

October 26, 2018

Ms. Krista Lee, Executive Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

RE: Altruista Health, Inc. – Amendment 1
Deloitte Consulting, LLP – Amendment 1
Grant Cooper & Associates – Amendment 2
Myers and Stauffer, LC – Amendment 1
Managed Care Organization (MCO):
Amerigroup Tennessee, Inc. – Amendment 9
UnitedHealthcare Community Plan, Inc. – Amendment 9
VSHP BlueCare Tennessee – Amendment 9
Volunteer State Health Plan, Inc. – Amendment 44

Dear Ms. Lee:

The Department of Finance and Administration, Division of TennCare, is submitting for consideration by the Fiscal Review Committee the following eight (8) amendments and all required documentation and approvals.

- 1) Altruista Health, Inc. is the competitively procured contractor 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 first of two 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.
- 2) Deloitte Consulting, LLP is the competitively procured contractor tasked with the design, development, testing, implementation, and the operations and maintenance (O&M) of TennCare's eligibility determination, redetermination, and eligibility appeals system for the State of Tennessee's Medicaid program (TennCare) and Children's Health Insurance Program (CHIP, known as CoverKids in Tennessee). Their efforts have help modernize all aspects of Medicaid eligibility operations, enabling the State to administer all Medicaid eligibility determinations and related appeals functions. Deloitte is also responsible for eligibility determinations based on Modified Adjusted Gross Income (MAGI). The procurement and implementation of a single, streamlined eligibility determination system for Medicaid and CHIP, along with enhancements to the State's eligibility determination and eligibility appeals processes, has enabled the State to provide its members with a seamless customer experience providing real-time or near real-time determination of eligibility for the majority of applicants. At the forefront of this effort is a "no wrong door" strategy that

emphasizes efficiently capturing eligibility data electronically, regardless of how applicants choose to provide it, while promoting self-service and reducing transaction costs. TennCare requests to utilize the first of three (3) extensions as permitted by section B.2. of contract 51785 and to increase the maximum liability in order to accommodate the continuation of services for the extended period.

- 3) Grant Cooper and Associates is the competitively procured contractor which provides a national healthcare executive search and recruitment service for TennCare which assists in identifying qualified candidates for consideration for executive level positions. TennCare is requesting to extend the contract to the maximum of 60 months.
- 4) Myers & Stauffer, LLC is the competitively procured contract which establishes 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. 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 is in compliance with federal requirements and to increase the maximum liability to ensure there is no lapse in service. This will continue to support continuity for the Tennessee pharmacies and our members.

Managed Care Organization (MCO):

- 5) AMERIGROUP Tennessee, Inc. (Edison # 40180, amendment #9)
- 6) UnitedHealthcare Plan of the River Valley, d/b/a UnitedHealthcare Community Plan (Edison # 40181, amendment #9)
- 7) Volunteer State Health Plan, Inc. d/b/a Blue Care Tennessee (Edison # 40197, amendment #9)

These managed care contracts are being amended to provide relative changes to the managed care program including: 1) Addition of ECF CHOICES Groups 7 & 8 (and Integrated Support Coordination Team) 2) Revisions to ECF CHOICES Expenditure Cap exceptions. 3) Revisions to CHOICES & ECF CHOICES deadline for intake processes with exceptions and related liquidated damage. 4) Added collaboration requirements for Beneficiary Support System. 5) Prohibition on reimbursement conditions that require Medicare Explanation of Benefits for Nursing Facility claims. 6) Added community provider forums to CHOICES Advisory Group requirements. 7) Medication-assisted treatment (MAT) requirements. 8) Clarify Home Health Agency requirements. 9) Updated reporting requirements for Tennessee Health Link (THL) and Patient Centered Medical Home (PCMH). 10) Population Health updates for clarity and to align with NCQA Population Health requirements. 11) Program Integrity clarifications, including updated Fraud and Abuse Reporting Forms. 12) NEMT clarifications (mileage reimbursement, member survey's, reporting, etc.). 13) Housekeeping (definitions, reporting, etc.).



8) Volunteer State Health Plan, TennCare Select (Edison # 29635, Amendment #44)

This managed care contract is being amended to provide relative changes to the managed care program including: 1) Revise language to allow TennCare the option to remove eligibility groups based on CMS Wavier Amendments. 2) Added collaboration requirements for Beneficiary Support System. 3) Medication-assisted treatment (MAT) requirements. 4) Clarify Home Health Agency requirements. 5) Updated reporting requirements for Tennessee Health Link (THL) and Patient Centered Medical Home (PCMH). 6) Population Health updates for clarity and to align with NCQA Population Health requirements. 7) Program Integrity clarifications, including updated Fraud and Abuse Reporting Forms. 8) NEMT clarifications (mileage reimbursement, member surveys, reporting, etc.). 9) Housekeeping (definitions, reporting, etc.)

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", with a long horizontal line extending to the right.

William Aaron
Chief Financial Officer

cc: Wendy Long, M.D., Deputy Commissioner

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

APPROVED

CHIEF PROCUREMENT OFFICER

DATE

Agency request tracking #	31865-00026	
1. Procuring Agency	Department of Finance and Administration Division of TennCare	
2. Contractor	Volunteer State Health Plan (TennCare Select)	
3. Edison contract ID #	29635	
4. Proposed amendment #	44	
5. Contract's Original Effective Date	July 1, 2001	
6. Current end date	December 31, 2019	
7. Proposed end date	December 31, 2019	
8. Current Maximum Liability or Estimated Liability	\$5,800,523,505.90	
9. Proposed Maximum Liability or Estimated Liability	\$ N/A	
10. Strategic Technology Solutions Pre-Approval Endorsement Request <i>– information technology service (N/A to THDA)</i>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached	
11. eHealth Pre-Approval Endorsement Request <i>– health-related professional, pharmaceutical, laboratory, or imaging</i>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached	
12. Human Resources Pre-Approval Endorsement Request <i>– state employee training service</i>	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached	
13. Explain why the proposed amendment is needed		
<p>This contract is being amended to provide relative changes to the program including:</p> <ol style="list-style-type: none"> 1) Revise language to allow TennCare the option to remove eligibility groups based on CMS Waiver Amendments 2) Added collaboration requirements for Beneficiary Support System 3) Medication-assisted treatment (MAT) requirements 4) Clarify Home Health Agency requirements 5) Updated reporting requirements for Tennessee Health Link (THL) and Patient Centered Medical Home (PCMH) 		

Agency request tracking #	31865-00026
<ul style="list-style-type: none"> 6) Population Health updates for clarity and to align with NCQA Population Health requirements 7) Program Integrity clarifications, including updated Fraud and Abuse Reporting Forms 8) NEMT clarifications (mileage reimbursement, member survey's, reporting, etc.) 9) Housekeeping (definitions, reporting, etc.) 	
<p>14. If the amendment involves a change in Scope, describe efforts to identify reasonable, competitive, procurement alternatives to amending the contract.</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>Signature of Agency head or authorized designee, title of signatory, and date (the authorized designee may sign his or her own name if indicated on the Signature Certification and Authorization document)</p>	



CONTRACT AMENDMENT COVER SHEET

Agency Tracking # 31865-00026	Edison ID 29635	Contract #	Amendment # 44
Contractor Legal Entity Name VSHP (TennCare Select)			Edison Vendor ID 0000071694

Amendment Purpose & Effect(s)
Updates Scope

Amendment Changes Contract End Date: YES NO **End Date:** December 31, 2019

TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): **\$ 0.00**

Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
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	\$ 85,355,000.00	\$ 164,645,000.00			\$ 250,000,000.00
TOTAL:	\$2,024,918,829.04	\$3,775,604,676.86			\$5,800,523,505.90

<p>Budget Officer Confirmation: 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.</p>	<p><i>CPO USE</i></p>
Speed Chart (optional)	Account Code (optional)

**AMENDMENT NUMBER 44
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. Section 1 shall be amended by adding the definition for Beneficiary Support System and deleting and replacing the definition of Enrollee as follows:

Beneficiary Support System – The Beneficiary Support System is an entity independent of TennCare MCOs that provides support to applicants and enrollees before and after enrollment pursuant to 42 C.F.R § 438.71. Specific to CHOICES and ECF CHOICES, the State’s Beneficiary Support System contractor will assist applicants and enrollees with navigation of the CONTRACTOR’s appeals and grievance processes upon request by applicants and enrollees.

Enrollee – A person who has been determined eligible for TennCare and who has been enrolled in the TennCare program (see Member, also). Synonymous with Member. For purposes of Enrollee Benefit Appeals and the Enrollee Benefit Appeal-related provisions in Section 2.19 herein, “Enrollee” means (1) enrollee, (2) enrollee’s parent, (3) enrollee’s legal guardian, or (4) Enrollee-Authorized Representative. For purposes of provider agreements in Sections 2.12.23, and missed visits of home health services in Section 2.15.9, “Enrollee” means not only (1) the enrollee, (2) the enrollee’s parent, or (3) the enrollee’s legal guardian, but also a person who has a close, personal relationship with the enrollee and is routinely involved in providing unpaid support and assistance to them.

2. Section 2.4.4 shall be amended by adding a new Section 2.4.4.7 as follows:

2.4.4.7 Determination of Eligible Groups

2.4.4.7.1 TENNCARE shall have sole discretion for defining Eligible Groups as described herein and may remove or add Eligible Groups when it is determined to be in the best interest of TennCare members and TENNCARE.

3. Sections 2.7.6.4.8.4 and 2.7.6.4.8.5 shall be amended as follows:

2.7.6.4.8.4 **Note 4:** Certain services are covered under a Home and Community Based Services Program (i.e., ECF CHOICES or a 1915(c) Waiver) but are **not TennCare Kids services** because they are not listed in the Social Security Act Section 1905(a). These services include, but are not limited

to, habilitation, prevocational, supported employment services, homemaker services and respite services. (See Section 1915(c)(4).)

2.7.6.4.8.5 **Note 5:** Certain services are not coverable even under a Home and Community Based Services Program and are **not TennCare Kids services**. These services include, but are not limited to, room and board, and special education and related services which are otherwise available through a Local Education Agency. (See Section 1915(c)(5).)

4. Section 2.8 shall be deleted and replaced as follows, including any references as appropriate:

2.8 POPULATION HEALTH

2.8.1 General

2.8.1.1 The CONTRACTOR shall establish and operate an integrated Population Health Program based upon risk stratification of the CONTRACTOR population. The Population Health Model touches members across the entire care continuum, promoting healthy behaviors and disease self-management as well as providing care coordination and intense care management as needed and supported by evidence-based medicine and national best practices. The CONTRACTOR shall evaluate the entire member population and identify members for specific programs according to risk rather than disease specific categories. This approach shall include the following risk levels and programs:

2.8.1.1.1 **Risk Level 0:** Wellness Program

2.8.1.1.2 **Risk Level 1:** Low Risk Maternity, Health Risk Management and Care Coordination programs; and

2.8.1.1.3 **Risk Level 2:** Chronic Care Management, High Risk Pregnancy and Complex Case Management programs

2.8.2 Member Identification /Stratification Strategies

2.8.2.1 The CONTRACTOR shall utilize a combination of predictive modeling utilizing claims data, pharmacy data, and laboratory results, supplemented by referrals, UM data, and/ or health risk assessment results to stratify the member population. The CONTRACTOR shall systematically re-stratify the entire CONTRACTOR's member population at a minimum quarterly. The member population shall be stratified into the following risk categories:

2.8.2.1.1 **Level 0-** The members eligible to participate at this level shall be determined by predictive modeling to meet ALL of the following criteria: no identified health risks; no identified chronic conditions [as identified by the Chronic Condition tool created by the Agency for Healthcare Research and Quality's (AHRQ) HCUP database]; and no indication of pregnancy; or no claims history. CHOICES and ECF CHOICES members with no claims data may be included in Level 0 until claims data is received or until member is stratified into the appropriate health risk level.

2.8.2.1.2 **Level 1-** The members eligible to participate at this level are members that do not meet the Level 0 or Level 2 criteria; or all members that meet Level 2 criteria who cannot be contacted by the processes referenced in Sections 2.8.4.5.2, 2.8.4.7.2 of this Contract, or those members that are eligible for Level 2 program enrollment but elect not to enroll in a Level 2 program.

Amendment 44 (cont.)

- 2.8.2.1.2.1 All members identified as Level 1, through predicative modeling, and not pregnant are eligible for the Health Risk Management Program. At a minimum, the CONTRACTOR shall enroll members with chronic diseases that are prevalent in a significant number of members, or members with other chronic diseases utilizing significant health resources in their regional population.
- 2.8.2.1.2.1.1 The CONTRACTOR shall sub-stratify members identified for the Health Risk Management Program into Low, Medium, and High categories based on criteria developed by the CONTRACTOR and reported in the annual Program Description. The CONTRACTOR shall provide the minimum interventions for each category as outlined in Section 2.8.4.3 of this Contract.
- 2.8.2.1.2.2 The CONTRACTOR shall identify members for the Level 1, Care Coordination Program through referrals, hospital and ED face sheets, and any other means of identifying members with acute healthcare needs, health service needs, or risks which need immediate attention.
- 2.8.2.1.2.3 The CONTRACTOR shall place all Level 2 members who cannot be contacted by the process referenced in Section 2.8.4.6.2 of this Contract, or chose not to enroll in a Level 2 program, in Level 1 programs.
- 2.8.2.1.3 **Level 2** – Members eligible to participate at this level shall be determined by predictive modeling identifying approximately the top three percent (3%) of members, excluding High Risk Maternity members, to be most at risk for adverse health outcomes, and/or by referrals or health risk assessments.
- 2.8.2.1.3.1 The CONTRACTOR shall identify members for the **Chronic Care Management Program** from those level 2 members that are not pregnant but have complex chronic conditions with multiple identified health risks and or needs. This may include those members with co-occurring mental illness and substance abuse and/or co-morbid physical and behavioral health conditions. Members may also be identified for Chronic Care Management by referrals and health risk assessments.
- 2.8.2.1.3.2 The CONTRACTOR shall identify members for **Complex Case Management** from those Level 2 members that are not pregnant and have high risk, unique or complex needs. These may include members with co-occurring mental illness and substance abuse and/or co-morbid physical and behavioral health conditions. Members identified by utilization reports as high pharmacy user or those members which exceed the ED threshold, as defined by TENNCARE shall be reviewed for need for case management. Members may also be identified for Complex Case Management by referrals and health risk assessments.
- 2.8.2.1.4 The CONTRACTOR shall systematically stratify newly enrolled members on a monthly basis.
- 2.8.2.1.5 The CONTRACTOR shall systematically re-stratify the entire CONTRACTOR's population to identify approximately the top 3% as defined in Section 2.8.2.1.4 of this Contract at a minimum of quarterly intervals to insure members with increasing health risks and needs are identified for Level 2 programs.
- 2.8.2.2 The CONTRACTOR shall identify **pregnant members** through claims, referrals, and the 834 nightly feed, as well as through any other method identified by health plan.
- 2.8.2.2.1 The CONTRACTOR will stratify pregnant members into either Low or High Risk Maternity Programs based on the CONTRACTOR's obstetrical assessment. Pregnant members identified as

Amendment 44 (cont.)

substance abusers, including tobacco users, or who meet other high risk indicators shall be stratified as high risk. Pregnant members who, through the OB assessment, do not meet high risk needs and members who are identified for High Risk Maternity but choose not to participate, shall be enrolled in the Low Risk Maternity Program.

2.8.3 Member Assessment

- 2.8.3.1 The CONTRACTOR shall make a best effort to conduct an initial screening of each member's needs, within ninety (90) days of the effective date of enrollment for all new members to assess member's health risk utilizing a health risk assessment, also referred to as a health risk appraisal, that meets and/or exceeds the current National Committee for Quality Assurance (NCQA) Population Health Management standard, that has been approved by TENNCARE and Population Health staff or a comprehensive health risk assessment that meets and/or exceeds the current National Committee for Quality Assurance (NCQA) Population Health Management standard. The CONTRACTOR shall make subsequent attempts to conduct an initial screening of each member's needs if the initial attempt to contact the member is unsuccessful, within thirty (30) days of the initial outreach attempt. These timelines may be shortened or contact methods specified for specific parts of the program in contract sections below. The information collected from these health assessments will be used to align individual members with appropriate intervention approaches and maximize the impact of the services provided.
- 2.8.3.2 At time of enrollment and annually thereafter, the CONTRACTOR shall make a reasonable attempt to assess the member's health. The comprehensive health risk assessment required by Level 2 Population Health programs, CHOICES, Dual Special Needs Program (D-SNP), Select Community, and Department of Children's Services (DCS) can be used in lieu of the approved health assessment required by the contract. Members exempt from the health assessment are those members that have completed an approved health assessment or a comprehensive health risk assessment in the prior twelve (12) months. The completed approved health assessment or comprehensive health risk assessment data may be shared among TennCare MCOs and used to meet the annual requirement. At the request of TENNCARE, the CONTRACTOR shall share with TENNCARE, or other MCCs serving the member, the results of any identification and assessment of that member's needs to assist in facilitating the administration of health related services and to prevent duplication of those activities.
- 2.8.3.3 The CONTRACTOR shall conduct a comprehensive Health Risk Assessment (HRA) for all members enrolled in the Chronic Care Management, Complex Case Management, and High Risk Maternity Programs. The HRA should include screening for physical conditions, mental health, and substance abuse for all members.
- 2.8.3.4 For members considered high risk, the assessment shall include documenting the individual health history, determining each member's health literacy status, identifying substance abuse and behavioral issues/problems, identifying needs and gathering information, when appropriate, from other sources (e.g., family members, medical providers, and educators).
- 2.8.3.5 An assessment for the need of a face to face visit shall be conducted for members considered to have high health risks that are enrolled in the Chronic Care Management, Complex Case Management, or High Risk Maternity programs. The CONTRACTOR shall assess the need for a face-to-face visit using the standard assessment criteria provided by TENNCARE. If needed, such a visit shall be conducted following consent of the member.

2.8.4 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. 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.

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 as long as possible.

2.8.4.1.1 The CONTRACTOR shall operate its **Wellness Program** using an “opt out” methodology. Program services shall be provided to all eligible members unless they specifically ask to be excluded.

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

2.8.4.1.3 The CONTRACTOR shall provide to members eligible for the **WELLNESS PROGRAM** the following minimum intervention:

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

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 develop and operate the Low Risk Maternity Program as an “opt out” program. Program services shall be provided to eligible members unless they specifically ask to be excluded.

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

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

Low Risk Maternity Program Minimum Interventions	
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.	Prenatal packets (considered the one non-interactive intervention to the member for the duration of the pregnancy) to include at a minimum: <ul style="list-style-type: none"> A. Encouragement to access Text4Baby B. Access number to maternity nurse/social worker if member would like to engage in monthly maternity management C. Preterm labor education D. Breast feeding E. Secondhand smoke F. Safe sleep G. Specific trimester health information H. Importance of postpartum visit I. Importance of screening for postpartum depression J. Help Us Grow Successfully (HUGS)/CHANT TDH program information K. Inter-conception health, to include dangers of becoming pregnant while using narcotics
3.	Follow up as appropriate to determine the status of a prenatal visit to those members who received an initial assessment but had not scheduled or completed their first prenatal visit.
4.	Follow-up to all eligible members, to assess the status of a postpartum visit appointment and assist them with making their appointment if needed.

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 healthy behaviors (i.e. weight management and tobacco cessation), self-monitoring, co-morbidities, cultural beliefs, depression screening, and appropriate communication with providers.

2.8.4.3.2 The CONTRACTOR shall develop and operate the Health Risk Management Program as an “opt out” program. Program services shall be provided to eligible members unless they specifically ask to be excluded.

2.8.4.3.3 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

Amendment 44 (cont.)

non-interactive intervention if it includes all the required elements as detailed in Section 2.8.4.3.7 of this Contract.

2.8.4.3.4 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.

2.8.4.3.5 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.

2.8.4.3.6 The CONTRACTOR shall sub-stratify populations within the Health Risk Management Program (Low, Medium, High) based upon identified risk, lifestyle choices (tobacco or substance use), referrals, and identified needs. Interventions for each subpopulation shall be based on risk level or the identified modifiable health risk behavior.

2.8.4.3.7 The CONTRACTOR shall provide to members, who are not participating in a Medical home Lock-in project, in the lowest risk level of the Health Risk Management Program the following minimum standard interventions:

Health Risk Management Program: <u>Lowest Risk Level</u> Minimum Interventions	
1.	<u>One</u> documented non-interactive communication each year. The communication shall address self-management education emphasizing the following: A. Increasing the members knowledge of chronic health conditions B. The importance of medication adherence C. Appropriate lifestyle/behavioral changes D. Management of the emotional aspect of health conditions E. Self-efficacy & support
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
5.	Availability of weight management or tobacco cessation support as applicable and as described in Sections 2.8.4.3.4 and 2.8.4.3.5 of this Contract.

2.8.4.3.8 The CONTRACTOR shall provide to members, who are not participating in a Medical Home Lock-in project, in the medium risk level within the Health Risk Management Program the following minimum standard interventions:

Health Risk Management Program: <u>Medium Risk Level</u> Minimum Interventions	
1.	<u>Two</u> documented non-interactive communications each year which shall emphasize self-management education addressing the following: A. Members knowledge of chronic health conditions B. Importance of medication adherence C. Appropriate lifestyle/behavioral changes D. Management of emotional aspects of health conditions

Amendment 44 (cont.)

	E. Self-efficacy & support
2.	Offering of interactive communications for self- management if need is identified and member desires to become engaged.
3.	Availability of 24/7 NurseLine.
4.	Health coaching to provide self- management education and support if the need is identified or as requested by eligible members.
5.	Availability of weight management or tobacco cessation support as applicable and as described in Sections 2.8.4.3.4 and 2.8.4.3.5 of this Contract.

2.8.4.3.9 The CONTRACTOR shall provide to members, who are not participating in a Medical Home Lock-in project, in the highest risk level within the Health Risk Management Program the following minimum interventions:

Health Risk Management Program: Highest Risk Level Minimum Interventions	
1.	<u>Four</u> documented non-interactive communications each year which shall emphasize the following: A. Members knowledge of chronic health conditions B. Importance of medication adherence C. Appropriate lifestyle/behavioral changes D. Management of emotional aspects of health conditions E. Self-efficacy & support
2.	Offering of interactive communications for self-management if need is identified and member desires to become engaged which may include: A. Documented action plan as appropriate if the need is identified or upon request of eligible members B. Referrals and linkages to link the members with medical, social, educational and/or other providers or programs and services to address identified needs C. Monitoring and follow up which shall consist of activities and contacts that are necessary to ensure services, appointments and community resources were furnished as planned and shall be appropriately documented for reporting purposes D. Defined monitoring for gaps in care
3.	Availability of 24/7 NurseLine
4.	Health coaching to provide self-management education and support if the need is identified or as requested by eligible members
5.	Availability of weight management or tobacco cessation support as applicable and as described in Sections 2.8.4.3.4 and 2.8.4.3.5

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 develop and operate the Chronic Care Management Program using an “opt out” methodology per NCQA standard PHM 5: Complex Case Management. Program services shall be provided to eligible members unless they specifically ask to be excluded..

2.8.4.5.2 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.

2.8.4.5.3 Engagement rates for the Chronic Care Management program will be monitored by TENNCARE with baseline determined the first year with improvement from baseline expected in subsequent years. The NCQA Minimum Effect Size Change methodology will serve as the measurement of improvement in subsequent years.

2.8.4.5.4 The CONTRACTOR shall provide to members, who are not participating in a Medical Home Lock-in project, enrolled in the **CHRONIC CARE MANAGEMENT PROGRAM** the following minimum standard interventions:

Chronic Care Management Program Minimum Interventions	
1.	Monthly interactive contacts addressing the following with one face-to-face visit as deemed appropriate by the CONTRACTOR: A. Development of a supportive member and health coach relationship B. Disease specific management skills such as medication adherence and monitoring of the member’s condition C. Negotiating with members for appropriate health and behavioral changes D. Problem solving techniques E. The emotional impact of member’s condition F. Self-efficacy G. Referral and linkages to link the members with medical, social, educational and/or other providers or programs and services to address identified needs H. Regular and sustained monitoring and follow-up
2.	Clinical reminders related to gaps in care.
3.	Suggested elements of the member’s plan of care.
4.	Provision of after hour assistance with urgent or emergent needs.

2.8.4.5.5 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 develop and operate the High Risk Maternity Program using an “opt out” methodology per NCQA standard PHM 5: Complex Case Management. Program services shall be provided to eligible members unless they specifically ask to be excluded.

2.8.4.6.2 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.

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

High Risk Maternity Program Minimum Interventions	
1.	One interactive contact to the member per month of pregnancy to provide intense case management including the following:
	Development of member support relationship by face to face visit or other means as appropriate.
	Monthly interactive contacts to support and follow-up on patient self-management. If prenatal visits have not been kept more frequent calls are required.
	Comprehensive HRA to include screening for mental health and substance abuse.
	Development and implementation of individualized care plan.
	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.
	Referrals to appropriate community-based resources and follow-up for these referrals.
	If applicable, provide information on availability of tobacco cessation benefits, support and referrals to cessation services including Tennessee Tobacco QuitLine.
2.	Provide prenatal packets including:
	Encouragement to enroll in Text4Baby.
	Encouragement (social marketing) to enroll in High Risk Maternity program.
	Information on preterm labor education.
	Information on breast feeding.

	Information on secondhand smoke.
	Information on safe sleep.
	Trimester specific health information.
	Information on importance of postpartum visit.
	Information on postpartum Depression.
	Help Us Grow Successfully (HUGS)/CHANT TDH program information.
	Information on inter-conception health, including dangers of Becoming pregnant while using narcotics and long term Contraception.

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 develop and operate the Complex Case Management Program using an “opt out” methodology per NCQA standard PHM 5: Complex Case Management. Program services shall be provided to eligible members unless they specifically ask to be excluded.

2.8.4.7.2 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 Care 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.

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

2.8.4.7.4 The CONTRACTOR shall conduct a comprehensive Health Risk Assessment to assess member’s needs to include screening for mental health and substance abuse for all members identified with a physical condition and screening for physical conditions when member’s condition is behavioral.

2.8.4.7.5 The CONTRACTOR shall provide defined ongoing member assessment for the need to move these members into a lower risk classification or into the Chronic Care Management Program.

2.8.4.7.6 The CONTRACTOR shall provide to members enrolled in the **COMPLEX CASE MANAGEMENT PROGRAM** the following:

Complex Case Management Program Minimum Interventions	
1.	Monthly interactive member contacts to provide individual self-management support emphasizing the following:
	One face –to –face visit as deemed appropriate by MCO
	Development of a supportive member and health coach relationship
	Teaching disease specific management skills such as medication adherence and monitoring of the member’s condition
	Negotiating with members for appropriate health and behavioral

	changes
	Providing problem solving techniques
	Assist with the emotional impact of the member’s condition
	Self-efficacy
	Providing regular and sustained monitoring and follow-up
	Referral and linkages
2.	Providing clinical reminders around HEDIS/gaps in care
3.	Providing after hours assistance with urgent or emergent member needs

2.8.5 Program Description

The CONTRACTOR shall develop and maintain a Population Health **Program Description** following the guidance documents issued by the Division of TennCare, Quality Oversight Division which must be submitted for review by the Quality Oversight Division on an annual basis.

2.8.6 Clinical Practice Guidelines

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

2.8.7 Informing and Educating Members

The CONTRACTOR shall inform all members of the availability of Population Health Programs and how to access and use the program services. The member shall be provided information regarding their eligibility to participate, how to self-refer, and how to appropriately “opt out” of a program.

2.8.8 Informing and Educating Practitioners

The CONTRACTOR shall educate providers regarding the operation and goals of all Population Health programs. The providers should be given instructions on how to access appropriate services as well as the benefits to the provider. For members receiving interactive interventions, the CONTRACTOR shall notify the practitioners by letter, email, fax, or via a secure web portal of their patient’s involvement.

2.8.9 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.

2.8.10 CHOICES

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

Amendment 44 (cont.)

- 2.8.10.1 The CONTRACTOR's Population Health Program description shall describe 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.
- 2.8.10.2 The CONTRACTOR's Population Health Program description shall address how the CONTRACTOR shall ensure that, upon enrollment into CHOICES, Health Risk Management or Chronic Care Management 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 services, 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.
- 2.8.10.3 The CONTRACTOR's program description shall also include the method for addressing the following for CHOICES members:
 - 2.8.10.3.1 Notifying the CHOICES care coordinator of the member's participation in a Population Health Program;
 - 2.8.10.3.2 Providing member information collected to the CHOICES care coordinator.
 - 2.8.10.3.3 Provide to the CHOICES Care Coordinator any educational materials given to the member through these programs;
 - 2.8.10.3.4 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;
 - 2.8.10.3.5 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
 - 2.8.10.3.6 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).
- 2.8.10.4 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.

Amendment 44 (cont.)

- 2.8.10.4.1 Targeted methods for informing and educating CHOICES members shall not be limited to mailing educational materials.
- 2.8.10.5 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.
- 2.8.10.6 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.
- 2.8.10.7 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:
 - 2.8.10.7.1 The member will be informed by CHOICES Care Coordinator of disenrollment from CHOICES upon discharge from Nursing Facility;
 - 2.8.10.7.2 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;
 - 2.8.10.7.3 The Population Health Complex Case Manager will be responsible for developing a service plan for the home setting;
 - 2.8.10.7.4 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
 - 2.8.10.7.5 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.

2.8.11 Evaluation

- 2.8.11.1 The CONTRACTOR shall collect and report process and outcome data as indicated on Population Health quarterly and annual report templates provided by TENNCARE. Outcome data for these reports will include short, intermediate and long term measures.

Amendment 44 (cont.)

- 2.8.11.2 The CONTRACTOR shall provide in the annual report for the programs, with interactive interventions, an active participation rate as designed by NCQA.
- 2.8.11.3 The CONTRACTOR shall evaluate and report member satisfaction based upon NCQA requirements, on Population Health programs with interactive interventions.
- 2.8.11.4 The CONTRACTOR shall assess member's functional status, using the SF12 survey, or other appropriate tool used for children or the intellectually disabled, for members in the high risk Chronic Care Management program and the Complex Case Management program.

2.8.12 Special Projects

- 2.8.12.1 As appropriate, the CONTRACTOR's Population Health staff shall participate in a collaborative MCO/TennCare workgroup to evaluate and address innovative ways to improve member health outcomes.
- 2.8.12.2 The CONTRACTOR shall conduct at least two rapid cycle improvement projects annually. One rapid cycle improvement project shall address increasing member engagement rates in the High Risk level of Population Health programs. The second rapid cycle engagement project shall address engaging members to make behavioral changes such as weight loss, or smoking cessation. The project plans are to be reported in the quarterly report before implementation. The projects should then be conducted with the results to be reported in the next Population Health Quarterly Report.

2.8.13 Milestones for the Sixth Month (January 1 to July 1, 2013) Transition Period from Disease Management to Population Health

- 2.8.13.1 The CONTRACTOR shall by July 1, 2013 have operationalized Population Health to provide all minimum interventions to enrollees who are not participating in a medical home lock in project, in the appropriate programs.

5. Section 2.9.6.13 shall be amended by adding a new Section 2.9.6.13.10 as follows and renumbering the remaining Sections accordingly, including any references thereto.

- 2.9.6.13.10 The CONTRACTOR shall amend its scope of work with its EVV contractor to require its contractor to develop and implement an EVV system that meets minimum requirements for compliance with the 21st Century Cures Act for the 1915(c) HCBS Waivers operated by the Department of Intellectual and Developmental Disabilities no later than January 1, 2020.

6. Section 2.11.2 shall be amended by adding a new Section 2.11.2.9 as follows:

- 2.11.2.9 The CONTRACTOR agrees to 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.

7. Section 2.11 shall be amended by adding a new Section 2.11.4 as follows and renumbering the remaining Section accordingly, including any references thereto.

2.11.4 Medication Assisted Treatment (MAT) Network

Amendment 44 (cont.)

- 2.11.4.1 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 as described below.
 - 2.11.4.1.1 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.
 - 2.11.4.1.1.1 The CONTRACTOR shall conduct at minimum one (1) in-person check-in with each contracted MAT provider per calendar year. The CONTRACTOR must have the appropriate representation to discuss the following with the provider in-person:
 - 2.11.4.1.1.1.1 Billing or processing questions;
 - 2.11.4.1.1.1.2 Provide education (programmatic and clinical);
 - 2.11.4.1.1.1.3 Quality metrics;
 - 2.11.4.1.1.1.4 Program description and opportunities for additional supports.
 - 2.11.4.1.1.2 The CONTRACTOR shall conduct one (1) audit meeting 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 MCOs shall review a minimum of ten (10) member charts.
 - 2.11.4.1.1.2.1 The CONTRACTORS may collaborate to allow a provider to only be audited by one CONTRACTOR during a calendar year. If the CONTRACTORS decide to partner, this will count towards the requirements for all CONTRACTORS in the partnership.
 - 2.11.4.1.1.3 The CONTRACTOR shall conduct at minimum one (1) virtual education session for all contracted MAT providers per calendar year. The virtual education session will be for MAT providers and staff to receive additional training, education, or necessary general updates to the MAT network requirements. All topics for the virtual education sessions will be shared with TENNCARE in advance of the meeting and approved by TENNCARE.
 - 2.11.4.1.1.3.1 The MCOs may collaborate to provide a single virtual education session for providers. If the MCOs decide to partner, this will count towards the requirements for all MCOs in the partnership.
 - 2.11.4.1.1.3.2 The CONTRACTOR shall ensure the recording of the virtual education session and make the recording available to contracted MAT providers for future viewings.
 - 2.11.4.1.2 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.
 - 2.11.4.1.2.1 Each CONTRACTOR shall conduct one (1) in-person meeting per contracted MAT provider per calendar year to function as a check-in and audit.
 - 2.11.4.1.2.2 The CONTRACTOR shall conduct one (1) virtual education session per calendar year for all contracted MAT providers.

Amendment 44 (cont.)

- 2.11.4.1.2.2.1 The MCOs may collaborate to provide a single virtual education session for providers. If the MCOs decide to partner, this will count towards the requirements for all MCOs in the partnership.
- 2.11.4.1.2.2.2 The CONTRACTOR shall ensure the recording of the virtual education session and make the recording available to contracted MAT providers for future viewings.
- 2.11.4.1.3 The CONTRACTOR shall distribute quarterly MAT Network Quality Metrics Reports to all contracted MAT providers on a 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.

8. The renumbered 2.11.7.1 shall be amended as follows:

- 2.11.7.1 The CONTRACTOR shall, pursuant to TCA 71-5-1412 contract with any licensed and certified nursing facility willing to contract with the MCO to provide that service under the same terms and conditions as are offered to any other participating facility contracted to provide that service under any policy, contract or plan that is part of the TennCare managed long-term care service delivery system. Terms and conditions shall not include the rate of reimbursement. This does not prevent the CONTRACTOR from enforcing the provisions of its contract with the facility.

9. Section 2.12.10 shall be amended by adding a new Section 2.12.10.22 as follows:

- 2.12.10.22 Require that, in the event the contract is terminated because of a change of ownership, the CONTRACTOR shall remain obligated to pay for reimbursable services rendered prior to termination of the contract and that become due after the contract is terminated subject to timely filing requirements.

10. Section 2.12 shall be amended by adding the new Section 2.12.17 as follows:

- 2.12.17 All provider agreements between the CONTRACTOR and a home health agency (HHA) shall require the HHA to comply with the federal regulations delineating the conditions of participation that HHAs must meet in order to participate in the Medicaid program. Each provider agreement must contain a general provision to that effect.
 - 2.12.17.1 Each provider agreement must specify that the contracted HHA supply each enrollee with the following:
 - 2.12.17.1.1 Written and verbal notice of the enrollee's rights and responsibilities as a home health patient as required under 42 CFR §484.50(a);
 - 2.12.17.1.2 Written and verbal notice of the HHA's policy for transfer and discharge as required under 42 CFR §484.50(d), including an explanation in plain language that disruptive, abusive, or uncooperative behaviors could give rise to a "discharge for cause," and the requirements that must be satisfied by the HHA in order for transfer or a discharge to be effectuated;
 - 2.12.17.1.3 Written and verbal notice of the HHA's obligation to accept complaints made by the enrollee about the care that is (or fails to be) furnished, and of the HHA's obligation to investigate, document, and resolve these enrollee complaints (as well as complaints of mistreatment, neglect, or verbal, mental, sexual, and physical abuse, or injuries of unknown source, or misappropriation of the enrollee's property by anyone furnishing care on behalf of the HHA) as required under 42 CFR §484.50(e).

- 2.12.17.1.4 The HHA must explain to the enrollee the scope of the home health services that the enrollee will be receiving. Afterwards, the HHA must obtain the signature of the enrollee verifying that an HHA staff member has explained the scope of services to the enrollee. Likewise, the HHA must obtain, as required under 42 C.F.R. § 484.50(a)(2), the enrollee's or the legal representative's signature confirming that they received written notice of the enrollee's rights and responsibilities as required by Section 2.12.17.1.1. The HHA must maintain all signature(s) in their record of the enrollee.
- 2.12.17.1.5 The HHA must develop a back-up plan for each enrollee to be implemented during missed visits, as defined by Section 2.15.9.1, or when otherwise necessary.
- 2.12.17.1.6 When the HHA is notified before a missed visit occurs or as it is occurring, the HHA must contact the enrollee and implement the back-up plan or offer a suitable, alternative service. The HHA must report all missed visits to the CONTRACTOR in writing within three calendar days of the missed visit. This report must be submitted on a CONTRACTOR-approved form, which captures all of the information the CONTRACTOR requires, including, but not limited to, the following: the identity of the enrollee; the type of service involved; the date of the missed visit; the cause(s); and, what corrective action was taken to mitigate the cause(s) of the missed visit. The HHA must ensure that the staff member enters notes about the circumstances of a missed visit in every instance in which notes are possible.
- 2.12.17.1.7 When a conflict arises between an enrollee and an assigned HHA staff member, or when an enrollee refuses to allow an assigned staff member to begin or to complete their assigned visit, the staff member will immediately notify the HHA. Once notified, the HHA will contact the enrollee and offer to implement the existing back-up plan or will offer to staff the care with a qualified alternative staff member. In every instance, the HHA must record these missed visits, as described above, and timely submit them to the CONTRACTOR. All of the aforementioned facts should be included in the reports with as much written explanation as possible regarding the causes and factors contributing to the conflict. If additional conflicts arise between the enrollee and the HHA or alternative staff member (for example, if an enrollee refuses to admit the alternative staff member into enrollee's home), the HHA must notify the CONTRACTOR and must continue making reasonable efforts to staff the approved care with qualified alternative staff members until the HHA, in its discretion, plans to discharge the enrollee for cause. At that point, the HHA must notify the CONTRACTOR of its decision to discharge or transfer the enrollee.

11. Section 2.13.1.2.9 shall be deleted and replaced as follows, including updating references as appropriate.

- 2.13.1.2.9 The CONTRACTOR agrees to implement Episodes of Care (retrospective episode based reimbursement for specialty and acute care) and 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:
 - 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, including the definition of each episode, and the definition of quality measures for the initiative's payment reform strategies.

Amendment 44 (cont.)

2.13.1.2.9.3 Implementation of payment reform strategies and improvements at a pace dictated by the State. This includes actively participating in episodes-related stakeholder conversations.

2.13.1.2.9.4 Implementation of aligned TennCare PCMH strategy shall include at least thirty-four percent (34%) of the CONTRACTOR’s TennCare population beginning January 1, 2019 and at least thirty-five percent (35%) of the population beginning January 1, 2020.

2.13.1.2.9.4.1 TENNCARE shall monitor the CONTRACTOR’s compliance in accordance with the following:

2.13.1.2.9.4.1.1 The CONTRACTOR shall submit separate PCMH membership counts for members attributed to groups that are anticipated to sign TennCare PCMH contracts as well as members attributed to groups who have executed TennCare PCMH contracts with the CONTRACTOR. PCMH membership counts shall be submitted in accordance with Section 2.30.4.7.

2.13.1.2.9.4.1.2 The percentage of compliance shall be calculated using the following formulas:

Target Date	Formula
July 31	CONTRACTOR’s total TennCare PCMH membership as of June 30 from <i>anticipated</i> PCMH TINs for January 1 of following year / CONTRACTOR’s total TennCare members with an assigned PCP, excluding non-aligned dual eligible members as of June 30
January 31	CONTRACTOR’s total TennCare PCMH membership as of January 1 from <i>actual</i> PCMH TINs for January 1 of actual year / CONTRACTOR’s total TennCare members with an assigned PCP, excluding non-aligned dual eligible members as of January 1

2.13.1.2.9.4.1.3 TENNCARE shall monitor the CONTRACTOR’s progress in accordance with the following timeline:

Target Date	Benchmark
July 31, 2018	TENNCARE shall verify that the CONTRACTOR is on track to meet the PCMH membership requirement for 2019
January 31, 2019	TENNCARE shall verify that the CONTRACTOR is meeting the PCMH membership requirement for 2019
July 31, 2019	TENNCARE shall verify that the CONTRACTOR is on track to meet the PCMH membership requirement for 2020 <u>AND</u> shall verify that the CONTRACTOR is still meeting the PCMH membership requirement for 2019
January 31, 2020	TENNCARE shall verify that the CONTRACTOR is meeting the PCMH membership requirement for 2020
July 31, 2020	TENNCARE shall verify that the CONTRACTOR is on track to meet the PCMH membership requirement for 2021 <u>AND</u> shall verify that the CONTRACTOR is still meeting the PCMH membership requirement for 2020

Amendment 44 (cont.)

- 2.13.1.2.9.4.1.4 Failure to meet and maintain the percentage benchmarks described above may result in liquidated damages described in Section 5.20.
- 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 for the development of new episodes.
- 2.13.1.2.9.6 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), Patient Centered Medical Home (PCMH) and Episodes of Care providers in accordance with Sections 2.30.4.6.1 and 2.30.4.6.2. If approved by TENNCARE, this reporting requirement may be satisfied by combining the data with deliverables required by another TENNCARE/CONTRACTOR contract.
- 2.13.1.2.9.7 Delivering performance reports for the initiative's payment reform strategies with the same appearance and content as those designed by the State/Payer Coalition.
- 2.13.1.2.9.8 The CONTRACTOR shall update cost and quality thresholds annually for all episodes in performance. The updated cost and quality thresholds shall be included in the Episodes of Care Performance Reports.
- 2.13.1.2.9.9 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.

12. Section 2.13.4.3 shall be deleted and replaced as follows:

- 2.13.4.3 . The CONTRACTOR shall be responsible for monitoring the member's continued need for and receipt of skilled and/or rehabilitative services in a NF only when approval of NF LOC is conditioned on the receipt of such services, and in such case, when skilled and/or rehabilitative services are no longer medically necessary, shall submit information needed by TENNCARE to reevaluate whether the member continues to meet level of care for nursing facility services (see also Section 2.14.1.14).

13. Sections 2.14.1.14.1 and 2.14.5.2 shall be amended as follows:

- 2.14.1.14.1 The CONTRACTOR shall be responsible for monitoring the member's continued need for and receipt of skilled and/or rehabilitative services in a NF only when approval of NF LOC is conditioned on the receipt of such services, and in such case, when skilled and/or rehabilitative services are no longer medically necessary, shall submit information needed by TENNCARE to reevaluate the member's level of care (i.e., reimbursement) for nursing facility services.

2.14.5.2 The CONTRACTOR may decide whether it will issue service authorizations for nursing facility services, or whether it will instead process claims for such services in accordance with the level of care (i.e., reimbursement, including the duration of such level of reimbursement) approved by TENNCARE (see Section 2.14.1.14.1).

14. Section 2.14.3.5 through 2.14.3.5.3 and Section 2.30.11.5 shall be deleted and replaced as follows:

2.14.3.5 Referral Provider Listing

2.14.3.5.1 The CONTRACTOR shall provide all PCPs with information on how to access a current listing of referral providers, including behavioral health providers, as well as the right to request a hard copy at least thirty (30) calendar days prior to the start date of operations. Thereafter the CONTRACTOR shall provide notification to PCPs regarding how to access and request a hard copy of an updated version of the listing on a quarterly basis. The CONTRACTOR shall maintain an updated electronic, web-accessible version of the referral provider listing.

2.14.3.5.2 The referral provider listing shall be in the format specified by TENNCARE for the provider directory in Section 2.17.8.

2.14.3.5.3 As required in Section 2.30.11.5, the CONTRACTOR shall submit to TENNCARE a copy of the notification regarding the referral provider listing, a data file of the provider information in a media and format described by TENNCARE, and documentation regarding mailing.

2.30.11.5 The CONTRACTOR shall submit a copy of the notification regarding the Referral Provider Listing (see Section 2.14.3.5), a data file of the provider information used to create the listing, and documentation from the CONTRACTOR's mail room or outside vendor indicating the quantity of the notices to providers, the date sent, and to whom. The CONTRACTOR shall submit this information at the same time it is sent to the providers as required in Section 2.14.3.5.

15. Section 2.15.6.3 shall be deleted in its entirety including any references thereto and Section 2.15.7.3 shall be amended by deleting and replacing Section 2.15.7.3.2 and adding new Sections 2.15.7.3.3 and 2.15.7.3.4 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) business hours of the CONTRACTOR 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.

2.15.7.3.3 The CONTRACTOR shall, as part of its critical incident management system, track, review and analyze critical incident data that takes into consideration all incidents occurring for members supported by an agency, that occur during the provision of HH services, including the identification of trends and patterns, opportunities for improvement, and actions and strategies the CONTRACTOR will take to reduce the occurrence of incidents and improve the quality of HH services received.

2.15.7.3.4 The CONTRACTOR shall identify and track critical incidents and shall review and analyze critical incidents to identify and address potential and actual quality of care and/or health and safety issues. The CONTRACTOR shall regularly review the number and types of incidents (including, for example, the number and type of incidents across settings, providers, and provider types) and findings from investigations (including findings from APS and CPS if available); identify trends and patterns; identify opportunities for improvement; and develop and implement strategies to reduce the occurrence of incidents and improve the quality of HH services.

16. Section 2.15 shall be amended by adding the new Section 2.15.9 as follows:

2.15.9 Missed Visits of Home Health Services

- 2.15.9.1 “Missed visit,” as used herein, refers to a period of one or more hours that a staff member of an HHA does not furnish the home health service that an enrollee is authorized to receive and which has been implemented. A missed visit may be due to exigent circumstances beyond any party’s control. It may also be due to a fault of the HHA, the staff member, or the CONTRACTOR. It may also be due to a fault of the enrollee. For example, the enrollee refuses to allow the staff member to enter the home or to remain there after beginning work; the staff member suspects or witnesses unlawful activity in the home; or, the environment in the enrollee’s home is such that the staff member fears for their personal safety.
- 2.15.9.2 The CONTRACTOR shall collect all missed-visit reports delivered to them by the HHAs and monitor them. As a general practice, the CONTRACTOR shall identify negative trends with regard to particular HHAs or enrollees. The CONTRACTOR shall contact the HHAs and attempt to resolve such negative trends. In its discretion, the CONTRACTOR may contact enrollees in order to remediate such negative trends.
- 2.15.9.3 The CONTRACTOR shall respond to all inquiries from TENNCARE regarding potential missed visits by submitting timely documentation showing the dates and times of any missed visits, the name of the HHA involved, and the cost of each visit had it been provided as well as any other information reasonably requested by TENNCARE.
- 2.15.9.4 Upon monitoring the missed-visit reports or upon being notified by an HHA of an enrollee’s refusal of two (2) or more staff members, the CONTRACTOR shall contact the HHA and the enrollee to attempt a resolution while the HHA remains willing and able to provide services to the enrollee. This may include the CONTRACTOR scheduling a meeting between a member of its management, the enrollee and HHA personnel. The CONTRACTOR shall document every action taken.
- 2.15.9.5 If the enrollee has refused two (2) or more staff members, the CONTRACTOR shall assign a case-manager to the enrollee if one is not already assigned. The CONTRACTOR shall also contact the primary care provider to advise him or her of the enrollee’s pattern of refusing the authorized services and to discuss a possible solution. The conversation, and any decisions made, shall be documented in the CONTRACTOR’S record for the enrollee.
- 2.15.9.6 If the HHA plans to discharge the enrollee for cause, the CONTRACTOR shall send the enrollee a letter informing them that the HHA will no longer be providing their care as of a certain date, and that they have either found or are searching for another HHA to replace it. The CONTRACTOR, however, should only seek the services from in-network HHAs. The CONTRACTOR shall also send a delay notice to the enrollee if a delay occurs to the enrollee receiving the service from the new provider.

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- 2.15.9.7 If the enrollee continues to refuse staff members from the newly selected HHA, the CONTRACTOR shall again follow the protocol.
- 2.15.9.8 If after the CONTRACTOR follows the protocol in Section 2.15.9.5 twice and the situation is not then resolved, the CONTRACTOR, at its discretion, shall make a reasonable number of attempts (if any) to arrange for further in-network HHAs to provide the enrollee's authorized care taking into account the number of HHAs available in the enrollee's county and/or adjacent counties.
- 2.15.9.9 When all reasonable attempts have been exhausted, the CONTRACTOR shall move to terminate the enrollee's home health service. When the CONTRACTOR decides to terminate the enrollee's care, it shall, if it has not already done so, collect all of the relevant missed-visit reports. The CONTRACTOR must then, if it has not already done so, make a single record consisting of a list of the names of the agencies used and how many staff members from each agency were refused by the enrollee. The CONTRACTOR shall also offer a covered medically necessary alternative, such as facility-based care, to the enrollee.
- 2.15.9.10 Once these steps are completed, the CONTRACTOR shall issue a Notice of Adverse Benefit Determination, citing Tenn. Comp. R. & Regs. ("Rule") 1200-13-16-.05(1)(c), and (5) (or other rule(s) as TENNCARE may direct), and the reason for the termination. The notice shall also state the covered medically necessary alternative, if any. The CONTRACTOR shall forward a copy of that notice to TENNCARE.

17. Section 2.18.7.4 shall be amended as follows and 2.18.7.5 shall be deleted, including any references thereto.

- 2.18.7.4 The CONTRACTOR shall conduct a statewide annual survey of providers, based on Tax Identification Number, who furnish physical health services, behavioral health services, and/or CHOICES (nursing facility or HCBS) services. All providers or a statistically representative sample of providers shall be surveyed. The CONTRACTOR shall include questions specified by TENNCARE to assess satisfaction with provider enrollment, provider communication, provider education, provider complaints, claims processing, claims reimbursement, utilization management processes, including medical reviews, and overall satisfaction with the CONTRACTOR. A CONTRACTOR having a network provider contracted under other parts of the Tennessee Medicaid program may send a single survey to the provider. The CONTRACTOR shall submit the survey tool(s) for TENNCARE review at least thirty (30) days prior to use of the survey tool(s). The CONTRACTOR shall submit an annual report on the survey to TENNCARE as required in Section 2.30.13.3. The CONTRACTOR shall take action to address opportunities for improvement identified through the survey and provide an update on actions taken in the previous year to improve provider satisfaction. The survey shall be structured so that results are separately reported for physical health providers; behavioral health providers; and CHOICES (nursing facilities and HCBS) providers. .

18. Section 2.18 shall be amended adding new Sections 2.18.11, 2.18.11.1, and 2.18.11.2 as follows:

2.18.11 Beneficiary Support System

- 2.18.11.1 The CONTRACTOR shall, as required by TENNCARE, collaborate with TENNCARE's beneficiary support system contractor for the purpose of addressing member grievances and appeals.
- 2.18.11.2 The CONTRACTOR shall, as requested by TENNCARE, train TENNCARE's beneficiary support system contractor on the CONTRACTOR's process for addressing member grievances and appeals.

19. Section 2.20.1 shall be amended by adding a new Section 2.20.1.13 as follows:

2.20.1.13 The CONTRACTOR shall comply with all written direction provided by TennCare OPI regarding fraud and abuse investigations, overpayments, and any other program integrity related activities and reporting.

20. Section 2.20.2.4.1 shall be amended by deleting and replacing the word “opened” with the word “received” 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 MFCU;

21. Section 2.20.2.7 through 2.20.2.7.3 shall be amended as follows:

2.20.2.7 The CONTRACTOR shall promptly perform a preliminary investigation of all incidents of suspected and/or confirmed provider fraud and abuse, unless it is determined that the provider is currently under investigation or litigation by the State or federal government. If the provider is determined to be under investigation or litigation by the State or federal government, the CONTRACTOR shall not take any of the following actions as they specifically relate to TennCare claims, without prior written approval from the State or federal government:

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.

22. Section 2.20.2.15 through 2.20.2.15.3 shall be amended as follows:

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:

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.

23. Sections 2.20.3.1 and 2.20.3.8 shall be deleted and replaced as follows:

- 2.20.3.1 The CONTRACTOR shall have a written fraud 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 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.

- 2.20.3.8 The CONTRACTOR shall have provisions in its Compliance Plan regarding prompt terminations of inactive providers due to inactivity in the past 12 months, unless TENNCARE provides prior approval for a provider type to remain contracted or as otherwise required by TENNCARE.

24. Section 2.22.8.1 through 2.22.8.1.8 shall be deleted and replaced as follows:

- 2.22.8.1 The CONTRACTOR shall perform front end system edits, prior to entering the claims adjudication system, including but not limited to:
 - 2.22.8.1.1 Confirming eligibility on each enrollee as claims are submitted on the basis of the eligibility information provided by the State that applies to the period during which the charges were incurred;
 - 2.22.8.1.2 Third party liability (TPL);
 - 2.22.8.1.3 Medical necessity (e.g., appropriate age/sex for procedure);
 - 2.22.8.1.4 Prior approval: the system shall determine whether a covered service required prior approval and, if so, whether the CONTRACTOR granted such approval;
 - 2.22.8.1.5 Duplicate claims: the system shall in an automated manner flag a claim as being (1) exactly the same as a previously submitted claim or (2) a possible duplicate and either deny or pend the claim as needed;
 - 2.22.8.1.6 Covered service: the system shall verify that a service is a covered service and is eligible for payment;
 - 2.22.8.1.7 Provider validation: the system shall approve for payment only those claims received from providers eligible to render services for which the claim was submitted, including requirements related to public health nurses as described in Section 2.13.7.2;
 - 2.22.8.1.8 Benefit limits: the system shall ensure that benefit limit rules set by TENNCARE are factored into the determination of whether a claim should be adjudicated and paid and whether CHOICES or ECF CHOICES HCBS that exceed a benefit limit were approved as a cost effective alternative; and
 - 2.22.8.1.9 HIPAA compliancy validation.

25. Section 2.23.4.4 shall be amended by adding a new Section 2.23.4.4.10 as follows:

2.23.4.4.10 The CONTRACTOR shall not implement imitations of TENNCARE's Custom SNIP 7 Encounter Edits Listing or likewise use the TennCare Edifecs Ramp Manager tool for the purpose of preventing submission of post adjudicated encounter production data to TENNCARE. It is permissible for the CONTRACTOR to implement imitations of TENNCARE's Custom SNIP 7 Encounter Edits Listing prior to claim adjudication.

26. Section 2.23.5 shall be amended by adding new Sections 2.23.5.3 and 2.23.5.4 as follows and renumber the remaining Sections accordingly, including any references thereto.

2.23.5.3 The CONTRACTOR shall submit daily, inbound 834 enrollment files to TENNCARE.

2.23.5.4 The CONTRACTOR shall report address changes, other TPL resource and PCP assignments for their members in the daily 834 inbound files within twenty-four (24) hours or within the next 834 inbound file submission to TENNCARE. If the CONTRACTOR has reason to believe they may not meet this requirement based on unusual circumstances, the CONTRACTOR must notify TENNCARE and TENNCARE may make an exception without requiring a Corrective Action Plan.

27. Section 2.23.13.1 shall be deleted and replaced as follows:

2.23.13.1 Within five (5) business days of receipt of notice from TENNCARE of the occurrence of a problem with the provision and/or intake of an encounter or outbound 834 enrollment file or submission of an inbound 834 file, the CONTRACTOR shall provide TENNCARE with full written documentation that includes acknowledgement of receipt of the notice, a corrective action plan describing how the CONTRACTOR has addressed or will address the immediate problem and how the CONTRACTOR shall prevent the problem from recurring. In the event that the CONTRACTOR fails to correct errors which prevent processing of encounter or enrollment data in a timely manner as required by TENNCARE, fails to submit a corrective action plan as requested or required, or fails to comply with an accepted corrective action plan, TENNCARE may assess liquidated damages as specified in Section 5.20. Continued or repeated failure to submit clean encounter data may result in the application of additional damages or sanctions or be considered a breach of the Contract.

28. Section 2.24.2 shall be deleted and replaced as follows:

2.24.2 Annual Behavioral Health Engagement Plan

The CONTRACTOR shall submit an Annual Behavioral Health Engagement Plan, in a format specified by TENNCARE, which describes the CONTRACTOR's plan for engaging TennCare members, family representatives and behavioral health providers for the purpose of receiving input and advice regarding all aspects of behavioral health services according to the following requirements:

2.24.2.1 The CONTRACTOR's engagement activities shall involve at least fifty-one percent (51%) consumer and family representatives, of which the majority shall include individuals and/or families of those who may meet the clinical criteria of a priority enrollee;

2.24.2.2 There shall be geographic diversity;

2.24.2.3 There shall be cultural and racial diversity;

- 2.24.2.4 There shall be representation by behavioral health providers, Certified Peer Recovery Specialists and/or Certified Family Support Specialists and consumers (or family members of consumers) of substance abuse services, and the CONTRACTOR's Behavioral Health Consumer Advocates;
- 2.24.2.5 At a minimum, input shall include policy development, planning for services, service evaluation, and member, family member and provider education;
- 2.24.2.6 Whenever the CONTRACTOR's engagement plan involves travel, the CONTRACTOR shall pay travel costs for consumers and family representatives;
- 2.24.2.7 The CONTRACTOR shall provide education and training to ensure consumers, family representatives and providers have sufficient information and understanding of the CONTRACTOR's engagement activities to ensure active participation and involvement.
- 2.24.2.8 Upon request, the CONTRACTOR shall provide a report on the engagement activities outlined in the CONTRACTOR's annual engagement plan in a format specified by TENNCARE.

29. Section 2.25.6 shall be deleted and replaced as follows:

2.25.6 Audit Requirements

- 2.25.6.1 The CONTRACTOR and its providers, subcontractors and other entities receiving monies originating by or through TennCare shall maintain books, records, documents, and other evidence pertaining to services rendered, equipment, staff, financial records, medical records, and the administrative costs and expenses incurred pursuant to this Contract as well as medical information relating to the individual enrollees as required for the purposes of audit, or administrative, civil and/or criminal investigations and/or prosecution or for the purposes of complying with the requirements set forth in Section 2.20 of this Contract. Records other than medical records may be kept in an original paper state or preserved on micromedia or electronic format. Medical records shall be maintained in their original form or may be converted to electronic format as long as the records are readable and/or legible. These records, books, documents, etc., shall be available for any authorized federal, state, including, but not limited to TENNCARE, OIG, TBI MFCU, DOJ and the DHHS OIG, and Office of the Comptroller of the Treasury personnel during the Contract period and five (5) years thereafter, unless an audit, administrative, civil or criminal investigation or prosecution is in progress or audit findings or administrative, civil or criminal investigations or prosecutions are yet unresolved in which case records shall be kept until all tasks or proceedings are completed. During the Contract period, these records shall be available at the CONTRACTOR's chosen location in Tennessee subject to the written approval of TENNCARE. If the records need to be sent to TENNCARE, the CONTRACTOR shall bear the expense of delivery. Prior approval of the disposition of CONTRACTOR, subcontractor or provider records must be requested and approved by TENNCARE in writing. Nothing in this Section shall be construed to modify or change the obligations of the CONTRACTOR contained in Section 2.23.2 (Data and Document Management Requirements), 2.23.3 (System and Data Integration Requirements), or 2.23.6 (Security and Access Management Requirements) of this Contract.
- 2.25.6.2 The CONTRACTOR shall comply with Centers for Medicare & Medicaid Services (CMS) mandated Payment Error Rate Measurement (PERM) audits which occur every three (3) years on a fiscal year

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basis from July 1st through June 30th. All deadlines must be met as communicated from both CMS and TENNCARE.

- 2.25.6.2.1 The CONTRACTOR shall provide assistance with the state to obtain all requested and/or missing medical records from contracted providers, selected among the random audit sample, within the requested timeframe given by the CMS Review Contractor to prevent an audit finding.
- 2.25.6.2.2 The CONTRACTOR shall provide written procedures annually on June 1st to TENNCARE for review and approval detailing the internal and external procedures and activities that must occur in preparation to generate the PERM claims, provider, and recipient universe files, data dictionary, file layout, and transmission coversheets quarterly within each PERM cycle.
- 2.25.6.2.3 The CONTRACTOR shall implement a Quality Control component which must be documented in the CONTRACTOR's written procedures, to review all requested file layouts, data dictionaries, transmission coversheets, PERM claims, provider, and recipient universe files prior to submission to the state.

30. Section 2.29.1.3 shall be amended by deleting and replacing Section 2.29.1.3.4, adding a new Section 2.29.1.3.5 and renumbering the remaining Section accordingly, including any references thereto.

- 2.29.1.3.4 A full-time senior executive dedicated to the TennCare program who is a board certified psychiatrist in the State of Tennessee and has at least five (5) years combined experience in mental health and substance abuse services. This person shall oversee and be responsible for all behavioral health activities. Experience directing behavioral health programs and services for special populations, including individuals with intellectual or developmental disabilities, shall be preferred, but not required. This person shall serve as the Behavioral Health Medical Director and shall oversee and be responsible for all behavioral health activities, including behavioral health services provided to individuals receiving LTSS and the populations served in LTSS programs (e.g., frail elderly, adults with physical disabilities, and people of any age with intellectual or developmental disabilities). The Behavioral Health Medical Director shall be responsible for the implementation of Behavior Crisis Prevention, Intervention and Stabilization Services as described in Section 2.7.2.8.4 of this Contract; all behavioral health activities pertaining to the operation of LTSS programs and services, including the management and coordination of behavioral health needs; and the integration and coordination of behavioral health services for members receiving LTSS and comparable populations. The Behavioral Health Medical Director shall be responsible for working with the LTSS Medical Director and the Behavior Supports Director to ensure the integration of physical and behavioral health services and supports and LTSS, as applicable, for individuals in each of these populations, and to oversee the CONTRACTOR's quality improvement initiatives regarding behavior supports and the appropriate use of psychotropic medications in each of these populations;
- 2.29.1.3.5 A full-time senior executive who works primarily with the TennCare program and is dedicated to Tennessee's line of business. The individual must have a Master's degree in a health care related profession and at least five (5) years of combined experience in mental health and substance abuse service. Experience directing behavioral health programs and services for special populations, including individuals with intellectual or developmental disabilities, is required. This person shall be responsible for all behavioral health program operations and requirements;
- 2.29.1.9 The CONTRACTOR's project director, transition staff person, Medical Director, psychiatrist, Behavioral Health senior executive, Behavior Supports Director, CHOICES senior executive, financial staff, member services staff, provider services staff, provider relations staff, CHOICES provider claims education and assistance staff, UM staff, appeals staff, Population Health Complex

Case Management staff, care coordination leadership and staff, consumer advocates, and TennCare Kids staff person shall be located in the State of Tennessee. However, TENNCARE may authorize exceptions to this requirement. The CONTRACTOR shall seek TENNCARE's written prior approval to locate any of these staff outside of the State of Tennessee. The CONTRACTOR's request to locate required in-state staff to an out-of-state location shall include a justification of the request and an explanation of how services will be coordinated. If financial staff are not located in Tennessee the CONTRACTOR shall have the ability to issue a check within five (5) calendar days of a payment directive from TENNCARE. Staff assigned to and working in a geographic area of the state, but living in a border state do not require prior approval from TENNCARE as long as their primary work under this Contract is performed in-state.

31. Section 2.30.4 shall be deleted and replaced as follows, including any references thereto.

2.30.4 Specialized Service Reports

2.30.4.1 The CONTRACTOR shall submit a quarterly *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); the percent of members readmitted within thirty (30) calendar days of discharge (the number of members readmitted divided by the total number of discharges); and an analysis of the findings with any actions or follow-up planned. The information shall be reported separately for members age eighteen (18) and over and under eighteen (18).

2.30.4.2 The CONTRACTOR shall submit a quarterly *Post-Discharge Services Report* that provides information on Post-Discharge services appointments. The minimum data elements required are identified in Attachment IX, Exhibit B.

2.30.4.3 The CONTRACTOR shall submit a quarterly Behavioral Crisis Prevention, Intervention, and Stabilization Services for Individuals with Intellectual or Developmental Disabilities (I/DD) Report including the data elements described by TENNCARE. Specified data elements shall be reported for each individual provider as described in the template provided by TENNCARE.

2.30.4.4 The CONTRACTOR shall submit a *TennCare Kids Quarterly Outreach Activities Report* which shall be in a format designated by TENNCARE and shall include a listing of related and non-related TennCare Kids events.

2.30.4.5 The CONTRACTOR shall submit a *Monthly EPSDT Claims Report*, which shall include the number of EPSDT screening claims processed by region for the service dates beginning with the current federal fiscal year (October 1) through the last day of the current month. This report shall be due by the 20th day after the end of the reporting month.

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), Patient Centered Medical Home (PCMH) and Episodes of Care providers no later than December 1st of each year for review and approval by TENNCARE. The Provider Engagement Plan shall be effective as of January 1st 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 Plan shall be written in accordance with guidance prepared by TENNCARE. This outreach plan shall outline communication efforts with providers engaged in

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the Tennessee Health Link (THL), Patient Centered Medical Home (PCMH) and Episodes of Care 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).

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), Patient Centered Medical Homes (PCMH) and Episodes of Care initiatives. There should be separate quarterly Provider Engagement Tracker for THL, PCMH and Episodes of Care that shall record all in-person visits, calls, mailings, and all other communications for THL, PCMH and Episodes of Care. 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.

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 Episode of Care, Patient Centered Medical Home and Health Link reports.

2.30.4.6.3 The CONTRACTOR shall submit a quarterly *Provider Outreach Communication Report* that shall track and include all in-person visits, calls, mailings, and all other communications for THL, PCMH and Episodes of Care.

2.30.4.7 The CONTRACTOR shall submit Episodes of Care Reports as follows:

2.30.4.7.1 The CONTRACTOR shall create and release quarterly *Episodes of Care Performance Reports* (including the PAP list) to TENNCARE. The CONTRACTOR shall also release quarterly Episodes of Care Performance Reports to providers via the CONTRACTOR's portal. This includes making all required updates to the reports requested by the state to ensure compliance with Sections 2.13.1.2.9.7 and 2.13.1.2.9.8.

2.30.4.8 The CONTRACTOR shall submit PCMH Reports as follows:

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- 2.30.4.8.1 The CONTRACTOR shall submit an annual *PCMH Membership/Anticipated PCMH Contract Report*. The report shall include PCMH membership counts as of June 30 of each year for members attributed to groups that are anticipated to sign TennCare PCMH contracts effective January 1 of the following year. PCMH membership shall exclude non-aligned dual eligible members. This PCMH Membership/Anticipated PCMH Contract Report is due to TENNCARE no later than July 31 of each year.
- 2.30.4.8.2 The CONTRACTOR shall submit an annual *PCMH Membership/Contracted PCMH Report*. The report shall include PCMH membership counts as of January 1 of each year for all members with an attributed PCP that is associated with a TIN contracted in the TennCare PCMH program. PCMH membership shall exclude non-aligned dual eligible members. This PCMH Membership/Contracted PCMH Report is due to TENNCARE no later than January 31 of each year.
- 2.30.4.8.3 The CONTRACTOR shall submit an annual *PCMH Risk Band Values for Activity Payments (pmpms) Report* for the upcoming performance year. The PCMH list of risk band values for activity payments Report will include the data elements described by TENNCARE. These reports shall be submitted to TENNCARE no later than September 30 of each year.
- 2.30.4.8.4 The CONTRACTOR shall submit an annual *PCMH Practice Type Designations Report* assigned to participating PMCHs based upon the proportion of adult and/or children attributed as of June 30 of the year before the performance period begins. The PCMH practice type designations Report will include the data elements described by TENNCARE. These reports shall be submitted to TENNCARE no later than September 30 of each year.
- 2.30.4.8.5 The CONTRACTOR shall submit a Semi-Annual *PCMH Heat Maps Performance Tracker Report* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE no later than June 15 and December 15 of each year.
- 2.30.4.8.6 The CONTRACTOR shall submit Semi-Annually, a *PCMH Quality Summary Report* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE no later than March 15 and September 15 of each year.
- 2.30.4.8.7 The CONTRACTOR shall submit quarterly, *PCMH Provider Sample Reports* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE no later than February 15th, May 15th, August 15, and November 15th of each year.
- 2.30.4.8.8 The CONTRACTOR shall submit quarterly, *PCMH Provider Reports* to participating PCMHs. The reports will include the data elements described by TENNCARE. These reports shall be submitted to TENNCARE no later than February 28th, May 31th, August 31, and November 30th of each year.
- 2.30.4.8.9 The CONTRACTOR shall submit a quarterly *PCMH Outcome Payment Summary Report* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE no later than February 28th, May 31th, August 31, and November 30th of each year.
- 2.30.4.8.10 The CONTRACTOR shall submit a monthly *PCMH Monthly Payment Report* including the data elements described by TENNCARE. These reports shall be submitted no later than the 30th of every month.

Amendment 44 (cont.)

2.30.4.8.11 The CONTRACTOR shall submit an annual *PCMH Member List for Outcome Panel Report* to participating PCMHs. The Report will include the data elements described by TENNCARE. These reports shall be submitted to TENNCARE no later than August 31st of each year.

2.30.4.9 The CONTRACTOR shall submit Tennessee Health Link (THL) Reports as follows:

2.30.4.9.1 The CONTRACTOR shall submit a quarterly *Tennessee Health Link (THL) Report* including the data elements described by TENNCARE. Specified data elements shall be reported for each individual provider as described in the template provided by TENNCARE.

2.30.4.9.2 The CONTRACTOR shall submit Semi-Annual, a *Tennessee Health Link (THL) Engagement Evaluation Summary Report* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE on March 1 and September 1 of each year.

2.30.4.9.3 The CONTRACTOR shall submit an annual *Tennessee Health Link (THL) Member list for Outcome Panel Report* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE on September 30th of each year.

2.30.4.9.4 The CONTRACTOR shall submit a Semi-Annual *Tennessee Health Link (THL) Heat Maps Performance Tracker Report* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE on June 15 and December 15 of each year.

2.30.4.9.5 The CONTRACTOR shall submit a Semi-Annual, a *Tennessee Health Link (THL) Quality Summary Report* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE on March 15 and September 15 of each year.

2.30.4.9.6 The CONTRACTOR shall submit a quarterly *Tennessee Health Link (THL) Provider Sample Report* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE on February 15th, May 15th, August 15, and November 15th of each year.

2.30.4.9.7 The CONTRACTOR shall submit a quarterly *Tennessee Health Link (THL) Provider Report* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE on February 28th, May 31th, August 31, and November 30th of each year.

2.30.4.9.8 The CONTRACTOR shall submit a quarterly *Tennessee Health Link (THL) Summary Report* including the data elements described by TENNCARE. These reports shall be submitted to TENNCARE on February 28th, May 31th, August 31, and November 30th of each year.

2.30.4.9.9 The CONTRACTOR shall submit a monthly *Tennessee Health Link (THL) Claims Payment Report* including the data elements described by TENNCARE. These reports shall be submitted on the 15th of each month.

32. Section 2.30.5 shall be deleted and replaced as follows:

2.30.5 Population Health Reports

2.30.5.1 The CONTRACTOR shall submit a quarterly, no later than forty five (45) days after the end of the reporting period, *Population Health Update Report* addressing all seven (7) Population Health Programs (see Section 2.8.4 of this Contract). The report shall include process and operational data and any pertinent narrative to include any staffing changes, training or new initiatives occurring in the reporting period.

2.30.5.2 The CONTRACTOR shall submit an annual *Population Health Annual Report* in the format described in the annual report template provided by TENNCARE. The report shall include active participation rates, as designated by NCQA, for programs with active interventions. Short term and intermediate outcome data reporting is required. Member satisfaction shall be reported based upon NCQA requirements along with functional status for members in the Chronic Care Management and Complex Case Management programs.

2.30.5.3 The CONTRACTOR shall submit an annual *Population Health Program Description* following the guidance provided by TENNCARE addressing Section 2.8 of this Contract.

33. Section 2.30.10.11 through 2.30.10.14 shall be deleted from Section 2.30.10 and moved to Section 2.30.4 as described herein.

34. Section 2.30.12 shall be amended by adding a new Section 2.30.12.11 as follows:

2.30.12.11 The CONTRACTOR shall distribute quarterly *MAT Network Quality Metrics Reports* to all contracted MAT providers on a 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.

35. Section 2.30.13.3 shall be amended as follows, Sections 2.30.13.4 and 2.30.13.5 shall be deleted and the remaining Section 2.30.13 shall be renumbered accordingly, including any references thereto.

2.30.13.3 The CONTRACTOR shall submit an annual Provider Satisfaction Survey Report that includes stratification by physical health providers, behavioral health providers, and CHOICES (nursing facility and HCBS) providers. The CONTRACTOR shall submit the report utilizing the template provided annually by TENNCARE. The report shall summarize the provider survey methods and findings and must provide an analysis of opportunities for improvement (see Section 2.18.7.4) and an update on actions taken in the previous year to improve provider satisfaction. Beginning in 2016, the report shall be submitted by January 30 each year.

36. Section 2.30.14 shall be deleted and replaced as follows:

2.30.14 Member Complaints

2.30.14.1 Upon receipt of a reporting template from TENNCARE and in accordance with specified timeframes for implementing the new report, the CONTRACTOR shall begin submitting a quarterly CHOICES Member Complaints Report that includes information, by month, regarding specified measures, which shall include but not be limited to the following:

2.30.14.1.1 The number of complaints received in the month, overall, by type, and by CHOICES Group;

Amendment 44 (cont.)

2.30.14.1.2 The number and percent of complaints for which the CONTRACTOR met/did not meet the specified timeframe for resolution.

2.30.14.2 The report shall also include identification of any trends regarding complaints (e.g., the type or number of complaints) and any action steps to address these trends, including quality improvement activities.

37. Section 2.30.19.1 shall be deleted in its entirety and the remaining Section shall be renumbered accordingly, including any references thereto.

38. Section 4.7 shall be deleted and replaced as follows:

4.7 PAYMENT TO THE CONTRACTOR FOR ELECTRONIC VISIT VERIFICATION SYSTEM

TENNCARE will reimburse the CONTRACTOR for reasonable costs paid by the CONTRACTOR to the CONTRACTOR's electronic visit verification (EVV) vendor for developing, implementing and operating an EVV system that meets minimum requirements for compliance with the 21st Century Cures Act for the 1915(c) HCBS Waivers operated by the Department of Intellectual and Developmental Disabilities as described in 2.9.6.13.10..

39. Section 5.20.2.2.7 shall be amended by adding a new Levels B.27 and C.6 and renumbering the existing Levels accordingly, including any references thereto.

LEVEL	PROGRAM ISSUES	DAMAGE
B.27	Failure to comply with audit requirements as described in this Contract, including but not limited to Section 2.25.	\$500 per calendar day for each calendar day that TENNCARE determines the CONTRACTOR to be non-compliant with audit requirements and/or requests

LEVEL	PROGRAM ISSUES	DAMAGE
C.6	Failure to submit an inbound 834 within twenty-four (24) hours in accordance with Section 2.23.5.4 and 2.23.13.1	\$500 per day, for each calendar day the CONTRACTOR fails to submit an inbound 834 timely and/or accurately (This may be in addition to the damages associated with an applicable corrective action plan in accordance with Section 2.23.13.1 and Level B.2 herein

40. Attachment VI shall be deleted and replaced as follows:



**Office of Program Integrity
MCC Referral Documentation Checklist**

Provider/Entity Name: 48T		NPI: 48T	
MCC Investigator/Coder: 48T		Original Referral: <input type="checkbox"/> Amended Referral: <input type="checkbox"/>	
Electronic File Folders – Format (1-15) Required Referral Documents	Included with Referral?		Investigator Comments (If No, explanation required)
	Yes	No	
1) Referral Form and Checklist	<input type="checkbox"/>	<input type="checkbox"/>	48T
2) Audit Report and Findings (Include actual and extrapolated overpayments identified - Excel format)	<input type="checkbox"/>	<input type="checkbox"/>	48T
3) Medical Records Reviewed (PDF format is preferred)	<input type="checkbox"/>	<input type="checkbox"/>	48T
4) Coder-Nurse Reviews (Excel format)	<input type="checkbox"/>	<input type="checkbox"/>	48T
5) Complete Set of Data Reviewed (MCC data universe and SVRS data set - Excel format)	<input type="checkbox"/>	<input type="checkbox"/>	48T
6) Provider Contract (Provider contract with MCC and Provider Participation, history and status)	<input type="checkbox"/>	<input type="checkbox"/>	48T
7) Credentialing Information (Include provider disclosures, if applicable to audit timeframe)	<input type="checkbox"/>	<input type="checkbox"/>	48T
8) Provider Research (Internet research, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	48T
9) Fee Schedules (Include entire audit period - Excel Format)	<input type="checkbox"/>	<input type="checkbox"/>	48T
10) Communication with Provider (Program Integrity related – Prior audits, interviews, etc. Include mail delivery tracking numbers for records request)	<input type="checkbox"/>	<input type="checkbox"/>	48T
11) Pre-Pay Audits (History, reason and status)	<input type="checkbox"/>	<input type="checkbox"/>	48T
12) Policies and Procedures (Authority for denials/NCCI Edit violations, etc. – P&Ps specific to TennCare members only)	<input type="checkbox"/>	<input type="checkbox"/>	48T
13) History of Prior Recoupments (PI related recoupments with date, reason, amounts & supporting data)	<input type="checkbox"/>	<input type="checkbox"/>	48T
14) Provider Education (Targeted education including CAPs is preferred, yet remittance letters and memos are acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	48T

Manager/Team Lead Approval: 48T	Date: 48T
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Office of Program Integrity
MCC Potential Provider Fraud and Abuse Referral Form
 (With sample information – delete upon submission)

MCC Information						
Date Submitted	April 3, 2018					
From	Amerigroup/BlueCare/UHCCP/Magellan/DIDD/DentaQuest					
Contact	Investigator Name, e-mail, phone					
Subject						
Provider/Entity Name	Up-coding Family Practice Joe Up-coder, MD (All providers associated with suspected activity)					
Medicaid ID	123456 (Entity) 678910 (Provider)					
NPI	123456789 (Entity) 987654321 (Provider)					
EIN/Tax ID	12-3456789					
Address	1111 Up-coding Dr., Nashville, TN 37205, Phone, Fax					
Provider Type	Physician, NP, Hospital, Transportation					
Specialty	Family Practice, Neurology, etc.					
State Region	Middle TN					
Complaint						
Source/Origination	Tip from employee, Data mining outlier for E&M services, etc.					
Date Reported to MCC	8/1/15					
Description of Suspected Misconduct						
Targeted Procedure Codes Audited/Description	99215-Established patient level 5 office visit (Only want the target procedure codes with a minimum of 30 medical records per code/issue)					
Allegation(s)	Report the alleged misconduct or scheme that was reported to or by the MCC? <u>i.e. Up-coding, Unbundling, Double Billing, NCCI Edit, Overutilization, Forgery, Kickbacks, Services not Rendered.</u>					
Violation(s)	List the <u>specific</u> statute(s), rules, regulations, CPT guidelines, or MCC policies violated in relation to the allegation.					
Dates of Services Audited	1/1/12-6/30/15 (must be retrospective review)					
Medical Record Type	Electronic and Hard copy					
EHR System	Name, Audit trail available (yes or no)					
MCC Audit Review Findings						
Sample/Exposed Dollar Amount	**Only report the codes here from the sample that substantiated the allegation or codes which had significant findings** All other non-targeted codes can be lumped together. Example:					
	Code/Issue	Number of Records/Units with Error	Total Number Records/Units Reviewed	Actual Overpayment Identified	Sample Amount Reviewed	Estimated Extrapolated Overpayment
	99215	25	30	\$15,000	\$20,000	\$50,000
	95165	18	25	\$13,000	\$25,000	\$65,000
	All other Codes	25	125	\$5,500	\$20,000	n/a
	Total	68	180	\$33,500	\$65,000	\$115,000

Amendment 44 (cont.)

Amount Paid to Provider during Audit Period	All claims paid \$1,200,000 99215 \$100,000 95165 \$125,000
Summary of Findings	
Investigative Review	<u>Provide a summary of investigation in chronological order.</u> (How did MCO receive the tip, what issues were found and actions taken by MCC to substantiate the allegation along with any rules/laws/regulations that the provider presumably violated). Tie the details/facts together as noted above!
Provider History	
Participation	Dates contracted
Disclosure Information	Ownership, Control
Prior Education/CAPs	History, Status (Formal Targeted Education/CAP's/ Not Newsletters or Remittance Letters)
Prepayment	History, Status
Recoupments	History- <u>Previous</u> recoupments collected by MCC related to Program Integrity concerns of <u>fraud, waste or abuse and</u> not billing errors, 3 rd party liability or claims edit issues.

TennCare MCC Referral Protocol

1) The submission of documents related to suspected provider fraud and abuse referrals should be via TennCare SFTP server paths:
 tncare.sftp.state.tn.us/tncare/MCC###/orr/opi/in
 tncare.sftp.state.tn.us/tncare/MCC###/orr/tbi/in

2) Concurrently, a notice of submission should be emailed with subject line stating "MCC### Notice of Referral Submission via SFTP" to:
 ProgramIntegrity.TennCare@tn.gov
 TBI.MFCU@tn.gov

3) Addendums will follow steps 1 and 2 above, except submission should be emailed with subject line stating "MCC### Notice of Referral Addendum Submission via SFTP."

Required Referral Documents - Submission of required documents in following folder format is preferred.

- 1) **Referral Form and Checklist**
- 2) **Audit Report and Findings** (Include actual and extrapolated overpayments identified – Excel format)
- 3) **Medical Records Reviewed** (PDF format is preferred)
- 4) **Coder/Nurse Reviews** (Excel format)
- 5) **Complete Set of Data Reviewed** (MCC data universe and SVRS data set – Excel format)
- 6) **Provider Contract** (Provider contract with MCC and Provider Participation, history and status)
- 7) **Credentialing Information** (Include provider disclosures, if applicable to audit timeframe)
- 8) **Provider Research** (Internet research, etc.)
- 9) **Fee Schedules** (Include entire audit period – Excel format)
- 10) **Communication with Provider** (Program Integrity related – Prior audits, interviews, etc. Include mail delivery tracking numbers for records request)
- 11) **Pre-Pay Audits** (History, reason and status, if applicable)
- 12) **Policies and Procedures** (Authority for denials/NCCI Edit violations, etc. – P&Ps specific to TennCare members only)
- 13) **History of Prior Recoupments** (PI related recoupments with date, reason, amounts & supporting data)
- 14) **Provider Education** (Targeted education including CAPs is preferred, yet remittance letters and memos are acceptable)

Recommended Items to Request

- Copy of Claim
- Charge Sheet/Super-bill
- Current Recipient Contact Information
- Copy of Recipient's Plan of Care, including medications
- Consent for Treatment
- History and Physical
- Consent Forms
- Assessment Notes
- Physician Orders
- Consult Reports
- Progress Notes (Written and Electronic)
- Procedure Notes
- Prior Authorization forms
- Lab Requisitions/Orders and Results
- Test Requisitions/Orders and Results
- List of Lab Panels, including list of each test per panel
- Drug Screen Requisitions/Test Orders and Results (Qualitative and Quantitative)
- Operative, Radiology, Pathology, ER Reports
- Anesthesia Records
- Immunization and Medication Lot Logs
- All Images from Echo Guides Performed
- Any additional medical records to support services billed

Supplemental Information to Consider

- Business Organization Chart
- Ownership Disclosure to Patient
- Patient Care Protocols
- Staff Signature Log
- Licenses/Certifications for All Staff Rendering Care
- Staff, Lab, Billing Agency Contracts
- List of Non-standard Abbreviations Used
- Purchase Orders, Lease Agreements and Maintenance Records for Lab Equipment
- Name and Version of Electronic Health Record (EHR) Software
 - EHR Audit Trail for Records Requested, including list of authorized users and associated IDs



STATE OF TENNESSEE
Office of Inspector General
Report TennCare Recipient Fraud



Complete, Print and Mail to:
State of Tennessee
Office of Inspector General
P.O. Box 282368
Nashville, TN 37228

Or:
Fax Completed Form to: 615-256-3852
E-Mail As an Attachment to: TennCare.Fraud@tn.gov
TennCare Fraud Hotline: 800-433-3982

Note: In order to be considered for a Cash for Tips reward, you must speak to an OIG representative at 1-800-433-3982. At the time your tip is made, advise the OIG representative that you want a Cash for Tips identification number. **ONLY TIPS SUBMITTED BY TELEPHONE ARE ELIGIBLE FOR A REWARD, AND YOU CANNOT REMAIN ANONYMOUS.**

Please provide as much information as possible. The items marked in **RED** are mandatory fields.

Name: _____ **Social Security Number (if known):** - - -
Other Names Used (maiden, nicknames, etc.): _____
Date of Birth (if known): / / **OR** **Approximate Age:** _____

Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____ **AND/OR** **County:** _____

Other Addresses Used: _____

Please describe the events that lead you to believe TennCare fraud is being committed:

Have you notified any other local, State or Federal Agencies? Yes No
If yes, who did you notify? _____

May we contact you if we need additional information? Yes No

If so, please provide:
Your Name: _____

E-Mail Address: _____ @ _____
Phone Number: _____ - _____ - _____

Best time to reach you by phone: Morning Midday Afternoon

41. Attachment XI shall be amended by deleting and replacing Sections A.3.2, A.4.1.2.5, A.4.3.1.1, A.8.3.11, No. 2 of Exhibit F, adding new Sections A.4.3.4, A.17.5.5, A.19.1.6, A.19.1.7, A.19.4.3 as follows, and renumbering the remaining Sections as appropriate, including any references thereto.

A.3.2 Requests for NEMT services should be made at least seventy-two (72) hours based on calendar days before the NEMT service is needed. However, this timeframe does not apply to urgent trips (see Section A.5.7 of this Attachment), scheduling changes initiated by the provider, and follow-up appointments when the timeframe does not allow advance scheduling. In addition, the CONTRACTOR shall accommodate requests for NEMT services that are made within the following timeframes: three (3) hours before the NEMT service is needed when the pick-up address is in an urban area and four (4) hours before the NEMT service is needed when the pick-up address is in a non-urban area. The CONTRACTOR shall provide additional education to members who fail to request transportation seventy-two (72) hours before the NEMT service is needed (see Section A.10 of this Attachment).

A.4.1.2.5 Approve or deny the request. Transportation shall not be denied for a member with minor children with whom daycare could not be arranged when a member established the need for them to be included in order to reserve space and child restraint upon scheduling of the trip; and

A.4.3.1.1 If the criteria in Section A.4.2 of this Attachment are met, the CONTRACTOR shall determine what mode of transportation is appropriate to meet the needs of the member. The modes of transportation that shall be covered by the CONTRACTOR include, but are not limited to: fixed route, multi-passenger van, wheelchair van, invalid vehicle, ambulance and member mileage reimbursement program.

A.4.3.4 Member Mileage Reimbursement

The CONTRACTOR shall follow policies and procedures as provided by TENNCARE when utilizing this method of transportation. Reporting requirements are specified in Section A.19 of this Attachment.

A.8.3.11 The CONTRACTOR shall verify that drivers are not listed on the Tennessee Sexual Offender Registry and the equivalent registry showing data from all fifty (50) states prior to providing services under this Contract and every year thereafter. This is in addition to the criminal background check and results shall be maintained in the driver's file as to allow for unscheduled file audits.

A.17.5.5 The CONTRACTOR shall assure that surveys are conducted for randomly selected members within twenty-four (24) hours (when conducted by phone) of receiving the service or within a week (when conducted via postal service) throughout the calendar year at a minimum not to exceed a quarterly basis. One percent (1%) of trips provided should be surveyed and responded to during each calendar quarter. Results are reported annually using a quarterly breakdown.

Amendment 44 (cont.)

A.19.1.6 Member Mileage Reimbursement Report. The CONTRACTOR shall submit a quarterly MMR report utilizing the template provided by TENNCARE.

A.19.1.7 Provider Send Back Report. The CONTRACTOR shall provide a monthly Provider Send Back report which includes the name of NEMT provider, name of TennCare Member, date the trip was scheduled with call center, the appointment date and the date the provider sent the unaccepted trip back utilizing the template provided by TENNCARE.

A.19.4.3 The CONTRACTOR shall submit a monthly NEMT claims status report. The report shall include the number of claims received, total paid claims, total denied claims and the total of pended claims by the NEMT brokerage for the previous months activity.

No.	PERFORMANCE STANDARD	LIQUIDATED DAMAGE
2	Comply with the approval and scheduling requirements (see Section A.5.1 of this Attachment)	Up to \$1,000 per deficiency at TENNCARE's discretion

Amendment 44 (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, 2019.

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: _____
Larry B. Martin
Commissioner

BY: _____
Amber Cambron
President & CEO VSHP

DATE: _____

DATE: _____

Supplemental Documentation Required for
Fiscal Review Committee

*Contact Name:	Alma Chilton	*Contact Phone:	615-507-6384		
*Presenter's Name	William Aaron, Chief Financial Officer				
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:	12/31/2018		
Current Request Amendment Number: <i>(if applicable)</i>	43				
Proposed Amendment Effective Date: <i>(if applicable)</i>	January 1, 2019				
*Department Submitting:	Department of Finance and Administration				
*Division:	Division of TennCare				
*Date Submitted:	October 31, 2018				
*Submitted Within Sixty (60) days: <i>If not, explain:</i>	Yes NA				
*Contract Vendor Name:	Volunteer State Health Plan, Inc. (TennCare Select)				
*Current Maximum Liability:	\$5,300,523,505.90				
*Estimated Total Spend for Commodities	N/A				
*Current Contract Allocation by Fiscal Year: (as Shown on Most Current Fully Executed Contract Summary Sheet)					
FY: 2002	FY: 2003	FY: 2004	FY: 2005	FY 2006	FY 2007
\$18,599,868.00	\$33,079,942.00	\$63,490,156.00	\$116,014,894.00	\$175,496,222.00	\$175,496,222.00
FY: 2008	FY: 2009	FY: 2010	FY: 2011	FY:2012	FY 2013
\$200,000,000.00	\$200,000,000.00	\$404,906,600.00	\$443,906,600.00	443,906,600.00	443,906,600.00
FY: 2014	FY: 2015	FY: 2016	FY: 2017	FY: 2018	FY: 2019
\$443,906,600.00	\$443,906,600.00	\$443,906,600.00	\$500,000,000.00	\$500,000,000.00	\$250,000,000.00
FY: 2020					
\$ 250.000,000.00					
Current Total Expenditures by Fiscal Year of Contract: (attach backup documentation Edison report - Attached)					
FY: 2002	FY: 2003	FY: 2004	FY: 2005	FY 2006	FY 2007
\$290,556,541.35	\$413,769,656.17	\$811,750,972.40	\$990,250.679.53	\$904,108,515.31	\$929,733,206.66
FY: 2008	FY: 2009	FY: 2010	FY:2011	FY: 2012	FY 2013
\$367,161,736.62	\$382,199,549.22	\$384,317,146.84	\$376,871,961.99	\$385,566,957.59	\$389,790,953.99
FY: 2014	FY: 2015	FY: 2016	FY: 2017	FY: 2018	FY: 2019
\$405,469,617.80	\$419,552,360.15	\$443,450,945.20	\$429,551,447.81	\$391,609,390.20 (thru 3/29/2018)	
IF Contract Allocation has been greater than Contract Expenditures, please give the reasons and explain where surplus funds were spent:			N/A		
IF surplus funds have been carried forward, please give the reasons and provide the			N/A		

Supplemental Documentation Required for Fiscal Review Committee

authority for the carry forward provision:			
<p>IF Contract Expenditures exceeded Contract Allocation, please give the reasons and explain how funding was acquired to pay the overage:</p>		<p>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.</p>	
*Contract Funding Source/Amount:			
State:	\$2,024,918,829.04	Federal:	\$3,775,604,676.86
<i>Interdepartmental:</i>		<i>Other:</i>	
If “ <i>other</i> ” 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 MCO language; Maximum Liability Increase	
July 1, 2006		Amendment #15 – Language Modification, including changes to MCO language; Maximum Liability Increase	

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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 (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.

Supplemental Documentation Required for Fiscal Review Committee

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.
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 the past 5 years with state agencies/ departments, professional organizations, or through any legal action.	No disciplinary actions identified.
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 googled this 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.

Supplemental Documentation Required for
Fiscal Review Committee



CONTRACT AMENDMENT COVER SHEET

Agency Tracking # 31866-00026	Edison ID 29635	Contract #	Amendment # 43
Contractor Legal Entity Name VSHP (TennCare Select)			Edison Vendor ID 0000071694

Amendment Purpose & Effect(s)
 Extends Term One Year, Increases Maximum Liability

Amendment Changes Contract End Date: YES NO **End Date:** December 31, 2019

TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): **\$ 500,000,000.00**

Funding —					
FY	State	Federal	Inter-departmental	Other	TOTAL Contract Amount
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	\$ 85,355,000.00	\$ 164,645,000.00			\$ 250,000,000.00
TOTAL:	\$ 2,024,918,829.04	\$ 3,775,604,676.86			\$ 5,800,523,505.90

American Recovery and Reinvestment Act (ARRA) Funding: YES NO

Budget Officer Confirmation: 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.

CPO USE

Speed Chart (optional)	Account Code (optional)
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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	<u>\$46,163,063.69</u>	(Expenditures through July 26, 2018)
TOTAL	<u><u>\$8,917,945,932.47</u></u>	

2002 TennCare Select Vendor payment

Vendor Number	Vendor Suffix	Amount
V621656610	00	290,556,541.35
	Total	290,556,541.35

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
		Total	413,769,656.17

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
		Total	811,750,972.40

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
		Total	990,250,679.53

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
	Total	904,108,515.31

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
		Total	929,733,206.66

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
		Total	367,161,736.62

2009 Select All Vendor Payment

Total

Vendor Invoice	Invoice Date	Voucher	
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	132,272.85
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
			BHO PAYMENTS	INTEGRATED MCOS-FULLY CAPPED	
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
					61,502,788.86

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
			126,301,495.06	

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
			103,132,493.12	

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
			93,380,369.80	

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
			101,285,742.43	

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
			87,501,592.15	
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
			93,149,436.73	
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
			94,935,190.68	

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
			91,797,860.37	

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
			96,335,324.48	

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
			99,960,088.14	

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
			97,473,684.60	

FY 2012 TOTAL \$ 385,566,957.59

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
			98,085,011.24	

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
			101,532,426.99	

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
			90,205,700.33	

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
			99,967,815.43	

FY 2013 TOTAL \$ 389,790,953.99

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
			99,575,684.98	

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
			105,409,032.62	

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
			99,115,358.49	

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
			101,369,541.71	

FY 2014 TOTAL \$ 405,469,617.80

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
			105,454,766.49	

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
			110,980,879.45	

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
			95,602,532.08	

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
			107,514,182.13	

FY 2015 TOTAL \$ 419,552,360.15

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
			101,849,465.14	

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
			123,644,655.98	

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
			109,664,283.41	

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
			108,292,540.67	

FY 2016 TOTAL \$ 443,450,945.20

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
			106,919,284.34	

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
			106,560,130.81	

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
			109,024,551.25	

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
			107,047,481.41	

VSHP - TennCare Select FY 2017 (Continued)

FY 2017 TOTAL	\$ 429,551,447.81
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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
			\$106,099,145.84	

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
			\$137,628,865.97	

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
			\$147,881,378.39	

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
			\$156,071,229.95	

FY 2018 TOTAL \$ 547,680,620.15

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
			\$46,163,063.69	

FY 2019 TOTAL

\$46,163,063.69