

November 27, 2018

Dr. Wendy Long  
Division of TennCare  
310 Great Circle Road  
Nashville, Tennessee 37243

Dear Dr. Long:

I attended the TennCare Hearing on November 27, 2018 and could not help but be moved by the predicament that many of our rural health providers have been placed due to the Moratorium on TennCare payments to RHCs while TennCare revises cost reporting and quarterly settlement rules. Many of the providers are now going on two years without payment from TennCare while we wade slowly through this process. In the meantime, the RHC providers are expected to continue to pay employees, malpractice, medical supplies, immunizations, vaccines, and numerous administrative expenses of practicing medicine without the benefit of the enhanced TennCare rate for being an RHC.

I heard stories of an 8-month old child saved due to an RHC being in Brownsville (a town without a hospital), an RHC open 12 hours a day, 6 days a week and the provider not being paid in over two years due to the lack of funds. While the goal of rewriting and codifying regulations for FQHCs and RHCs is certainly a worthwhile and needed process, stopping the payments of TennCare settlements to new RHCs while we wait years for TennCare, CMS, The Comptroller, and the Legislature to agree upon the new regulations while undergoing a change in Administration is certainly a blow to an already weak rural healthcare infrastructure in Tennessee. Currently as many 20 RHCs are not being paid by TennCare: providers who joined the RHC program in good faith that the RHC program would pay enhanced TennCare rates that would allow rural providers to provide additional access to care for our most vulnerable population.

My request is simply this. Medicare pays RHCs in advance for pneumococcal and influenza vaccines due to the high cost of these vaccines through a lump sum interim payment and the settlement is reported as a payment on the Medicare cost report. What if TennCare or the Comptroller did the same for RHCs caught in the moratorium. The advance or interim payment can be reconciled when the cost report or Quarterly TennCare reports are settled. The payments are imperative to keep providers in rural areas as many have already gone through all their lines of credit, cashed out retirement plans, and borrowed from relatives to fund their clinics through this moratorium. We heard that many of the providers will close in early 2019 if funding is not obtained soon. We simply can not continue to wait for this process to conclude without further damaging access to care in our rural, underserved areas.

Thank you for the opportunity to comment on this important issue. If you would like to discuss this issue, please feel free to call me at 423.243.6185 or email at [marklynnrhc@gmail.com](mailto:marklynnrhc@gmail.com).

Sincerely,

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