

TennCare Quarterly Report

Submitted to the TennCare Oversight Committee and the Fiscal Review Committee

January 15, 2006

Status of TennCare Reforms and Improvements

The disenrollment of TennCare Standard adults continued during this quarter. As of the end of the quarter, 13,000 TCS adults had been determined eligible for Medicaid and 160,000 TCS adults were disenrolled from the program because they did not meet Medicaid eligibility criteria.

The state continued its negotiations with the Centers for Medicare and Medicaid Services (CMS) regarding "Phase 4" of the TennCare Reform Plan. Because the TennCare Reform Plan submitted to CMS in September 2004 and February 2005 contained so many components, the state was asked to break up these components into "phases." Phase 1 of the plan was approved in March 2005, and Phase 2/3 was approved in June 2005. Phase 4 was submitted in September 2005.

Phase 4 contained the following elements:

- Non-pharmacy benefit limits
- Out-of-state benefit limits
- Ability to contract with one BHO statewide
- Re-establishment of an annual MCO change period
- Elimination of coverage of barbiturates and benzodiazepines for adults
- Transfer of dual eligibles from the 1915(b) waiver to the 1115(a) waiver
- Care management programs
- Inclusion of emergency room services in the benefit limits
- Payment of funds from supplemental pools directly to providers, rather than payment through the MCOs
- Ability to suspend persons from TennCare for one year if they have been convicted of a TennCare crime such as selling drugs obtained through TennCare
- Retention of IMD residents for coverage of non-IMD services
- Ability to contract with one MCO in certain areas of the state

The state withdrew the request to include emergency room services in the benefit limits.

CMS determined that no approval was needed on the out-of-state services issue. The care management issue was set aside for the time being, since MCCs are now being required to implement specific disease management programs.

As of the end of December 2005, several of the other items above had been either approved or disapproved. Approved items included:

- Ability to contract with one BHO statewide
- Re-establishment of an annual MCO change period
- Elimination of coverage for barbiturates and benzodiazepines for adults

Disapproved items included:

- Payment of funds from supplemental pools directly to providers, rather than payment through the MCOs
- Ability to suspend persons from TennCare for one year if they have been convicted of a TennCare crime such as selling drugs obtained through TennCare
- Retention of IMD residents for coverage of non-IMD services
- Ability to contract with one MCO in certain areas of the state

We are awaiting a final decision from CMS on the remaining items.

Source of information for this section: Tracy Purcell, Director of Eligibility Services, Bureau of TennCare; Susie Baird, Director of Policy, Bureau of TennCare.

Essential Access Hospital Payments

The TennCare Bureau continued to make essential access hospital payments during this period. Essential access hospital payments are payments from a pool of \$100 million (\$35,292,500 in state dollars) appropriated by the General Assembly.

The methodology for distributing these funds specifically considers each hospital's relative contribution to providing services to TennCare members, while also acknowledging differences in payer mix and hospitals' relative ability to make up TennCare losses. Data from the Hospital Joint Annual Report is used to determine hospitals' eligibility for these payments. Eligibility is determined each quarter based on each hospital's participation in TennCare. In order to receive a payment for the quarter, a hospital must be a contracted provider with TennCare Select and at least one other managed care organization, and it must have contracted with TennCare Select for the entire quarter that the payment represents. Excluded from the essential access hospital payments are critical access hospitals, which receive cost-based reimbursement from the TennCare program and therefore do not have unreimbursed TennCare costs, and the five state mental health institutes.

Essential access hospital payments for State Fiscal Year 06 are shown in the following table.

**FY 2006 Essential Access Hospital Payments
(July 2005 – September 2005)**

Hospital Name	County	FY 2006 QUARTER 1 PAYOUT (7/1/05 to 9/30/05)
SAFETY NET HOSPITALS		
Erlanger Medical Center	Hamilton County	\$1,544,312
Johnson City Medical Center	Washington County	\$703,326
Metro Nashville General Hospital	Davidson County	\$1,010,704
Regional Medical Center at Memphis	Shelby County	\$4,860,106
University of Tennessee Medical Center	Knox County	\$1,658,019
Vanderbilt University Hospital	Davidson County	\$2,723,534
CHILDREN'S HOSPITALS		
East Tennessee Children's Hospital	Knox County	\$409,371
Meth. Hlthcare-LeBonheur Child. Med. Ctr	Shelby County	\$840,629
PSYCHIATRIC HOSPITALS		
Community Behavioral Health, LLC	Shelby County	\$82,762
Indian Path Pavilion	Sullivan County	\$43,117
Pathways of Tennessee, Inc.	Madison County	\$96,473
Peninsula Hospital	Blount County	\$132,467
Ridgeview Psych. Hosp. & Ctr., Inc.	Anderson County	\$51,226
Woodridge Psychiatric Hospital	Washington County	\$93,955
OTHER ACUTE CARE HOSPITALS		
Athens Regional Medical Center	McMinn County	\$56,950
Baptist Dekalb Hospital	Dekalb County	\$26,400
Baptist Hospital of Cocke County	Cocke County	\$117,854
Baptist Memorial Hospital Huntingdon	Carroll County	\$32,937
Baptist Memorial Hospital Lauderdale	Lauderdale County	\$37,727
Baptist Memorial Hospital Tipton	Tipton County	\$94,317
Baptist Memorial Hospital Union City	Obion County	\$106,949
Bedford County Medical Center	Bedford County	\$80,191
Blount Memorial Hospital	Blount County	\$132,249
Bolivar General Hospital	Hardeman County	\$24,324
Bradley Memorial Hospital	Bradley County	\$92,952
Camden General Hospital	Benton County	\$62,869
Centennial Medical Center	Davidson County	\$344,793
Claiborne County Hospital	Claiborne County	\$117,691
Cleveland Community Hospital	Bradley County	\$135,683
Cookeville Regional Medical Center	Putnam County	\$123,974
Copper Basin Medical Center	Polk County	\$13,381
Crockett Hospital	Lawrence County	\$58,367
Cumberland Medical Center	Cumberland County	\$132,000
Cumberland River Hospital	Clay County	\$13,693
Decatur County General Hospital	Decatur County	\$24,161
Delta Medical Center	Shelby County	\$137,180

Dyersburg Regional Medical Center	Dyer County	\$76,516
East Ridge Hospital	Hamilton County	\$158,771
Emerald Hodgson Hospital	Franklin County	\$21,029
Fort Sanders Loudon Medical Center	Loudon County	\$47,756
Fort Sanders Parkwest Medical Center	Knox County	\$102,727
Fort Sanders Regional Medical Center	Knox County	\$265,942
Fort Sanders Sevier Medical Center	Sevier County	\$162,241
Gateway Medical Center	Montgomery County	\$141,087
Gibson General Hospital	Gibson County	\$24,024
Grandview Medical Center	Marion County	\$58,877
Hardin County General Hospital	Hardin County	\$92,993
Harton Regional Medical Center	Coffee County	\$108,957
Haywood Park Community Hospital	Haywood County	\$41,972
Henderson County Community Hospital	Henderson County	\$25,844
Hendersonville Medical Center	Sumner County	\$59,109
Henry County Medical Center	Henry County	\$97,055
Hillside Hospital	Giles County	\$48,523
Horizon Medical Center	Dickson County	\$71,807
Humboldt General Hospital	Gibson County	\$56,003
Indian Path Medical Center	Sullivan County	\$142,648
Jackson Madison County General Hospital	Madison County	\$460,777
Jamestown Regional Medical Center	Fentress County	\$87,746
Jefferson Memorial Hospital	Jefferson County	\$73,568
Jellico Community Hospital	Campbell County	\$127,661
Johnson City Specialty Hospital	Washington County	\$13,330
Lakeway Regional Hospital	Hamblen County	\$142,495
Laughlin Memorial Hospital	Greene County	\$98,838
Lincoln Medical Center	Lincoln County	\$47,742
Livingston Regional Hospital	Overton County	\$46,620
Maury Regional Hospital	Maury County	\$231,540
McKenzie Regional Hospital	Carroll County	\$37,826
McNairy Regional Hospital	McNairy County	\$31,727
Methodist Healthcare Fayette	Fayette County	\$42,882
Methodist Healthcare North	Shelby County	\$106,424
Methodist Healthcare South	Shelby County	\$130,626
Methodist Medical Center of Oak Ridge	Anderson County	\$190,432
Methodist University Healthcare	Shelby County	\$495,120
Middle Tennessee Medical Center	Rutherford County	\$210,298
Milan General Hospital	Gibson County	\$148,811
Morristown Hamblen Healthcare System	Hamblen County	\$203,790
North Side Hospital	Washington County	\$64,765
Northcrest Medical Center	Robertson County	\$153,222
Regional Hospital of Jackson	Madison County	\$134,011
River Park Hospital	Warren County	\$80,396
Roane Medical Center	Roane County	\$70,964
Saint Francis Hospital	Shelby County	\$393,187
Saint Jude Childrens Research	Shelby County	\$204,030
Saint Mary's Health System	Knox County	\$185,804

Scott County Hospital	Scott County	\$70,974
Skyline Medical Center	Davidson County	\$168,349
Smith County Memorial Hospital	Smith County	\$29,414
Southern Hills Medical Center	Davidson County	\$151,762
Southern Tennessee Medical Center	Franklin County	\$65,287
St. Marys Medical Center of Campbell County	Campbell County	\$108,854
Stonecrest Medical Center	Rutherford County	\$70,673
Stones River Hospital	Cannon County	\$58,977
Summit Medical Center	Davidson County	\$132,476
Sumner Regional Medical Center	Sumner County	\$131,878
Sweetwater Hospital Assoc	Monroe County	\$149,069
Sycamore Shoals Hospital	Carter County	\$94,485
Takoma Adventist Hospital	Greene County	\$61,409
Tennessee Christian Medical Center	Davidson County	\$332,839
Tennessee Christian Medical Center Portland	Sumner County	\$19,369
Unicoi County Memorial Hospital	Unicoi County	\$23,581
United Regional Medical Center	Coffee County	\$65,591
University Medical Center	Wilson County	\$218,938
Vanderbilt Stallworth Rehabilitation Hospital	Davidson County	\$58,311
Volunteer Community Hospital	Weakly County	\$29,388
Wayne Medical Center	Wayne County	\$34,756
Wellmont Bristol Regional Medical Center	Sullivan County	\$248,061
Wellmont Hawkins County Memorial Hospital	Hawkins County	\$74,825
Wellmont Holston Valley Medical Center	Sullivan County	\$259,643
White County Community Hospital	White County	\$42,434
Women's East Pavilion	Hamilton County	\$11,431
Woods Memorial Hospital	McMinn County	\$52,072
		\$25,000,000

Source of information for this section: Darin Gordon, Chief Financial Officer, Bureau of TennCare.

Renewal Status

The renewal process has been “on hold” for this quarter in order to focus on the disenrollment process.

Source of information for this section: Ken Barker, Director of Information Services, Bureau of TennCare.

Status of Filling Top Leadership Positions in the Bureau

During the quarter, **Lisa Evans** was appointed as **Director of Business Operations**, responsible for Provider Inquiry and Enrollment activities, and for developing policies and procedural business rules for claims activities. Ms. Evans possesses more than 15 years experience in an HMO environment, focusing on Claims Management and

Provider Relation roles. Ms. Evans joined us in November, from Schaller Anderson of Tennessee, LLC, where she had been functioning as a lead consultant.

Lisa Kinakin was hired in November as a **Managed Care TAG Consultant**. She will provide leadership in the development and implementation of disease management programs and provider profiling in areas of quality, cost and utilization. Ms. Kinakin possesses a Master's Degree and seven years experience with Doral Dental as Executive Director.

Omari Winbush joined the Bureau in December as **Director of MCO Contract Performance**. In this role, Mr. Winbush will be responsible for oversight of the three (3) Management Care Organizations in the West Grand Region. Mr. Winbush will review and approve all MCO contract deliverables; prepare all Corrective Action Plans, Ad hoc and On Request reports; prepare section updates for the CMS quarterly and Special Terms and Condition reports; prepare bill reviews and analysis; follow-up on all TDCI and Comptroller MCO audits; and, ensure the successful implementation of the MCO Contractor Risk Agreement. Mr. Winbush previously served as Director of Regulatory Affairs and Project Management for Schaller Anderson of Tennessee, LLC and before that as Assistant General Counsel for the Bureau of TennCare.

Sharon Hayes transferred to the Bureau from the Department of Health in December, and will be serving as our **Director of Administrative Services**. Ms. Hayes possesses more than 27 years of state government experience in various administrative and management roles, most recently serving as Personnel Director of the Bureau of Health Services, Department of Health. Ms. Hayes will be responsible for developing and implementing executive level policy and ensuring compliant administrative operations.

Source of information for this section: Sharon Hayes, Director of Administrative Services, Bureau of TennCare.

Number of Recipients on TennCare and Costs to the State
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As of the end of the quarter, there were 1,205,526 enrollees on TennCare: 1,154,953 Medicaid eligibles and 50,573 Uninsureds and Uninsurables (Medically Eligibles).

During the fourth quarter of 2005 (October through December), TennCare spent \$1,011,314,386 for managed care services. These expenditures included: payments to the managed care organizations (MCOs), payments to the behavioral health organizations (BHOs), payments to the dental benefits manager (DBM), and payments to the pharmacy benefits manager (PBM).

Source of information for this section: Terry Poff, Fiscal Director 2, Bureau of TennCare.

Viability of MCOs in the TennCare Program

Claims Payment Analysis

The prompt pay requirements of T.C.A. § 56-32-226(b) mandate that each health maintenance organization and behavioral health organization ensure that 90% of clean claims for payment for services delivered to a TennCare enrollee are paid within 30 calendar days of the receipt of such claims and 99.5% of all provider claims are processed within 60 calendar days of receipt. TennCare's contract with its Dental Benefit Manager requires that the DBM also process claims in accordance with this statutory standard.

TennCare's contract with its Pharmacy Benefits Manager requires that the PBM must pay 95% of all clean claims within 20 calendar days of receipt and the remaining 5% of clean claims within the following 10 calendar days.

TDCI requested data files of all TennCare processed claims from TennCare MCOs, BHOs, the DBM and the PBM for the months of August, September and October. TDCI also requested data files of pended TennCare claims and a paid claims triangle from August 1, 2004 through October 31, 2005.

All MCOs, BHOs, the DBM and the PBM were in compliance with the prompt pay requirements for August, September and October 2005. It should be noted, however, that although UAHC Health Plan of Tennessee met the prompt pay requirements based on the total number of claims processed each month, the vision claims processed by its subcontractor, Block Vision, were not processed timely during the three (3) months tested. On November 4, 2005, TDCI and TennCare received notice from UAHC that it was terminating its subcontract with Block Vision effective December 1, 2005, at which time Vestica, UAHC's claims processing vendor subcontracted to process medical claims, was to begin processing the vision claims.

Net Worth Requirement

As of September 30, 2005, TennCare MCOs/BHOs reported net worth as indicated in the table below. TDCI has not adjusted the net worth reported on the NAIC annual statements. TDCI's calculations for the net worth requirement reflect payments made for the calendar year ending December 31, 2004, including payments made under the "stabilization plan."

	Net Worth Requirement	Reported Net Worth	Excess/ (Deficiency)
Unison Health Plan (formerly Better Health Plan) (A)	2,956,800	4,871,611	1,914,811
John Deere Health Plan	17,310,028	109,134,304	91,824,276
Memphis Managed Care	9,464,285	24,024,051	14,559,766
UAHC Health Plan (formerly OmniCare Health Plan)	7,314,949	10,952,681	3,637,732
Preferred Health Partnership	7,338,566	28,123,818	20,785,252

Windsor Health Plan (formerly Victory Health Plan)	2,691,461	5,072,837	2,381,376
Volunteer (BlueCare & Select)	26,903,259	30,375,370	3,472,111
Premier Behavioral Systems	7,544,284	10,524,937	2,980,653
Tennessee Behavioral Health	6,428,171	16,666,030	10,237,859

Note:

- A. Unison's net worth requirement is the "enhanced" net worth requirement determined during the RFR process. The net worth requirement has been increased above the statutory minimum based on projected premium revenue. Unison's calculated statutory net worth requirement is \$2,682,218. Because Unison's statutory net worth requirement is less than the enhanced net worth requirement, TDCI will enforce the requirement at the higher level.

Financial Issues

Xantus Healthplan of Tennessee, Inc. (Xantus)

On January 21, 2004, the Chancery Court of Davidson County entered an order to convert the rehabilitation of Xantus to liquidation. Amendment 4 to Xantus' Contractor Risk Agreement provided for the TennCare Bureau to continue funding claims with dates of service of April 1, 1999 through July 31, 2003 (the "run-out claims") and the reasonable and necessary administrative costs for processing these claims after July 31, 2003. During the period August 1, 2003 through December 31, 2005, Xantus paid \$34,072,247 for run-out claims.

Securing the remaining assets of Xantus and developing procedures for the distribution of assets is still in process.

Tennessee Coordinated Care Network d/b/a Access MedPlus (TCCN)

On November 2, 2001, the Chancery Court of Davidson County entered a Liquidation Order for TCCN. When the TCCN liquidation estate receives the \$1,500,000 from a settlement agreement between the TCCN liquidation estate and the bankruptcy estate of TCCN's former management company, a petition for distribution of the remaining assets of TCCN will be filed with the Chancery Court for approval.

As of December 31, 2005, disbursements of \$39,568,193 have been made against a total debt of \$76,095,315, or 52 cents of every dollar owed to providers.

Universal Care of Tennessee (Universal)

TennCare terminated its Contractor Risk Agreement with Universal effective May 31, 2003. On July 2, 2003, the Chancery Court of Davidson County entered an order to place Universal in liquidation. Between June 1, 2003, and the liquidation order date of July 2, 2003, Universal continued to process and pay claims for dates of service April 12, 2002, through May 31, 2003, the period for which TennCare was financially responsible for funding Universal claims.

CMS approved a contract between TennCare and Universal Care of Tennessee in Liquidation for TennCare to pay the HMO in liquidation for processing Universal claims with dates of service on and after April 12, 2002. As of December 31, 2005, the Liquidation has processed and paid \$13,712,152.99 of claims with dates of service on and after April 12, 2002.

Source of information for this section: Lisa Jordan, Assistant Commissioner, Tennessee Department of Commerce and Insurance.

Success of Fraud Detection and Prevention
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The Office of Inspector General (OIG) was established 17 months ago (July 1, 2004). The mission of the OIG is: *To identify, investigate, and prosecute persons who commit fraud against TennCare.* The OIG staff receives case information from a variety of sources including local law enforcement, the Tennessee Bureau of Investigation (TBI), Health Related Boards (HRB), the Department of Human Services (DHS), other state agencies, health care providers, Managed Care Contractors (MCC), and the general public via the OIG web site, faxes, letters, and phone calls to the OIG hotline. The statistics for the second quarter of the 2005 - 2006 fiscal year are as follows:

NOTE: *Included are the fiscal year totals (FYT) and the grand totals--since the OIG was created (7/04 TD)*

Summary of Enrollee Cases

	Quarter	FYT	Grand Total
Cases received	17,851	21,440	45,011
Cases closed*	15,563	20,801	47,725

**Cases are closed when there is inadequate information provided to investigate the complaint, the information has been researched and determined to be unfounded, the case was referred to another agency (as per appropriate jurisdiction), or investigated and prosecuted by the OIG and closed. This number also includes reports the OIG runs for the TennCare Bureau regarding potential fraud (i.e. State Wage, PARIS, etc).*

Summary of Provider Cases

	Quarter	FYT	Grand Total
Cases opened	114	191	528
Cases closed	87	164	501
Cases referred to TBI*	6	12	53
Cases referred to HRBs**	5	13	38

The OIG refers **provider cases to the TBI (as per federal law) and assists with these investigations as requested.*

***Health Related Boards*

There is an aggressive push to pursue enrollees who have committed fraud against the TennCare program. The primary criminal case types are: drug

cases (drug diverters, drug seekers, and forged prescriptions), reporting a false income, access to insurance, and living outside the State of Tennessee.

Summary of Arrests & Convictions

	Quarter	FYT	Grand Total
Arrests	52	100	159
Convictions	14	30	37
Diversions*	4	8	9
Assists**	4	4	4

Note: Special Agents were not in the field making arrests until February 2005.

***Judicial Diversion:** A guilty plea or verdict subject to expungement following successful completion of probation. Tennessee Code Annotated § 40-35-313

***Pre-trial Diversion:** Prosecution was suspended and if probation is successfully completed, the charge will be dismissed. Tennessee Code Annotated § 40-15-105

****Assists:** Cases in which the OIG provided information (such as drug profiles), legal advice, or other assistance which led to a conviction.

Arrest Categories

Drug Diversion/Forged Prescription	117
Access to Insurance	17
False Income	8
Ineligible Person Using TennCare Card	8
Living Out of State	6
Theft of Services	3
GRAND TOTAL	159

TennCare Referrals & Recoupments

	Quarter	FYT	Grand Total
Pharmacy Lock-in (1)	110	238	522
Recoupment (2)	\$71,356.09	\$171,722.70	\$480,738.79
Recommended TennCare Terminations (3)	1,557	1,589	9,510
Potential Savings (4)	\$6,509,879.20	\$6,643,672.50	\$39,761,690.00

(1) The total in the last column is from September 2004 through December 31, 2005. Pharmacy lock-in referrals are sent to the TennCare Bureau for consideration.

(2) The total in the last column reflects dollars collected by the OIG and sent to the TennCare Bureau from February 15, 2005, through December 31, 2005, when a Fiscal Manager and an attorney joined the OIG staff to facilitate and document this process.

(3) Enrollee recommendations sent to the TennCare Bureau for consideration based on reports run from *file net* (i.e. Prisoner Report, State Wage Report, the Deceased Report, and the PARIS Report). Reports are run upon availability on *file net*.

(4) There were 1,557 enrollee terminations recommended to the TennCare Bureau by the OIG for the second quarter.¹ The TennCare Bureau uses \$4,181.04 as the average annual cost per enrollee (Medical & Pharmacy Services - FY 2005 expenditure projections).

Investigative Sources

¹ Note: CMS has denied the state's request to be able to disenroll these persons. See page 2 of this report.

	Quarter	FYT	Grand Total
OIG Hot Line	1,336	3,085	6,635
OIG Mail Tips	123	432	2,201
OIG Web Site	392	832	1,798
OIG Email Tips	134	517	1,401

The OIG staff provided presentations for the following organizations/contacts during this quarter:

- a. Tennessee Society of Medical Technology
- b. Managed Care Contractors Roundtable
- c. Law Enforcement Narcotics Officers Training
- d. School of Nursing, Chattanooga
- e. Media interviews - 10
- h. Meetings with local law enforcement - 13

The OIG staff continues to work with the state's contractors, EDS and Medstat, to develop the fraud and abuse detection software system. The OIG is working daily with these vendors to initiate proactive reports for identifying TennCare fraud. Ad hoc reports would greatly improve the speed and efficiency of investigations. Targeted queries are generated on a routine basis. The goal behind these reports and queries is to assist with a successful OIG prosecution of individuals who have violated the law.

The OIG Criminal Investigation Division was fortunate in having a training slot for the most recent session of the FBI National Academy (Quantico, Virginia). This is the premier law enforcement training program in the world. OIG Special Agent Manny Tyndall graduated in December from the 223rd Session of the FBI NA. The OIG currently has 5 National Academy graduates on staff.

The OIG Information Services Section was busy this quarter expanding and improving the current electronic case management system. Once completed, the OIG will have a faster and more efficient process of tracking all cases from beginning to prosecution/judgment.

Training is being planned for OIG personnel for early 2006. The Special Agents will complete an annual In-Service training that will include POST required courses, new policies and procedures, all qualifications with approved weapons, a legal update, etc.

The Legal Division has assisted all divisions of the OIG by providing legal advice on issues, including how to meet the requirements of various statutes and drafting and reviewing documents that have legal implications. The Legal Division facilitates the case preparation process and works closely with all of the District Attorneys toward a successful prosecution of the OIG's cases. They also constantly review all legal matters of the OIG and advise on pending legislative issues.

New OIG information posters have been distributed to: MCC's, law enforcement agencies, providers, district attorneys, the TennCare Bureau, members of the General Assembly, members of the media, and other State agencies (DHS, DCS, Commerce, etc.). This poster provides information regarding the

TennCare fraud law and the new State law concerning the *tips for cash program* (TCA § 71-5-2512).

The OIG made application for law enforcement accreditation through the Commission on Accreditation for Law Enforcement Agencies (CALEA) and was accepted last quarter. Staff members have been busy assembling the files documenting the OIG's compliance with the CALEA standards. Preparation continues for an on-site inspection during mid 2006.

Plans for next quarter:

- a. Continue to exchange information with local, state, and federal government agencies.
- b. Work with Medstat to improve reports that would assist with the data mining function of the OIG.
- c. Provide presentations and training for interested parties regarding TennCare fraud and the role of the OIG.
- d. Continue staff training and develop best practices.
- e. Continue to implement the newly created pay incentive program for tips that lead to a successful conviction for TennCare fraud. This program is a result of legislation from the 104th General Assembly and is a law.

Source of information: Deborah Y. Faulkner, EdD, Inspector General