00200076	0000071694	67,309.95	9/30/2010
			<b>101,285,742.43</b>	

31865	00200077	0000071694	1,214,448.64	10/1/2010
31865	00202383	0000071694	5,102,427.33	10/8/2010
31865	00206064	0000071694	6,750,467.56	10/14/2010
31865	00209577	0000071694	6,107,421.46	10/21/2010
31865	00212935	0000071694	11,911,901.05	10/28/2010
31865	00217691	0000071694	181,097.84	11/4/2010
31865	00216428	0000071694	6,945,670.01	11/4/2010
31865	00217692	0000071694	1,224,992.24	11/5/2010
31865	00219803	0000071694	7,059,249.17	11/12/2010
31865	00222921	0000071694	5,497,105.01	11/18/2010
31865	00226786	0000071694	7,035,973.33	11/24/2010
31865	00230493	0000071694	85,664.33	12/2/2010
31865	00229196	0000071694	3,384,097.61	12/2/2010
31865	00230494	0000071694	1,217,704.99	12/3/2010
31865	00232596	0000071694	6,964,930.71	12/9/2010
31865	00236251	0000071694	3,455,477.82	12/16/2010

VSHP - TennCare Select FY 2011 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00239279	0000071694	9,550,529.05	12/23/2010
31865	00243512	0000071694	68,858.96	12/29/2010
31865	00243513	0000071694	1,219,657.25	12/30/2010
31865	00242316	0000071694	2,523,917.79	12/30/2010
			<b>87,501,592.15</b>	
31865	00245535	0000071694	3,519,238.20	1/6/2011
31865	00248863	0000071694	6,757,976.97	1/13/2011
31865	00245496	0000071694	48,854.23	1/13/2011
31865	00251969	0000071694	6,871,655.80	1/20/2011
31865	00255857	0000071694	9,448,997.74	1/27/2011
31865	00261382	0000071694	72,643.08	2/1/2011
31865	00261383	0000071694	1,224,702.40	2/2/2011
31865	00263484	0000071694	5,414,125.62	2/3/2011
31865	00260074	0000071694	49,925.40	2/7/2011
31865	00263606	0000071694	6,360,724.78	2/10/2011
31865	00268120	0000071694	6,510,525.94	2/17/2011
31865	00272269	0000071694	7,466,682.99	2/24/2011
31865	00278226	0000071694	70,044.18	3/3/2011
31865	00276654	0000071694	7,258,191.78	3/3/2011
31865	00278227	0000071694	1,230,491.70	3/4/2011
31865	00280797	0000071694	7,558,296.73	3/10/2011
31865	00280762	0000071694	38,672.30	3/14/2011
31865	00284915	0000071694	8,360,123.21	3/17/2011
31865	00288934	0000071694	7,621,628.50	3/24/2011
31865	00294717	0000071694	43,703.61	3/30/2011
31865	00294718	0000071694	1,240,290.80	3/31/2011
31865	00293288	0000071694	5,981,940.77	3/31/2011
			<b>93,149,436.73</b>	
31865	00293283	0000071694	33,194.65	4/4/2011
31865	00297184	0000071694	5,492,660.54	4/7/2011
31865	00301173	0000071694	8,191,638.28	4/15/2011
31865	00305023	0000071694	8,602,133.54	4/22/2011
31865	00308661	0000071694	11,572,257.41	4/28/2011
31865	00312556	0000071694	5,872,772.43	5/5/2011
31865	00313918	0000071694	65,621.96	5/5/2011
31865	00313919	0000071694	1,240,353.49	5/6/2011
31865	00316190	0000071694	6,971,957.96	5/12/2011

VSHP - TennCare Select FY 2011 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00320301	0000071694	6,102,627.74	5/19/2011
31865	00322844	0000071694	6,516,602.73	5/26/2011
31865	00326356	0000071694	6,200,960.08	6/2/2011
31865	00327657	0000071694	56,817.69	6/2/2011
31865	00327658	0000071694	1,239,314.72	6/3/2011
31865	00329952	0000071694	5,385,157.62	6/9/2011
31865	00333259	0000071694	8,580,040.02	6/16/2011
31865	00337146	0000071694	5,982,456.13	6/23/2011
31865	00341951	0000071694	53,526.44	6/29/2011
31865	00340864	0000071694	5,534,871.65	6/30/2011
31865	00341952	0000071694	1,240,225.60	6/30/2011
			<b>94,935,190.68</b>	

**FY 2011 TOTAL**

**\$376,871,961.99**

# VSHP - TennCare Select - Edison #29635

FY 2012

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00340852	0000071694	82,824.37	7/1/2011
31865	00343831	0000071694	8,086,189.97	7/7/2011
31865	00347980	0000071694	4,746,165.77	7/14/2011
31865	00351035	0000071694	7,012,880.61	7/21/2011
31865	00354220	0000071694	10,321,508.04	7/28/2011
31865	00358096	0000071694	65,735.58	7/29/2011
31865	00358097	0000071694	1,261,351.32	8/1/2011
31865	00358920	0000071694	5,751,830.62	8/4/2011
31865	00361948	0000071694	6,089,493.07	8/11/2011
31865	00365372	0000071694	5,298,473.32	8/18/2011
31865	00368748	0000071694	8,806,707.91	8/25/2011
31865	00372346	0000071694	5,314,676.16	9/1/2011
31865	00373589	0000071694	146,166.32	9/1/2011
31865	00373590	0000071694	1,257,241.80	9/2/2011
31865	00375764	0000071694	6,760,511.29	9/8/2011
31865	00379291	0000071694	6,712,303.82	9/15/2011
31865	00382510	0000071694	8,054,583.07	9/22/2011
31865	00385902	0000071694	6,112,041.70	9/30/2011
			<b>91,797,860.37</b>	

31865	00389486	0000071694	6,335,865.99	10/6/2011
31865	00392583	0000071694	6,852,810.44	10/13/2011
31865	00396292	0000071694	7,577,136.18	10/20/2011
31865	00399490	0000071694	11,163,285.46	10/27/2011
31865	00403408	0000071694	5,595,734.69	11/3/2011
31865	00406118	0000071694	6,221,383.69	11/10/2011
31865	00409574	0000071694	7,802,822.43	11/17/2011
31865	00413210	0000071694	8,521,209.90	11/23/2011
31865	00416176	0000071694	5,238,986.03	12/1/2011
31865	00420391	0000071694	6,609,539.18	12/8/2011
31865	00423301	0000071694	6,807,599.14	12/15/2011
31865	00426321	0000071694	7,975,899.79	12/22/2011
31865	00429451	0000071694	5,641,071.11	12/29/2011
31865	00390587	0000071694	69,192.11	10/6/2011
31865	00390588	0000071694	1,231,385.81	10/7/2011
31865	00404360	0000071694	70,077.74	11/3/2011
31865	00404361	0000071694	1,287,907.14	11/4/2011
31865	00417722	0000071694	49,858.72	12/2/2011
31865	00417723	0000071694	1,283,558.93	12/5/2011
			<b>96,335,324.48</b>	

VSHP - TennCare Select FY 2012 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	2012-27	0000071694	5,019,648.82	1/5/2012
31865	2012-28	0000071694	5,926,752.57	1/12/2012
31865	2012-29	0000071694	6,034,782.43	1/19/2012
31865	2012-30	0000071694	12,471,990.43	1/26/2012
31865	2012-31	0000071694	5,848,613.46	2/2/2012
31865	2012-32	0000071694	10,120,560.67	2/9/2012
31865	2012-33	0000071694	6,081,538.08	2/16/2012
31865	2012-34	0000071694	8,436,138.98	2/23/2012
31865	2012-35	0000071694	6,549,303.05	3/1/2012
31865	2012-36	0000071694	6,649,065.04	3/8/2012
31865	2012-37	0000071694	7,042,301.30	3/15/2012
31865	2012-38	0000071694	8,319,878.32	3/22/2012
31865	2012-39	0000071694	7,205,165.91	3/29/2012
31865	101520289	0000071694	53,250.62	1/5/2012
31865	101520290	0000071694	1,266,377.61	1/6/2012
31865	101548340	0000071694	59,792.04	2/2/2012
31865	101548341	0000071694	874,862.94	2/3/2012
31865	101575219	0000071694	49,325.34	3/1/2012
31865	101575220	0000071694	1,864,139.56	3/2/2012
31865	101592528	0000071694	86,600.97	3/16/2012
			<b>99,960,088.14</b>	

31865	00485486	0000071694	6,823,340.90	4/5/2012
31865	00489125	0000071694	6,083,560.80	4/12/2012
31865	00493150	0000071694	6,152,884.66	4/19/2012
31865	00496915	0000071694	13,034,520.55	4/26/2012
31865	00501201	0000071694	7,485,106.56	5/3/2012
31865	00505086	0000071694	7,858,056.54	5/10/2012
31865	00508896	0000071694	6,623,291.14	5/17/2012
31865	00512571	0000071694	7,811,751.35	5/24/2012
31865	00516836	0000071694	6,398,302.42	5/31/2012
31865	00520708	0000071694	5,667,466.58	6/7/2012
31865	00524375	0000071694	5,921,675.70	6/14/2012
31865	00527609	0000071694	6,109,494.30	6/21/2012
31865	00531316	0000071694	7,781,690.35	6/28/2012

VSHP - TennCare Select FY 2012 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00486788	0000071694	56,355.47	4/4/2012
31865	00486789	0000071694	1,149,320.15	4/5/2012
31865	00502592	0000071694	55,891.66	5/3/2012
31865	00502593	0000071694	1,160,011.32	5/4/2012
31865	00518196	0000071694	47,347.53	5/31/2012
31865	00518197	0000071694	1,253,616.62	6/1/2012
			<b>97,473,684.60</b>	

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**FY 2012 TOTAL                    \$    385,566,957.59**

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# VSHP - TennCare Select - Edison #29635

FY 2013

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00536574	0000071694	48,437.50	7/5/2012
31865	00536575	0000071694	1,260,349.46	7/6/2012
31865	00535403	0000071694	5,985,562.22	7/5/2012
31865	00538765	0000071694	5,255,435.83	7/12/2012
31865	00542594	0000071694	6,250,888.55	7/19/2012
31865	00546099	0000071694	11,355,796.59	7/26/2012
31865	2013-05	0000071694	8,117,911.55	8/2/2012
31865	101724290	0000071694	57,302.60	8/2/2012
31865	101724291	0000071694	1,256,143.20	8/3/2012
31865	2013-06	0000071694	6,408,309.26	8/9/2012
31865	2013-07	0000071694	7,268,937.28	8/16/2012
31865	2013-08	0000071694	6,078,378.00	8/23/2012
31865	2013-09	0000071694	8,327,879.45	8/30/2012
31865	2013-10	0000071694	7,834,186.89	9/6/2012
31865	101759215	0000071694	50,146.39	9/6/2012
31865	101759216	0000071694	1,277,229.44	9/7/2012
31865	2013-11	0000071694	5,946,351.83	9/13/2012
31865	2013-12	0000071694	6,464,560.01	9/20/2012
31865	2013-13	0000071694	8,841,205.19	9/27/2012
			<b>98,085,011.24</b>	

31865	00582775	0000071694	6,963,085.63	10/4/2012
31865	00583991	0000071694	52,981.62	10/4/2012
31865	00583992	0000071694	1,272,935.22	10/5/2012
31865	00586310	0000071694	7,399,650.14	10/11/2012
31865	00589983	0000071694	6,945,633.30	10/18/2012
31865	00593528	0000071694	10,952,474.94	10/25/2012
31865	00597217	0000071694	7,841,926.95	11/1/2012
31865	00598530	0000071694	59,944.46	11/1/2012
31865	00598531	0000071694	1,265,587.46	11/2/2012
31865	00600941	0000071694	6,910,358.50	11/8/2012
31865	00602903	0000071694	6,606,821.81	11/15/2012
31865	00606434	0000071694	6,001,277.25	11/21/2012
31865	00610063	0000071694	7,182,804.78	11/29/2012
31865	00614376	0000071694	5,459,457.27	12/6/2012
31865	00615544	0000071694	48,163.72	12/6/2012
31865	00615545	0000071694	1,271,808.54	12/7/2012
31865	00617879	0000071694	8,575,241.39	12/13/2012

VSHP - TennCare Select FY 2013 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
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31865	00621136	0000071694	10,163,146.15	12/20/2012
31865	00623395	0000071694	6,559,127.86	12/28/2012
			<b>101,532,426.99</b>	

31865	00628845	0000071694	51,046.55	1/3/2013
31865	00628846	0000071694	1,257,380.78	1/4/2013
31865	00627580	0000071694	3,489,789.45	1/4/2013
31865	00631260	0000071694	3,932,787.82	1/10/2013
31865	00634837	0000071694	8,935,706.45	1/17/2013
31865	00637791	0000071694	14,356,691.39	1/24/2013
31865	00643857	0000071694	52,809.53	1/31/2013
31865	00642519	0000071694	6,902,829.31	1/31/2013
31865	00643858	0000071694	1,240,926.09	2/1/2013
31865	00646405	0000071694	6,595,268.42	2/7/2013
31865	00650826	0000071694	8,997,133.83	2/14/2013
31865	00655207	0000071694	7,050,361.84	2/21/2013
31865	00661457	0000071694	57,486.45	2/28/2013
31865	00659918	0000071694	7,210,480.06	2/28/2013
31865	00661458	0000071694	1,242,751.62	3/1/2013
31865	00664282	0000071694	6,193,305.25	3/7/2013
31865	00668608	0000071694	5,486,028.66	3/14/2013
31865	00670012	0000071694	4,500.00	3/15/2013
31865	00672740	0000071694	7,148,416.83	3/21/2013
			<b>90,205,700.33</b>	

31865	00680428	0000071694	8,949,390.76	4/4/2013
31865	00682264	0000071694	6,842,579.80	4/11/2013
31865	00687228	0000071694	6,538,214.42	4/18/2013
31865	00691285	0000071694	13,544,475.68	4/25/2013
31865	00695320	0000071694	8,163,176.41	5/2/2013
31865	00699505	0000071694	5,481,485.96	5/9/2013
31865	00703440	0000071694	6,868,973.83	5/16/2013
31865	00707520	0000071694	7,369,203.58	5/23/2013
31865	00711469	0000071694	6,363,936.34	5/30/2013
31865	00715741	0000071694	5,191,382.32	6/6/2013
31865	00719370	0000071694	6,670,593.04	6/13/2013
31865	00722943	0000071694	6,443,442.60	6/20/2013
31865	00726808	0000071694	7,593,808.78	6/27/2013
31865	00681007	0000071694	49,077.95	4/4/2013
31865	00681008	0000071694	1,266,813.69	4/5/2013

VSHP - TennCare Select FY 2013 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00696729	0000071694	49,095.77	5/2/2013
31865	00696730	0000071694	1,260,713.15	5/3/2013
31865	00716982	0000071694	43,127.66	6/6/2013
31865	00716983	0000071694	1,278,323.69	6/7/2013
			<b>99,967,815.43</b>	

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**FY 2013 TOTAL                    \$    389,790,953.99**

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# VSHP - TennCare Select - Edison #29635

FY 2014

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00731086	0000071694	6,168,763.56	7/3/2013
31865	00734518	0000071694	5,863,382.77	7/11/2013
31865	00738852	0000071694	7,994,522.52	7/18/2013
31865	00742558	0000071694	13,084,871.45	7/25/2013
31865	00746248	0000071694	6,856,875.60	8/1/2013
31865	00749921	0000071694	6,332,906.06	8/8/2013
31865	00753598	0000071694	5,689,993.29	8/15/2013
31865	00757120	0000071694	8,352,345.00	8/22/2013
31865	00760909	0000071694	6,123,934.17	8/29/2013
31865	00764736	0000071694	5,787,478.02	9/5/2013
31865	00768589	0000071694	6,871,320.04	9/11/2013
31865	00771922	0000071694	7,922,212.53	9/19/2013
31865	00775548	0000071694	8,546,049.03	9/26/2013
31865	00732265	0000071694	41,083.44	7/3/2013
31865	00732266	0000071694	1,274,938.59	7/5/2013
31865	00747494	0000071694	39,347.88	8/1/2013
31865	00747495	0000071694	1,276,194.01	8/2/2013
31865	00766005	0000071694	51,842.87	9/5/2013
31865	00766006	0000071694	1,297,624.15	9/6/2013
			<b>99,575,684.98</b>	

31865	00779409	0000071694	7,035,254.51	10/3/2013
31865	00783169	0000071694	8,539,998.37	10/10/2013
31865	00786761	0000071694	7,529,896.02	10/17/2013
31865	00790549	0000071694	6,348,198.82	10/24/2013
31865	00794312	0000071694	10,029,920.07	10/31/2013
31865	00797912	0000071694	7,211,761.93	11/7/2013
31865	00802032	0000071694	7,158,611.13	11/14/2013
31865	00806075	0000071694	6,520,552.94	11/21/2013
31865	00809881	0000071694	10,206,937.02	11/27/2013
31865	00813394	0000071694	4,732,253.68	12/5/2013
31865	00817901	0000071694	8,037,079.36	12/12/2013
31865	00821986	0000071694	9,938,010.73	12/19/2013
31865	00825619	0000071694	8,134,491.84	12/27/2013
31865	00780666	0000071694	47,240.65	10/3/2013
31865	00780667	0000071694	1,287,574.33	10/4/2013
31865	00795517	0000071694	47,757.25	10/31/2013
31865	00795518	0000071694	1,287,055.58	11/1/2013
31865	00814933	0000071694	45,634.16	12/6/2013
31865	00814934	0000071694	1,270,804.23	12/6/2013
			<b>105,409,032.62</b>	

VSHP - TennCare Select FY 2014 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00828762	0000071694	3,306,257.79	1/3/2014
31865	00832337	0000071694	5,329,993.19	1/9/2014
31865	00836815	0000071694	8,332,232.85	1/16/2014
31865	00840260	0000071694	9,040,721.35	1/23/2014
31865	00844498	0000071694	11,125,272.25	1/30/2014
31865	00848877	0000071694	5,862,016.30	2/6/2014
31865	00853876	0000071694	6,876,318.02	2/13/2014
31865	00858359	0000071694	5,591,671.58	2/20/2014
31865	00863313	0000071694	6,455,832.81	2/27/2014
31865	00868085	0000071694	8,766,667.26	3/6/2014
31865	00872628	0000071694	8,237,609.62	3/13/2014
31865	00877151	0000071694	7,428,696.40	3/20/2014
31865	00881619	0000071694	8,776,656.89	3/27/2014
31865	00829953	0000071694	47,587.22	1/3/2014
31865	00829954	0000071694	1,281,762.92	1/3/2014
31865	00850546	0000071694	55,155.39	2/7/2014
31865	00850547	0000071694	1,263,925.93	2/7/2014
31865	00869566	0000071694	58,109.84	3/7/2014
31865	00869567	0000071694	1,278,870.88	3/7/2014
			<b>99,115,358.49</b>	

31865	00886202	0000071694	6,657,355.02	4/3/2014
31865	00887692	0000071694	58,564.24	4/4/2014
31865	00887693	0000071694	1,293,626.57	4/4/2014
31865	00890737	0000071694	9,666,207.63	4/10/2014
31865	00895080	0000071694	7,064,057.45	4/16/2014
31865	00898302	0000071694	200.04	4/24/2014
31865	00898305	0000071694	12,507,595.84	4/24/2014
31865	00903072	0000071694	5,962,804.77	5/1/2014
31865	00904505	0000071694	61,042.68	5/2/2014
31865	00904506	0000071694	1,304,582.82	5/2/2014
31865	00907469	0000071694	6,692,952.23	5/8/2014
31865	00912597	0000071694	135.18	5/15/2014
31865	00912598	0000071694	6,672,198.31	5/15/2014
31865	00916719	0000071694	9,140,173.70	5/22/2014
31865	00920906	0000071694	7,207,155.13	5/29/2014

VSHP - TennCare Select FY 2014 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00925278	0000071694	4,706,842.65	6/5/2014
31865	00926489	0000071694	70,523.70	6/6/2014
31865	00926490	0000071694	1,303,332.15	6/6/2014
31865	00929031	0000071694	6,179,843.80	6/12/2014
31865	00933339	0000071694	7,817,593.68	6/19/2014
31865	00937322	0000071694	7,002,754.12	6/26/2014
			<b>101,369,541.71</b>	

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**FY 2014 TOTAL                    \$    405,469,617.80**

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# VSHP - TennCare Select - Edison #29635

FY 2015

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	00941902	0000071694	7,666,158.75	7/3/2014
31865	00943258	0000071694	65,270.31	7/7/2014
31865	00943259	0000071694	1,321,225.27	7/7/2014
31865	00946034	0000071694	119.92	7/10/2014
31865	00946035	0000071694	4,111,103.98	7/10/2014
31865	00950742	0000071694	7,071,510.61	7/17/2014
31865	00954507	0000071694	11,755,790.83	7/24/2014
31865	00958796	0000071694	7,612,969.18	7/31/2014
31865	00960160	0000071694	71,776.67	8/1/2014
31865	00960161	0000071694	1,327,974.59	8/1/2014
31865	00962949	0000071694	8,421,784.06	8/8/2014
31865	00967242	0000071694	146.54	8/14/2014
31865	00967243	0000071694	7,308,499.32	8/14/2014
31865	00971191	0000071694	8,648,638.63	8/21/2014
31865	00975452	0000071694	8,363,133.63	8/28/2014
31865	00979569	0000071694	124.72	9/4/2014
31865	00979568	0000071694	7,148,301.67	9/4/2014
31865	00980947	0000071694	84,840.48	9/5/2014
31865	00980948	0000071694	1,358,631.06	9/5/2014
31865	00983893	0000071694	6,174,899.35	9/11/2014
31865	00987608	0000071694	8,375,010.13	9/18/2014
31865	00991603	0000071694	8,566,856.79	9/25/2014
			<b>105,454,766.49</b>	

31865	00995990	0000071694	6,816,930.26	10/2/2014
31865	00997349	0000071694	110,214.04	10/3/2014
31865	00997350	0000071694	1,345,679.38	10/3/2014
31865	01000288	0000071694	6,899,317.31	10/9/2014
31865	01004201	0000071694	6,178,797.79	10/16/2014
31865	01008291	0000071694	6,929,885.88	10/23/2014
31865	01012381	0000071694	14,821,289.19	10/30/2014
31865	01016694	0000071694	6,940,705.51	11/6/2014
31865	01017902	0000071694	133,254.09	11/7/2014
31865	01017903	0000071694	1,355,615.48	11/7/2014
31865	01020636	0000071694	6,631,034.00	11/13/2014
31865	01024700	0000071694	10,053,952.98	11/20/2014
31865	01028831	0000071694	9,632,553.14	11/26/2014
31865	01032043	0000071694	3,809,127.89	12/4/2014
31865	01033409	0000071694	183,932.62	12/5/2014
31865	01033410	0000071694	1,352,683.19	12/5/2014
31865	01036371	0000071694	6,810,069.19	12/11/2014

VSHP - TennCare Select FY 2015 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01040521	0000071694	7,386,942.18	12/18/2014
31865	01044217	0000071694	7,929,071.03	12/24/2014
31865	01047421	0000071694	4,166,050.13	12/31/2014
31865	01048654	0000071694	150,364.96	12/31/2014
31865	01048655	0000071694	1,343,409.21	12/31/2014
			<b>110,980,879.45</b>	

31865	01051533	0000071694	6,837,375.26	1/8/2015
31865	01055598	0000071694	7,445,694.40	1/15/2015
31865	01058650	0000071694	6,976,483.90	1/22/2015
31865	01062648	0000071694	12,829,669.16	1/29/2015
31865	01066688	0000071694	7,091,353.42	2/5/2015
31865	01068188	0000071694	170,297.91	2/6/2015
31865	01068189	0000071694	1,363,324.17	2/6/2015
31865	01071430	0000071694	7,935,735.73	2/12/2015
31865	01075574	0000071694	6,275,095.29	2/19/2015
31865	01079869	0000071694	6,793,850.75	2/26/2015
31865	01083972	0000071694	7,221,258.43	3/5/2015
31865	01085273	0000071694	188,464.10	3/6/2015
31865	01085274	0000071694	1,374,107.05	3/6/2015
31865	01088080	0000071694	7,799,018.31	3/12/2015
31865	01091668	0000071694	7,678,789.46	3/25/2015
31865	01095639	0000071694	7,622,014.74	3/26/2015
			<b>95,602,532.08</b>	

31865	01099744	0000071694	7,490,439.83	4/2/2015
31865	01101059	0000071694	197,683.58	4/3/2015
31865	01101060	0000071694	1,371,251.24	4/3/2015
31865	01103855	0000071694	7,616,546.22	4/9/2015
31865	01107516	0000071694	6,867,383.62	4/16/2015
31865	01111334	0000071694	7,486,206.08	4/23/2015
31865	01115089	0000071694	11,940,236.40	4/30/2015
31865	01116259	0000071694	263,563.16	5/1/2015
31865	01116260	0000071694	1,383,474.80	5/1/2015
31865	01118891	0000071694	8,032,118.55	5/7/2015
31865	01122606	0000071694	8,538,064.50	5/14/2015
31865	01126638	0000071694	7,481,390.86	5/21/2015
31865	01130342	0000071694	8,530,459.28	5/28/2015
31865	01134317	0000071694	6,346,044.46	6/4/2015
31865	01135421	0000071694	281,629.89	6/5/2015

VSHP - TennCare Select FY 2015 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01135422	0000071694	1,401,584.89	6/5/2015
31865	01137697	0000071694	7,389,711.06	6/11/2015
31865	01141255	0000071694	8,360,385.18	6/18/2015
31865	01144733	0000071694	6,536,008.53	6/25/2015
			<b>107,514,182.13</b>	

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**FY 2015 TOTAL                    \$    419,552,360.15**

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# VSHP - TennCare Select - Edison #29635

FY 2016

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01148788	0000071694	6,415,558.67	7/2/2015
31865	01150144	0000071694	277,077.23	7/7/2015
31865	01150145	0000071694	1,390,134.46	7/7/2015
31865	01152861	0000071694	4,930,693.98	7/9/2015
31865	01156384	0000071694	6,494,846.73	7/16/2015
31865	01157501	0000071694	4,500.00	7/17/2015
31865	01159961	0000071694	6,525,460.98	7/23/2015
31865	01164746	0000071694	13,166,211.16	7/30/2015
31865	01169255	0000071694	7,257,297.60	8/6/2015
31865	01170643	0000071694	294,190.25	8/7/2015
31865	01170644	0000071694	1,410,774.99	8/7/2015
31865	01173696	0000071694	6,770,305.99	8/14/2015
31865	01177353	0000071694	6,413,591.26	8/20/2015
31865	01181098	0000071694	8,614,519.20	8/27/2015
31865	01185019	0000071694	6,564,726.46	9/3/2015
31865	01186284	0000071694	286,330.07	9/4/2015
31865	01186285	0000071694	1,401,862.11	9/4/2015
31865	01189025	0000071694	6,874,650.19	9/10/2015
31865	01192667	0000071694	7,267,299.96	9/17/2015
31865	01196396	0000071694	9,489,433.85	9/24/2015
			<b>101,849,465.14</b>	

31865	01201283	0000071694	403,499.00	10/2/2015
31865	01219981	0000071694	494,445.84	11/6/2015
31865	01233818	0000071694	483,978.76	12/4/2015
31865	01247318	0000071694	493,942.79	12/30/2015
31865	01201284	0000071694	1,453,734.88	10/2/2015
31865	01219982	0000071694	1,434,860.30	11/6/2015
31865	01233819	0000071694	1,442,437.23	12/4/2015
31865	01247319	0000071694	1,449,163.62	12/30/2015
31865	01204021	0000071694	10,328,082.49	10/8/2015
31865	01207458	0000071694	8,305,223.56	10/15/2015
31865	01211322	0000071694	7,703,381.35	10/22/2015
31865	01214855	0000071694	13,517,709.13	10/29/2015
31865	01218958	0000071694	6,321,255.23	11/5/2015
31865	01222304	0000071694	7,579,970.12	11/12/2015
31865	01225750	0000071694	7,628,988.92	11/19/2015
31865	01229657	0000071694	10,738,931.66	11/25/2015

VSHP - TennCare Select FY 2016 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01232585	0000071694	5,828,508.73	12/3/2015
31865	01236545	0000071694	9,095,384.18	12/10/2015
31865	01239997	0000071694	7,285,685.75	12/17/2015
31865	01243379	0000071694	9,060,075.51	12/23/2015
31865	01246243	0000071694	4,844,173.85	12/30/2015
31865	01200088	0000071694	7,751,223.08	10/1/2015
			<b>123,644,655.98</b>	

31865	01249711	0000071694	7,558,689.69	1/7/2016
31865	01253977	0000071694	7,623,544.09	1/14/2016
31865	01257000	0000071694	7,395,676.91	1/21/2016
31865	01260639	0000071694	13,662,566.48	1/28/2016
31865	01264816	0000071694	7,947,262.18	2/4/2016
31865	01266243	0000071694	498,581.34	2/5/2016
31865	01266244	0000071694	1,439,628.86	2/5/2016
31865	01269425	0000071694	6,697,746.63	2/11/2016
31865	01273481	0000071694	8,312,128.91	2/18/2016
31865	01277962	0000071694	7,024,759.32	2/25/2016
31865	01282296	0000071694	7,510,163.94	3/3/2016
31865	01283677	0000071694	500,964.22	3/4/2016
31865	01283678	0000071694	1,457,668.15	3/4/2016
31865	01286797	0000071694	8,759,348.68	3/10/2016
31865	01290575	0000071694	8,460,434.97	3/17/2016
31865	01294968	0000071694	8,392,534.14	3/24/2016
31865	01299109	0000071694	6,422,584.90	3/31/2016
			<b>109,664,283.41</b>	

31865	01300466	0000071694	509,229.58	4/1/2016
31865	01300467	0000071694	1,453,871.48	4/1/2016
31865	01303492	0000071694	6,129,883.80	4/7/2016
31865	01307432	0000071694	7,491,823.71	4/14/2016
31865	01311489	0000071694	7,834,600.40	4/21/2016
31865	01315552	0000071694	13,915,925.24	4/27/2016
31865	01318859	0000071694	7,294,829.51	5/5/2016
31865	01320243	0000071694	507,875.12	5/6/2016
31865	01320244	0000071694	1,392,297.99	5/6/2016
31865	01323372	0000071694	9,209,509.78	5/12/2016
31865	01327361	0000071694	6,853,757.30	5/19/2016
31865	01331226	0000071694	8,515,917.56	5/26/2016
31865	01335049	0000071694	7,057,242.16	6/2/2016
31865	01336415	0000071694	509,561.19	6/7/2016
31865	01336416	0000071694	1,354,999.11	6/7/2016

VSHP - TennCare Select FY 2016 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01339253	0000071694	6,505,478.05	6/9/2016
31865	01343106	0000071694	7,637,456.98	6/16/2016
31865	01346749	0000071694	8,946,597.03	6/23/2016
31865	01350990	0000071694	5,171,684.68	6/30/2016
			<b>108,292,540.67</b>	

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**FY 2016 TOTAL                    \$    443,450,945.20**

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# VSHP - TennCare Select - Edison #29635

FY 2017

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01355635	0000071694	525,478.62	7/7/2016
31865	01355636	0000071694	1,368,287.81	7/7/2016
31865	01354799	0000071694	7,924,012.04	7/7/2016
31865	01357718	0000071694	4,497,211.19	7/14/2016
31865	01361753	0000071694	8,404,616.22	7/21/2016
31865	01365576	0000071694	14,675,580.58	7/28/2016
31865	01369483	0000071694	6,551,657.70	8/4/2016
31865	01370695	0000071694	394,649.43	8/5/2016
31865	01370696	0000071694	1,362,155.96	8/5/2016
31865	01373537	0000071694	7,527,203.15	8/11/2016
31865	01377243	0000071694	8,413,312.99	8/18/2016
31865	01381210	0000071694	6,533,653.05	8/25/2016
31865	01385120	0000071694	7,708,235.86	9/2/2016
31865	01386385	0000071694	402,562.99	9/2/2016
31865	01386386	0000071694	1,409,318.01	9/2/2016
31865	01389244	0000071694	6,730,455.82	9/8/2016
31865	01392921	0000071694	7,269,284.56	9/15/2016
31865	01396802	0000071694	7,793,327.47	9/22/2016
31865	01400368	0000071694	7,428,280.89	9/29/2016
			<b>106,919,284.34</b>	

31865	01404496	0000071694	332,596.56	10/3/2016
31865	01404497	0000071694	1,409,949.52	10/3/2016
31865	01404625	0000071694	7,204,677.21	10/6/2016
31865	01408244	0000071694	7,236,771.48	10/13/2016
31865	01412077	0000071694	6,300,672.66	10/20/2016
31865	01415456	0000071694	15,629,303.53	10/27/2016
31865	01419419	0000071694	6,972,055.20	11/3/2016
31865	01420509	0000071694	328,850.72	11/4/2016
31865	01420510	0000071694	1,419,982.19	11/4/2016
31865	01422990	0000071694	9,609,577.95	11/10/2016
31865	01426054	0000071694	7,207,053.24	11/17/2016
31865	01430016	0000071694	7,752,258.77	11/23/2016
31865	01432903	0000071694	4,443,576.69	12/1/2016
31865	01434117	0000071694	330,686.05	12/2/2016
31865	01434118	0000071694	1,428,946.11	12/2/2016
31865	01436988	0000071694	8,863,878.11	12/12/2016
31865	01440716	0000071694	7,671,195.39	12/15/2016
31865	01444214	0000071694	7,253,690.52	12/22/2016
31865	01448109	0000071694	5,164,408.91	12/30/2016
			<b>106,560,130.81</b>	

VSHP - TennCare Select FY 2017 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01451300	0000071694	6,288,776.86	1/6/2017
31865	01452365	0000071694	249,578.45	1/6/2017
31865	01452366	0000071694	1,355,185.88	1/6/2017
31865	01455015	0000071694	5,821,066.63	1/12/2017
31865	01458307	0000071694	8,384,101.60	1/19/2017
31865	01462075	0000071694	13,159,466.37	1/26/2017
31865	01466039	0000071694	8,431,996.21	2/2/2017
31865	01467464	0000071694	277,483.72	2/3/2017
31865	01467465	0000071694	1,365,312.52	2/3/2017
31865	01470707	0000071694	8,245,948.30	2/9/2017
31865	01474876	0000071694	8,611,647.34	2/16/2017
31865	01479170	0000071694	8,209,068.10	2/23/2017
31865	01483535	0000071694	7,867,185.11	3/2/2017
31865	01484727	0000071694	284,537.87	3/2/2017
31865	01484728	0000071694	1,378,229.79	3/2/2017
31865	01487642	0000071694	7,827,292.78	3/9/2017
31865	01491873	0000071694	7,264,707.04	3/16/2017
31865	01496199	0000071694	8,028,727.08	3/23/2017
31865	01500385	0000071694	5,974,239.60	3/30/2017
			<b>109,024,551.25</b>	

31865	01504612	0000071694	5,635,097.19	4/6/2017
31865	01505717	0000071694	387,678.67	4/7/2017
31865	01505718	0000071694	1,375,535.38	4/7/2017
31865	01508387	0000071694	6,784,747.05	4/13/2017
31865	01512499	0000071694	8,202,784.74	4/20/2017
31865	01516383	0000071694	14,877,633.54	4/27/2017
31865	01520268	0000071694	7,578,563.48	5/4/2017
31865	01521425	0000071694	371,125.22	5/5/2017
31865	01521426	0000071694	1,230,619.80	5/5/2017
31865	01524222	0000071694	8,363,707.21	5/11/2017
31865	01527771	0000071694	6,914,882.78	5/18/2017
31865	01531619	0000071694	7,886,239.59	5/25/2017
31865	01535812	0000071694	8,069,710.70	6/1/2017
31865	01536929	0000071694	346,471.27	6/2/2017
31865	01536930	0000071694	1,385,371.38	6/2/2017
31865	01539554	0000071694	6,619,871.59	6/8/2017
31865	01543228	0000071694	6,784,952.93	6/15/2017
31865	01546788	0000071694	7,661,223.82	6/22/2017
31865	01550911	0000071694	6,571,265.07	6/29/2017
			<b>107,047,481.41</b>	

VSHP - TennCare Select FY 2017 (Continued)

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<b>FY 2017 TOTAL</b>	<b>\$ 429,551,447.81</b>
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# VSHP - TennCare Select - Edison #29635

FY 2018

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01555613	0000071694	\$339,952.93	7/7/2017
31865	01555614	0000071694	\$1,377,529.99	7/7/2017
31865	01554450	0000071694	\$6,981,946.31	7/7/2017
31865	01558355	0000071694	\$6,088,458.61	7/14/2017
31865	01561669	0000071694	\$6,474,452.78	7/20/2017
31865	01565560	0000071694	\$14,915,666.49	7/27/2017
31865	01569119	0000071694	\$6,331,931.80	8/3/2017
31865	01570259	0000071694	\$346,879.20	8/4/2017
31865	01570260	0000071694	\$1,415,179.51	8/4/2017
31865	01573096	0000071694	\$6,878,536.28	8/10/2017
31865	01576507	0000071694	\$7,274,458.78	8/17/2017
31865	01580237	0000071694	\$8,322,384.05	8/24/2017
31865	01583990	0000071694	\$8,650,125.46	8/31/2017
31865	01585057	0000071694	\$352,530.36	9/1/2017
31865	01585058	0000071694	\$1,379,626.58	9/1/2017
31865	01587651	0000071694	\$6,474,661.00	9/7/2017
31865	01591062	0000071694	\$7,242,562.74	9/14/2017
31865	01594505	0000071694	\$7,303,469.68	9/21/2017
31865	01597900	0000071694	\$7,948,793.29	9/28/2017
			<b>\$106,099,145.84</b>	

31865	01601748	0000071694	\$2,105,815.95	10/4/2017
31865	01601758	0000071694	\$6,408,770.91	10/5/2017
31865	01602744	0000071694	\$357,444.79	10/6/2017
31865	01602745	0000071694	\$1,423,170.31	10/6/2017
31865	01605154	0000071694	\$1,969,672.61	10/11/2017
31865	01605172	0000071694	\$7,799,871.21	10/12/2017
31865	01608748	0000071694	\$1,772,470.40	10/18/2017
31865	01608791	0000071694	\$7,621,958.34	10/19/2017
31865	01612094	0000071694	\$4,014,367.61	10/25/2017
31865	01612111	0000071694	\$13,782,312.51	10/26/2017
31865	01615886	0000071694	\$1,990,312.49	11/1/2017
31865	01615931	0000071694	\$6,535,667.86	11/2/2017
31865	01616960	0000071694	\$356,720.59	11/3/2017
31865	01616961	0000071694	\$1,575,974.87	11/3/2017
31865	01619402	0000071694	\$2,494,661.68	11/8/2017
31865	01619477	0000071694	\$7,609,126.14	11/9/2017
31865	01623182	0000071694	\$2,107,205.53	11/15/2017
31865	01623265	0000071694	\$8,326,709.03	11/16/2017
31865	01626808	0000071694	\$2,114,276.41	11/22/2017
31865	01629607	0000071694	\$8,551,492.03	11/28/2017

VSHP - TennCare Select FY 2018 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01629649	0000071694	\$2,151,689.04	11/29/2017
31865	01629709	0000071694	\$4,419,584.43	11/30/2017
31865	01630853	0000071694	\$360,695.06	12/1/2017
31865	01630854	0000071694	\$1,718,505.44	12/1/2017
31865	01633649	0000071694	\$1,990,745.58	12/6/2017
31865	01633671	0000071694	\$8,856,979.13	12/7/2017
31865	01637241	0000071694	\$2,235,683.46	12/13/2017
31865	01637267	0000071694	\$8,307,937.30	12/14/2017
31865	01640410	0000071694	\$2,551,234.60	12/20/2017
31865	01640465	0000071694	\$6,725,412.85	12/21/2017
31865	01644118	0000071694	\$7,473,211.35	12/29/2017
31865	01644116	0000071694	\$1,919,186.46	12/29/2017
			<b>\$137,628,865.97</b>	

31865	01648282	0000071694	\$363,069.09	1/5/2018
31865	01648283	0000071694	\$1,474,729.93	1/5/2018
31865	01647304	0000071694	\$5,181,249.64	1/5/2018
31865	01647300	0000071694	\$1,735,636.45	1/5/2018
31865	01650957	0000071694	\$2,065,542.11	1/10/2018
31865	01650991	0000071694	\$5,965,596.45	1/11/2018
31865	01654240	0000071694	\$8,562,902.69	1/18/2018
31865	01654230	0000071694	\$2,420,158.31	1/18/2018
31865	01657549	0000071694	\$3,638,334.34	1/24/2018
31865	01657580	0000071694	\$13,091,166.36	1/25/2018
31865	01661091	0000071694	\$2,414,039.29	1/31/2018
31865	01661131	0000071694	\$7,943,177.36	2/1/2018
31865	01662363	0000071694	\$353,355.71	2/2/2018
31865	01662364	0000071694	\$1,472,226.20	2/2/2018
31865	01665423	0000071694	\$2,271,673.09	2/7/2018
31865	01665483	0000071694	\$7,229,569.74	2/8/2018
31865	01669213	0000071694	\$2,743,604.46	2/14/2018
31865	01669264	0000071694	\$7,493,723.41	2/15/2018
31865	01673281	0000071694	\$8,851,582.78	2/22/2018
31865	01673267	0000071694	\$2,159,523.33	2/22/2018
31865	01677247	0000071694	\$2,361,652.47	2/28/2018
31865	01677292	0000071694	\$6,832,059.20	3/1/2018
31865	01678497	0000071694	\$377,311.17	3/2/2018
31865	01678498	0000071694	\$11,678,600.03	3/2/2018
31865	01681345	0000071694	\$2,333,509.88	3/7/2018
31865	01681355	0000071694	\$7,180,238.97	3/8/2018
31865	01684541	0000071694	\$2,235,101.05	3/14/2018
31865	01684562	0000071694	\$8,247,697.46	3/15/2018
31865	01688690	0000071694	\$2,407,027.04	3/21/2018

VSHP - TennCare Select FY 2018 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01688708	0000071694	\$6,023,644.01	3/22/2018
31865	01689955	0000071694	\$643,861.22	3/23/2018
31865	01692618	0000071694	\$1,998,390.18	3/28/2018
31865	01692625	0000071694	\$8,131,424.97	3/29/2018
			<b>\$147,881,378.39</b>	

31865	01696267	0000071694	\$2,073,256.49	4/4/2018
31865	01696293	0000071694	\$6,871,154.31	4/5/2018
31865	01697234	0000071694	\$382,758.77	4/6/2018
31865	01697235	0000071694	\$1,507,024.70	4/6/2018
31865	01699656	0000071694	\$2,313,518.32	4/11/2018
31865	01699675	0000071694	\$8,480,382.13	4/12/2018
31865	01703143	0000071694	\$2,601,640.29	4/18/2018
31865	01703166	0000071694	\$9,336,819.10	4/19/2018
31865	01706661	0000071694	\$17,443,305.36	4/26/2018
31865	01706615	0000071694	\$2,050,660.66	4/26/2018
31865	01710492	0000071694	\$3,688,026.10	5/2/2018
31865	01710509	0000071694	\$7,339,935.16	5/3/2018
31865	01711459	0000071694	\$351,788.13	5/4/2018
31865	01711460	0000071694	\$1,677,432.42	5/4/2018
31865	01713858	0000071694	\$2,205,429.81	5/9/2018
31865	01713873	0000071694	\$9,122,593.58	5/10/2018
31865	01717210	0000071694	\$2,026,040.37	5/16/2018
31865	01717241	0000071694	\$8,502,502.14	5/17/2018
31865	01718197	0000071694	\$6,942,778.36	5/18/2018
31865	01720479	0000071694	\$2,144,525.73	5/23/2018
31865	01720696	0000071694	\$8,758,758.35	5/25/2018
31865	01721712	0000071694	\$22,718.00	5/25/2018
31865	01724219	0000071694	\$7,846,107.61	5/31/2018
31865	01724200	0000071694	\$1,901,675.21	5/31/2018
31865	01725204	0000071694	\$339,824.35	6/1/2018
31865	01725205	0000071694	\$1,473,425.82	6/1/2018
31865	01727648	0000071694	\$1,807,432.70	6/6/2018
31865	01727662	0000071694	\$7,112,635.96	6/7/2018
31865	01730929	0000071694	\$1,845,134.33	6/13/2018
31865	01730943	0000071694	\$7,315,575.82	6/14/2018
31865	01733987	0000071694	\$2,204,738.61	6/20/2018
31865	01734005	0000071694	\$9,442,341.07	6/21/2018

VSHP - TennCare Select FY 2018 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01737538	0000071694	\$1,782,363.17	6/27/2018
31865	01737549	0000071694	\$7,156,927.02	6/28/2018
			<b>\$156,071,229.95</b>	

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**FY 2018 TOTAL                    \$    547,680,620.15**

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# VSHP - TennCare Select - Edison #29635

FY 2019

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01740984	0000071694	\$1,872,560.17	7/5/2018
31865	01741907	0000071694	\$189,582.96	7/6/2018
31865	01741908	0000071694	\$1,448,513.96	7/6/2018
31865	01741004	0000071694	\$7,675,627.80	7/6/2018
31865	01744255	0000071694	\$1,744,257.20	7/11/2018
31865	01744299	0000071694	\$5,120,835.22	7/12/2018
31865	01747421	0000071694	\$2,145,132.85	7/18/2018
31865	01747442	0000071694	\$7,129,869.91	7/19/2018
31865	01750738	0000071694	\$2,131,290.89	7/25/2018
31865	01750768	0000071694	\$16,705,392.73	7/26/2018
31865	01753988	0000071694	\$3,560,482.06	8/1/2018
31865	01754006	0000071694	\$10,528,119.12	8/2/2018
31865	01754950	0000071694	\$96,648.61	8/3/2018
31865	01754951	0000071694	\$1,565,160.50	8/3/2018
31865	01754953	0000071694	\$72,751,460.99	8/3/2018
31865	01757376	0000071694	\$1,934,267.63	8/8/2018
31865	01757414	0000071694	\$7,962,021.88	8/9/2018
31865	01758274	0000071694	\$8,294,678.81	8/10/2018
31865	01758276	0000071694	\$14,515,474.41	8/10/2018
31865	01760430	0000071694	\$2,203,426.01	8/15/2018
31865	01760457	0000071694	\$8,237,790.57	8/16/2018
31865	01763731	0000071694	\$2,017,000.95	8/22/2018
31865	01763878	0000071694	\$7,595,734.84	8/23/2018
31865	01763745	0000071694	\$187,467.31	8/23/2018
31865	01767115	0000071694	\$1,981,452.65	8/29/2018
31865	01767148	0000071694	\$9,021,943.45	8/30/2018
31865	01770664	0000071694	\$7,210,367.88	9/6/2018
31865	01770649	0000071694	\$1,788,201.20	9/6/2018
31865	01771505	0000071694	\$135,707.43	9/7/2018
31865	01771506	0000071694	\$2,014,176.74	9/7/2018
31865	01771508	0000071694	\$77,025,495.00	9/7/2018
31865	01773711	0000071694	\$1,994,471.89	9/12/2018
31865	01773734	0000071694	\$8,495,506.82	9/13/2018
31865	01776903	0000071694	\$2,265,904.19	9/19/2018
31865	01776917	0000071694	\$7,530,523.93	9/20/2018
31865	01780158	0000071694	\$2,242,278.05	9/26/2018
31865	01780185	0000071694	\$9,183,583.43	9/27/2018
31865	01780182	0000071694	\$95,099.72	9/27/2018
			<b>\$318,597,509.76</b>	

31865	01783584	0000071694	\$1,974,192.25	10/3/2018
31865	01783598	0000071694	\$6,196,041.95	10/4/2018

VSHP - TennCare Select FY 2019 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01784499	0000071694	\$136,465.28	10/5/2018
31865	01784500	0000071694	\$1,390,809.21	10/5/2018
31865	01786771	0000071694	\$2,126,181.66	10/10/2018
31865	01786788	0000071694	\$8,694,869.33	10/11/2018
31865	01790043	0000071694	\$1,818,624.12	10/17/2018
31865	01790088	0000071694	\$6,690,588.91	10/18/2018
31865	01793126	0000071694	\$2,089,102.25	10/24/2018
31865	01793158	0000071694	\$9,431,144.75	10/25/2018
31865	01796599	0000071694	\$2,268,430.89	10/31/2018
31865	01796621	0000071694	\$15,017,331.87	11/1/2018
31865	104312709	0000071694	\$140,961.86	11/2/2018
31865	104312710	0000071694	\$1,320,260.33	11/2/2018
31865	01799644	0000071694	\$3,487,530.07	11/7/2018
31865	01799660	0000071694	\$7,782,963.45	11/8/2018
31865	01803003	0000071694	\$7,909,491.41	11/15/2018
31865	01802988	0000071694	\$2,572,428.23	11/15/2018
31865	01805994	0000071694	\$8,467,335.72	11/21/2018
31865	01806000	0000071694	\$2,091,577.01	11/21/2018
31865	01809020	0000071694	\$2,225,606.70	11/28/2018
31865	01809072	0000071694	\$5,760,702.77	11/29/2018
31865	01812387	0000071694	\$2,185,587.86	12/5/2018
31865	01812398	0000071694	\$9,292,553.87	12/6/2018
31865	104363843	0000071694	\$163,116.64	12/7/2018
31865	104363844	0000071694	\$1,443,384.73	12/7/2018
31865	01815765	0000071694	\$2,269,465.99	12/12/2018
31865	01818537	0000071694	\$2,158,468.86	12/19/2018
31865	104384013	0000071694	\$359,758.54	12/21/2018
31865	01821973	0000071694	\$2,316,651.10	12/28/2018
			<b>\$119,781,627.61</b>	

31865	01825824	0000071694	\$178,584.10	1/4/2019
31865	01825825	0000071694	\$1,406,718.37	1/4/2019
31865	01825081	0000071694	\$5,453,436.51	1/4/2019
31865	01825065	0000071694	\$1,793,091.54	1/4/2019
31865	01827927	0000071694	\$1,994,335.84	1/9/2019
31865	01827969	0000071694	\$6,361,128.73	1/10/2019
31865	01830686	0000071694	\$2,553,025.45	1/16/2019
31865	01830703	0000071694	\$7,903,885.83	1/17/2019
31865	01833617	0000071694	\$6,923,383.12	1/24/2019
31865	01833602	0000071694	\$2,278,928.72	1/24/2019
31865	01837354	0000071694	\$3,966,890.04	1/30/2019
31865	01837384	0000071694	\$12,944,732.59	1/31/2019
31865	01838452	0000071694	\$199,957.88	2/1/2019
31865	01838453	0000071694	\$1,424,374.82	2/1/2019

VSHP - TennCare Select FY 2019 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01841235	0000071694	\$2,354,993.21	2/6/2019
31865	01841256	0000071694	\$8,008,245.41	2/7/2019
31865	01844664	0000071694	\$2,374,125.43	2/13/2019
31865	01844686	0000071694	\$8,955,922.14	2/14/2019
31865	01848445	0000071694	\$7,235,476.37	2/21/2019
31865	01848442	0000071694	\$2,219,658.44	2/21/2019
31865	01852256	0000071694	\$2,105,319.23	2/27/2019
31865	01852283	0000071694	\$10,788,071.62	2/28/2019
31865	01853267	0000071694	\$228,851.34	3/1/2019
31865	01853268	0000071694	\$1,429,273.07	3/1/2019
31865	01856130	0000071694	\$2,333,810.60	3/6/2019
31865	01859721	0000071694	\$2,246,121.16	3/13/2019
31865	01863504	0000071694	\$2,288,455.06	3/20/2019
31865	01866965	0000071694	\$2,126,927.54	3/27/2019
			<b>\$110,077,724.16</b>	

31865	01870677	0000071694	2,107,453.59	4/3/2019
31865	01870687	0000071694	7,781,353.87	4/4/2019
31865	01871555	0000071694	302,723.17	4/5/2019
31865	01871556	0000071694	1,455,523.76	4/5/2019
31865	01873843	0000071694	1,877,573.86	4/10/2019
31865	01873876	0000071694	8,126,905.87	4/11/2019
31865	01877215	0000071694	2,112,868.55	4/17/2019
31865	01877242	0000071694	8,771,400.21	4/18/2019
31865	01878199	0000071694	511,594.77	4/19/2019
31865	01880565	0000071694	3,797,703.51	4/24/2019
31865	01880594	0000071694	16,384,929.69	4/25/2019
31865	01884215	0000071694	2,026,150.16	5/1/2019
31865	01884236	0000071694	7,833,851.69	5/2/2019
31865	01885125	0000071694	342,743.56	5/3/2019
31865	01885126	0000071694	1,467,853.21	5/3/2019
31865	01887463	0000071694	2,006,848.10	5/8/2019
31865	01887482	0000071694	9,123,981.47	5/9/2019
31865	01890820	0000071694	1,997,804.62	5/15/2019
31865	01890852	0000071694	8,198,361.61	5/16/2019
31865	01893982	0000071694	2,059,356.10	5/22/2019
31865	01894006	0000071694	7,546,426.15	5/23/2019
31865	01897625	0000071694	7,601,272.82	5/30/2019
31865	01897614	0000071694	1,791,675.52	5/30/2019
31865	01900803	0000071694	386,438.74	6/5/2019
31865	01900805	0000071694	6,996,887.42	6/6/2019
31865	01901742	0000071694	363,378.24	6/7/2019
31865	01901743	0000071694	1,489,271.78	6/7/2019
31865	01904216	0000071694	7,207,865.52	6/13/2019

VSHP - TennCare Select FY 2019 (Continued)

Unit	Voucher ID	Vendor ID	Amount Pd	Pymnt Date
31865	01906804	0000071694	9,868,473.74	6/20/2019
31865	01910351	0000071694	7,961,109.49	6/27/2019
			<b>\$139,499,780.79</b>	

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**FY 2019 TOTAL**

**\$687,956,642.32**

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**VSHP - TennCare Select - Edison #29635**

**FY 2020**

<b>Unit</b>	<b>Voucher ID</b>	<b>Vendor ID</b>	<b>Amount Pd</b>	<b>Pymnt Date</b>
31865	01913620	0000071694	1,621,793.34	7/3/2019
31865	01914475	0000071694	363,697.97	7/5/2019
31865	01914476	0000071694	1,442,521.39	7/5/2019
31865	01916776	0000071694	2,193,617.72	7/10/2019
31865	01917603	0000071694	7,756,481.38	7/12/2019
31865	01919767	0000071694	1,689,137.29	7/17/2019
31865	01920740	0000071694	595,306.49	7/19/2019
31865	01923236	0000071694	2,096,996.70	7/24/2019
31865	01926358	0000071694	3,276,559.19	7/31/2019
			<b>\$21,036,111.47</b>	

**FY 2020 TOTAL**

**\$21,036,111.47**

**VSHP TennCare Select Sanctions Report**

Item Id	MCC Name	OCCP Deliverable	OCCP Sanction Reason For Assessment	OCCP Sanction Assessment Start Date	OCCP Sanction Assessment End Date	Total amount of Assessment	OCCP Sanction Recoup Date
SAN_04780	TennCare Select	(None)	Failure to provide approved services	1/1/2008	5/12/2008	\$ 4,274.20	6/13/2011
SAN_04916	TennCare Select	(None)	Failure to provide approved services	8/1/2008	10/5/2008	\$ 9,621.17	9/20/2011
SAN_04904	TennCare Select	(None)	Failure to provide approved services	10/1/2008	3/25/2009	\$ 23,724.31	9/20/2011
SAN_04782	TennCare Select	(None)	Failure to provide approved services	5/27/2009	6/30/2009	\$ 3,725.00	6/13/2011
SAN_04781	TennCare Select	(None)	Failure to provide approved services	4/1/2010	8/31/2010	\$ 11,353.00	6/13/2011
SAN_04494	TennCare Select	(None)	Failure to Provide Services	6/1/2010	7/12/2010	\$ 1,443.52	5/23/2011
SAN_00509	TennCare Select	(None)	Defective Notice	6/7/2010	6/7/2010	\$ 500.00	10/5/2010
SAN_00503	TennCare Select	(None)	Defective Notice	6/14/2010	6/14/2010	\$ 500.00	10/5/2010
SAN_00649	TennCare Select	(None)	Defective Noticef	6/22/2010	6/22/2010	\$ 500.00	10/12/2010
SAN_01927	TennCare Select	(None)	Untimely Reconsideration Response	7/6/2010	7/7/2010	\$ 1,000.00	2/8/2011
SAN_00510	TennCare Select	(None)	Defective Notice	7/16/2010	7/16/2010	\$ 500.00	2/15/2011
SAN_00929	TennCare Select	(None)	Liquidated damages are being assessed for TC Select (004) for 2 rejected encounters that were not resubmitted within 45 days of rejection from Edifecs. Per the ORR distributed on 11-23-09, the penalty is \$100 per encounter per reporting period up to day 104 of encounter age. The total amount of liquidated damages for the 7-30-10 reporting period is \$200.00.	7/30/2010	7/30/2010	\$ 200.00	11/19/2010
SAN_00931	TennCare Select	(None)	Liquidated damages are being assessed for TC Select (011) for 5 rejected encounters that were not resubmitted within 45 days of rejection from Edifecs. Per the ORR distributed on 11-23-09, the penalty is \$100 per encounter per reporting period up to day 104 of encounter age. The total amount of liquidated damages for the 7-30-10 reporting period is \$500.00.	7/30/2010	7/30/2010	\$ 500.00	11/19/2010
SAN_00501	TennCare Select	(None)	Defective Notice	8/9/2010	8/9/2010	\$ 500.00	3/1/2011
SAN_00661	TennCare Select	(None)	Untimley VFD ORR Response	8/27/2010	8/27/2010	\$ 500.00	10/21/2010

SAN_00935	TennCare Select	(None)	Liquidated damages are being assessed for TC Select (004) for 9 rejected encounters that were not resubmitted within 45 days of rejection from Edifecs. Per the ORR distributed on 11-23-09, the penalty is \$100 per encounter per reporting period up to day 104 of encounter age. The total amount of liquidated damages for the 8-31-10 reporting period is \$900.00.	8/31/2010	8/31/2010	\$ 900.00	11/19/2010
SAN_00936	TennCare Select	(None)	Liquidated damages are being assessed for TC Select (011) for 11 rejected encounters that were not resubmitted within 45 days of rejection from Edifecs. Per the ORR distributed on 11-23-09, the penalty is \$100 per encounter per reporting period up to day 104 of encounter age. The total amount of liquidated damages for the 8-31-10 reporting period is \$1100.00.	8/31/2010	8/31/2010	\$ 1,100.00	11/19/2010
SAN_00916	TennCare Select	(None)	Defective Notice	9/2/2010	9/2/2010	\$ 500.00	11/19/2010
SAN_00950	TennCare Select	(None)	Untimely Correction of Notice	9/2/2010	9/2/2010	\$ 500.00	11/19/2010
SAN_00892	TennCare Select	(None)	Defective Notice	9/8/2010	9/8/2010	\$ 500.00	2/15/2011
SAN_00889	TennCare Select	(None)	Defective Notice	9/15/2010	9/15/2010	\$ 500.00	11/19/2010
SAN_00768	TennCare Select	(None)	Late Response (3 days)	9/18/2010	9/20/2010	\$ 300.00	10/12/2010
SAN_00939	TennCare Select	(None)	Liquidated damages are being assessed for TC Select (004) for 2 rejected encounters that were not resubmitted within 45 days of rejection from Edifecs. Per the ORR distributed on 11-23-09, the penalty is \$100 per encounter per reporting period up to day 104 of encounter age. The total amount of liquidated damages for the 9-30-10 reporting period is \$200.00.	9/30/2010	9/30/2010	\$ 200.00	11/19/2010
SAN_00940	TennCare Select	(None)	Liquidated damages are being assessed for TC Select (011) for 1 rejected encounters that were not resubmitted within 45 days of rejection from Edifecs. Per the ORR distributed on 11-23-09, the penalty is \$100 per encounter per reporting period up to day 104 of encounter age. The total amount of liquidated damages for the 9-30-10 reporting period is \$100.00.	9/30/2010	9/30/2010	\$ 100.00	11/19/2010

SAN_03621	TennCare Select	(None)	Failure to Achieve Accuracy Rates - Telephone Numbers and Prenatal Services	10/1/2010	12/31/2010	\$ 10,000.00	4/21/2011
SAN_02263	TennCare Select	(None)	This LD is for both MCC004 (\$200.00) and MCC 011 (\$700.00) for Edifecs rejected encounters not being corrected within 45 days. Please reference the attachment.	10/29/2010	10/29/2010	\$ 900.00	4/6/2011
SAN_05869	TennCare Select	(None)	Failure to provide approved services	1/1/2011	7/13/2011	\$ 7,840.00	8/12/2011
SAN_04788	TennCare Select	(None)	Defective Notice	3/14/2011	3/14/2011	\$ 500.00	6/7/2011
SAN_03846	TennCare Select	(None)	This LD is for MCC004(\$100.00) for Edifecs rejected encounters not being corrected within 45 days. Please reference the attachment.	3/31/2011	3/31/2011	\$ 300.00	4/14/2011
SAN_03847	TennCare Select	(None)	This LD is for MCC011 (\$100.00) for Edifecs rejected encounters not being corrected within 45 days. NCCI rejections were not included and are detailed in an attachment. Please reference the attachments.	3/31/2011	3/31/2011	\$ 800.00	4/21/2011
SAN_06196	TennCare Select	A.19.5.2 - Quarterly NEMT Claims Management Reports	Failure to meet established benchmark	4/1/2011	6/30/2011	\$ 5,000.00	9/2/2011
SAN_04897	TennCare Select	(None)	The Provider file due to be accepted on April 5th was not accepted until April 7th due to lack of compliancy.	4/6/2011	4/7/2011	\$ 500.00	6/13/2011
SAN_04966	TennCare Select	(None)	This LD is for MCC011 (\$200.00) for Edifecs rejected encounters not being corrected within 45 days. Please reference the attachments.	4/29/2011	4/29/2011	\$ 200.00	6/21/2011
SAN_04967	TennCare Select	(None)	This LD is for MCC004 (\$100.00) for Edifecs rejected encounters not being corrected within 45 days. Please reference the attachments.	4/29/2011	4/29/2011	\$ 100.00	6/21/2011
SAN_04970	TennCare Select	(None)	This LD is for MCC011 (\$200.00) for Edifecs rejected encounters not being corrected within 45 days. Please reference the attachments.	5/31/2011	5/31/2011	\$ 200.00	6/21/2011
SAN_04982	TennCare Select	(None)	Untimely ORR	6/4/2011	6/6/2011	\$ 300.00	6/21/2011
SAN_05300	TennCare Select	(None)		7/1/2011	7/1/2011	\$ 100.00	7/22/2011
SAN_06080	TennCare Select	(None)	On July 1, 2011, the health plan submitted a CAP for the 2011 AQS that was deemed incomplete/deficient. An approved CAP was submitted on July 26, 2011.	7/1/2011	7/26/2011	\$ 12,500.00	9/2/2011

SAN_006751	TennCare Select	A.19.5.2 - Quarterly NEMT Claims Management Reports	Failure to meet Benchmark of 97%	7/1/2011	9/30/2011	\$ 5,000.00	1/24/2012
SAN_006568	TennCare Select	(None)	Failure to provide approved services	8/1/2011	8/25/2011	\$ 12,500.00	12/12/2011
SAN_006614	TennCare Select	(None)	Untimely Response	8/25/2011	8/25/2011	\$ 500.00	12/8/2011
SAN_006718	TennCare Select	(None)	Failure to provide approved services	9/4/2011	11/6/2011	\$ 9,188.00	1/24/2012
SAN_006574	TennCare Select	(None)	Failure to provide approved services	9/5/2011	9/11/2011	\$ 3,500.00	12/14/2011
SAN_006571	TennCare Select	(None)	Defective Notice	9/20/2011	9/20/2011	\$ 500.00	11/22/2011
SAN_006507	TennCare Select	2.30.14.6 - Monthly List of Involuntary Terminations Report	Late Submission	9/21/2011	9/21/2011	\$ 100.00	10/17/2011
SAN_006551	TennCare Select	(None)	Failure to provide complete documentation	9/27/2011	9/27/2011	\$ 500.00	11/18/2011
SAN_006529	TennCare Select	2.30.6.7 - Quarterly CHOICES Care Coordination Report	Late Report	11/1/2011	11/4/2011	\$ 400.00	11/18/2011
SAN_006553	TennCare Select	2.30.14.1 - Quarterly Fraud and Abuse Activities Report	Late Report	11/1/2011	11/1/2011	\$ 100.00	11/18/2011
SAN_006628	TennCare Select	2.30.6.9 - Quarterly Pharmacy Services	Late Report	11/1/2011	12/1/2011	\$ 3,100.00	1/24/2012
SAN_006619	TennCare Select	(None)	Defective Notice	11/3/2011	11/3/2011	\$ 500.00	12/8/2011
SAN_006710	TennCare Select	(None)	The provider file due to be accepted on December 5th was not accepted until December 6th due to lack of compliancy.	12/6/2011	12/6/2011	\$ 250.00	1/17/2012
SAN_006639	TennCare Select	(None)	Deficient CAP	12/14/2011	12/19/2011	\$ 3,000.00	1/24/2012
SAN_006754	TennCare Select	2.30.6.7 - Quarterly CHOICES Care Coordination Report	Timeliness	1/31/2012	2/1/2012	\$ 200.00	2/13/2012
SAN_006769	TennCare Select	(None)	This LD is for MCC011 (\$100.00) for Edifecs rejected encounters not being corrected within 45 days. Please reference the attachment.	1/31/2012	1/31/2012	\$ 100.00	4/13/2012
SAN_006759	TennCare Select	2.30.6.9 - Quarterly Pharmacy Services	Timeliness	1/31/2012	2/14/2012	\$ 1,400.00	4/27/2012

SAN_006775	TennCare Select	(None)	This LD is for MCC004 (\$500.00) for Edifecs rejected encounters not being corrected within 45 days. Please reference the attachment.	2/1/2012	2/29/2012	\$ 500.00	4/13/2012
SAN_006776	TennCare Select	(None)	This LD is for MCC011 (\$4400.00) for Edifecs rejected encounters not being corrected within 45 days. Please reference the attachment.	2/1/2012	2/29/2012	\$ 4,400.00	4/27/2012
SAN_006824	TennCare Select	A.19.3.1 - Monthly NEMT Call Center Reports	Failure to reach benchmark	2/1/2012	2/29/2012	\$ 5,000.00	7/2/2012
SAN_006857	TennCare Select	(None)	Untimely Reconsideration	3/13/2012	3/13/2012	\$ 500.00	6/12/2012
SAN_006836	TennCare Select	(None)	Defective Notice	4/5/2012	4/5/2012	\$ 500.00	6/12/2012
SAN_006910	TennCare Select	(None)	Defective Notice related to Justin Poole	5/10/2012	5/10/2012	\$ 500.00	7/17/2012
SAN_006909	TennCare Select	(None)	Defective Notice (missing facts personal to the beneficiary) related to Jared Lotrionte.	5/17/2012	5/17/2012	\$ 500.00	7/17/2012
SAN_006935	TennCare Select	(None)	TennCare Select submitted a deficient CAP on 5/25/2012. A final CAP was approved on 7/2/2012.	5/25/2012	7/1/2012	\$ 13,000.00	2/25/2013
SAN_007034	TennCare Select	(None)	Missed shift sanction related to Kerry Brummitt (12-09-011-555996). MCC is also responsible for the Cost of	7/1/2012	9/14/2012	\$ 3,411.20	1/15/2013
SAN_006973	TennCare Select	(None)	Defective Notice	7/27/2012	7/27/2012	\$ 500.00	9/13/2012
SAN_006985	TennCare Select	A.19.5.1 - Quarterly NEMT Prompt Payment	Deficient Report	8/1/2012	8/10/2012	\$ 1,000.00	11/27/2012
SAN_007014	TennCare Select	(None)	MCC failed to provide an approved service related to Binta Barrow (12-09-011-556308). Plus the cost of care.	9/17/2012	9/17/2012	\$ 669.44	12/7/2012
SAN_007015	TennCare Select	(None)	Failure to provide an approved service plus the cost of care.	9/18/2012	9/23/2012	\$ 4,016.64	1/15/2013
SAN_007004	TennCare Select	2.30.5.2 - Annual Disease Management Report	recommend Liquidated Damages be assessed due to a new report policy implemented by DM staff in January 2012 stating ORRs would be sent for all report deficiencies requiring revised reports and if repeat ORRs were necessary Liquidated Damages would be	9/21/2012	10/11/2012	\$ 2,100.00	12/7/2012
SAN_007016	TennCare Select	(None)	MCC failed to provide an approved service. MCC is also responsible for the cost of care.	9/24/2012	9/30/2012	\$ 4,686.08	1/15/2013

SAN_007145	TennCare Select	(None)	In accordance with Section 6-28.D.2 of the contract liquidated damages in the amount of \$5,000 for failure to achieve accuracy rates for telephone numbers as reported on the TennCare Provider Enrollment File.	10/1/2012	12/31/2012	\$ 5,000.00	5/3/2013
SAN_007017	TennCare Select	(None)	MCC failed to provide an approved service. MCC is also responsible for the cost of care.	10/13/2012	10/14/2012	\$ 1,338.88	12/7/2012
SAN_007008	TennCare Select	(None)	Timeliness	10/16/2012	10/26/2012	\$ 1,100.00	12/7/2012
SAN_007018	TennCare Select	(None)	Failure to provide an approved service plus the cost of care.	10/17/2012	10/18/2012	\$ 1,338.88	1/15/2013
SAN_007019	TennCare Select	(None)	Failure to provide an approved service plus the cost of care.	10/20/2012	10/21/2012	\$ 1,338.88	1/15/2013
SAN_007001	TennCare Select	A.19.4.1 - Monthly NEMT Driver Roster	Report submitted late	10/24/2012	10/24/2012	\$ 100.00	11/27/2012
SAN_007031	TennCare Select	(None)	Missed shifts related to Binta Barrow (12-10-011-	10/31/2012	11/4/2012	\$ 4,364.04	12/7/2012
SAN_007264	TennCare Select	(None)	Defective Notice related to Ashley Allen (13-01-011-565533).	12/21/2012	12/21/2012	\$ 500.00	6/14/2013
SAN_007083	TennCare Select	A.19.2.1 - Monthly NEMT Call Center Reports	The speed of answer (percentage) benchmark is 85% per line/queue the speed of answer (percentage) was reported as 83.39% for the Customer Service queue. The first deficiency is 5,000 for each full percentage point below 85% per month per line/queue. Liquidated Damages will be \$5,000.	1/1/2013	1/31/2013	\$ 5,000.00	2/25/2013
SAN_007184	TennCare Select	(None)	Untimely submission of a Standard Appeal related to McKenzie LaFollette (13-01-011-567045).	1/30/2013	1/30/2013	\$ 500.00	4/2/2013
SAN_007179	TennCare Select	(None)	Incomplete On Request Report for Re/Consideration response (failed to include copies of all pertinent medical records - results of Home Health Assessment not provided) related to Cydnee McKissack (13-01-011-565164).	2/4/2013	2/4/2013	\$ 500.00	3/12/2013
SAN_007694	TennCare Select	(None)	Defective Notice of Adverse Action	4/24/2013	4/24/2013	\$ 500.00	4/11/2014
SAN_007252	TennCare Select	(None)	Incomplete Reconsideration Response (medical records) related to Nidaya Rich (13-04-011-573496).	4/29/2013	4/29/2013	\$ 500.00	6/14/2013

SAN_007423	TennCare Select	(None)	MCC failed to provide a complete response (failed to include copies of all pertinent medical records - including progress notes) to an On Request Report for Re/Consideration related to Haley Beason (13-04-011-574309).	5/2/2013	5/3/2013	\$ 1,000.00	12/20/2013
SAN_007287	TennCare Select	(None)	Deficient Report	6/21/2013	8/29/2013	\$ 7,000.00	11/19/2013
SAN_007590	TennCare Select	(None)	Liquidated damages in the amount of \$5,000.00 are being recommended for failure to achieve accuracy rates for Telephone Number as reported on the TennCare Provider Enrollment File.	7/1/2013	9/30/2013	\$ 5,000.00	1/9/2014
SAN_007290	TennCare Select	A.19.4.2 - Monthly NEMT Claims Payment Accuracy Reports	95.2% is 1.8% below benchmark at 97%	8/1/2013	8/31/2013	\$ 5,000.00	1/9/2014
SAN_007300	TennCare Select	A.19.2.1 - Monthly NEMT Call Center Reports	Failure to meet the required benchmark of 85% for the NEMT Call Center in September 2013.	9/1/2013	9/30/2013	\$ 5,000.00	11/19/2013
SAN_008429	TennCare Select	(None)	Failure to achieve accuracy rates - Telephone Numbers	10/1/2013	12/31/2013	\$ 5,000.00	10/9/2015

SAN_007712	TennCare Select	A.19.2.1 - Monthly NEMT Call Center Reports	<p>The speed of answer (percentage) benchmark is 85% per line/queue the speed of answer (percentage) was reported as 83.77%. The first deficiency is 5,000 for each full percentage point below 85% per month per line/queue.</p> <p>Liquidated Damages will be \$5,000</p> <p>The abandoned percentage shall be less than 5%, The first deficiency is \$5,000 for each full percentage point above 5% per month per line/queue.</p> <p>The abandoned percentage for the month of February was 7.4%. Two \ full percentage points above performance standard.</p> <p>Liquidated Damages will be 10,000</p> <p>Service Level 5,000 Abandoned 10,000 Total 15,000</p>	2/1/2014	2/28/2014	\$ 15,000.00	5/30/2014
SAN_007773	TennCare Select	(None)	<p>TCS-Untimely Reconsideration Response re: Smith, Jacquez (14-04-011-607960)</p> <p>TCS's reconsideration response was due on 04/15/2014, but was not received until 04/16/2014.</p>	4/16/2014	4/16/2014	\$ 500.00	6/6/2014
SAN_007919	TennCare Select	A.19.5.1 - Monthly Member NEMT Complaint Report	Failure to Comply with pick-up and delivery standards	6/26/2014	6/26/2014	\$ 2,000.00	11/26/2014
SAN_007966	TennCare Select	A.19.5.1 - Monthly Member NEMT Complaint Report	Failure to comply with the approval and scheduling timeframes and failure to comply with pick up and delivery standards.	7/1/2014	7/31/2014	\$ 1,500.00	11/26/2014
SAN_008366	TennCare Select	(None)	Failure to achieve accuracy rates - Telephone Numbers	7/1/2014	9/30/2014	\$ 5,000.00	8/14/2015

SAN_007985	TennCare Select	(None)	TCS-Incomplete Reconsideration Response re: STEWART, Christopher, Jr. (14-07-011-617642) TCS's reconsideration response, which is expected to include copies of all pertinent medical records, was due on 07/23/2014. TCS's 07/23/2014 response did not include a copy of enrollee's current treatment plan. A complete response including the pertinent medical records was not received until 07/25/2014.	7/24/2014	7/25/2014	\$ 1,000.00	11/7/2014
SAN_007908	TennCare Select	A.19.1.3 - Monthly NEMT Utilization Report	Timeliness	8/21/2014	8/26/2014	\$ 600.00	9/19/2014
SAN_008013	TennCare Select	A.19.2.1 - Monthly NEMT Call Center Reports	Failed to meet performance standards for the Monthly NEMT Call Center Reports for the month of September 2014.	9/1/2014	9/30/2014	\$ 15,000.00	12/12/2014
SAN_008025	TennCare Select	A.19.5.1 - Monthly Member NEMT Complaint Report	Failure to comply with pick up and delivery standards	9/1/2014	9/30/2014	\$ 1,000.00	12/12/2014
SAN_008047	TennCare Select	(None)	TCS- Missed PDN Shifts Re: McGhee, Cartina (14-12-011-636863). TCS missed 51 PDN shifts from 9/1/14 to 11/28/14, which amounts to \$41,184.48 in damages (\$500 x 51 days with missed PDN shifts= [\$25,500] [+] the cost of care not conferred [\$15,684.48] =	9/1/2014	12/1/2014	\$ 43,720.00	8/28/2015
SAN_008026	TennCare Select	A.19.5.1 - Monthly Member NEMT Complaint Report	Failure to comply with pick up and delivery standards (\$500 per deficiency)	9/30/2014	9/30/2014	\$ 500.00	12/12/2014
SAN_008043	TennCare Select	A.19.5.1 - Monthly Member NEMT Complaint Report	Failure to comply with pick up and delivery standards	10/29/2014	10/29/2014	\$ 500.00	12/23/2014
SAN_008099	TennCare Select	A.19.5.1 - Monthly Member NEMT Complaint Report	Failure to comply with pick up and delivery standards	12/10/2014	12/10/2014	\$ 500.00	3/13/2015
SAN_008380	TennCare Select	(None)	TennCare Select – Failure to Provide Approved Transportation Services Re: WILLIAMS, Kentia (15-01-011-653645).	12/10/2014	12/10/2014	\$ 720.12	8/28/2015

SAN_008331	TennCare Select	(None)	In accordance with Attachment VII of the Contractor Risk Agreement, liquidated damages in the amount of \$5,000.00 are being recommended for failure to achieve accuracy rates for Telephone Numbers as reported on the TennCare Provider Enrollment File.	1/1/2015	3/31/2015	\$ 5,000.00	7/17/2015
SAN_008260	TennCare Select	(None)	Failure to meet required benchmark for February 2015 CHOICES Prompt Pay	2/1/2015	2/28/2015	\$ 10,000.00	4/8/2015
SAN_008313	TennCare Select	(None)	Failure to meet required benchmark for April 2015 CHOICES Prompt Pay	4/1/2015	4/30/2015	\$ 10,000.00	6/26/2015
SAN_008324	TennCare Select	A.19.5.1 - Monthly Member NEMT	Failure to comply with pick up and delivery standards	5/27/2015	5/27/2015	\$ 500.00	7/17/2015
SAN_008437	TennCare Select	(None)	Failure to meet required benchmark for July 2015 CHOICES Prompt Pay	7/1/2015	7/31/2015	\$ 10,000.00	10/9/2015
SAN_008562	TennCare Select	(None)	Failure to achieve accuracy rates - Telephone Numbers	7/1/2015	9/30/2015	\$ 5,000.00	1/8/2016
SAN_008730	TennCare Select	(None)	TCS- Missed PDN Shifts Re: BROWN, Lily (15-08-011-688310). TCS missed 13 PDN shifts from 07/21/2015 to 08/10/2015, which amounts to \$13,017.00 in damages. According to TCS, the reason for each of the above-referenced missed PDN shifts was "Lack of Qualified Staff." I was unable to find any information in the file, which might serve as good cause for TCS' failure to staff	7/21/2015	8/10/2015	\$ 13,017.00	5/13/2016
SAN_008488	TennCare Select	(None)	TCS- Missed PDN Shifts Re: THOMPSON, Lauren (15-09-011-693181). TCS missed 6 PDN shifts from 9/5/15 to 9/20/15, which amounts to \$5,679.84 in damages (\$500 x 6 days with missed PDN shifts= [\$3,000] [+] the cost of care not conferred [\$2,679.84] = [\$5,679.84].)	9/5/2015	9/20/2015	\$ 5,679.84	12/4/2015
SAN_008806	TennCare Select	(None)	TCS- Missed Home Health Aide Shifts Re: RANDOLPH, Jonathan (15-11-011-699752) TCS missed 20 HH Aide shifts from 09/19/2015 to 11/7/2015, which amounts to \$13986 in damages.	9/19/2015	11/7/2015	\$ 13,986.00	6/24/2016
SAN_008707	TennCare Select	(None)	Failure to achieve accuracy rates - Telephone Numbers	10/1/2015	12/31/2015	\$ 5,000.00	4/1/2016
SAN_009159	TennCare Select	(None)	Failure to reach 80% rates.	10/1/2015	9/30/2016	\$ 100,000.00	5/5/2017

SAN_008723	TennCare Select	(None)	TCS- Missed PDN Shifts Re: WALKER, La'Tavion (15-12-011-703363).  TCS missed 33 PDN shifts from 10/07/2015 to 12/07/2015, which amounts to \$27,254.04 in damages.	10/7/2015	12/7/2015	\$ 27,254.04	5/13/2016
SAN_008602	TennCare Select	A.19.2.1 - Monthly NEMT Call Center Reports	Failure to meet required benchmark	11/1/2015	11/30/2015	\$ 5,000.00	2/5/2016
SAN_008609	TennCare Select	A.19.5.1 - Monthly Member NEMT	Failure to comply with pick up and delivery standards	11/18/2015	11/18/2015	\$ 500.00	2/5/2016
SAN_008533	TennCare Select	(None)	Late Report	11/21/2015	11/23/2015	\$ 300.00	1/8/2016
SAN_008635	TennCare Select	A.19.2.1 - Monthly NEMT Call Center Reports	Failure to meet the required NEMT benchmark for the call center - Second Deficiency	12/1/2015	12/31/2015	\$ 10,000.00	3/11/2016
SAN_008644	TennCare Select	(None)	TCS-Defective Notice re: CAMERON, Brandin (15-12-011-704413). \$500 LD assessment for issuance of a defective approval notice to member. TCS's December 31, 2015 letter to member had to be corrected and reissued because the letter misstated the services which were being approved.	12/31/2015	12/31/2015	\$ 500.00	3/11/2016
SAN_009275	TennCare Select	(None)	TCS- Missed Home Health Aide Shifts Re: SPENCER, Cali (16-12-011-749363)	1/22/2016	12/3/2016	\$ 27,064.74	9/1/2017
SAN_008744	TennCare Select	(None)	TCS- Missed Home Health Aide Shifts Re: MERCED, John (15-12-011-703322). TCS missed 5 HH Aide shifts from 02/02/2016 to 02/11/2016, which amounts to \$2613.55 in damages.	2/2/2016	2/11/2016	\$ 2,613.55	5/13/2016
SAN_008771	TennCare Select	(None)	TCS Defective Initial NOAA re: RHODES, Hailey (16-02-011-710970)  TCS's initial denial basis should have been premised on the non-covered exclusion rule (as the reconsideration denial did).	2/5/2016	2/5/2016	\$ 500.00	5/27/2016

SAN_008702	TennCare Select	(None)	Assessment Reason: TCS- Missed PDN Shifts Re: STARKS, Tyra (16-02-011-710857). TCS missed 3 PDN shifts from 2/7/16 to 2/9/16, which amounts to \$2523.55 in damages (\$500 x 3 days with missed PDN shifts= [\$1500] [+] the cost of care not conferred [\$1023.55] = [\$2523.55]).	2/7/2016	2/9/2016	\$ 2,523.55	4/1/2016
SAN_008807	TennCare Select	(None)	TCS missed 5 PDN shifts from 03/14/2016 to 03/18/2016, which amounts to \$3,992.90 in damages. According to TCS, the reason for each of the above-referenced missed PDN shifts was "No Staff Available." I was unable to find any information in the file, which might serve as good cause for TCS' failure to staff the	3/14/2016	3/18/2016	\$ 3,992.90	6/24/2016
SAN_008914	TennCare Select	(None)	TCS Behavioral Failure to Issue Timely NOAA of Provider-Initiated Discharge	3/29/2016	3/29/2016	\$ 500.00	9/30/2016
SAN_008922	TennCare Select	(None)	Failure to achieve accuracy rates - Telephone Numbers	4/1/2016	6/30/2016	\$ 5,000.00	9/30/2016
SAN_008846	TennCare Select	A.19.4.2 - Monthly NEMT Claims Payment Accuracy Reports	Failure to meet benchmark	6/1/2016	6/30/2016	\$ 25,000.00	8/5/2016
SAN_008865	TennCare Select	(None)	TennCareSelect-Delay in Treatment re: WOODS, Braxton (16-06-211-726671).  TCS failed to find a bed for the enrollee until two days after the member was precertified for treatment.	6/2/2016	6/3/2016	\$ 1,000.00	9/2/2016
SAN_008868	TennCare Select	(None)	Late report	8/2/2016	8/2/2016	\$ 100.00	9/2/2016
SAN_009035	TennCare Select	(None)	TCS- Missed PDN Shifts Re: PATTERSON, Zachary (16-09-011-742156)	8/9/2016	10/9/2016	\$ 9,975.50	1/27/2017
SAN_008900	TennCare Select	A.19.5.6.1 - NEMT Accident/Incident Report	Failure to comply with the drug and alcohol requirement after an accident/incident.	8/11/2016	8/11/2016	\$ 500.00	9/30/2016
SAN_009105	TennCare Select	(None)	Failure to achieve accuracy rates - Telephone Numbers	10/1/2016	12/31/2016	\$ 5,000.00	4/7/2017
SAN_009082	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the Pick up and delivery standards	11/2/2016	11/2/2016	\$ 500.00	3/3/2017
SAN_009060	TennCare Select	(None)	TCS-Untimely Prior Authorization Response re: RUDOLPH, Zoey (16-12-211-750224).	11/30/2016	11/30/2016	\$ 500.00	3/3/2017

SAN_009089	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	12/13/2016	12/13/2016	\$ 500.00	4/7/2017
SAN_009090	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the approval and scheduling requirements	12/14/2016	12/14/2016	\$ 1,000.00	4/7/2017
SAN_009272	TennCare Select	(None)	TCS- Missed PDN Shifts Re: YORK, William, Jr. (17-01-011-753782).	12/17/2016	4/15/2017	\$ 27,051.99	9/1/2017
SAN_009148	TennCare Select	(None)	TCS- Missed PDN Shifts Re: MILLER, Jonathan (16-05-011-723280).	1/1/2017	1/29/2017	\$ 8,519.76	5/5/2017
SAN_009146	TennCare Select	(None)	TCS- Missed PDN/HHA Shifts Re: BARROW, Binta (17-02-011-756153).	1/8/2017	2/26/2017	\$ 16,760.64	5/5/2017
SAN_009147	TennCare Select	(None)	TCS- Missed PDN Shifts Re: MITCHELL, Karri (17-01-011-752280).	1/16/2017	2/7/2017	\$ 22,841.32	5/5/2017
SAN_009262	TennCare Select	2.17.5.2 - Quarterly Teen Newsletter	Failure to comply with the time frames for providing the 1st Quarter 2017 Teen Newsletter notification as	1/31/2017	3/7/2017	\$ 5,000.00	7/7/2017
SAN_009264	TennCare Select	(None)	TCS- Missed PDN Shifts Re: MILLER, Jonathan (16-05-011-723280). TCS missed 13 PDN shifts from 02/03/2017 to 02/23/2017, which amounts to	2/3/2017	2/23/2017	\$ 12,083.00	7/7/2017
SAN_009183	TennCare Select	(None)	TennCareSelect Failure to Forward Appeal within 5 Days Re. ARNOLD, Connor (17-03-011-758490).	2/20/2017	3/16/2017	\$ 12,500.00	5/5/2017
SAN_009289	TennCare Select	(None)	TCS- Missed Home Health Aide and PDN Shifts Re: BARROW, Binta (17-03-011-758190).	3/2/2017	3/26/2017	\$ 12,014.82	7/7/2017
SAN_009322	TennCare Select	(None)	TCS- Missed PDN Shifts Re: SHARP, Arabella (17-07-011-770902).	3/15/2017	7/11/2017	\$ 23,660.00	10/6/2017
SAN_009299	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	5/19/2017	5/19/2017	\$ 500.00	8/4/2017
SAN_009764	TennCare Select	(None)	TCS- Failure to Provide Approved PDN Shifts Re: SHARP, Arabella (17-12-011-786517).  TCS missed 27 PDN shifts between 07/04/2017 and 11/25/2017, which amounts to \$27,284.44 in damages.	7/4/2017	11/25/2017	\$ 27,284.44	11/2/2018
SAN_009380	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	8/7/2017	8/7/2017	\$ 500.00	11/3/2017
SAN_009381	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the approval and scheduling requirements	8/21/2017	8/21/2017	\$ 1,000.00	11/3/2017

SAN_009428	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the approval and scheduling requirements	8/30/2017	9/27/2017	\$ 3,000.00	12/1/2017
SAN_009501	TennCare Select	(None)	TCS-Untimely Prior Authorization Response re: MANUS, Eugene (17-09-011-776952).	9/2/2017	9/6/2017	\$ 2,500.00	2/2/2018
SAN_009377	TennCare Select	(None)	For failure to submit an acceptable provider enrollment file by the 5th business day of the month, per section 2.30.7.1 of the contract, liquidated damages in the amount of \$1500.00 (\$250.00 per calendar day) are being recommended per Amendment Number 22, section 5.20.2.2.7 (level C.7) of the contract.	9/6/2017	9/11/2017	\$ 1,500.00	10/6/2017
SAN_009427	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the approval and scheduling requirements	9/21/2017	9/21/2017	\$ 1,000.00	12/1/2017
SAN_009502	TennCare Select	(None)	TCS-Untimely Prior Authorization Response re: WILLIAMS, Xiayna (17-08-011-774321).	10/6/2017	10/12/2017	\$ 3,500.00	2/2/2018
SAN_009519	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	10/31/2017	10/31/2017	\$ 500.00	2/2/2018
SAN_009520	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	11/14/2017	11/14/2017	\$ 500.00	2/2/2018
SAN_009587	TennCare Select	(None)	TCS- Missed PDN Shifts Re: EDGIN, Sarah (18-02-011-793600). TCS missed 1 PDN shift on 01/11/2018, which amounts to \$913.60 in damages.	1/11/2018	1/11/2018	\$ 913.60	4/6/2018
SAN_009617	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	1/23/2018	1/23/2018	\$ 500.00	5/4/2018
SAN_009615	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the approval and scheduling requirements	1/24/2018	1/24/2018	\$ 1,000.00	5/4/2018
SAN_009785	TennCare Select	(None)	TCS- Failure to Provide Approved Home Health Aide Shifts Re: ARMENDARIZ-SOWELL, Liam (18-06-011-806861).  TCS missed 53 HH aide shifts from 02/14/2018 to 08/22/2018. The underlying reason for the missed shifts was the difficulty finding staff because of the	2/14/2018	8/22/2018	\$ 38,011.54	11/2/2018

SAN_009624	TennCare Select	A.19.4.2 - Monthly NEMT Claims Payment Accuracy Reports	Failure to comply with the required benchmarks - NEMT Claims	3/1/2018	3/31/2018	\$ 10,000.00	6/1/2018
SAN_009693	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	3/15/2018	3/19/2018	\$ 500.00	7/6/2018
SAN_009759	TennCare Select	(None)	Failure to achieve accuracy rates - Telephone Numbers	4/1/2018	6/30/2018	\$ 5,000.00	11/2/2018
SAN_009640	TennCare Select	2.30.18.4 - Quarterly Encounter/MLR Reconciliation Report & Companion Data File	Late Deliverable - 1 day	5/1/2018	5/1/2018	\$ 100.00	6/1/2018
SAN_009735	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	5/3/2018	5/3/2018	\$ 500.00	11/2/2018
SAN_009826	TennCare Select	(None)	Failure to achieve 90% accuracy rates - Telephone Numbers	7/1/2018	9/30/2018	\$ 5,000.00	1/4/2019
SAN_009903	TennCare Select	(None)	TCS- Failure to Provide Approved PDN (missed PDN shifts) Re: McKINNIS, Layla (18-09-011-817231). TSC missed 4 PDN shifts. Missed shifts occurred on 7/7/18, 7/8/18, 7/21/18, and 7/22/18.	7/7/2018	7/22/2018	\$ 2,630.00	4/5/2019
SAN_009831	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with approval and scheduling requirements	7/20/2018	7/20/2018	\$ 500.00	1/4/2019
SAN_009832	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	7/31/2018	7/31/2018	\$ 500.00	1/4/2019
SAN_009940	TennCare Select	2.30.17.1 - Monthly Claims Payment Accuracy	Failure to comply with the required benchmark - Nursing Home Facility	9/1/2018	9/30/2018	\$ 5,000.00	6/7/2019
SAN_009853	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	9/14/2018	9/14/2018	\$ 500.00	2/1/2019
SAN_009858	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	9/19/2018	9/19/2018	\$ 500.00	3/1/2019
SAN_009854	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the approval and scheduling requirements	9/28/2018	9/28/2018	\$ 500.00	2/1/2019
SAN_009859	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	10/16/2018	10/16/2018	\$ 500.00	3/1/2019
SAN_009964	TennCare Select	(None)	Failure to comply with the required benchmark - Nursing Home Facility	12/1/2018	12/31/2018	\$ 55,000.00	8/2/2019

SAN_009925	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	12/14/2018	12/14/2018	\$ 500.00	5/3/2019
SAN_009864	TennCare Select	A.19.5.6.1 - NEMT Accident/Incident Report	Failure to comply with the alcohol and drug testing timeframes after an accident.	1/2/2019	1/3/2019	\$ 500.00	3/1/2019
SAN_009869	TennCare Select	(None)	Failure to meet benchmark.	1/15/2019	1/5/2019	\$ 5,000.00	3/1/2019
SAN_010009	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	1/24/2019	1/24/2019	\$ 500.00	9/6/2019
SAN_010011	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with driver training requirements and driver standards	2/5/2019	2/14/2019	\$ 15,000.00	9/6/2019
SAN_010054	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the urgent trips requirements	2/20/2019	2/20/2019	\$ 1,500.00	9/6/2019
SAN_010026	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the approval and scheduling requirements	2/22/2019	2/22/2019	\$ 500.00	9/6/2019
SAN_010027	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the pick up and delivery standards	2/25/2019	2/25/2019	\$ 500.00	9/6/2019
SAN_009909	TennCare Select	(None)	TennCareSelect-Failure to issue timely notice of adverse benefit determination re: MOFFITT, Billie (19-02-011-832688)  TCS failed to confer the required 10 days' advance notice of its proposed PDN reduction.	3/1/2019	3/1/2019	\$ 500.00	4/5/2019

SAN_009991	TennCare Select	(None)	TennCareSelect-Failure to provide timely & complete response to request for appeal-related documentation re: MOFFITT, Billie (19-02-011-832688) VFD response did not include the 10 day reduction notice letter that was issued on 2/19/19. Instead the VFD response included a new denial of private duty nursing services dated 2/28/19, although the member was already receiving the appealed private duty nursing (PDN) services. COB was appropriately approved at VFD level. Blue issued two notices for this member a reduction letter and a new service denial letter, although the reduction letter was the only letter that should have been issued. The VFD response was not complete until 3/26/2019, when the response was corrected to include the 2/19/19 reduction letter in response to the member's appeal for reduction of private duty nursing.	3/2/2019	3/26/2019	\$ 7,500.00	8/2/2019
SAN_010053	TennCare Select	A.19.5.1 - Monthly NEMT Member Complaint	Failure to comply with the approval and scheduling requirements	3/5/2019	3/5/2019	\$ 500.00	9/6/2019
SAN_009914	TennCare Select	A.19.5.6.1 - NEMT Accident/Incident Report	Failure to comply with the drug and alcohol testing requirements - Untimely drug and alcohol testing	3/11/2019	3/19/2019	\$ 500.00	4/5/2019
SAN_009998	TennCare Select	(None)	Failure to meet required benchmark - May 2019 - CHOICES HCBS	5/1/2019	5/31/2019	\$ 10,000.00	8/2/2019
SAN_009952	TennCare Select	2.30.6.17 - Weekly Member MCO Selection/Assignment Report	Late Deliverable response	5/2/2019	5/2/2019	\$ 100.00	6/7/2019
SAN_009961	TennCare Select	2.30.17.1 - Monthly Claims Payment Accuracy	Late Deliverable submission	5/21/2019	5/21/2019	\$ 100.00	6/7/2019
SAN_009962	TennCare Select	2.30.10.9 - Monthly Outstanding Checks	Late Deliverable submission	5/21/2019	5/21/2019	\$ 100.00	6/7/2019

**TOTAL**

**\$ 983,101.59**