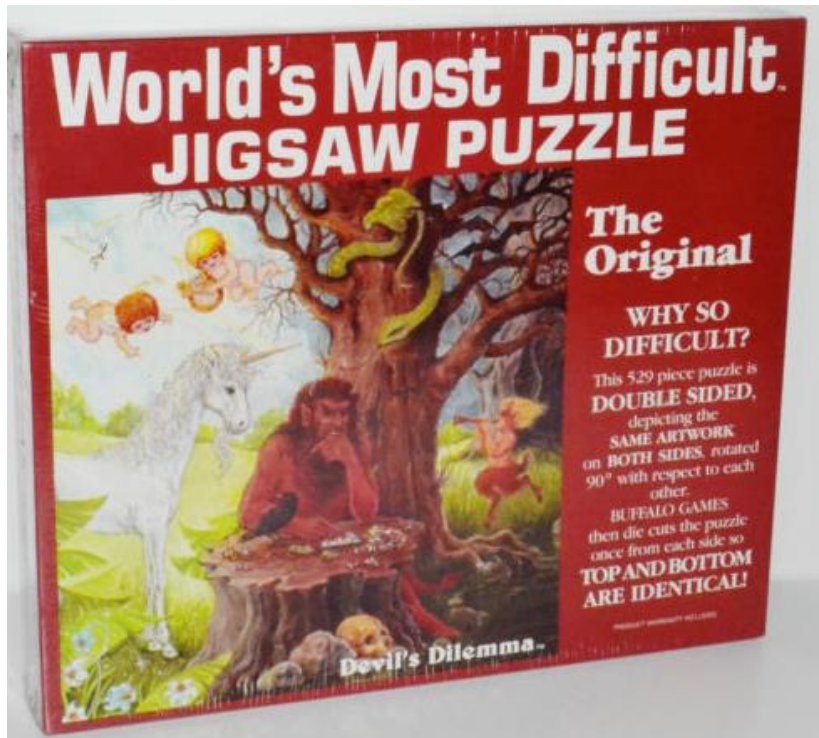




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## Preparing the Quarterly TennCare Wrap Report – Dani Gilbert, CPA – Healthcare Business Specialists





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# Question – Why is the Quarterly Wrap Around Report Important?

Once you become an RHC, MCOs will not change the rate they pay you. The way you get your enhanced Medicaid RHC rate is to prepare this quarterly TennCare Report. For example:

Paid Caid Visits	MCO pay Per visit	MCO Payment	RHC Rate per Visit	Quarterly Settlement Due
1,000	\$75	75,000	\$100	\$25,000



# TennCare Billing - Report ONLY Paid Claims

Visits and claims paid in January – March are reported on the 1<sup>st</sup> Quarterly TennCare Wrap Around Report.

On the 2<sup>nd</sup> quarter report, you will report visits from the 1<sup>st</sup> and 2<sup>nd</sup> quarters that were paid during the 2<sup>nd</sup> quarter. The 1<sup>st</sup> and 2<sup>nd</sup> quarter visit totals will be on separate columns of the report.







# **Tennicare Billing - Counting Visits**

**Tennicare visits are face-to-face encounters with a Physician, Nurse Practitioner, Physician Assistant, or Certified Nurse Midwife – 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 Tennicare does not always count as an RHC Medicare and cannot be billed as such (i.e., hospital visits).**



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## **Tennicare Billing - Counting Visits**

**In most cases, Tennicare will limit the number of visits to one visit per patient per day.**

**HOWEVER, pediatrics will be allowed to count both a sick and well visit on the same day.**



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# **TennCare Billing - Counting Payments**

## **What do you Count as Payments Received?**

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. Also include capitation or other special lump-sum payments from MCOs for which there is such an arrangement.

–Julie Rogers



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## **TennCare Billing - Counting Payments**

- 1. 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, or x-rays, etc).**
- 2. You MUST include all payments received **including patient co-pays and payments from third party insurance payers.****



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## TennCare Billing – Visit & Payment Summary

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

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





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## **TennCare Billing – 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.**