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## For Department of State Use Only

Sequence Number: 06-10-12

Notice ID(s): 1862

File Date: 8-8-13

## **Notice of Rulemaking Hearing**

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

| Agency/Board/Commission: | Tennessee Department of Finance and Administration |  |
|--------------------------|--|--|
| Division:                | Bureau of TennCare                                 |  |
| Contact Person:          | : George Woods                                     |  |
| Address:                 | 310 Great Circle Road, Nashville, TN 37243         |  |
| Phone:                   | hone: (615) 507-6446                               |  |
| Email:                   | george.woods@tn.gov                                |  |

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

| ADA Contact: | ADA Coordinator                            |  |
|--------------|--|--|
| Address:     | 310 Great Circle Road, Nashville, TN 37243 |  |
| Phone:       | (615) 507-6474                             |  |
| Email:       | helen.moore@tn.gov                         |  |

Hearing Location(s) (for additional locations, copy and paste table)

| Address 1:    | 310 Great Circle Road, Conference Room 1 East A |                                       |
|---------------|---|---------------------------------------|
| Address 2:    |   |                                       |
| City:         | Nashville, TN                                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Zip:          | 37243   | V A/                                  |
| Hearing Date: | 09/27/2012                                      |                                       |
| Hearing Time: | 9:00 a.m.                                       | X CST/CDTEST/EDT                      |

## Additional Hearing Information:

| Revision Type (check all that apply):  X Amendments |  |
|---|--|

\_\_\_ New Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only ONE Rule Number/Rule Title per row.)

| Chapter Number | Chapter Title  |  |
|----------------|--|--|
| 1200-13-18     | TennCare Administrative Actions and Provider Appeals                             |  |
| Rule Number    | Rule Title   |  |
| 1200-13-1802   | Definitions  |  |
| 1200-13-1803   | Administrative Action for Recovery Under the Tennessee Medicaid False Claims Act |  |

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <a href="http://state.tn.us/sos/rules/1360/1360.htm">http://state.tn.us/sos/rules/1360/1360.htm</a>)

Paragraph (4) of Rule 1200-13-18-.02 Definitions is amended by adding a new sentence to the end of the Paragraph so that as amended Paragraph (4) shall read as follows:

(4) Audit. The systematic process of objectively obtaining and evaluating evidence regarding assertions about economic actions and events to ascertain the degree of correspondence between those assertions and established criteria and communicating the results to interested parties. Audits are conducted in accordance with AICPA (American Institute of Certified Public Accountants) auditing or attestation engagement standards. For purposes of this chapter, audits are conducted of health care provider records, financial information, and statistical data according to principles of cost reimbursement to determine the reasonableness and allowance of costs reimbursable under the Program. Statistically valid random sampling is used to determine actual damages.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-5-105 and 71-5-109.

Paragraph (6) of Rule 1200-13-18-.03 Administrative Action for Recovery Under the Tennessee Medicaid False Claims Act is amended by deleting the words, symbols and numbers "ten thousand dollars (\$10,000)" and replacing them with the words, symbols and numbers "twenty-five thousand dollars (\$25,000)" so that as amended Paragraph (6) shall read as follows:

(6) The Bureau may recover actual damages in an amount no greater than twenty-five thousand dollars (\$25,000). The amount of actual damages may be based upon a statistically valid random sample utilizing a software tool such as RAT-STATS.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-5-105, 71-5-109 and 71-5-183.

I certify that the information included in this filling is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

| Date:                         | 8/8/2012  |
|-------------------------------|---|
| Signature:                    | Defle   |
| STATE Name of Officer:        | Darin J. Gordon   |
| TENNESSE Title of Officer:    | Director, Bureau of TennCare Tennessee Department of Finance and Administration |
| PUBLRY                        |   |
| Subscribed and sworn to befor | e me on: <u>9-9-12</u>  |
| Notary Public S               | ignature: herfor Kline  |
| My commission ex              | pires on: 9-3-12-   |
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