



August 4, 2006

Attention Health Care Provider

Urgent Action Required

Provider Name
Address
Address
City, State, Zip

VHP CommunityCare has received from the Bureau of TennCare an urgent request for information pursuant to a "Standard Operating Procedure - Disclosure of Information by Providers and Fiscal Agents Audit" that requires your immediate response. The Standard Operating Procedure (SOP) is enclosed for your review.

As mandated by the SOP and in accordance with Federal and State Regulations, VHP is required to obtain a signed Criminal Offenses Attestation Statement and copy of your most current CMS-1513 Form, if applicable. We have enclosed the Criminal Offenses Attestation Statement and CMS-1513 Form for your completion.

The Bureau of TennCare also requires us to obtain your Tennessee Medicaid Provider Number. You must also complete the attached VHP CommunityCare Provider Load Form. If you do not have a Tennessee Medicaid Provider Number, you may apply at <http://www.state.tn.us/tenncare/Providers/enroll.html>.

These forms are also available on our website at www.vhptn.com and may be downloaded off the Provider Information page.

Whether or not you are a contracted Provider with the VHP CommunityCare TennCare network, this directive applies to any and all health care Providers who receive payment for services billed to VHP.

To ensure no interruption in your reimbursement, you must complete and sign the Criminal Offenses Attestation Statement and, if applicable, the CMS-1513 Form and return both to us along with the VHP CommunityCare Provider Load Form, no later than 8/18/2006.

As directed by the Bureau of TennCare, failure to return the requested information by 8/18/2006 will result in claims being denied and/or claims recoupment.

You can return the required Forms to the Attention of VHP Provider Relations by mail or fax:

Provider Relations
Fax # 615-782-7876

VHP CommunityCare
Attention: Provider Relations
7100 Commerce Way, Suite 285
Brentwood, TN 37027

If returning by mail, please ensure the Forms will be received in our offices no later than 8/18/2006.

If you have questions, please call Timothy W. Stalnaker, Provider Relations Manager, at 615-782-7884.

Thank you for your cooperation and timely response to this urgent notice.

Sincerely,

Michael D. Bailey
President and CEO

Enclosures



**State of Tennessee
Department of Finance and Administration
Bureau of TennCare**

STANDARD OPERATING PROCEDURES

EFFECTIVE DATE: January 1, 2006	
SUBJECT: Disclosure of Information by Providers and Fiscal Agents Audit	
APPROVED:	DATE:
DATE LAST REVISED:	
PRIMARY RESPONSIBILITY: Managed Care, OCCP, Internal Audit	

OVERVIEW:

Each Managed Care Company (MCC) is required by Code of Federal Regulation Title 42 Part 455 Subpart B (reference: 42CFR455.100-106) to collect appropriate documentation from providers on (1) ownership and control and (2) conviction of criminal offenses against Medicare, Medicaid, or the title XX services programs. Each MCC must be in compliance with these requirements as stipulated by Centers for Medicare and Medicaid Services (CMS) in order for the State of Tennessee to receive Federal Financial Participation (FFP) for services furnished by providers.

PURPOSE:

In order to be compliant with 42CFR455.100 - 106, all MCCs must obtain all required information from a Medicaid (TennCare) (a) provider or (b) agent or managing employee of the provider in the case of conviction of criminal offense.

PROCEDURE:

To evaluate compliance to 42CFR455.100-106, the Bureau of TennCare will randomly select 40 providers in the MCC network for the collection of the required information from providers. Of the 40 providers, twenty (20) providers will be used to evaluate compliance with ***“Disclosure by providers and fiscal agents of ownership and control information”*** (42CFR455.102, 104, and 105). The additional twenty (20) providers will be used to evaluate compliance with ***“Disclosure of information on a provider’s owners and other persons convicted of criminal offenses against Medicare, Medicaid, or the title XX services program”***.

1. The list of providers will be sent to each MCC by the 1st day of the month following the end of the quarter. If the 1st of the month falls on a holiday or weekend, the list will be provided by the next business day (3rd Qtr FY06 – April 4th; 4th Qtr FY06 – July 4th; 1st Qtr FY07 – Oct 2nd; 2nd Qtr FY07 – Jan 2nd).

2. The MCCs must provide the required documentation within 10 business days of receipt of the request from the Bureau.
3. The office of TennCare Internal Audit (OIA) will review information submitted to ensure that all information submitted is in compliance with the requirements of 42CFR455.100-106. Within 5 business days of receipt of information from the MCCs, TennCare OIA will provide written responses to each MCC regarding the outcome of their review.
4. If the MCC is not compliant, a Corrective Action Plan (CAP) will be prepared and sent by TennCare Office of Contract Compliance and Performance (OCCP). The CAP will identify the deficiency(ies) and assign a due date for resolving the deficiency(ies). Liquidated damages will be assessed according to the Amended and Restated Contractor Risk Agreement (CRA) on any provider documentation that is found to be deficient.
5. TennCare OIA and OCCP will also monitor compliance with 42CFR455.106 (a)(2)(b) regarding prompt notification by the MCC of information on persons convicted of criminal offenses against Medicare, Medicaid, or the title XX services program.

REFERENCE DOCUMENTS:

Amended and Restated Contractor Risk Agreement
42 CFR 455.100 – 106
CMS-1513 with Instructions