

Table of Contents

State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 15-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

November 18, 2015

Darin Gordon, Director
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243

RE: Tennessee Title XIX State Plan Amendment, Transmittal #15-0003

Dear Mr. Gordon:

We have reviewed Tennessee State Plan Amendment (SPA) 15-0003 which was submitted to the Atlanta Regional Office on September 30, 2015. This amendment assures that Tennessee is in compliance with 42 CFR §455.434 as it relates to providers criminal background checks and fingerprinting requirements.

This SPA confirms that the state is in compliance with final regulations, as required as a condition of approval for SPA #12-001 (approved January 28, 2013), and is approved on November 18, 2015. The effective date of this SPA is August 1, 2015.

If you have any questions regarding this amendment, please contact Kenni Howard at (404) 562-7413 or via email at kenni.howard@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: TN 15-0003	2. STATE TENNESSEE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE August 1, 2015	

5. TYPE OF PLAN MATERIAL. (Check One):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(77), 1902(a)(39), and 1902(kk) of the Social Security Act; 42 CFR 455, Subpart E	7. FEDERAL BUDGET IMPACT: a. FFY 2015 Minimal b. FFY 2016 Minimal
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4, pages 79cc.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Section 4, pages 79cc.

10. SUBJECT OF AMENDMENT:
Provider Screening and Enrollment.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: Tennessee Department of Finance and Administration Division of Health Care Finance and Administration Bureau of TennCare 310 Great Circle Road Nashville, Tennessee 37243 Attention: Jonathan Reeve
13. TYPED NAME: Darin J. Gordon	
14. TITLE: Director, Bureau of TennCare	
15. DATE SUBMITTED: 09/30/15	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 09/30/15	18. DATE APPROVED: 11-18-15

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 08/01/15	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TENNESSEE**4.45 Provider Screening and Enrollment**

- 42 CFR 455.420 **REACTIVATION OF PROVIDER ENROLLMENT**
X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.
- 42 CFR 455.422 **APPEAL RIGHTS**
X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
- 42 CFR 455.432 **SITE VISITS**
X Assures that pre-enrollment and post-enrollment site visits of providers who are in “moderate” or “high” risk categories will occur.
- 42 CFR 455.434 **CRIMINAL BACKGROUND CHECKS**
X Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
- 42 CFR 455.436 **FEDERAL DATABASE CHECKS**
X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440 **NATIONAL PROVIDER IDENTIFIER**
X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

TN No. TN-15-0003
 Supersedes
 TN No. 12-001

Approval Date 11-18-15Effective Date 8/1/2015