

**RULES  
OF  
THE DEPARTMENT OF HEALTH  
OFFICE OF THE COMMISSIONER**

**CHAPTER 1200—24—1  
HOSPITAL SERVICE LICENSE FEE**

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**1200—24—1—.01 PURPOSE.**

The purpose of these regulations is to establish methodology for collection of the hospital services license fee and records to be maintained by the hospitals as required by Public Chapter 913, Acts of 1992, T.C.A. §68—11—216(d).

*Authority:* Public Chapter 434, Acts of 1989, T.C.A. §§68—11—216(d) and 4—5—202. *Administrative History:* Original rule filed March 30, 1990, effective May 14, 1990. Amendment filed September 25, 1991; effective November 9, 1991.

**1200—24—1—.02 DEFINITIONS.**

- (1) "Commissioner" means the Commissioner of the Tennessee Department of Health as set forth in T.C.A. §68—1—102.
- (2) "Department" means the Tennessee Department of Health.
- (3) "Hospital" means a facility licensed as a hospital by the Department of Health pursuant to T.C.A. Title 68, Chapter 11, Part 2 or by the Department of Mental Health and Mental Retardation pursuant to T.C.A. Title 33, Chapter 1.
- (4) "Joint Annual Report" means the Joint Annual Report of Hospitals described in T.C.A. §§68—1—108, 68—1—109 and 68—11—310.
- (5) "General/Acute Care Hospital" means a hospital which describes its services as any classification other than psychiatric or alcoholism and other chemical dependency under Schedule B of the Joint Annual Report of Hospitals.
- (6) "Medicaid Utilization Rate" is the quotient obtained by dividing the total number of Medicaid days, including Primary Care Network and out of state days, utilized during the year by the hospital's total days multiplied by 100 as derived from the HCFA 2552-85 form.
- (7) "Low Income Utilization Rate" is the ratio of a hospital's inpatient charity, medically indigent, and bad debt divided by the hospital's inpatient charges plus the total amount of Medicaid inpatient revenue, tax appropriations, and state and local government contributions, divided by the hospital's total inpatient revenue plus tax appropriations, and state and local government contributions multiplied times 100. In order to be used in the determination of the fee, the sum of the two ratios must be 25% or greater as derived from the Joint Annual Report.
- (8) "Acute Care Industry Average Utilization Ratio" is the quotient of the Medicaid industry days divided by available inpatient hospital days (licensed bed days open) for acute care hospitals. Both the

(Rule 1200-24-1-.02, continued)

numerator and denominator exclude psychiatric units of acute care hospitals with separate provider numbers as derived from HCFA 2552-85 form.

- (9) "Medicaid Day Ratio" is the ratio of Medicaid days (excluding Primary Care Network and out of state days) to the hospital's total days of care provided as derived from the HCFA 2552-85 form.
- (a) The sum of all calculations provided for in Rule 1200—24—1—.03(1) through 1200—24—1—.03(2)(e) shall then be multiplied by twenty-five percent (25%) and this amount shall represent the assessment of the hospital services license fee for July 1, 1992.

**1200—24—1—.03 CALCULATION OF FEE.**

- (1) The license fee shall be calculated as provided in Section 2 of Public Chapter 459, Acts of 1991 and computations shall be based on the most current complete compilation of all hospitals' Joint Annual Report data, as of April 30 of each year, and the latest information available from Cost Reports, as of April 30 of each year. The Joint Annual Report data is considered complete when all hospitals have submitted data, the data has been queried, edited, updated, and the annual tabulations and computer files are created.
- (2) The Commissioner is authorized pursuant to T.C.A. §68—11—216(d) to establish a license fee for any hospital covered therein. These fees shall be directly related to each hospital's Medicaid utilization rate, low income utilization rate and large volume of Medicaid days per year. The fee cannot exceed the hospital's bad debt, charity care, medically indigent care, and Medicare/Medicaid contractual adjustments adjusted to expense.
- (a) Any hospital meeting any one of the following criteria shall be subject to a license fee:
1. Any hospital with a Medicaid utilization rate of 14% or greater; or
  2. Any hospital with a low income utilization rate of 25% or greater; or
  3. Any hospital providing more than 3,000 Medicaid days per year; or
  4. Any teaching hospital that incurs educational costs.
- (b) The license fee shall be computed as follows:
1. By multiplying the Medicaid utilization rate for every whole percent in excess of 14% by a factor of six (6) capped at 34%. An additional 10% will be added if free outpatient services and outpatient pharmacy services are provided to the medically indigent.
  2. By multiplying each whole percent increment above the 25 % low income ratio by a factor of two (2) capped at 10%.
  3. By multiplying each complete 1,000 day increment above 3,000 days by a factor of six (6) capped at 34%. If total Medicaid days exceed 3,650 but are less than 4,000, then a factor of three (3) is used to determine the license fee as described in Part 4 below. An additional 10% will be added if free outpatient and outpatient pharmacy services are provided to the medically indigent.
  4. The highest computation from Parts 1, 2, or 3 above for each hospital will be multiplied times the hospital per them rate composed of capital, direct education, and the untrended operating component, and multiplied by the projected Medicaid days. The computed amount in this paragraph cannot exceed 80% of a hospital's inpatient bad debt, charity care, and medically indigent care. The license fee shall be 31.55% of the computed amount.

(Rule 1200-24-1-.03, continued)

5. In addition to all other license fees in this paragraph, any hospital that receives a payment for educational costs shall be assessed an additional fee equal to 31.55% of the total direct and indirect education payments. This amount shall not be included in the computation described in Part 4 above relating to the 80% limit.
- (c) An acute care hospital that pays a license fee described above, with the exception of those that pay only the fee levied in paragraph (2)(b)5., shall also be assessed an additional license fee if both of the following conditions are met:
    1. The hospital Medicaid days are projected to be 1,000 days per year or greater.
    2. The Medicaid day ratio for the hospital is greater than the acute care industry average utilization rate.
  - (d) The additional license fee will be computed by taking the difference obtained by subtracting the industry average utilization rate from the qualifying hospital's Medicaid Day Ratio multiplied times a factor of 9.45 times the per them described in paragraph (2)(b)4. above and then multiplied by the projected Medicaid days.
  - (e) The sum of the computed amount which serves as the basis for the fee in subparagraph (b)4. plus the amount of the additional fee in subparagraph (d) cannot exceed the cost adjusted sum of the hospital's total bad debt, charity care and medically indigent care adjustments plus the Medicaid and Medicare contractual adjustment. This sum is adjusted to cost using the cost to charge ratio for each hospital determined from each hospital's Joint Annual Report.
  - (f) The sum of all calculations provided for in Rule 1200—24—1—.03(1) through 1200—24—1—.03(2)(e) shall then be multiplied by twenty-five percent (25%) and this amount shall represent the assessment of the hospital services license fee for July 1, 1992.
- (3) In the event a hospital fails to submit a Joint Annual Report or fails to include data on it that is necessary to calculate the amount due, the hospital shall submit or amend the report promptly, to reflect the data as accurately as possible. The hospital may not change data that is submitted.
  - (4) The fees collected by these rules are to be placed in the Indigent Health Care Risk Fund.

**Authority:** *Public Chapter 434, Acts of 1989, T.C.A. §§68—11—216(d) and 4—5—202. Administrative History:* *Original rule filed March 30, 1990; effective May 14, 1990. Amendment filed July 25, 1990; effective September 8, 1990. Amendment filed September 25, 1991; effective November 9, 1991.*

#### **1200—24—1—.04 DATE PAYABLE.**

- (1) The Department shall notify each hospital of the total amount of fee due and the amount of the monthly installment due. The Department is not required to make further notifications of payments as they become due.
- (2) The hospital license fee shall be paid in equal monthly installments of one-twelfth (1/12) of the total fee. The installments are due on the fifteenth of each month beginning on August 15, 1991 and ending on July 15, 1992.
- (3) The payment shall be deemed to have been made upon the date of deposit in the United States mail.
- (4) If the license fee changes for any reason after the initial assessment of July 1, 1991, the hospital will be notified in writing of the new fee. Any increase shall be assessed over the remainder of the year and distributed equally over the monthly payments.

(Rule 1200-24-1-.04, continued)

- (5) The hospital license fees for July 1, 1991 are assessed as follows:

<u>Hospital</u>	<u>License Fee</u>	<u>Monthly Payment</u>
BAPTIST HOSPITAL	\$3,126,340	\$260,528
BAPTIST MEMORIAL HOSPITAL	\$234,985	\$19,582
BAPTIST MEMORIAL HOSPITAL-HUNTI	\$999,503	\$83,291
BAPTIST MEMORIAL-TIPTON	\$2,132,180	\$177,681
BAPTIST OF ROANE COUNTY	\$1,430,040	\$119,170
BAPTIST SPECIALTY	\$846	\$70
BLEDSON COUNTY GENERAL	\$503,529	\$41,960
BLOUNT COUNTY HOSPITAL	\$784,034	\$65,336
BOLIVAR COMMUNITY HOSPITAL	\$1,119,980	\$93,331
BRADLEY MEMORIAL HOSPITAL	\$1,398,527	\$116,543
BRISTOL MEMORIAL HOSPITAL	\$384,587	\$32,048
CHARTER LAKESIDE HOSPITAL	\$17,823	\$1,485
CLAIBORNE COUNTY HOSPITAL	\$949,215	\$79,101
CLAY COUNTY HOSPITAL	\$989,328	\$82,444
CLEVELAND COMMUNITY	\$1,673,797	\$139,483
COCKE COUNTY BAPTIST HOSPITAL	\$3,041,196	\$253,433
COOKEVILLE GENERAL	\$2,182,632	\$181,886
CUMBERLAND HALL	\$874,172	\$72,847
CUMBERLAND MEDICAL CENTER	\$1,654,262	\$137,855
DEKALB GENERAL	\$1,556,870	\$129,739
EAST TENN. CHILDREN'S	\$2,541,384	\$211,782
EAST TENNESSEE BAPTIST	\$299,314	\$24,942
ERLANGER	\$32,291,949	\$2,690,995
FENTRESS COUNTY GENERAL	\$2,771,957	\$230,996
FORT SANDERS LOUDON MEDICAL CTR.	\$1,006,749	\$83,895
FORT SANDERS REGIONAL	\$1,219,216	\$101,601
GEORGE W. HUBBARD HOSPITAL	\$3,649,477	\$304,123
GIBSON GENERAL	\$1,934,785	\$161,232
HANCOCK COUNTY HOSPITAL	\$155,468	\$12,955
HARDIN COUNTY GENERAL HOSPITAL	\$1,298,991	\$108,249
HAWKINS COUNTY MEMORIAL	\$1,135,195	\$94,599
HAYWOOD PARK GENERAL HOSPITAL	\$1,315,665	\$109,638
HILLSIDE HOSPITAL	\$2,966,860	\$247,238
HOLSTON VALLEY COMMUNITY	\$6,840,785	\$570,065
HUMANA HOSPITAL-MORRISTOWN	\$2,873,333,	\$239,444
HUMANA HOSPITAL-MCFARLAND	\$3,162,244	\$263,520
HUMBOLDT CEDAR CREST	\$880,924	\$73,410
JACKSON-MADISON CO. HOSPITAL	\$7,037,019	\$586,418
JELICO COMMUNITY HOSPITAL	\$1,078,884	\$89,907
JOHNSON CITY MEDICAL CENTER	\$5,760,933	\$480,077
LAKESHORE MENTAL HEALTH INSTITUTE	\$264,438	\$22,036
LEBONHEUR CHILDREN'S	\$8,044,809	\$670,400
LEWIS COUNTY HOSPITAL	\$1,332,160	\$111,013
LEWISBURG COMMUNITY	\$2,639,468	\$219,955
LINCOLN REGIONAL	\$901,263	\$75,105
LIVINGSTON REGIONAL	\$3,377,197	\$281,433
MAURY REGIONAL HOSPITAL	\$4,609,675	\$384,139
MCNAIRY COUNTY GENERAL HOSPITAL	\$1,271,678	\$105,973
MEDICAL CTR. OF MANCHESTER	\$1,311,246	\$109,270
MEMORIAL GENERAL HOSPITAL	\$1,721,352	\$143,446

(Rule 1200-24-1-.04, continued)

MEMPHIS MENTAL HEALTH INSTITUTE	\$134,397	\$11,199
METHODIST - DYERSBURG	\$3,890,025	\$324,168
METHODIST HOSPITAL OF MCKENZIE	\$1,491,283	\$124,273
METHODIST HOSPITAL - SOMERVILLE	\$1,554,749	\$129,562
METHODIST OF MEMPHIS	\$2,380,745	\$198,395
METHODIST - OAK RIDGE	\$5,410,733	\$450,894
METRO NASHVILLE GENERAL	\$12,573,166	\$1,047,763
METROPOLITAN	\$890,540	\$74,211
MID-SOUTH HOSPITAL	\$81,319	\$6,776
MIDDLE TENNESSEE MEDICAL CTR.	\$926,958	\$77,246
MIDDLE TN. MENTAL HEALTH INSTITUTE	\$162,832	\$13,569
MOCCASIN BEND MENTAL HEALTH	\$227,798	\$18,983
MORRISTOWN - HAMBLEN HOSPITAL	\$2,460,815	\$205,067
NASHVILLE METRO BORDEAUX	\$3,799	\$316
OAKWOOD	\$7,657	\$638
PENINSULA	\$445,398	\$37,116
PERRY MEMORIAL	\$15,564	\$1,297
REGIONAL MEDICAL CENTER	\$51,003,382	\$4,250,281
RHEA COUNTY	\$412,381	\$34,365
RIDGEVIEW PSYCHIATRIC HOSPITAL	\$59,040	\$4,920
SCOTT COUNTY	\$4,116,736	\$343,061
SEQUATCHIE GENERAL	\$946,258	\$78,854
SMITH COUNTY HOSPITAL	\$657,611	\$54,800
ST. FRANCIS HOSPITAL	\$18,726	\$1,560
ST. JOSEPH	\$4,010,375	\$334,197
ST. MARY'S MEDICAL CENTER	\$3,710,412	\$309,201
ST. THOMAS HOSPITAL	\$855,446	\$71,287
SOUTH PITTSBURG MUNICIPAL HOSPITAL	\$740,223	\$61,685
SUMNER MEMORIAL	\$1,184	\$98
SWEETWATER HOSPITAL ASSOCIATION	\$963,244	\$80,270
SYCAMORE SHOALS	\$2,725,263	\$227,105
TAKOMA ADVENTIST HOSPITAL	\$1,726,529	\$143,877
TN. CHRISTIAN MEDICAL CTR.	\$6,133,727	\$511,143
U.T. MEMORIAL HOSPITAL	\$29,849,237	\$2,487,436
UNICOI COUNTY HOSPITAL	\$532,751	\$44,395
UNIVERSITY MEDICAL CENTER	\$3,882,644	\$323,553
UNIVERSITY OF TENN. - BOWLD	\$109,449	\$9,120
VANDERBILT CHILD & ADOLESCENT	\$455,705	\$37,975
VANDERBILT UNIVERSITY MEDICAL CTR.	\$37,534,377	\$3,127,864
WARREN REGIONAL	\$1,879,305	\$156,608
WAYNE COUNTY	\$880,938	\$73,411
WESTERN MENTAL HEALTH	\$27,439	\$2,286
WHITE COUNTY COMMUNITY	\$808,629	\$67,385
WHITWELL MEDICAL CENTER	\$1,448,671	\$120,722

- (6) The hospital license fees for July 1, 1992 are assessed as follows and shall be payable in equal monthly installments beginning on August 15, 1992 and ending on October 15, 1992.

<u>Hospital</u>	<u>License Fee</u>	<u>Monthly Payment</u>
BAPTIST HOSPITAL INC.	\$1,654,479	\$551,493
BAPTIST MEMORIAL HOSPITAL	\$238,275	\$79,425
BAPTIST MEMORIAL - TIPTON	\$360,966	\$120,322
BAPTIST OF ROANE COUNTY	\$430,911	\$143,637
BAPTIST MEMORIAL HOSP. GERMANTOWN	\$36	\$12

(Rule 1200-24-1-.04, continued)

BLEDSON COUNTY GENERAL	\$4,119	\$1,373
BLOUNT COUNTY HOSPITAL	\$625,851	\$208,617
BOLIVAR COMMUNITY HOSPITAL	\$361,665	\$120,555
BRADLEY MEMORIAL HOSPITAL	\$385,905	\$128,635
BRISTOL MEMORIAL HOSPITAL	\$151,719	\$50,573
CHARTER LAKESIDE HOSPITAL	\$2,664	\$888
CHEATHAM MEDICAL CENTER	\$92,130	\$30,710
CLAIBORNE COUNTY HOSPITAL	\$211,890	\$70,630
CLARKSVILLE MEMORIAL	\$1,173,576	\$391,192
CLAY COUNTY HOSPITAL	\$9,033	\$3,011
COCKE COUNTY BAPTIST HOSPITAL	\$707,100	\$235,700
CROCKETT HOSPITAL	\$334,674	\$111,558
CUMBERLAND HALL PSY. HOSPITAL	\$52,059	\$17,353
CUMBERLAND MEDICAL CENTER, INC.	\$715,914	\$238,638
EAST TENN. CHILDREN'S	\$635,346	\$211,782
EAST TENNESSEE BAPTIST	\$121,704	\$40,568
ERLANGER MEDICAL CENTER	\$7,942,980	\$2,647,660
FENTRESS COUNTY GENERAL	\$698,232	\$232,744
FORT SANDERS LOUDON MEDICAL CTR.	\$356,802	\$118,934
FORT SANDERS REGIONAL MEDICAL CTR.	\$767,913	\$255,971
GEORGE W. HUBBARD HOSPITAL	\$972,036	\$324,012
GIBSON GENERAL	\$483,696	\$161,232
GOODLARK MEDICAL CENTER	\$457,869	\$152,623
HARDIN COUNTY GENERAL HOSPITAL	\$184,644	\$61,548
HCA DONELSON HOSPITAL	\$249,396	\$83,132
HIGHLAND HOSPITAL	\$359,931	\$119,977
HILLSIDE HOSPITAL	\$862,866	\$287,622
HOLSTON VALLEY COMMUNITY	\$1,077,312	\$359,104
HUMANA HOSPITAL MORRISTOWN	\$718,332	\$239,444
HUMANA HOSPITAL - MCFARLAND	\$911,019	\$303,673
HUMBOLDT GENERAL	\$259,071	\$86,357
JACKSON-MADISON CO. GEN. HOSP.	\$2,840,907	\$946,969
JELICO COMMUNITY HOSPITAL, INC.	\$217,860	\$72,620
JOHNSON CITY MEDICAL CENTER HOSP.	\$2,541,333	\$847,111
LAKESHORE MENTAL HEALTH INSTITUTE	\$6,030	\$2,010
LAUGHLIN MEMORIAL HOSPITAL, INC.	\$303,171	\$101,057
LEBONHEUR CHILDREN'S MED. CTR.	\$2,050,887	\$683,629
LEWIS COUNTY HOSPITAL	\$333,039	\$111,013
LEWISBURG COMMUNITY	\$659,868	\$219,956
LIVINGSTON REGIONAL HOSPITAL	\$626,433	\$208,811
MAURY REGIONAL HOSPITAL	\$1,142,397	\$380,799
MCNAIRY COUNTY GENERAL HOSPITAL	\$244,356	\$81,452
MEDICAL CTR. OF MANCHESTER	\$327,813	\$109,271
MEMPHIS MENTAL HEALTH INSTITUTE	\$3,939	\$1,313
METHODIST HAYWOOD PARK HOSP., INC.	\$328,917	\$109,639
METHODIST - DYERSBURG	\$1,533,093	\$511,031
METHODIST HOSPITAL OF MCKENZIE	\$370,299	\$123,433
METHODIST HOSPITAL - SOMERVILLE	\$254,907	\$84,969
METHODIST OF MEMPHIS	\$802,830	\$267,610
METHODIST MEDICAL CTR. - OAK RIDGE	\$1,847,637	\$615,879
METRO NASHVILLE GENERAL HOSPITAL	\$5,688,171	\$1,896,057
METROPOLITAN HOSPITAL	\$222,636	\$74,212
MID-SOUTH HOSPITAL	\$20,331	\$6,777
MIDDLE TENNESSEE MEDICAL CTR.	\$292,500	\$97,500
MIDDLE TN. MENTAL HEALTH INSTITUTE	\$9,504	\$3,168

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MOCCASIN BEND MENTAL HEALTH INSTITUTE	\$8,157	\$2,719
MORRISTOWN-HAMBLEEN HOSPITAL ASSOC.	\$703,350	\$234,450
NASHVILLE METRO BORDEAUX HOSPITAL	\$972	\$324
NORTHSIDE HOSPITAL	\$850,431	\$283,477
OAKWOOD MEDICAL CENTER	\$7,617	\$2,539
PENINSULA PSY. CENTER	\$43,791	\$14,597
PERRY MEMORIAL HOSPITAL	\$371,937	\$123,979
REGIONAL MEDICAL CENTER - MEMPHIS	\$ 12,096,495	\$4,032,165
RIDGEVIEW PSYCHIATRIC HOSPITAL	\$5,139	\$1,713
RIVER PARK HOSPITAL	\$472,512	\$157,504
SCOTT COUNTY HOSPITAL	\$536,706	\$178,902
SEQUATCHIE GENERAL HOSPITAL	\$236,565	\$78,855
ST. FRANCIS HOSPITAL	\$8,088	\$2,696
ST. JOSEPH HOSPITAL	\$1,358,982	\$452,994
ST. MARY'S MEDICAL CENTER, INC.	\$1,224,843	\$408,281
ST. THOMAS HOSPITAL	\$304,386	\$101,462
SOUTH PITTSBURG MUNICIPAL HOSPITAL	\$184,716	\$61,572
SUMNER MEMORIAL HOSPITAL	\$745,023	\$248,341
SYCAMORE SHOALS HOSPITAL	\$660,633	\$220,211
TAKOMA ADVENTIST HOSPITAL	\$863,487	\$287,829
TN. CHRISTIAN MEDICAL CTR.	\$1,783,449	\$594,483
THREE RIVERS COMMUNITY HOSPITAL	\$4,461	\$1,487
U.T. MEMORIAL HOSPITAL	\$7,337,880	\$2,445,960
UNIVERSITY MEDICAL CENTER	\$978,312	\$326,104
UNIVERSITY OF TENN. MEDICAL CTR.	\$35,082	\$11,694
VANDERBILT CHILD & ADOLESCENT PSY.	\$65,346	\$21,782
VANDERBILT UNIVERSITY HOSPITAL	\$9,605,133	\$3,201,711
WARREN REGIONAL HOSPITAL	\$427,617	\$142,539
WAYNE COUNTY GENERAL HOSPITAL	\$220,233	\$73,411
WESTERN MENTAL HEALTH INST.	\$3,372	\$1,124
WHITWELL MEDICAL CENTER	\$362,169	\$120,723

If the license fee charges for any reason after the initial assessment of July 1, 1992, the hospital will be notified in writing of the new fee. Any increase shall be assessed over the remainder of the payment period as described in rule 1200—24—1—.04(6).

**Authority:** Public Chapter 913, Acts of 1992, T.C.A. §§68—11—216, 33—2—506 and 4—5—202. **Administrative History:** Original rule filed March 30, 1990, effective May 14, 1990. Amendment filed July 25, 1990, effective September 8, 1990. Amendment filed September 25, 1991, effective November 9, 1991. Amendment filed September 29, 1992, effective November 13, 1992.

#### 1200—24—1—.05 PENALTY AND INTEREST.

- (1) If any part of any fee imposed under this rule is not paid on or before the due date, a penalty of five percent (5%) of the amount due shall at once accrue and be added thereto. Thereafter, on the first day of each month during which any part of any fee or any prior accrued penalty remains unpaid, an additional five percent (5%) of the then unpaid balance shall accrue and be added thereto. In addition, license fees not paid on the due date shall accrue interest at the maximum lawful rate for the entire month in which any delinquent payment, penalty or interest is still due or not paid. Any penalty or interest that accrues pursuant to this rule shall be credited to the indigent health care risk fund.

**Authority:** Public Chapter 434, Acts of 1989, T.C.A. §§68—11—216(d) and 4—5—202. **Administrative History:** Original rule filed March 30, 1990, effective May 14, 1990. Amendment filed September 25, 1991, effective November 9, 1991.

**1200—24—1—.06 RECORDS REQUIRED TO BE MAINTAINED.**

The hospital shall maintain records and other documentation necessary to support the figures on the Joint Annual Report used to calculate the fee. These records and reports must be maintained for a period of at least three years after the year for which the fee was paid, or until the conclusion of an audit if one has been commenced, whichever is later.

**Authority:** *Public Chapter 434, Acts of 1989, T.C.A. §§68-11-216(d) and 4-5-202. Administrative History: Original rule filed March 30, 1990; effective May 14, 1990.*

**1200—24—1—.07 GRIEVANCES AND APPEALS.**

- (1) Any hospital that disputes the fee to be paid shall, by August 15, 1992, request an informal meeting with the Commissioner or his designee; provided, however the facility is not required to request an informal meeting to perfect a hearing as provided in this section.
- (2) A hospital may request a hearing regarding the amount of fee pursuant to T.C.A. §4—5—301 et seq. In order to perfect a request for a hearing:
  - (a) A hospital which has not requested an informal meeting must pay, as they come due, all installments, and must submit a written request for a hearing by August 31st, 1992;
  - (b) A hospital which requested an informal meeting must pay, all installments as they come due, and submit a written request for a hearing within thirty (30) days after the informal meeting.

**Authority:** *Public Chapter 913, Acts of 1992, T.C.A. §§68—11—216, 33—2—506 and 4—5—202. Administrative History: Original rule filed March 30, 1990, effective May 14, 1990. Amendment filed July 25, 1990; effective September 8, 1990. Amendment filed September 25, 1991; effective November 9, 1991. Amendment filed September 29, 1992; effective November 13, 1992.*