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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 20-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations

September 10, 2020

Mr. Stephen M. Smith
Director, Division of TennCare
Attention: Aaron Butler
310 Great Circle Road
Nashville, Tennessee 37243

Re: Tennessee State Plan Amendment, Transmittal # 20-0003

Dear Mr. Smith:

We have reviewed the proposed amendment to the Tennessee State Plan, submitted under transmittal number TN 20-0003. The SPA was submitted to delete the obsolete covered service “Community Mental Retardation Clinics” and add “Methadone Clinic Services” for adults as a covered service, effective June 2, 2020.

Based on the information provided, this amendment is approved on September 4, 2020. We are enclosing the approved form HCFA 179 and plan page(s). If you have any questions or need further assistance, please contact my staff members, Tandra Hodges at 404-562-7409 or email Tandra.Hodges@cms.hhs.gov or Cheryl Wigfall at 919-274-5976 or email Cheryl.Wigfall@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

James G. Scott
Director
Division of Program Operations

Enclosures

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL
CARE AND SERVICES PROVIDED

9. Clinic Services

The following types of clinic services are covered with limitations described for each.

a. Community Mental Health Centers – Services limited to those authorized to be provided.

b. Community Clinics

(1) Community Health Clinics, Community Health Agencies, Community Services Clinics.

Services limited to those authorized to be provided by each of the above type clinics.

(2) Ambulatory Surgical Centers – Services limited to those procedures designated by the state agency that can be performed outside the inpatient facility setting.

(3) Methadone clinic services are covered.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES – OTHER TYPES OF CARE

9. Clinic Services (continued)

(2) Ambulatory Surgical Centers

Payment is for facility services and shall be the lesser of:

(a) billed charges, or

(b) an amount based upon Medicare principles as described in 42 CFR 416.120(c).

In no event shall reimbursement exceed the rates determined pursuant to 42 CFR 416.120(c) and in effect July 1, 1988 or the upper limits pursuant to 42 CFR 447.321.

(3) Methadone clinic services

Methadone clinic providers effective June 2, 2020 will be reimbursed the lesser of:

(a) billed charges, or

(b) reasonable allowable cost computed according to Medicare principles of reimbursement.

(c) Payments will not exceed the upper limits pursuant to 42 CFR 447.321.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

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