

Rural Health Clinic TennCare Settlement Reporting

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Becoming a Tennessee Rural Health Clinic

Step	Detail of Step
1.	Pass the RHC State Inspection to become a RHC.
2.	Continue billing MCOs in the same manner as before.
3.	Receive Medicare Tie-In Notice from CMS – Renee Harris.
4.	Register with TennCare Provider Enrollment (see next slide for information).
5.	Receive average PPS rate for neighboring clinics with similar caseloads. If there are not adequate neighboring clinics with similar caseloads, then you will receive an average PPS rate on an interim basis until you receive a final rate based on your costs.
6.	File the 1 st TennCare Settlement Report to Maya Angelova and Marcia Holman.
7.	Expect to receive 1 st settlement check in about 6 – 8 weeks from report submission.



Becoming a Tennessee Rural Health Clinic

- › New RHCs must obtain a new TennCare billing number specifically for RHC transactions.
- › Website to enroll in TennCare online:
 - <http://pdms.tennCare.tn.gov/Account/Login.aspx>



TennCare Provider Enrollment Contact

Provider Registration
Bureau of TennCare - Provider Services
310 Great Circle Road
Nashville, TN 37243
(800) 852-2683
Provider.Registration@tn.gov
tn.gov/hcfa
tn.gov/tenncare

Why is the TennCare Settlement Report Important?

- › Once you become a Rural Health Clinic, MCOs will not change the rate that they pay you for visits. The way you receive your enhanced TennCare RHC rate is to prepare this quarterly report.
 - Example:

Paid Visits	MCO Payment per Visit	Total Payments from MCO	TennCare RHC Rate per Visit	TennCare Settlement Due
1,000	\$75	\$75,000	\$100	\$25,000

Report ONLY Paid Claims for the Quarter

- › Visits and claims paid in January – March will be reported on the Q1 TennCare Settlement Report.
- › On the Q2 report, visits from 1st and 2nd quarter that were paid during the 2nd quarter will be reported. The 1st and 2nd quarter visit totals will be on separate columns of the report.



Report ONLY Paid Claims for the Quarter

FQHC/RHC Cumulative Report of TennCare Visits and Payments

Name of Provider: **Sample Clinic** Original Filing
 Provider Number: **XX-XXXX**
 Period: **Q4-2019**

Core Services

(1)

Submitted				Q1-2019	Q2-2019	Q3-2019	Q4-2019	
Q1-2019				184				
Q2-2019				78	156			
Q3-2019				2	56	167		
Q4-2019				-	9	94	182	285
Cumulative Totals	-	-	-	264	221	261	182	

Core Services

(2)

Submitted				Q1-2019	Q2-2019	Q3-2019	Q4-2019	
Q1-2019				\$ 9,936				
Q2-2019				\$ 4,368	\$ 8,424			
Q3-2019				\$ 110	\$ 3,136	\$ 9,018		
Q4-2019				\$ -	\$ 486	\$ 5,264	\$ 10,010	\$ 15,760
Cumulative Totals	\$ -	\$ -	\$ -	\$ 14,414	\$ 12,046	\$ 14,282	\$ 10,010	



Counting Visits

- › TennCare visits are face-to-face encounters with a Physician, Physician Assistant, Nurse Practitioner, Certified Nurse Midwife, Clinical Psychologist, Clinical Social Worker, or Licensed Professional Counselor – some common examples include:
 - Office Visits
 - › CANNOT include Nurse-Only Visits (99211)
 - Hospital Visits
 - Physicals
 - Prenatal and Postnatal Visits
- › **PLEASE NOTE: What constitutes as a visit for TennCare does not always constitute a RHC Medicare visit and cannot be billed as such (i.e., hospital visits, physicals, etc)**



Counting Visits

- › In most cases, TennCare will limit the number of visits that a clinic can claim to one visit per patient per day.
 - **HOWEVER**, pediatrics will be allowed to count both a sick and well visit on the same day.

Counting Visits

PATIENT: [REDACTED]														
SUBSCRIBER ID: [REDACTED]			SUBSCRIBER NAME: [REDACTED]			PROMPT PAY DISC: [REDACTED]			CLAIM NUMBER: [REDACTED]			PATIENT ACCOUNT: [REDACTED]		
MEMBER ID: [REDACTED]			INTEREST AMOUNT: [REDACTED]			PCP NUMBER: [REDACTED]			REMIT DETAIL: [REDACTED]			PRODUCT DESC.: [REDACTED]		
SERVICING PROV NPI: [REDACTED]			SERVICING PROV NM: [REDACTED]			COVERAGE DATE: [REDACTED]			PCP NAME: [REDACTED]			BILLING NPI: [REDACTED]		
COB PRIMARY INS: [REDACTED]			POLICY NUMBER: [REDACTED]									CARRIER ID: [REDACTED]		
DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	UNITS	BILLED AMT	DISALLOW AMT	ALLOWED AMT	DEDUCT AMT	COPAY/COINS AMT	COB PMT AMT	WITHHOLD AMT	PAID TO PROVIDER AMT	PATIENT RESP AMT	AUTH#	RMK CD	GRP CD/RSN CD
10/10/19 - 10/10/19	billing code 99393 POS/ Bill Type 11	1	\$240.00	\$190.16	\$49.84			\$0.00	\$0.00	\$49.84	\$0.00			CO45
10/10/19 - 10/10/19	billing code 99213-25 POS/ Bill Type 11	1	\$120.00	\$85.88	\$34.12			\$0.00	\$0.00	\$34.12	\$0.00			CO45
10/10/19 - 10/10/19	billing code 96110-59 POS/ Bill Type 11	1	\$30.00	\$26.08	\$3.92			\$0.00	\$0.00	\$3.92	\$0.00			CO45
10/10/19 - 10/10/19	billing code 96127 POS/ Bill Type 11	1	\$15.00	\$12.47	\$2.53			\$0.00	\$0.00	\$2.53	\$0.00			CO45
10/10/19 - 10/10/19	billing code 96160-59 POS/ Bill Type 11	1	\$50.00	\$47.74	\$2.26			\$0.00	\$0.00	\$2.26	\$0.00			CO45
10/10/19 - 10/10/19	billing code 87880-QW POS/ Bill Type 11	1	\$50.00	\$42.50	\$7.50			\$0.00	\$0.00	\$7.50	\$0.00			CO45
10/10/19 - 10/10/19	billing code 87804-QW POS/ Bill Type 11	1	\$90.00	\$82.50	\$7.50			\$0.00	\$0.00	\$7.50	\$0.00			CO45
10/10/19 - 10/10/19	billing code 87804-59, QW POS/ Bill Type 11	1	\$90.00	\$82.50	\$7.50			\$0.00	\$0.00	\$7.50	\$0.00			CO45
10/10/19 - 10/10/19	billing code 85018-QW POS/ Bill Type 11	1	\$20.00	\$18.45	\$1.55			\$0.00	\$0.00	\$1.55	\$0.00			CO45
CLAIM NUMBER: 19K799499700 SUBTOTAL:			\$705.00	\$588.28	\$116.72			\$0.00	\$0.00	\$116.72	\$0.00			



Counting Payments

- › “The amount received should include all monies received for services including lab services provided to TennCare enrollees, excluding cross-over claims. This includes monies received from commercial insurers for TennCare enrollees and all patient liability amounts.”

- Julie Rogers, CPA, CISA
Legislative Audit Manager
Tennessee Comptroller of the Treasury



Counting Payments

- › When counting payments, you must include all payments for core services, as well as ancillary services – even if there is no “visit” associated with the service (i.e., labs, vaccinations, x-rays, etc).
- › All payments must be included **including patient co-pays and payments from third party insurance payers.**

Counting Payments

PATIENT: [REDACTED]
SUBSCRIBER ID: [REDACTED] **SUBSCRIBER NAME:** [REDACTED] **PROMPT PAY DISC:** [REDACTED] **CLAIM NUMBER:** [REDACTED] **PATIENT ACCOUNT:** [REDACTED]
MEMBER ID: [REDACTED] **INTEREST AMOUNT:** [REDACTED] **PCP NUMBER:** [REDACTED] **REMIT DETAIL:** [REDACTED] **PRODUCT DESC.:** [REDACTED]
SERVICING PROV NPI: [REDACTED] **SERVICING PROV NM:** [REDACTED] **COVERAGE DATE:** [REDACTED] **PCP NAME:** [REDACTED] **BILLING NPI:** [REDACTED]
COB PRIMARY INS: [REDACTED] **POLICY NUMBER:** [REDACTED] **CARRIER ID:** [REDACTED]

DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	UNITS	BILLED AMT	DISALLOW AMT	DISCOUNT AMT	ALLOWED AMT	DEDUCT AMT	COPAY/COINS AMT	COB AMT	WITHHOLD AMT	PAID TO PROVIDER AMT	PATIENT RESP AMT	AUTH#	RMK CD	GRP CD/RSN CD
12/07/17 - 12/07/17	billing code 99214-25 POS/ Bill Type 11	1	\$125.00	\$74.32		\$50.68			\$50.68	\$0.00	\$0.00	\$0.00			CO45
12/07/17 - 12/07/17	billing code 87880-QW POS/ Bill Type 11	1	\$40.00	\$34.69		\$5.37			\$0.00	\$0.00	\$5.37	\$0.00			CO45
CLAIM NUMBER: 18A221478600 SUBTOTAL:			\$165.00	\$108.95		\$56.05			\$50.68	\$0.00	\$5.37	\$0.00			

Processed Claim

Patient Name: [REDACTED] **AGP Member ID:** [REDACTED] **Acct:** [REDACTED] **State/Alt Member ID:** [REDACTED]
Claim Number: [REDACTED] **Servicing Provider:** [REDACTED] **Servicing NPI:** [REDACTED] **DRG#:** [REDACTED]
Claim Comment: [REDACTED] **TOB:** [REDACTED] **Auth#:** [REDACTED]

#	Dates of Service	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay	TPP	Payment	Explain Codes
1	11/01/17 - 11/01/17	11	J020		99213 25	1	\$112.00	\$46.97	\$65.03	\$0.00	\$27.27	\$19.70	019
2	11/01/17 - 11/01/17	11	J020		87880 QW	1	\$40.00	\$5.56	\$34.44	\$0.00	\$3.23	\$2.33	019
Service Line(s) Sub Total(s):							\$152.00	\$52.53	\$99.47	\$0.00	\$30.50	\$22.03	

Total-Interest: \$0.00

Total-Prompt Pay Discount: \$0.00

Claim Total: \$22.03

Visit and Payment Summary

Type of Visit	Visit	Payment
Office Visits	Count +	Count +
Hospital Visits	Count +	Count +
Mental Health Visits	Count +	Count +
Physicals	Count +	Count +
Labs, Vaccinations, X-Rays, etc	Do NOT Count	Count +

Visit and Payment Summary

PATIENT:																	
SUBSCRIBER ID:				SUBSCRIBER NAME:				PROMPT PAY DISC:				CLAIM NUMBER:				PATIENT ACCOUNT:	
MEMBER ID:				INTEREST AMOUNT:				PCP NUMBER:				REMIT DETAIL:				PRODUCT DESC.: TN Dual SNP Full Coverage	
SERVICING PROV NPI:				SERVICING PROV NM:								PCP NAME:				BILLING NPI:	
																CARRIER ID:	
DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	UNITS	BILLED AMT	DISALLOW AMT	ALLOWED AMT	DEDUCT AMT	COPAY/COINS AMT	COB PMT AMT	WITHHOLD AMT	PAID TO PROVIDER AMT	PATIENT RESP AMT	AUTH#	RMK CD	GRP CD/RSN CD			
10/09/19 - 10/09/19	billing code 99214-25 POS/ Bill Type 11	1	\$125.00	\$32.49	\$92.51			\$0.00	\$1.85	\$90.66	\$0.00			CO45, CO253			
10/09/19 - 10/09/19	billing code 99408 POS/ Bill Type 11	1	\$40.00	\$40.00				\$0.00	\$0.00	\$0.00	\$0.00		M80	CO234			
10/09/19 - 10/09/19	billing code 80305-QW POS/ Bill Type 11	1	\$20.00	\$14.71	\$5.29			\$0.00	\$0.00	\$5.29	\$0.00			CO45			
CLAIM NUMBER: 19K713847200			\$185.00	\$87.20	\$97.80			\$0.00	\$1.85	\$95.95	\$0.00		M80				
SUBTOTAL:																	

NOTE: Medicare Crossover is when Medicare is primary and TennCare is secondary. This type of payer mix is completely excluded from the TennCare Settlement Report (NO Visit and NO Payment).

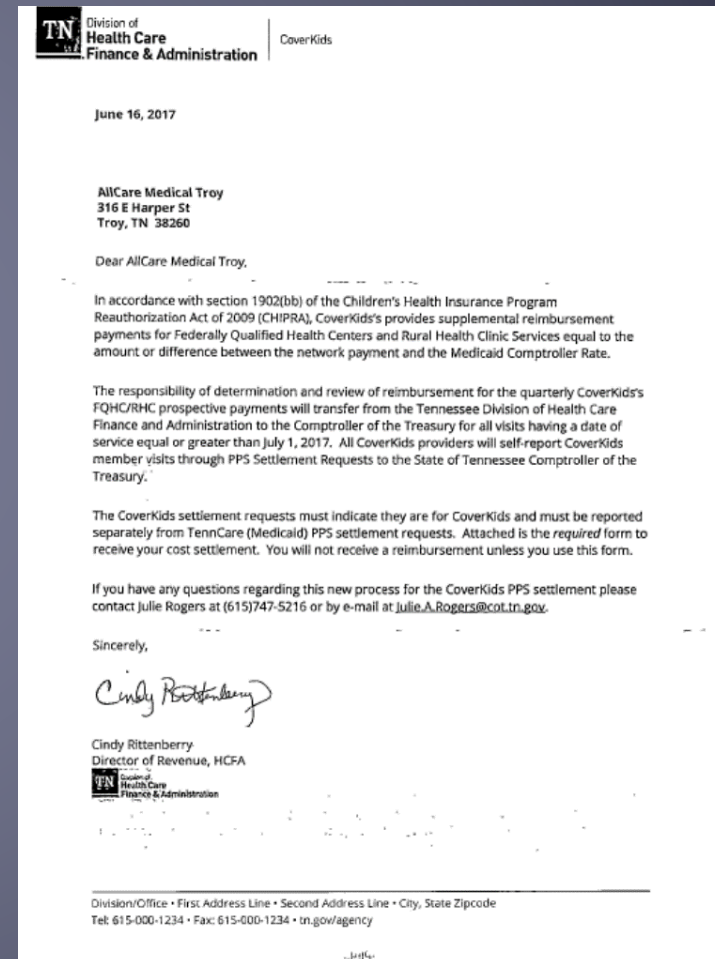


Completing the Report

- › Every TennCare remittance should be sorted by MCO and then reviewed for visits and payments by quarter.
- › On the Excel spreadsheet (accumulation logs), you can summarize the EOB information in the following columns: RA/Check #, RA Date, # of visits by quarter, and payment amounts by quarter – see Dani's spreadsheet.

TennCare Settlement Report Changes

- › In June 2017, TennCare announced changes in the way CoverKids patients would be processed.



TennCare Settlement Report Changes

- › The following form must be completed and emailed to CoverKids@cot.tn.gov.

CoverKids Cumulative Report of CoverKids Visits and Payments

Name of Provider: _____
 Provider# 044-xxxx _____

[Core Services] **Number of paid CoverKids Visits for service period** (1)

Submitted	Q1-2018	Q2-2018	Q3-2018	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019
Q1-2018								
Q2-2018								
Q3-2018								
Q4-2018								
Q1-2019								
Q2-2019								
Q3-2019								
Q4-2019								
Cumulative Totals	-	-	-	-	-	-	-	-

[Core Services] **CoverKids Payments Received for Service period** (2)

Submitted	Q1-2018	Q2-2018	Q3-2018	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019
Q1-2018								
Q2-2018								
Q3-2018								
Q4-2018								
Q1-2019								
Q2-2019								
Q3-2019								
Q4-2019								
Cumulative Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

(1) Include only covered visits paid by MCOs. Denied claims must be excluded.

(2) Include fee for service payments for all services provided to CoverKids enrollees, with the exception of cross-over claims. This includes monies received from commercial insurers for CoverKids enrollees and all patient liability amounts. Also include capitation or other special lump-sum payments from MCOs for which there is such an arrangement.

I certify that this form is true and correct

Name _____ Title _____ Date _____

For reimbursement please email form to: CoverKids@cot.tn.gov

Questions??



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