

FEDERAL ATLAS PROGRAM — TENNESSEE

Tennessee Complete Master Binder

Part I — Tennessee from the CFR perspective · Part II — the 1099 deep dive · Part III —
the full register, all 508 entries, bound in
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Tennessee — The State in Brief

Tennessee Medicaid is TennCare: a single division — the Division of TennCare inside the Department of Finance and Administration — running one of the oldest Medicaid managed care programs in the country, statewide and full-risk since 1994, under a Section 1115 demonstration whose current form runs to December 2030. Nearly everything a TennCare member receives arrives through three managed care organizations, a single dental benefits manager, and a single pharmacy benefits manager. This binder maps the full federal obligation universe onto that structure from Tennessee's own public record, and then takes the State's 1099 machinery apart line by line.

The register. 508 obligations: 489 from the federal CFR text, 3 from Tennessee statute, 1 from the Tennessee rule series, 3 from TN contracts of record, and 12 from TN-published process and the demonstration's terms. 507 are classed GOVERNING, 1 DERIVED, none extrapolated. Twenty-seven carry a date stated in their own text or derived from a stated rule; 271 recur on a stated frequency with no anchor and keep that state — UNRESOLVED — rather than acquiring an invented one. Every entry is mapped to one of fifteen Tennessee homes, each with its basis printed (published, citation, or derivation, labeled). Unusually, no entry stands UNASSIGNED: Tennessee's published structure reaches every obligation in the universe — including the fair-hearing block that the pattern state's build had to leave homeless — though several homes are functions rather than named units, and each says so on its face (§2.3).

The 1099 lines. Tennessee's provider 1099 is a contract artifact, not a state production: the Contractor Risk Agreement obliges each MCO to "prepare and submit" 1099s for the providers it pays, and that one sentence is the only affirmative provider-1099 issuance statement in the State's public record. For payments TennCare pays directly, no Tennessee source names an issuer, a form, or a box. Vendors run through Edison, the State's PeopleSoft ERP: the Division of Accounts gates supplier entry on a conforming IRS W-9 whose name and TIN must match IRS records, and W-9 Lines 5-6 become the address the 1099 is mailed to — but no TN source names who transmits vendor 1099s to the IRS, by what route, or on what dates, and no TN source addresses the FIRE-to-IRIS transition at all. The state filing layer is an absence established affirmatively: Tennessee has no withholding to reconcile, no reconciliation form, and a Department of Revenue that destroys the state copies it receives. Ten gaps stand in the 1099 record (§4.9) — the largest being the transmission route, unpublished on every line.

The conflicts. Twenty-three points where Tennessee's own publications disagree — a TennCare III the 2021 approval described as an aggregate cap that the 2023 approval dismantled, a dental manager whose start date prints three ways, a statute section ("Kinds of Medical Services") that does not contain the notice duty it is sometimes said to hold — are printed with both positions and a stated disposition (§3.3, §4.10). Nothing in this binder is harmonized silently.

How this binder is built. Part I stands alone as its own PDF; Part II stands alone as its own PDF; the full 508-entry register publishes as its own volume. This master is generated from those same parts, so the editions cannot drift. Every factual claim traces to a Tennessee public source retrieved October 21, 2026, or — in §4.6 only — to the federal

layer shared across states, labeled where it stands. Where the public record does not reach, the binder says NOT ESTABLISHED and names the sources searched. North Carolina's build served as the methodological pattern for this binder; none of its state facts are carried here.

Inside	What it establishes
Part I (§§1–3)	The obligation universe applied to TN · TennCare as it stands · the structure mapping, its function-homes, and the fragmented appeals structure · the dated set · the conflicts
Part II (§4)	The provider line (the CRA clause and the unpublished FFS residue) · the vendor line (Edison, Supplier Maintenance, the W-9 gate) · the empty state filing layer and the 1099-K exception · the federal floor · 10 gaps · 8 systems conflicts
Register volume	All 508 entries with citations, levels, cadences, anchor states, homes, and bases
Sources	The Tennessee public sources relied on, with publishers and retrieval date

Part I · Tennessee from the CFR Perspective

1.1 The obligation universe, applied to Tennessee

The federal register of this program — 489 obligations drawn from the Medicaid and CHIP titles of the Code of Federal Regulations, Parts 430 through 460 and the HIPAA transaction rules — was compiled once, at the federal level, and is carried to each state unchanged. What changes state by state is everything the federal text leaves open: who inside the state carries the obligation, what the state's own law and practice add, and which dates the state's own record supplies. This part performs that grounding for Tennessee. The 489 federal entries are mapped to Tennessee homes from Tennessee's published organization (§2), fourteen Tennessee-dictated entries are added from TN statute, rule, contract, and published process (§1.5), and the calendar is built only from dates a source states (§3). The register's counts: **508 total · 489 CFR · 19 TN-dictated (3 TN-STATUTE · 1 TN-RULE · 3 TN-CONTRACT · 12 TN-AGENCY) · GOVERNING 507 · DERIVED 1 · EXTRAPOLATED 0 · RECURRING 292 · EVENT-TRIGGERED 135 · FIXED 81 · 271 anchorless recurring entries standing UNRESOLVED · a dated set of 27.**

One feature of Tennessee's record distinguishes this build from the pattern state's: coverage of the map. North Carolina's published organization left one block homeless. Tennessee's reaches every entry — because Tennessee publishes functional loci (a rules-based TPL duty, a pharmacy program, a quality function, a fragmented appeals apparatus) even where it publishes no unit. The register accepts a function as a home only when Tennessee's own record assigns the duty to it, and it labels every such home a function on its face. A home that is a function is a weaker instrument than a home that is a unit; §2.3 grades them.

1.2 Tennessee Medicaid as it stands

The agency. The Department of Finance and Administration is the single state agency for Medicaid; the Division of TennCare is its Medical Assistance Unit (State Plan Attachment 1.2-A; the A.M.C. v. Smith stipulations state the same). The Director of TennCare, Stephen Smith, is Deputy Commissioner of F&A. Tennessee publishes no current TennCare organizational chart in text form: the chart exists as a graphic inside the Annual Reports, and the Division's unit roster in this binder is assembled from the pages, filings, and postings where TN itself names each unit — with that limit printed at §2.4.

The demonstration. TennCare operates under the TennCare III Section 1115 demonstration, approved January 8, 2021 for the period January 8, 2021 – December 31, 2030. The 2021 approval described an aggregate-cap demonstration with closed-formulary authority. Amendment 4, approved August 4, 2023, dismantled both: the demonstration now runs on the standard PMPM budget neutrality structure, the closed formulary authority is removed, and designated state investment programs are funded from shared savings measured against the cap and adjusted by performance on the Shared Savings Quality Metrics Set. Any description of TennCare III as a live aggregate-cap or block-grant program is 2021–2023 history (Conflict TN-9). Amendments continue: the amendment cadence on TN's public-notices page is itself one of the state's federal-facing rhythms (§1.3).

Delivery. Statewide, full-risk managed care in three regions, the same three MCOs in each: Wellpoint (formerly Amerigroup), BlueCare, and UnitedHealthcare Community Plan — 2024 average monthly enrollment 1,467,396, shared roughly 37.7 / 29.9 / 29.9 percent. TennCare Select, run by Volunteer State Health Plan dba BlueCare under its own contract, serves children in state custody and other vulnerable populations and is not open to voluntary selection. Dental is carved out to a single statewide Dental Benefits Manager — Renaissance from November 1, 2025 (Conflict TN-7). Pharmacy is carved out to a single PBM, OptumRx, since January 1, 2020. Non-emergency transportation is plan-delegated: Verida for BlueCare and TennCare Select; the UHC/Wellpoint broker rests on secondary sources in the record reached (research gap 12). The MCOs process their own claims; the MMIS (Gainwell Technologies) is the residual fee-for-service, encounter, and crossover pipe — a structural fact that drives Part II.

Eligibility. Tennessee has not expanded Medicaid under the ACA; eligibility is categorical, and no ACA adult group appears in TN's published Eligibility Reference Guide. Determination is state-administered: applications enter through TennCare Connect — the name serves both the member portal and the Automated Health Systems contact center (Conflict TN-4) — and determinations run in TEDS, the Tennessee Eligibility Determination System (Deloitte), live since March 2019. Member Services, under its Director, oversees the eligibility process, applications, redeterminations, and reverifications. No county determination role is published.

CHIP. CoverKids, Tennessee's Title XXI program (children under 19 and pregnant women at or below 250% FPL, no premiums — copayments only), is administered by the Division of TennCare and rides TennCare's pipes throughout: TennCare Connect applications, TEDS eligibility, OptumRx pharmacy (from January 2, 2021), the statewide DBM for dental. No separate CoverKids unit inside the Division is published (research gap: carried in §2.3's function grading).

Long-term services. CHOICES (Groups 1-3) and ECF CHOICES are MLTSS inside the MCO contracts, under the Division's Long-Term Services and Supports Division, which is responsible for the CHOICES program. The three legacy 1915(c) waivers — Statewide (TN.0128.R07.01), Comprehensive Aggregate Cap (TN.0357.R05.01), and Self-Determination (TN.0427.R04.01) — are operated by the Department of Disability and Aging under an Interagency Agreement with TennCare and are closed to new enrollment as a published position, ECF CHOICES being the open door. Katie Beckett runs in three rule-defined parts: Part A (institutional level of care; administered by TennCare through its contracted MCO; level-of-care assessment by Ascend on DDA referral), Part B (the Medicaid Diversion Group, administered by DDA — the rule still names its predecessor, DIDD: Conflict TN-12), and Part C, the Continued Eligibility Group, which appears in the rules but not in the current program pages. Money Follows the Person is active: a CY2025 rebalancing award of \$16,880,071.67 to transition 65 individuals per year, the grant period concluding September 30, 2029 with a possible extension to 2031.

1.3 The federal-facing rhythm

Tennessee's recurring outputs to and with the federal government, as TN publishes them:

Output	Cadence	Where it publishes
	Per change, with open/closed comment status	TennCare Public Notices page

Waiver & State Plan public notices
(SPAs, demonstration amendments,
1915(c) notices)

TennCare III quarterly monitoring reports	Quarterly (due 60 days after each quarter, STC 55)	CMS Section 1115 library (not mirrored on tn.gov)
TennCare III annual monitoring report	Annual (due 90 days after the demonstration year, STC 55; Year 1 submitted Apr. 7, 2022)	Filed with CMS; noticed on the Public Notices page
Annual Public Forum on the demonstration	Annual (STC 60; notice at least 30 days ahead) — observed May/June 2021-2024	Public Notices page
Quality Improvement Strategy updates	Annual pattern, 2022-2024	Public Notices page
HEDIS / MCO quality data	Annual (archive 2020-2024)	MCO Quality Data page
MCO examinations and encounter-data audits	Periodic, per plan	Managed Care Contractors page (TennCare Oversight Division, TDCI)
TennCare Annual Report	Annual, by state fiscal year (due within 60 days after the year closes, TCA § 71-5-105(a)(5))	tn.gov archive; filed with the Senate Health & Welfare Committee
TennCare budget presentation	Annual (Governor's budget; spring General Assembly)	TennCare Budget page

Two absences in this table are findings, not oversights. Tennessee publishes no MCO medical loss ratio figure or report in the sources reached (research gap 6) — the pattern state publishes its MLR position by statute; Tennessee's register carries the MLR reporting duty on its contract text (TN-018) but no MLR publication, because Tennessee publishes no MLR figure in the sources reached (research gap 6, narrowed). The EQR Technical Report series is published as a Division of TennCare publication — the 2025 report is catalogued in the Tennessee state-publications collection; the EQRO (Qsource) is documented from its own and CMS-adjacent materials and from the statute that seats the review (Tenn. Code Ann. § 56-32-131(b)) — a tn.gov page naming the EQRO was not reached (research gap 5).

1.4 Anchors and cycles TN publishes

The state fiscal year runs July 1 – June 30. Capitation is monthly — "the division pays the MCOs a monthly fee, called a capitation payment" (Comptroller performance audit) — payable by the fifth business day of each month under the statewide CRA (§C.3.5, read in the contract text of record); the TennCare Select contract states the same monthly shape at the fifth working day (§3.2.2). Tennessee publishes no state checkwrite schedule: each MCO processes its own claims, and none is inferred for the residual MMIS pipe (research gap 4). Rulemaking runs in the Tenn. Comp. R. & Regs. chapter 1200-13 series, filed through the Secretary of State; rule authority lines cite Tenn. Code Ann. §§ 4-5-202, 71-5-105, 71-5-107, 71-5-109. Eligibility recertifies annually per enrollee (register entry TN-012). The CRA imposes its own dated reporting clocks

on the MCOs — quarterly phone-line and member-complaints reports, an annual provider satisfaction survey, and the Behavioral Health Appointment Timeliness Plan due December 31 each year (register entry TN-009, the register's one TN-stated calendar anchor). Appeal clocks are published in three places: 40 days to request a hearing from a TennCare termination notice (Rule 1240-05-03), 30 days to appeal a Katie Beckett denial, and 90 days to a final order on a nursing-facility ineligibility appeal (Tenn. Code Ann. § 71-5-1424). The pharmacy Preferred Drug List re-issues with stated effective dates. Two cycles the pattern state's register prints have no TN counterpart in the record reached: a fixed SPA/waiver public-comment period length (research gap 7) and a published provider revalidation cycle length (research gap 8) — TN publishes the activities, not the periods, and the register does not supply them.

1.5 The nineteen TN-dictated entries

Obligations arising from Tennessee sources themselves — statute, rule, contract, or the Division's published process — carried into the register as TN-001 through TN-019: public notices for SPAs, amendments, and waiver changes (TN-001); the 1200-13 rulemaking series (TN-002); TennCare III quarterly and annual monitoring reports (TN-003, TN-004); the Annual Public Forum (TN-005); Quality Improvement Strategy maintenance (TN-006); the Annual Report (TN-007) and the budget cycle (TN-008); the CRA's recurring MCO reports, carrying the December 31 anchor (TN-009); NCQA/HEDIS publication (TN-010); the § 56-32-131(b) annual independent review (TN-011); annual eligibility recertification (TN-012); Preferred Drug List updates (TN-013); and TPL enforcement, subrogation, and estate-recovery processing (TN-014). A completion pass on the same research added five more, each verified against the instrument itself: the monthly county summary statement (TN-015, Tenn. Code Ann. § 71-5-105(a)(6)); the demonstration's interim and summative evaluation reports (TN-016, STCs 93-94); Title XXI enrollment reporting — SEDS and the annual state report (TN-017, STC 56); MCO and DBM medical loss ratio reporting (TN-018); and contractor financial reporting to TDCI (TN-019). The same pass settled three anchors the first round had left open — the monitoring reports' STC 55 due rules (TN-003, TN-004), the forum's STC 60 notice rule (TN-005), and the Annual Report's statutory anchor at § 71-5-105(a)(5) (TN-007) — and the register and calendar print them as settled, with the two calendar dates they produce labeled DERIVED. Three candidates were tested and not registered: an SPA public-notice duty under Tenn. Code Ann. § 71-5-107 — the section is "Kinds of Medical Services" and contains no notice duty (Conflict TN-11); an MCO MLR publication — the reporting duty is registered at TN-018 on the contract text, but no TN-published MLR figure or table was reached, so no publication entry stands; and a fixed provider revalidation cycle — TN publishes the activity, not the cycle. Fewer verified entries beat more asserted ones; the register prints the three refusals here rather than burying them.

1.6 The evidence pass this build does not perform

Entry-level evidence assessment against Tennessee internal records was not performed in this build, and every federal entry says so on its face rather than implying a check. The register establishes what Tennessee owes, where Tennessee's published structure puts it, and what Tennessee's own law and process add. Whether any home performs its obligations is a different inquiry — the state's KB and its currency passes carry it from here. Tennessee's KB stands in kb-national/states/TN, built in the same pass as this binder; its registration states the KB's own depth

against the program floor, and its wanted-sources list names the public artifacts that would close its surviving gaps.

The Structure the Obligations Land On

2.1 Tennessee's published organization

The State Plan's organization attachment names the Department of Finance and Administration the single state agency and the Division of TennCare its Medical Assistance Unit — the drafting of the current MCO contract definition muddies that sentence, and the conflict is carried at TN-1. Within the Division, Tennessee publishes its structure in fragments: a Director of Member Services who oversees the eligibility process; a Provider Services Division inside the Chief Medical Office; a Director of Policy; a Director of Managed Care Operations; a Long-Term Services and Supports Division; a Program Integrity function with a published intake; a Pharmacy Program administered with its PBM; a Chief Financial Officer signing for the Division; and leadership titles for a Chief Medical Officer, a Chief Information Officer, Strategic Planning & Innovation, and Communications — all carried in the FY2025 Annual Report chart, whose text layer is a scrambled graphic (§2.4). Beside the Division stand the apparatus it works through: TEDS (Deloitte) for eligibility, the MMIS (Gainwell Technologies) for the residual claims pipe, the three MCOs and TennCare Select, the Dental Benefits Manager, the PBM, the EQRO (Qsource), the Department of Disability and Aging operating the 1915(c) waivers under interagency agreement, the TennCare Oversight Division at the Department of Commerce and Insurance examining the MCOs, and — for appeals — a structure §2.3 takes apart.

2.2 The mapping and its bases

Each of the 508 entries carries one home and the basis the assignment rests on, graded as the pattern program grades them: **published** (TN's record names the unit and the function), **citation** (a TN statute, rule, or contract text assigns the duty), or **derivation** (a labeled inference from the obligation's face to TN's nearest published function, marked as a derivation wherever it is used — the Part 456 split on the CFR's own line, the PERM/MEQC routing, the PACE default, and title-level pharmacy routings are the principal ones).

Home	Entries	What it is, as TN publishes it
Managed Care Operations	76	The Division's MCO oversight function; Director of Managed Care Operations in the FY2025 chart
Finance (Chief Financial Officer)	76	A published leadership function; a fuller formal section label is NOT ESTABLISHED (§2.3)
CoverKids (Title XXI)	75	CHIP administered within the Division; no separate CoverKids unit is published (§2.3)
Policy (Director of Policy)	64	Published office; CMS SPA letters are copied to it
Agency level (F&A / Division)	47	Acts of the Department or the Division as a whole
Member Services (eligibility)	39	State-administered eligibility in TEDS; TennCare Connect intake

Provider Services Division	30	Published division inside the Chief Medical Office
Program Integrity	27	Published function with published intake
LTSS Division / DDA	18	Published division; 1915(c) operations at DDA under interagency agreement
TennCare Pharmacy Program	16	A program, not a named office (§2.3); PBM: OptumRx
Systems (MMIS / TEDS)	12	Gainwell (MMIS) and Deloitte (TEDS) under the Medicaid Modernization Program
Quality function	12	Publishes the quality data and strategy; internal unit name NOT ESTABLISHED (§2.3); EQRO: Qsource
Third Party Resources function	8	A rules-based duty, not a named unit (§2.3); estate recovery via the RFR Processing Unit
Member appeals (three loci)	6	The Subpart E block — assigned, across a fragmented structure (§2.3)
TennCare Oversight Division (TDCI)	2	The § 56-32-131(b) annual review and the contractors' financial filings, seated by statute outside F&A
UNASSIGNED	0	—

2.3 The homes that are functions — and the appeals structure

No UNASSIGNED block — and what that does and does not mean. The pattern state's build left the 42 CFR 431 Subpart E fair-hearing block homeless because its published organization named no hearings authority. Tennessee's record, searched the same way, names three: TennCare's own Member Medical Appeals / Appeals Processing Unit, which runs medical appeals in the Medical Appeals Tracking System with Kepro/Keystone intake; the Secretary of State's Administrative Procedures Division, which states in its own words that TennCare refers appeals to it and its administrative law judges hear them under the Uniform Administrative Procedures Act; and the Department of Human Services' Appeals and Hearings rules (chapter 1240-05-03), which still print TennCare appeal procedures, a legacy locus no TN page reached reconciles with the other two. The six Subpart E entries are therefore assigned to the appeals function across those published loci, with the fragmentation printed in every basis. What Tennessee does not publish is a single page that assembles the three loci into one appeals office (research gap 1) — the register assigns the function; it does not pretend the office exists.

Function-homes, graded. Five further homes are functions or programs rather than named units, and each basis prints the fact: Third Party Resources — the duty is the Division's by rule (1200-13-13-.09 / 1200-13-14-.09) and subrogation statute (§ 71-5-117); Lane A marks the unit-level home UNASSIGNED, and estate recovery runs through a mail unit, the RFR Processing Unit. The Pharmacy Program — the Division administers the program and the PBM is named; an internal office name is not published. The Quality function — quality data and the Quality Strategy publish from the Division and the EQRO is named; the internal unit's name is not published. Finance — a Chief Financial Officer signs for the Division; a fuller section label is not

established. CoverKids — CHIP administration is the Division's by the Comptroller's audit; no CoverKids unit is published. A reader who needs a named office for any of these five will not find one in this register, because Tennessee has not published one; the register's discipline is to map to the duty's published seat, not to the org chart the reader wishes existed.

Derivations carried openly. Four routing decisions are derivations and are labeled in every basis they touch: the Part 456 split (utilization/quality to the Quality function, program integrity to Program Integrity — the CFR's own line); PERM and MEQC to Program Integrity; HIPAA transaction and API obligations to the systems home (they execute in the MMIS layer); and the Part 460 PACE duties to the LTSS home by CFR-part default — Tennessee's published LTSS apparatus is the nearest seat for a PACE agreement duty, and the basis says the assignment is a default, not a published PACE home.

2.4 What the mapping cannot see

Tennessee does not publish a current TennCare organizational chart in text form. The chart exists as a graphic inside the FY2023 and FY2025 Annual Reports; its FY2025 text layer is scrambled, and several name-to-title pairings cannot be read reliably from it — this binder asserts only the pairings corroborated elsewhere. The consequences print here rather than in footnotes: the Division's complete unit roster is NOT ESTABLISHED; the current name of the information-systems function (the FY2025 chart carries a Chief Information Officer; a unit label after the era of the "TennCare IS Division" was not established) is NOT ESTABLISHED; the EQRO's name appears in no tn.gov page reached, only in the EQRO's own documents and CMS-adjacent materials; and the Tennessee Carriers NEMT assignment rests on secondary sources. The KB's wanted-sources list (W-02, W-05, W-13 in the KB's numbering) names the artifacts that would settle each of these.

The Compliance Calendar and the Conflicts

3.1 The dated set — 27 entries whose own text states a date (or a rule a date derives from)

The calendar discipline of this program is strict: an event is calendared only when its own text states a date. Twenty-one of Tennessee's twenty-seven dated entries are federal — applicability dates in the federal text and annual anchors the federal text states, applying to Tennessee as to every state (the register volume prints the full table). Six are Tennessee's own: the Contractor Risk Agreement's Annual Plan for Monitoring of Behavioral Health Appointment Timeliness, due **December 31** each year (TN-009); the Title XXI annual state report, due December 31 under STC 56 (TN-017); the STC 93 interim evaluation dates, December 31, 2026 and 2029 (TN-016); the TDCI contractor filing dates (TN-019); and two dates derived from stated rules — the Annual Monitoring Report's March 31 (STC 55's 90-day rule, TN-004) and the Annual Report's August 29 (the 60-day rule at Tenn. Code Ann. § 71-5-105(a)(5), TN-007) — the derivations labeled wherever they print. The contrast with the pattern state is instructive and is printed, not softened: North Carolina's register carried a state-published weekly payment cycle; Tennessee publishes no state checkwrite schedule — capitation runs monthly to the plans, payable by the fifth business day under the CRA, and the plans' own provider payment cycles are theirs. Tennessee's dated footprint in its own register is therefore mostly the federal calendar plus a small Tennessee set — found not on any Tennessee calendar page but in the demonstration's terms, a statute, and a contract's filing schedule — a true statement about where Tennessee's public record puts its dates, and a standing target for the KB's currency passes.

3.2 The 271 without anchors

271 recurring entries state a frequency and no date. They keep the anchor state UNRESOLVED. The class includes Tennessee's own annual instruments — the budget presentation, the Quality Strategy updates, HEDIS publication, the § 56-32-131(b) review, and per-enrollee recertification — because Tennessee publishes them as annual acts without printing a due date for any of them. Three of Tennessee's annual instruments left this class in the completion pass, when their due rules were found where they live — in the demonstration's terms and the statute book: the annual monitoring report and the public forum now carry the STC 55 and STC 60 rules, and the Annual Report its § 71-5-105(a)(5) anchor (§3.1). Observed patterns are recorded as patterns in the register's cadence text and are never promoted to anchors. An anchor invented from a pattern would be a small falsehood with a long life; the register declines it 271 times.

3.3 Conflicts between TN sources — flagged, never harmonized

Fifteen program-layer conflicts stand on the register's face (TN-1 through TN-15); eight more stand inside the 1099 record (§4.10). The load-bearing ones:

#	Subject	Disposition in one line
TN-1		

	Who is the single state agency, in words	State Plan and court stipulations govern (F&A; the Division its unit); the contract definition's stray parenthetical prints.
TN-2	TennCare budget total — \$18.6B vs ~\$19.2B vs ~\$18.5B	Three TN-published vintages; no reconciliation printed by TN; the binder names the variance where it uses a figure.
TN-7	Dental Benefits Manager start	November 1, 2025 governs (Renaissance); the July 1, 2025 intent-to-award slate and lingering DentaQuest namings print as history.
TN-9	TennCare III financing structure	The 2023 PMPM structure governs; the 2021 aggregate cap and closed formulary are history, never printed as current.
TN-11	Tenn. Code Ann. § 71-5-107	"Kinds of Medical Services" — no notice duty; the build's tasked premise recorded as not sustained (register entry TN-001).
TN-12	Katie Beckett — three rule parts vs two program parts; DIDD in the rule	Both print; Parts A/B are the operating program, Part C the rule's third group; DDA is DIDD's successor.
TN-15	Parent/caretaker limit — 100% vs 105% FPL	TN's Eligibility Reference Guide controls until a TN page printing 105% is reached.

The register volume prints all twenty-three with both positions and their dispositions. A conflict carried is information; a conflict harmonized is a defect the next reader cannot see.

3.4 Reading the register

Three cautions govern every use of the Tennessee register. First, the register counts obligations and maps them to published seats; it does not certify performance, and its federal entries carry the unperformed-evidence-pass statement on their face (§1.6). Second, the homes are graded — a unit named in TN's record, a function the record assigns, and a derivation labeled as such are three different strengths of claim, and the basis printed with each entry is part of the entry. Third, Tennessee's record is unusually contract-driven: the operative texts for managed care duties, the CRA report clocks, and the provider 1099 duty itself are contract instruments filed with the Fiscal Review Committee, and they move by amendment — the register's currency depends on the amendment stream, which the KB's passes watch.

Part II · The Tennessee 1099 Deep Dive

4.1 The systems map, in five lines

1. **Provider line — managed care:** TennCare's managed care organizations issue the provider 1099s. The Contractor Risk Agreement requires each contractor to "prepare and submit Internal Revenue Service (IRS) Form 1099s for all providers who are not employees of the CONTRACTOR to whom payment is made" (CRA §A.2.13.23) — the only affirmative provider-1099 issuance statement in Tennessee's public record.
2. **Provider line — the fee-for-service residue:** for payments TennCare pays directly, no Tennessee source reached names an issuer, a producing unit, a payer name, a form, or a box; the MMIS operator (Gainwell Technologies) has no published 1099 role. **NOT ESTABLISHED**
3. **Vendor line:** Edison — the State's PeopleSoft ERP, in production since 2008 — holds the supplier records. The Division of Accounts' Supplier Maintenance gates entry on a conforming, hand-signed IRS Form W-9 whose name/TIN combination must match IRS records; W-9 Lines 5–6 become Address ID 1 in Edison, "the address the Information Return (1099) will be mailed."
4. **Transmission:** no Tennessee source reached names a transmitter, a route, or a Transmitter Control Code holder for any line, and no Tennessee source addresses the IRS's FIRE-to-IRIS transition at all. **NOT ESTABLISHED** — on every line.
5. **State layer:** Tennessee requires no filing of Form 1099-MISC or 1099-NEC with the Department of Revenue and has no reconciliation form — there is no Tennessee withholding to reconcile, and DOR states that it does not require state copies of the federal forms and destroys copies it receives (Notice #14-01). The one state-layer 1099 duty is the duplicate Form 1099-K filing under Tenn. Code Ann. §67-6-411, due within 30 days of the IRS due date.

How to read this part. Every fact below is Tennessee's own published record, retrieved October 21, 2026, unless it sits in §4.6 — the federal floor, which is shared across states and labeled as such. Where TN's record does not establish a point, this part prints NOT ESTABLISHED and names the sources searched (§4.9). Nothing is filled by analogy to another state, to federal practice, or to a commercial filing vendor. Tennessee's record differs from the pattern state's in kind, not degree: Tennessee documents what payers owe Tennessee far better than what the State itself produces as a payer.

4.2 The provider line — TennCare

Who sends — the managed care line. Tennessee delivers Medicaid through managed care as its ordinary model, and its provider-1099 statement lives where the payments live: in the MCO contract. CRA §A.2.13.23 ("1099 Preparation") provides: "In accordance with federal requirements, the CONTRACTOR shall prepare and submit Internal Revenue Service (IRS) Form 1099s for all providers who are not employees of the CONTRACTOR to whom payment is made." The duty is long-standing — the same operative words appear as §A.2.13.21 in the 2017 CRA and the 2019 Amendment 10 text; the section number moved, the duty did not (Conflict TN-19).

The statewide contractors, as TN publishes them, are Wellpoint (formerly Amerigroup), BlueCare, and UnitedHealthcare Community Plan, with TennCare Select (Volunteer State Health Plan, dba BlueCare) under its own contract.

Who sends — the direct line. Tennessee publishes no TennCare provider-1099 FAQ, mailing announcement, or procedure page of the kind other states publish. No TennCare source reached states that the Division of TennCare, its MMIS contractor, or any other named entity sends a 1099 to a fee-for-service provider, and no payer name as printed on a provider 1099 is published. The issuer of a TennCare fee-for-service provider 1099 and the payer name on the form are **NOT ESTABLISHED** (Gap G-01).

The MMIS. The claims system is the MMIS operated under contract by Gainwell Technologies: Fiscal Review Committee packets describe Gainwell as providing "the Medicaid Management Information System (MMIS), which is a mechanized claims processing and information retrieval system for Medicaid," used "to process claims for Medicaid payment from providers of medical care and services... including review of managed care encounter data." That establishes who runs the claims system. It does not state that Gainwell, TennCare, or the Department issues provider 1099s, prepares them, mails them, or transmits them to the IRS. Any such role is **NOT ESTABLISHED**.

The one data rule TN publishes. TennCare's IS Policy Manual policy on provider identification on submitted transactions (Policy BTC-Pol-Enc-200608-002, revised June 25, 2025) defines the Billing Provider and states: "Payment is included in the provider's 1099 reporting," and "The TIN (EIN or SSN) used for IRS Form 1099 purposes, must be reported in the 2010AA Billing Provider REF segment for X12 transactions" — with the atypical-provider rule that the Billing Provider "shall be the legal entity used for tax reporting." This is an encounter/claims-data policy addressed in the first instance to managed care contractors reporting encounters: it fixes the data that feeds 1099 reporting in the managed-care stream. It does not name who produces the 1099, on what form, or when.

Form and box. No TennCare source reached names the form (1099-MISC vs. 1099-NEC) or any box for any provider payment stream; no TN source mentions Form 1099-NEC in connection with TennCare providers at all. Form and box are **NOT ESTABLISHED** (Gap G-06). The federal medical-payments convention is not imported into Tennessee's record: Tennessee's pages do not state it.

Threshold and aggregation. No TN source reached states a dollar threshold, an aggregation rule (per TIN, per NPI, per payer), or a one-form-per-TIN rule for TennCare providers. **NOT ESTABLISHED**. The \$600 figure appears in this binder only in §4.6, the shared federal floor.

Where provider TINs are held. A valid TennCare/Medicaid ID is the participation credential, assigned by TennCare Provider Enrollment through TennCare Provider Registration; enrollment guidance requires ownership information to match the entity's IRS filing status, with changes of ownership reported to TennCare within 35 days. The claims-data TIN mechanism is the Billing Provider REF segment above. Whether the same TIN record drives a fee-for-service 1099 production, and how the enrollment record, the managed care contractor provider files, and the MMIS provider file relate for 1099 purposes, is **NOT ESTABLISHED**. No TennCare source reached states that provider TIN/name combinations are run through IRS TIN Matching, validated before payment, or solicited on a Form W-9 at enrollment for 1099 purposes (Gap G-02). The

vendor line's W-9 gate (§4.3) is an F&A supplier rule; no TN source extends it to TennCare providers, and this binder does not.

Mailing, reprints, corrections. No TN source reached states a mailing date or window for provider 1099s, the address source, a delivery allowance, or a non-receipt trigger — for either line. No published reprint or replacement process exists in the record reached; the only published provider contacts are general channels (TennCare Provider Services, 800-852-2683; Provider.Registration@tn.gov), and no TN source directs a provider with a 1099 question to any of them as a 1099 contact. No correction process of any kind is published for provider 1099s — amount, name, TIN, or address (Gap G-07).

CoverKids. CoverKids, Tennessee's CHIP, is administered through the Division of TennCare and delivered through the same contractor structure; a CoverKids provider "must be enrolled with TennCare" (Tenn. Comp. R. & Regs. 1200-13-21-.02). The CRA's 1099 clause does not name CoverKids; it speaks of "all providers... to whom payment is made" by the contractor. Whether CoverKids payments by an MCO are inside that clause's production, and whether any separate CoverKids 1099 production exists on the state side, is **NOT ESTABLISHED** by an express TN statement. The clause's breadth is consistent with coverage; consistency is not a finding.

4.3 The vendor line — Edison and the Division of Accounts

The system. Edison is Tennessee's statewide ERP — a PeopleSoft system. The fullest current F&A statement is the Department's Next Gen ERP Request for Information (RFI #31701-03815, December 15, 2025): Strategic Technology Solutions "provides centrally managed information technology ('IT') infrastructure services for the statewide Enterprise Resource Planning ('ERP') system for the State of Tennessee" and "is responsible for the system's ongoing upgrades, maintenance, and operations"; "the current ERP system has been in production since 2008 and supports key business functions including human capital management, financial and supply chain management, enterprise learning management, customer relationship management, and interactive hubs/portals," with an expected end of life in 2035 and a Next Gen ERP RFP planned for 2026. Comptroller performance audits attribute the system instead to F&A's "Enterprise Resource Planning division" — TN's own publications carry both attributions and do not reconcile them (Conflict TN-17). Project Edison began in May 2005; HR/Payroll modules went live October 1, 2008, with Financials and Procurement/Logistics deployed in waves from January and April 2009 (the wave dates rest on a secondary account of state statements; the "in production since 2008" fact is F&A's own). The accounting owner is the Division of Accounts, "responsible for the centralized accounting function for the state."

The headline. F&A publishes no central 1099 page, no annual 1099 cycle memo, no vendor 1099 letter, and no 1099 processing calendar in the sources reached. Site and document searches for Division of Accounts 1099 guidance return exactly one substantive body of material: the Supplier Maintenance job aids, which govern how a supplier's W-9 data enters Edison and which address the 1099 is mailed to. Everything else a central production would need in public — who transmits to the IRS, by what route, on what dates, under what TCC, with what correction process — is **NOT ESTABLISHED** in TN's public record reached. The Division "submits various IRS reports" (a Division of Accounts job posting) is the only assignment-level statement found, and it does not identify 1099s among those reports.

The W-9 mechanism — there is no Tennessee substitute form. Tennessee uses the IRS Form W-9 itself, policed by Supplier Maintenance: "The supplier's IRS W-9 must be the current version of the IRS W-9 found at www.irs.gov and must be completed according to the IRS Form W-9 instructions. The IRS W-9 will not be accepted by Supplier Maintenance if it is not completed according to the IRS Form W-9 instructions, is illegible, or has been altered." A W-9 is required on exactly four triggers, stated in F&A's revision letters: registering a new supplier; changing the supplier's legal name and/or business type; changing Address ID 1 (the 1099 Address); and activating a supplier file. The W-9 must be hand-signed and dated within one year of submission.

Registration doors. Two, both published: the state/agency door — agencies submit registrations and changes to Supplier Maintenance (Edison ELM training and an FA-1015 security form precede access; changes to existing suppliers travel on Form FA-1100, the Supplier Update Form) — and the supplier self-service door, the Edison Supplier Portal, through which suppliers obtain a Supplier ID and maintain their profile.

How the TIN data is held. The W-9 is the Edison supplier record's source document, field by field: Line 1 (legal name) to the supplier name; Line 2 to LLC/DBA names; Line 3 to business type; Lines 5–6 to Address ID 1; Part I to the single TIN; Part II to the signed certification. Address ID 1 is the 1099 address in so many words: "This address will be entered as Address ID 1 in Edison and is the address the Information Return (1099) will be mailed." The name/TIN gate is a rejection gate: "The TIN provided must match the name provided on Line 1 to avoid backup withholding. If the name and TIN combination does not match IRS records, the W-9 will not be accepted by Supplier Maintenance."

TIN Matching. Whether that gate is the IRS TIN Matching e-service is **NOT ESTABLISHED**. The job aids say the combination must "match IRS records" and that a non-matching W-9 "will not be accepted," but no TN source reached states that Supplier Maintenance is an IRS TIN Matching participant, when matching occurs, who receives mismatch output, or how B-notices are handled after acceptance. Tennessee publishes a front-door rejection rule, not a TIN Matching program description (Gap G-02, vendor leg).

The correction trace. The only public trace of a vendor correction process is a state job-classification specification: an Accounting Technician 2 "Analyzes vendor 1099 report to determine if corrections are necessary." A vendor 1099 report therefore exists inside TN's accounting operation, and correction analysis is a defined staff duty — with no published procedure, form, or calendar attached to it in the sources reached (Gap G-07).

The policy layer. F&A's public Statewide Accounting Policies list runs to Policy 41; no listed policy addresses 1099s, information reporting, TIN matching, or backup withholding, and no General Letter series on 1099s was found. As a public policy layer for 1099s, Tennessee's is **NOT ESTABLISHED** (Gap G-08).

4.4 TennCare inside F&A — the department's own position

TennCare is not a customer of the vendor line; it is a division of the same department that runs it. The Department of Finance and Administration is the single state agency for Medicaid, and the Division of TennCare sits inside it alongside the Division of Accounts, which runs the Edison supplier master for the whole State. A hospital system or staffing firm can therefore be, at once,

an MCO-paid TennCare provider and a direct Edison vendor of the same department. No TN source reached addresses that dual-record payee: nothing apportions reporting between the TennCare/MCO stream and the Edison supplier stream, and nothing cross-checks totals. Form FA-1100's "synchronizations" concern Edison-to-subsystem vendor interfaces generally; no TN source ties them to 1099 de-duplication (Gap G-04). Likewise unpublished: any TennCare-specific 1099 instruction from F&A or TennCare — to its fiscal staff, its MMIS contractor, or its providers — beyond the encounter TIN policy (§4.2) and the CRA clause (§4.2). TennCare-specific procedure: **NOT ESTABLISHED**.

4.5 The state filing layer — the Department of Revenue

No MISC/NEC filing — established affirmatively, not by silence. Tennessee has no state income tax on earned income and therefore no withholding: "Tennessee has no state income tax on earned income and therefore has no withholding requirements. The Tennessee Hall income tax... was repealed January 1, 2021" (DOR, Revenue Help GEN-34). A reconciliation form reconciles withholding; with none, no TN source names any annual information-return transmittal for 1099s — no form number, no TNTAP 1099 filing function, no e-file specification for MISC/NEC. And DOR affirmatively tells payers not to send it the forms: "employers and other payers often submit the state copies of federal forms W-2, 1099-INT and 1099-MISC to the Department. The Department does not require copies of these forms. These will also be securely destroyed upon receipt" (DOR Notice #14-01, March 2014). The notice also closes the one historical duty in this family: the corporate dividend list (met by sending Form 1099-DIV per shareholder) required for Hall tax purposes until its 2010 repeal — 1099-DIV copies sent to DOR are likewise destroyed. No later DOR notice reached reimposes any copy duty. Notice #14-01 predates both the 1099-NEC (2020) and the Hall repeal (2021), and DOR has published no conforming successor; the NEC conclusion rests on GEN-34's predicate, Notice #14-01's posture, and the absence of any NEC instrument in a hard search of DOR's site — stated in exactly those terms (Conflict TN-21).

Combined Federal/State Filing. Tennessee is not a CF/SF participant in the IRS Publication 1220 census for tax year 2025, so the combined program cannot be a route by which a form reaches DOR either.

What TN payers must still do. The federal duties stand untouched: furnish to the payee and file with the IRS. TN's own documents articulate the data duties that feed the federal production — collect a conforming, hand-signed, current IRS W-9; hold a name/TIN combination that matches IRS records; keep Address ID 1 current (§4.3). Tennessee publishes no state backup-withholding analogue, no state TIN-solicitation penalty, and no state withholding on 1099 payments; the only "backup withholding" language in TN's public 1099 record is F&A's W-9 warning, a federal consequence stated in a state job aid.

The one duty that exists — Form 1099-K. Under Tenn. Code Ann. §67-6-411 (Public Chapter 342 (2015)) and DOR Notice #16-01, a payment settlement entity, third-party settlement organization, electronic payment facilitator, or a third party acting for one must file its federal Form 1099-K with DOR as well — electronically, through the Card Merchant Portal, either the full file as filed with the IRS or the subset for Tennessee-address payees — within 30 days of the IRS filing due date (a federal Form 8809 extension extends the DOR date by 30 days). Penalty: \$1,000 for each failure, plus \$1,000 for each month or fraction of continuation, capped at

\$10,000 annually, waivable for good and reasonable cause under Tenn. Code Ann. §67-1-803. This is a sales and use tax instrument administered in DOR's sales-tax lane, not an income-tax information return; it is kept separate from the MISC/NEC layer here, as TN's own publications keep it. DOR's last threshold statement reached (1099K-1, January 3, 2024) fixes TN's position for calendar year 2023 and prior years only, by reference to the then-delayed federal threshold; the operative threshold for later years is **NOT ESTABLISHED** (Gap G-10).

Due dates and penalties in the state layer. For 1099-MISC/NEC there is no TN filing, therefore no TN due date and no TN penalty — stated as a consequence, not a search failure. The 1099-K dates and penalties above are the only TN-published 1099 due dates and penalties in the state layer.

4.6 The federal floor — shared across states

Label. This section is the federal layer. It is the same for every state in this program, is carried from the program's federal research rather than from Tennessee sources, and is printed here because TN's lines operate on top of it. Tennessee's distinguishing feature against this floor is what its record does not say: where the pattern state's Controller confirmed the FIRE retirement in its own memo, no Tennessee source reached mentions FIRE, IRIS, or any transmission route at all — the floor's intake machinery is entirely unmirrored in TN's public record (§4.9, Gap G-03).

Thresholds. For payments in 2025, most 1099 reporting thresholds stand at \$600. Under the One Big Beautiful Bill Act (P.L. 119-21, §70433), the general threshold rises to \$2,000 for payments in 2026, inflation-indexed from 2027. Attorney gross proceeds remain reportable at \$600 and royalties at \$10; medical and health care payments (Form 1099-MISC, box 6) remain reportable even when the payee is a corporation. No Tennessee source reached states any threshold for any TN production — the pattern state's published \$600 trigger has no TN counterpart in the record.

Dates. Form 1099-NEC: recipient and IRS copies both January 31 — for the 2026 cycle that date falls on a Sunday, making February 1, 2027 the operative deadline. Form 1099-MISC: recipient copies January 31; the IRS copy March 31 when filed electronically. Electronic filing is mandatory at 10 or more information returns in aggregate. The IRS intake route is IRIS, succeeding FIRE. Tennessee's MCO clause (§4.2) says "prepare and submit" without naming any of this; the dates bind the MCOs as federal duties whether or not TN restates them.

Penalties and the mismatch machinery. Federal late/incorrect information-return penalties run \$60 / \$130 / \$340 / \$680 per form by lateness tier (intentional disregard higher), assessed separately for the IRS copy and the payee statement. The mismatch machinery: a fall CP2100 notice from the IRS obliges the payer to send a B notice within 15 business days and to begin 24 percent backup withholding within 30 business days if the payee does not cure; a second B notice requires Social Security Administration validation or an IRS Letter 147C rather than a payee-furnished W-9; withheld tax is reported on Form 945. IRS TIN Matching is the pre-filing check the machinery assumes. On TN's vendor line, a front-door W-9 rejection rule stands where a matching program would be described (§4.3); on the provider line, no element of this machinery has a published TN owner (§4.7).

4.7 Correction and mismatch machinery on Tennessee's lines

Tennessee's published correction and mismatch machinery, assembled without addition, is three fragments. First, the vendor line's front door: a supplier W-9 whose name/TIN combination does not match IRS records "will not be accepted by Supplier Maintenance" — prevention at intake, published by the Division of Accounts. Second, the vendor line's back room: a classified staff duty to "analyze vendor 1099 report to determine if corrections are necessary" — with no published corrected-form procedure, no agency instruction, and no dates. Third, the provider line: TennCare's encounter policy fixes the Billing Provider TIN as "the TIN used for IRS Form 1099 purposes" on the claim itself — data hygiene at the source transaction. Everything downstream of those fragments is unpublished: no B-notice workflow on any line, no CP2100 handling assignment, no backup-withholding operation, no corrected-form issuance process, no statement of who files corrections with the IRS. The machinery the federal floor assumes (§4.6) has no published Tennessee operator (Gaps G-02, G-07).

4.8 The Tennessee year-end calendar

Tennessee publishes no year-end 1099 calendar. The dated steps a public TN source states, per line:

Line	Dated step	Source
Provider (TennCare)	— none published — TennCare publishes no mailing date, furnishing deadline, correction window, or transmission date for provider 1099s, on either the FFS or the MCO line; the CRA's 1099 clause carries no date.	Lane B §4.1
Provider (TennCare)	Within 35 days of the change: a provider reports a change of ownership or ownership interest to TennCare — enrollment-record hygiene feeding the TIN/name record; not published as a 1099 step, included to mark the nearest dated provider-record duty.	TennCare, Ownership section instructions
Vendor (F&A / Edison)	— none published — No annual vendor-1099 cycle dates exist in the record reached: no data freeze, print, mail, transmit, or corrections date for any tax year.	Lane B §4.2
Vendor (F&A / Edison)	Standing rule, no calendar date: the supplier's IRS W-9 certification must be dated within one year of the submission date to Supplier Maintenance.	Division of Accounts, General IRS W-9 Requirements
State layer (DOR)	Within 30 days of the IRS filing due date, each year: reporting entities file duplicate federal Form 1099-K with DOR, electronically; a Form 8809 extension extends the DOR date 30 days. (The inaugural cycle's concrete date was April 30, 2016.)	DOR Notice #16-01; DOR 1099-K page
State layer (DOR)	Historical closings: June 30, 2010 — the 1099-DIV-to-DOR duty repealed; March 2014 — Notice #14-01 (state copies not required, destroyed on receipt); January 1, 2021 — Hall income tax repealed.	DOR Notices #14-01, GEN-34

The federal dates in §4.6 govern the productions themselves. A Tennessee reader looking for the State's own operational calendar — when the data freezes, when forms mail, when corrections close — will not find one in the public record; that absence is Gap G-08's sharpest edge.

4.9 The Tennessee gap register — 10 gaps

Convention: a gap is an item Tennessee's public record does not establish, printed with the record that surrounds it and the document that would close it. Owners the record does not name are gaps, on the pattern of every state build in this program.

#	Gap	What the record shows instead · closing document
G-01	Named owner for provider 1099 production (FFS line).	Established for the MCO line only (CRA §A.2.13.23). No named person, office, division, or contractor is accountable for a fee-for-service provider 1099 production — no issuer statement, no payer name. Gainwell operates the MMIS, but no TN source assigns it (or TennCare, or F&A) a 1099 role. · A TennCare provider bulletin/manual section or F&A/TennCare procedure naming the FFS issuer, the payer name/EIN as printed, and the accountable unit.
G-02	TIN matching / B-notice handling — providers; TIN Matching program — vendors.	Provider line: data plumbing only (Billing Provider TIN on the claim; enrollment record) — no matching operator, no B-notice assignment anywhere. Vendor line: a W-9 rejection gate keyed to "IRS records," with no published TIN Matching participation, timing, mismatch-output owner, or B-notice workflow. · A TennCare enrollment/1099 procedure (provider leg); an F&A TIN Matching/B-notice procedure (vendor leg).
G-03	The IRS transmission route, every line.	No transmitter, route, or TCC holder is named for the FFS line, the MCO line (the CRA says "prepare and submit," route unstated), or the vendor line; no TN source addresses the FIRE-to-IRIS transition at all — no readiness statement, no TCC instruction, no central-vs-agency allocation. The single largest systems gap in TN's record. · Per line: an F&A 1099 processing memo; a TennCare FFS procedure; CRA or TennCare MCO guidance specifying route/TCC.
G-04	De-duplication across the dual-record payee.	TennCare sits inside F&A, whose Division of Accounts runs the Edison supplier master; a payee can be both an MCO-paid provider and a direct state vendor. No published rule apportions reporting between the streams or cross-checks totals; the CRA imposes the duty on each contractor for payments it makes, with no aggregation or coordination rule across MCOs or against FFS. · An F&A/TennCare data-governance or 1099 procedure addressing dual-record payees across Edison, the MMIS/MCC files, and MCO productions.
G-05	The FFS residue of the managed-care split.	Core question ESTABLISHED: MCOs issue provider 1099s by contract (§4.2), and have since at least the 2017 CRA text. Open: anything about payments TennCare pays directly — including carve-out administrators under contract with TennCare (DBM, PBM) who are not CRA "CONTRACTORS" on the text reached — and any TennCare monitoring of MCO 1099 compliance. · A TennCare FFS 1099 statement; a CRA/ TennCare specification of MCO-production oversight.

G-06	Provider form and box unpublished.	No TN source names 1099-MISC vs. 1099-NEC, or any box, for any provider payment stream. · A TennCare or CRA specification of form/box by payment type.
G-07	Correction processes — both lines.	Provider line: nothing published. Vendor line: one job-specification duty ("analyzes vendor 1099 report to determine if corrections are necessary") with no procedure, form, dates, or filer. Address-only vs. amount corrections are undistinguished anywhere in TN's record. · F&A 1099 correction procedure (vendor); TennCare/MCO correction procedure (provider).
G-08	No TennCare 1099 procedure document; no central F&A 1099 procedure document.	The documentary gap underneath G-01–G-07. The complete public basis for TN 1099 production in the record reached is three texts: Policy BTC-Pol-Enc-200608-002 (encounter TIN plumbing), CRA §A.2.13.23 (one sentence of MCO duty), and the Supplier Maintenance job aids (W-9 intake; the Address ID 1 mailing rule). No provider 1099 FAQ/bulletin series; no statewide annual 1099 memo. · The two procedure documents named in G-01 and §4.3.
G-09	Furnishing rules for the State's own productions.	No TN source states a recipient-copy deadline, format, electronic-furnishing consent rule, or mailing statement for vendor 1099s beyond the Address ID 1 destination, and none at all for provider 1099s. DOR's publications govern filing with DOR and say nothing about payer-to-payee furnishing. · Furnishing instructions within the procedure documents in G-08.
G-10	1099-K threshold currency in the state layer.	The duty (§67-6-411) and its mechanics/penalty (Notice #16-01) are established; DOR's last threshold statement reached (1099K-1, January 3, 2024) fixes TN's position for CY2023 and prior years only. The operative threshold for CY2024 and later, and TN's position after subsequent federal threshold changes, are NOT ESTABLISHED. · A current DOR 1099-K notice or Help article stating the operative threshold year by year.

4.10 Conflicts inside the 1099 record

Internal inconsistencies in Tennessee's own publications, collected, not resolved. The binder prints both positions wherever it relies on either.

#	Subject	Position A	Position B
TN-16	Edison's scope, two TN voices	F&A/STS (2025 RFI): Edison supports "human capital management, financial and supply chain management, enterprise learning management, customer relationship management, and interactive hubs/portals."	Department of Human Resources (2025): Edison "is the Tennessee State Government's HR, payroll, and learning management system" — no mention of financials, procurement, or suppliers, the functions the 1099 vendor line runs on.
TN-17	Who operates Edison	Comptroller performance audits and a 2026 F&A contract letter attribute	The 2025 STS RFI states STS "is responsible for the system's ongoing upgrades, maintenance, and

		Edison to F&A's "Enterprise Resource Planning division."	operations." No TN source reached allocates operations between the two.
TN-18	Supplier Maintenance contact numbers	E-Supplier Registration Instructions and Central Procurement Office materials: Supplier Maintenance 615-532-5150.	TDOT Supplier Information: Supplier Maintenance (615) 741-9745 (same email). No TN page explains the two numbers.
TN-19	CRA 1099 clause numbering	"1099 Preparation" is §A.2.13.21 in the 2017 CRA and the 2019 Amendment 10 texts.	The clause is §A.2.13.23 in the Amendment 25 (2026-07) text, the annual payment analysis moving in parallel. Substance identical; any citation by number alone, without edition, is ambiguous in TN's own publications.
TN-20	"Recently enacted," a decade old	DOR's live 1099-K web page and Revenue Help header introduce §67-6-411 with "The Tennessee General Assembly recently enacted legislation..." — language carried verbatim from Notice #16-01 (January 2016).	The same pages still serve the inaugural due date ("The 2015 returns are due by April 30, 2016"). The operative terms are current; the framing is 2016's.
TN-21	Notice #14-01's Hall-tax present tense	The March 2014 notice's destruction rule for W-2/1099-INT/1099-MISC copies is unqualified, and it is the latest DOR statement reached on MISC copies.	The notice predates both the 1099-NEC's existence (2020) and the Hall tax's repeal (2021); DOR has published no conforming successor. A reader relying on the notice alone would not learn the tax it served no longer exists.
TN-22	1099 vocabulary without a 1099 procedure	TennCare's encounter policy (revised June 25, 2025) carefully defines the Billing Provider TIN as the TIN "used for IRS Form 1099 purposes" and states payment "is included in the provider's 1099 reporting."	No TennCare publication reached says who reports it, on what form, or when. The 2025 revision conformed the data policy without adding the production statement.
TN-23	The function claimed; the policy absent	A Division of Accounts job posting assigns the division "submits various IRS reports" among its core functions.	The public Statewide Accounting Policies list runs to Policy 41 with no 1099 or information-reporting entry.

The Register — Tennessee, in Full

This volume is the complete Tennessee register of the Federal Atlas Program: **508 entries** — 489 from the federal CFR text, 3 from Tennessee statute, 1 from the Tennessee rule series, 3 from the MCO contract of record, and 12 from Tennessee agency-published process. Evidence classes: **507 GOVERNING · 1 DERIVED · 0 EXTRAPOLATED**. 271 recurring entries carry no calendar anchor in their source and keep the anchor state UNRESOLVED; no anchor was invented in this build. Each entry prints its Tennessee home and the basis its assignment rests on (published · citation · derivation, labeled as such). No entry stands UNASSIGNED: Tennessee's published structure reaches every obligation in the universe, though several homes are functions rather than named units and say so on their face.

Authority order: CFR, then TN statute, then TN rule, then TN contract, then TN agency-published process. Other states' dictated entries do not transfer to a Tennessee register and are not carried. Entry-level evidence assessment against TN internal records was not performed in this build; federal entries carry that statement rather than an implied check.

The dated set

Events whose own text states a date — the register's only calendared set.

Entry	Obligation	Date(s)	Class
CFR-431-002	Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)	2027-07-10	DERIVED
CFR-431-013	Patient Access API (beneficiary data access)	2027-01-01	GOVERNING
CFR-431-014	Provider Access API and Payer-to-Payer data exchange	2027-01-01	GOVERNING
CFR-431-016	Prior authorization — denial reasons and prior auth API	2027-01-01	GOVERNING
CFR-437-001	Annual Child, Adult, and Health Home Core Set reporting	Dec 31	GOVERNING
CFR-437-003	Exemption request for Core Set population reporting	Sep 1	GOVERNING
CFR-438-007	Pass-through payment phase-out	2027-07-01	GOVERNING
CFR-438-045	EQR annual technical report — finalization, posting, CMS notice	Apr 30	GOVERNING
CFR-438-048	Medicaid managed care quality rating system (MAC QRS)	2028-09-01, 2028-12-31	GOVERNING
CFR-440-005	Annual prior authorization metrics reporting	2027-03-31	GOVERNING
CFR-441-046	1915(c) waiver — incident management system and 90% performance levels	2027-07-09, 2029-07-09	GOVERNING

CFR-441-050	1915(c) waiver — payment adequacy: 80% direct-care compensation	2030-07-09	GOVERNING
CFR-441-061	HCBS website transparency	2027-07-09	GOVERNING
CFR-447-012	Maximum allowable cost sharing + annual CPI-U indexing	Oct 1	GOVERNING
CFR-447-028	Comparative payment rate analysis + disclosure every 2 years	Jul 1 (biennial)	GOVERNING
CFR-447-045	Annual DSH data submission to CMS	Jun 30	GOVERNING
CFR-457-055	Provider Access API, payer-to-payer exchange, privacy resources	2027-01-01	GOVERNING
CFR-457-057	Annual report to CMS (due January 1)	Jan 1	GOVERNING
CFR-457-060	Prior authorization: denial reasons, PA API, public metrics	2027-01-01	GOVERNING
TN-004	TennCare III demonstration — annual monitoring report to CMS	Mar 31 (annual, DERIVED)	GOVERNING
TN-007	TennCare Annual Report (state fiscal year)	Aug 29 (annual, DERIVED)	GOVERNING
TN-009	MCO Contractor Risk Agreement recurring reports — quarterly phone-line and member-complaints reports; annual provider satisfaction survey; annual Behavioral Health Appointment Timeliness Plan	Dec 31 (annual)	GOVERNING
TN-016	TennCare III demonstration — interim and summative evaluation reports	2026-12-31, 2029-12-31	GOVERNING
TN-017	Title XXI / Title XIX child enrollment reporting — SEDS quarterly entry and the Title XXI annual state report	Dec 31 (annual)	GOVERNING
TN-019	Managed care contractor financial reporting to the TennCare Oversight Division (TDCI)	Mar 1, May 1, May 15, Jul 31, Aug 15, Nov 15, Dec 31	GOVERNING
CFR-438-026	Appointment wait time standards	2027-07-09	GOVERNING
CFR-438-027	Annual secret shopper surveys (provider directories and wait times)	2028-07-09	GOVERNING

Conflicts carried on the register's face

#	Subject	Governing position	Conflicting position	Disposition
TN-1	Who is the single state	State Plan TN 06-008: the Department of Finance and Administration 'is the Single	The current MCO contract definition — 'Division of TennCare —	Both print. The register treats F&A as the

	agency, in words	State Agency' and the Bureau of TennCare is its Medical Assistance Unit; the A.M.C. v. Smith stipulations side with this in substance.	The division of the Tennessee Department of Finance and Administration (the single state Medicaid agency)... — places the parenthetical inside the Division's definition.	single state agency and the Division as its Medicaid unit, per the State Plan and the court-filed position; the contract's parenthetical is carried as a drafting ambiguity.
TN-2	TennCare budget total	"\$18.6 billion health care enterprise" (TN Deputy Commissioner page).	"Annual budget of approximately \$19.2 billion" (TN Information & Statistics page); a third figure, ~\$18.5B, appears in FY25 Annual Report-derived summaries.	All three are TN-published vintages; TN prints no reconciliation. The binder uses the Information & Statistics figure for program scale and names the variance.
TN-3	The Director's first name	"Stephen Smith" (TN Deputy Commissioner page; CMS SPA letters to 'Stephen M. Smith').	"Steven Smith" in some legislative hearing summaries (secondary).	TN primary sources control: Stephen. The variant is recorded, not adopted.
TN-4	"TennCare Connect" names two things	The member-facing eligibility portal/system (tenncareconnect.tn.gov; TEDS-based self-service).	The contracted Member Services Contact Center operated by Automated Health Systems is also 'known as TennCare Connect' (Fiscal Review filing, Mar. 28, 2025).	Both print; the binder specifies portal or contact center at each use.
TN-5	MCO names — trade vs legal	Trade names on TN member/provider pages: Wellpoint; BlueCare; UnitedHealthcare Community Plan; TennCare Select.	Legal names in contracts: Volunteer State Health Plan, Inc. dba BlueCare ('BlueCare Tennessee'); UnitedHealthcare Plan of the River Valley, Inc.; Wellpoint 'formerly known as	The binder uses TN's published trade names and records the legal names at §1.5.

			Amerigroup' (the TN MCC page itself prints the former name).	
TN-6	PBM identity and title	OptumRx, Inc. is the current PBM (from Jan. 1, 2020 Medicaid/CoverRx; Jan. 2, 2021 CoverKids).	Magellan Health appears as PBM in 2018-era audit material (superseded, still circulating); and TN titles the same role 'Pharmacy Benefits Manager (PBM)' in Fiscal Review filings vs 'Pharmacy Benefits Administrator (PBA)' on the Information & Statistics page.	OptumRx governs; both titles print, as TN publishes both.
TN-7	Dental Benefits Manager identity and start date	Renaissance is DBM from November 1, 2025 for all TennCare and CoverKids members (tn.gov news, Oct. 30, 2025; Dental Benefits Manager page).	DentaQuest (DBM from Oct. 1, 2013) is still named in the FY audit and a Feb. 2025 Fiscal Review packet; and the May 30, 2024 intent-to-award announcement slated a Renaissance go-live of July 1, 2025. A KidCentral TN page names DentaQuest in one version and Renaissance in another.	The November 1, 2025 date governs operations; the July 1, 2025 slate and the lingering DentaQuest namings print as the transition history.
TN-8	Appeals contractor name form	"Keystone Peer Review Organization, Inc." (earlier contract filings; 'Kepro' as the operating brand).	"Keystone Peer Review Organization, LLC" (later filings, incl. Amendment 3, 2025).	Both corporate forms print as TN files them; the binder uses 'Kepro / Keystone Peer Review Organization' without choosing a form.
TN-9	TennCare III financing structure	Amendment 4 (approved Aug. 4, 2023): the aggregate cap is removed in favor of the standard PMPM budget neutrality structure, and closed-formulary authority is removed; DSIP/shared-savings claiming is preserved on the PMPM	The original approval (Jan. 8, 2021) was an aggregate-cap demonstration with closed-formulary authority (CMS press release; original STCs, Attachment P); TN descriptions of a live	The 2023 structure governs. The binder never prints the aggregate cap or closed formulary as current

		structure (CMS approval document).	aggregate cap or closed formulary persist in older material.	TennCare III structure.
TN-10	Shared savings total, first three years	"Nearly \$1 billion in shared savings in the first three years" (House Insurance Committee summary, Mar. 25, 2025).	"More than \$900 million" / "nearly \$900 million" (House Health Committee summary, Feb. 1, 2025).	Both are summaries of the Director's testimony (secondary); no TN-published ledger reconciles them. The binder prints the range as testimony, not as a ledger figure.
TN-11	Tenn. Code Ann. § 71-5-107 — the tasked SPA-notice premise	TN's SPA/waiver notice practice stands on the Public Notices page (Lane A §§3-4, register entry TN-001).	The build's tasking posited an SPA public-notice period under § 71-5-107; the section as reached is 'Kinds of Medical Services,' a list of covered service categories, and contains no notice duty or period.	The premise is recorded as not sustained; no notice period is printed for TN, and the register carries the practice-based entry instead.
TN-12	Katie Beckett parts and Part B's administrator	Rule 1200-13-20-.08 establishes three parts — A, B, and a Part C Continued Eligibility Group.	Current DDA/TennCare program pages describe 'two parts, A and B'; and the same rule names 'the Department of Intellectual and Developmental Disabilities (DIDD)' as Part B's administrator — DIDD ceased to exist as a standalone department on July 1, 2024 (merged into DDA).	Both print. The rule text has not been conformed in the text reached; the binder describes Parts A and B as the operating program and Part C as the rule's third group.
TN-13	DDA lineage names	DDA's July 1, 2024 launch release: merger of DIDD and the 'Tennessee Commission on Aging and Disability.'	DDA boilerplate elsewhere prints 'Tennessee Commission on Aging and Disabilities' (plural), and 'DIDD' continues to print as a current actor in post-merger	Recorded, not resolved; no register count turns on it.

			TennCare/DDA documents alongside 'DDA.'	
TN-14	Money Follows the Person institutional-stay threshold	FY25 Annual Report: MFP eligibility after ≥60 days in a qualified institution.	The 1915(c) Statewide Waiver page describes MFP participation via that waiver after ≥90 days in an ICF/IID.	Different doors (program-wide vs waiver-specific) may explain the variance; TN prints no reconciliation — recorded, not resolved.
TN-15	Parent/ caretaker income limit	TN Eligibility Reference Guide (extract reached): Caretaker Relative at 100% FPL.	Secondary reporting of the mid-2024 Amendment 5 changes puts the parent/ caretaker limit at 105% FPL.	The TN guide controls until a TN page printing 105% is reached; the variance is flagged wherever the figure is used.
TN-16	Edison's scope, two TN voices	F&A/STS (2025 RFI): Edison supports 'human capital management, financial and supply chain management, enterprise learning management, customer relationship management, and interactive hubs/portals.'	Department of Human Resources (2025): Edison 'is the Tennessee State Government's HR, payroll, and learning management system' — no mention of financials, procurement, or suppliers, the functions the 1099 vendor line runs on.	Both print in Part II §4.3; the RFI is the fuller and later F&A statement, and the narrower description is not treated as a scope limit.
TN-17	Who operates Edison	The 2025 STS RFI: STS 'is responsible for the system's ongoing upgrades, maintenance, and operations' and provides its infrastructure services.	Comptroller performance audits and a 2026 F&A contract letter attribute Edison to F&A's 'Enterprise Resource Planning division.' No TN source reached allocates operations between the two.	Both attributions stand as published; the binder does not allocate Edison operations.
TN-18	Supplier Maintenance	E-Supplier Registration Instructions and Central	TDOT Supplier Information: Supplier	Both numbers print as

	contact numbers	Procurement Office materials: Supplier Maintenance 615-532-5150, Supplier.Maintenance@tn.gov.	Maintenance (615) 741-9745, same email. (The Edison Helpdesk is separately 615-253-4758.)	published; no TN page reached explains the difference.
TN-19	CRA 1099 clause numbering	"1099 Preparation" is §A.2.13.23 in the Amendment 25 (2026-07) CRA text.	The clause is §A.2.13.21 in the 2017 CRA and the 2019 Amendment 10 texts, the annual payment analysis moving in parallel. The operative words are identical.	The duty is continuous; any citation to the clause by number alone, without edition, is ambiguous in TN's own publications. The binder cites the current number with the edition.
TN-20	"Recently enacted," a decade old	DOR's live 1099-K web page and Revenue Help header introduce §67-6-411 with 'The Tennessee General Assembly recently enacted legislation...' — language carried verbatim from Notice #16-01 (January 2016).	The same pages still serve the inaugural due date — 'The 2015 returns are due by April 30, 2016.' The operative terms are current; the framing is 2016's.	Both print in Part II §4.5; the operative terms (duty, 30-day rule, penalties) are taken from the notice's operative text, not its framing.
TN-21	DOR Notice #14-01 speaks in the Hall-tax present tense	The March 2014 notice's destruction rule for W-2/1099-INT/1099-MISC copies is unqualified, and it is the latest DOR statement reached on MISC copies.	The notice predates both the 1099-NEC's existence (2020) and the Hall tax's repeal (2021), and DOR has published no conforming successor reached by this build. A reader relying on the notice alone would not learn that the tax it served no longer exists.	The §4.5 finding is stated with the notice's vintage on its face, resting on GEN-34's predicate as well as the notice.
TN-22	TennCare's 1099 vocabulary without a 1099 procedure	TennCare's encounter policy (revised June 25, 2025) defines the Billing Provider TIN as the TIN 'used for IRS Form 1099 purposes' and states payment 'is included in the provider's 1099 reporting.'	No TennCare publication reached says who reports it, on what form, or when. The 2025 revision conformed the data policy without adding the production statement.	Both print in Part II §4.2; the policy is evidence about data, not about production.

TN-23	The function claimed; the policy absent	A Division of Accounts job posting assigns the division 'submits various IRS reports' among its core functions.	The public Statewide Accounting Policies list runs to Policy 41 with no 1099 or information-reporting entry.	Both print in Part II §4.3; the absence is carried as Gap G-08.
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Department of Finance and Administration / Division of TennCare — agency level (obligation sits above any single unit) — 47 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-430-001	State plan maintenance and amendment submittal	42 CFR 430.10, 430.12	agency	EVENT-TRIGGERED — upon any material change in Federal/State law, regulation, policy, organization, or program operation	GOVERNING
CFR-430-002	Respond to CMS requests on pending plan material	42 CFR 430.16	agency	EVENT-TRIGGERED — within CMS's 90-day review window for each pending plan submission	GOVERNING
CFR-430-003	State plan waiver requests and renewals (1915(b), 1915(c), 1916)	42 CFR 430.25	agency	EVENT-TRIGGERED — renewal request 90–120 days before each waiver expiration (2-, 3-, or 5-year cycles)	GOVERNING
CFR-430-004	Quarterly grant reporting (CMS-37 estimates, CMS-64 expenditures)	42 CFR 430.30	federal-facing state report	RECURRING — quarterly: CMS-37 45 days before quarter start; CMS-64 30 days after quarter end	GOVERNING · UNRESOLVED
CFR-430-005			agency		

	Quality control program and correction of practice	42 CFR 430.32		RECURRING — continuing; corrective action when review findings reveal serious compliance problems	GOVERNING · UNRESOLVED
CFR-430-006	Respond to OIG audit findings	42 CFR 430.33	agency	EVENT-TRIGGERED — upon release of each OIG audit report	GOVERNING
CFR-430-007	Deferred FFP claims — furnish documentation	42 CFR 430.40	agency	EVENT-TRIGGERED — 60 days (120 with extension) from each deferral notice; 15 days to cure non-reviewable submissions	GOVERNING
CFR-430-008	Disallowance reconsideration process	42 CFR 430.42	agency	EVENT-TRIGGERED — within 60 days of each disallowance letter	GOVERNING
CFR-430-009	Repay unallowable Federal payments (installment schedules)	42 CFR 430.48	agency	EVENT-TRIGGERED — quarterly installments once a repayment schedule is established	GOVERNING
CFR-430-010	Corrective action plans for eligibility redetermination noncompliance	42 CFR 430.49	agency	EVENT-TRIGGERED — within 14 calendar days of a CMS noncompliance notice	GOVERNING
CFR-431-001	Single State agency designation, delegation oversight, and organization	42 CFR 431.10, 431.11	agency	FIXED — established in State plan; ongoing	GOVERNING

				oversight and corrective action over delegated agencies	
CFR-431-002	Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)	42 CFR 431.12	agency	RECURRING — regular meetings with minutes posted within 30 days; annual report; BAC must meet in advance of each MAC meeting Calendared milestone: BAC	DERIVED
CFR-431-003	Methods of administration	42 CFR 431.15, 431.11	agency	FIXED — established in State plan	GOVERNING
CFR-431-004	Submit Secretary-required reports	42 CFR 431.16	agency	RECURRING — as required by the Secretary (form/content per instructions)	GOVERNING · UNRESOLVED
CFR-431-005	Maintain individual records (retention, electronic format, 30-day access)	42 CFR 431.17	agency	RECURRING — continuous; 30-calendar-day turnaround on authorized record requests	GOVERNING · UNRESOLVED
CFR-431-006	Make program manuals and policies publicly available	42 CFR 431.18	agency	RECURRING — continuous availability; distribute updates as rules change	GOVERNING · UNRESOLVED
CFR-431-007	Advance directives — written description of State law	42 CFR 431.20	agency	EVENT-TRIGGERED — initial description plus revision/distribution within 60 days of any State law change	GOVERNING

CFR-431-008	Statewide operation and local office supervision	42 CFR 431.50	agency	RECURRING — continuous; regular State staff visits to local offices	GOVERNING · UNRESOLVED
CFR-431-009	Free choice of providers; certify exceptions	42 CFR 431.51	agency	EVENT-TRIGGERED — certification before/at implementation of 431.54(d)/(e)/(f) projects	GOVERNING
CFR-431-010	Assure necessary transportation	42 CFR 431.53	agency	RECURRING — continuous assurance; methods described in State plan	GOVERNING · UNRESOLVED
CFR-431-011	Beneficiary lock-in and provider lock-out procedures	42 CFR 431.54	agency	EVENT-TRIGGERED — each time lock-in or lock-out is imposed	GOVERNING
CFR-431-012	1915(b) freedom-of-choice waiver requests	42 CFR 431.55	provider	EVENT-TRIGGERED — each waiver request and continuation (max 2-year cycles)	GOVERNING
CFR-431-017	Provider relations: consultation services and provider agreements	42 CFR 431.105, 431.107	agency	FIXED — established in State plan and provider agreements	GOVERNING
CFR-431-018	Provider agreement effective dates	42 CFR 431.108	agency	EVENT-TRIGGERED — each provider enrollment/survey	GOVERNING
CFR-431-019	Indian Health Service facility participation	42 CFR 431.110	agency	FIXED — established in State plan; applied at enrollment	GOVERNING

CFR-431-020	Disclosure of survey and evaluation information	42 CFR 431.115	agency	RECURRING — per survey; deficiency statements available within 90 days; 30-day comment window on evaluation reports	GOVERNING · UNRESOLVED
CFR-431-021	Nursing facility requirements, nurse aide programs, registry	42 CFR 431.120	agency	RECURRING — continuous operation of NATCEP and registry	GOVERNING · UNRESOLVED
CFR-431-028	Safeguard applicant/beneficiary information	42 CFR 431.300, 431.301, 431.303, 431.304, 431.305, 431.306,	provider	RECURRING — continuous safeguarding; data exchange agreements before any exchange	GOVERNING · UNRESOLVED
CFR-431-029	1115 demonstration — State public notice and hearings	42 CFR 431.408	federal-facing state report	EVENT-TRIGGERED — for each new demonstration or extension application; hearings ≥20 days before submission	GOVERNING
CFR-431-030	1115 demonstration — application and extension content	42 CFR 431.412	agency	EVENT-TRIGGERED — each demonstration application or extension	GOVERNING
CFR-431-031	1115 demonstration — STC compliance, reviews, post-award forum	42 CFR 431.420	agency	RECURRING — post-award public forum within 6 months of implementation, then annually	GOVERNING · UNRESOLVED
CFR-431-032		42 CFR 431.424	federal-facing	EVENT-TRIGGERED —	GOVERNING

	1115 demonstration — evaluation design and reports		state report	evaluation design published within 30 days of CMS approval; interim report with each extension request	
CFR-431-033	1115 demonstration — annual reports	42 CFR 431.428	federal- facing state report	RECURRING — annual: draft to CMS ≤90 days after demo year end; published ≤30 days after submission; final ≤60 days after CMS comments; published ≤30 d	GOVERNING · UNRESOLVED
CFR-431-034	Survey agency designation and certification of facilities	42 CFR 431.610	agency	RECURRING — inspections at least once per certification period; ICF deficient-facility re-inspections every 6 months	GOVERNING · UNRESOLVED
CFR-431-035	Arrangements with health, vocational rehab, and title V agencies	42 CFR 431.615	agency	RECURRING — arrangements with periodic review and joint planning for changes	GOVERNING · UNRESOLVED
CFR-431-036	PASARR agreements with mental health/ID authorities	42 CFR 431.620, 431.621	agency	RECURRING — continuous; PASRR determinations timely per 483.112(c)/ 483.114(c)	GOVERNING · UNRESOLVED
CFR-431-037	Medicare Part B coordination	42 CFR 431.625	agency	FIXED — established in State plan	GOVERNING
CFR-431-038	QIO coordination contract		agency		

		42 CFR 431.630		RECURRING — contract with ongoing State monitoring/ evaluation plan	GOVERNING · UNRESOLVED
CFR-431-039	Coordinate with WIC; notify and refer eligible individuals	42 CFR 431.635	agency	RECURRING — at each qualifying eligibility determination; annual notice	GOVERNING · UNRESOLVED
CFR-431-040	Nursing home administrator licensing program	42 CFR 431.702, 431.703, 431.705, 431.706, 431.707, 431.708,	agency	RECURRING — continuous licensing program; complaint investigation as received	GOVERNING · UNRESOLVED
CFR-432-001	Merit system of personnel administration	42 CFR 432.10	agency	FIXED — established in State plan; ongoing compliance assurance and reviews of State laws/ regulations	GOVERNING
CFR-432-002	Staff training program	42 CFR 432.30	agency	RECURRING — continuous: initial inservice for new staff plus continuing training	GOVERNING · UNRESOLVED
CFR-432-003	Subprofessional staff and volunteer programs	42 CFR 432.31, 432.32	agency	RECURRING — continuous programs with annual progressive expansion	GOVERNING · UNRESOLVED
CFR-432-004	Report training and administrative costs	42 CFR 432.55	federal- facing state report	RECURRING — quarterly estimate and expenditure reports	GOVERNING · UNRESOLVED
TN-003		TennCare III Special	federal- facing	RECURRING — Quarterly	GOVERNING

	TennCare III demonstration — quarterly monitoring reports to CMS	Terms and Conditions 55 (quarterly repo	state report	monitoring reports filed with CMS and posted in the CMS demonstration library; STC 55 states the due rule (60 calendar days after	
TN-004	TennCare III demonstration — annual monitoring report to CMS	TennCare III Special Terms and Conditions 55 (the Annual Mon	federal-facing state report	RECURRING — Annual monitoring report by demonstration year (calendar year), due 90 days after the year ends under STC 55 — computing to March 31; Year	GOVERNING
TN-016	TennCare III demonstration — interim and summative evaluation reports	TennCare III Special Terms and Conditions 87-94 (STC 93(c):	federal-facing state report	FIXED — Interim evaluation reports on the STC 93 dates; final interim reports posted to the state Medicaid website within 30 days of CMS approval; the	GOVERNING

Division of TennCare — Managed Care Operations — 76 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-434-001	General contract requirements (all Medicaid contracts)	42 CFR 434.4, 434.6	agency	FIXED — each contract and subcontract	GOVERNING
CFR-434-002	Fiscal agent contract requirements	42 CFR 434.10	provider	FIXED — each fiscal agent contract	GOVERNING
CFR-434-003			agency		GOVERNING

	Private nonmedical institution contracts	42 CFR 434.12		FIXED — each contract with a private nonmedical institution	
CFR-434-004	Health insuring organization contracts	42 CFR 434.40	agency	FIXED — each health insuring organization contract	GOVERNING
CFR-438-001	MCO/PIHP/PAHP contract CMS review and approval; capitation rates in contract	42 CFR 438.3(a), 438.3(c)(1)	federal-facing state report	RECURRING — Each contract and rating period; signed and dated by all parties before the performance period begins	GOVERNING · UNRESOLVED
CFR-438-002	Standard contract provisions in all managed care contracts	42 CFR 438.3(b)-(u)	agency	RECURRING — Each contract/ rating period; audit right runs 10 years after contract end or audit completion	GOVERNING · UNRESOLVED
CFR-438-003	Actuarially sound capitation rates	42 CFR 438.4	agency	RECURRING — Each rating period via actuary certification and CMS approval	GOVERNING · UNRESOLVED
CFR-438-004	Rate development standards; base data provision	42 CFR 438.5(b)-(c)	agency	RECURRING — Each rating period; base data no older than the 3 most recent complete years	GOVERNING · UNRESOLVED
CFR-438-005	Rate certification submission and documentation	42 CFR 438.7	federal-facing state report	RECURRING — Each rating period; SDP retroactive certifications within 120 days of SDP start	GOVERNING · UNRESOLVED

CFR-438-006	State directed payments — prior approval, documentation, reporting, evaluation	42 CFR 438.6(c)	federal-facing state report	RECURRING — Prior approval before each SDP/ amendment start; cost % calculated annually; T-MSIS expenditure report within 1 year after each rating peri	GOVERNING · UNRESOLVED
CFR-438-007	Pass-through payment phase-out	42 CFR 438.6(d)	agency	RECURRING — Annual base-amount recalculation while in transition; hard end: hospital pass-throughs prohibited for rating periods beginning on/ after 20	GOVERNING
CFR-438-008	In lieu of services and settings (ILOS) — State determination, oversight, reporting, evaluation	42 CFR 438.3(e)(2), 42 CFR 438.16	federal-facing state report	RECURRING — Projected cost % annually with rate cert; final cost % and summary report annually; retrospective evaluation due within 2 years after firs	GOVERNING · UNRESOLVED
CFR-438-009	Monthly capitation for IMD short stays (ages 21-64)	42 CFR 438.6(e)	agency	RECURRING — Each capitation month in which an IMD stay occurs; rate-setting each rating period	GOVERNING · UNRESOLVED
CFR-438-010	Medical loss ratio — plan calculation, reporting, and remittance	42 CFR 438.8	MCO/ plan	RECURRING — Annual MLR reports due within 12 months of MLR	GOVERNING · UNRESOLVED

				reporting year- end	
CFR-438-011	State oversight of minimum MLR — CMS summary and federal share repayment	42 CFR 438.74	federal-facing state report	RECURRING — Annual MLR summary with rate certification; federal-share repayment when remittances are owed	GOVERNING · UNRESOLVED
CFR-438-012	Beneficiary information website and transparency postings	42 CFR 438.10(c)(3), 42 CFR 438.602(g)	agency	RECURRING — Continuous operation; website function/ timeliness verified at least quarterly; postings updated as reports/ contracts change	GOVERNING · UNRESOLVED
CFR-438-013	Standard managed care definitions and model enrollee materials	42 CFR 438.10(c)(4)–(5)	MCO/ plan	FIXED — Develop once; enforce continuously; update as requirements change	GOVERNING
CFR-438-014	Annual disenrollment-rights notice to enrollees	42 CFR 438.10(f)(2)	agency	RECURRING — At least annually; 60 days before each enrollment period if disenrollment is restricted for 90+ days	GOVERNING · UNRESOLVED
CFR-438-015	Managed care enrollment system and informational notices	42 CFR 438.54	agency	RECURRING — Continuous enrollment operations; notices at each potential	GOVERNING · UNRESOLVED

				enrollee's eligibility determination	
CFR-438-016	Choice counseling for potential enrollees and disenrollees	42 CFR 438.54, 42 CFR 438.71(c)	agency	RECURRING — Continuous; provided to every potential enrollee and qualifying disenrollee	GOVERNING · UNRESOLVED
CFR-438-017	Disenrollment determinations, timeframes, and fair hearing	42 CFR 438.56	agency	EVENT-TRIGGERED — Each disenrollment request; 60-day notice before each enrollment period when disenrollment is restricted	GOVERNING
CFR-438-018	Conflict of interest safeguards in managed care contracting	42 CFR 438.58, 42 CFR 438.602(h)	agency	FIXED — Safeguards in effect continuously; applied to each procurement/contract	GOVERNING
CFR-438-019	Transition of care policy	42 CFR 438.62(b)	agency	FIXED — Policy in effect continuously; applied to each enrollee transition	GOVERNING
CFR-438-020	Continued services after contract termination or disenrollment	42 CFR 438.62(a)	agency	EVENT-TRIGGERED — Upon each contract termination or disenrollment (other than ineligibility)	GOVERNING
CFR-438-021	Managed care monitoring system	42 CFR 438.66(a)-(c)	agency	RECURRING — Continuous monitoring; data used to drive program improvement	GOVERNING · UNRESOLVED

CFR-438-022	Annual enrollee experience survey	42 CFR 438.66(c)(5)	agency	RECURRING — Annual survey	GOVERNING · UNRESOLVED
CFR-438-023	Readiness reviews for new programs, plans, or eligibility groups	42 CFR 438.66(d)	federal-facing state report	EVENT-TRIGGERED — Started at least 3 months before program implementation, new plan contracting, or new eligibility group expansion	GOVERNING
CFR-438-024	Annual managed care program report to CMS	42 CFR 438.66(e)	federal-facing state report	RECURRING — Annual; due within 180 days after each contract year; posted within 30 days of CMS submission	GOVERNING · UNRESOLVED
CFR-438-025	Network adequacy standards — development and enforcement	42 CFR 438.68(a)-(c)	federal-facing state report	RECURRING — Standards developed and enforced continuously; exceptions monitored ongoing	GOVERNING · UNRESOLVED
CFR-438-026	Appointment wait time standards	42 CFR 438.68(e)	agency	RECURRING — Continuous enforcement; compliance measured via annual secret shopper surveys at 90% threshold	GOVERNING
CFR-438-027	Annual secret shopper surveys (provider directories and wait times)	42 CFR 438.68(f)	federal-facing state report	RECURRING — Annual surveys; directory errors to plans within 3 business days; results posted within 30 days of CMS submission	GOVERNING

CFR-438-028	Publication of network adequacy standards	42 CFR 438.68(g)	agency	RECURRING — Published continuously; updated as standards change	GOVERNING · UNRESOLVED
CFR-438-029	Beneficiary support system	42 CFR 438.71	agency	FIXED — System in place continuously	GOVERNING
CFR-438-030	LTSS stakeholder engagement	42 CFR 438.70	agency	RECURRING — Ongoing through design, implementation, and oversight	GOVERNING · UNRESOLVED
CFR-438-031	Assurance of adequate capacity and services to CMS	42 CFR 438.207(d)	federal-facing state report	RECURRING — Annual; due within 180 days after each rating period; posted within 30 days of submission	GOVERNING · UNRESOLVED
CFR-438-032	Provider payment analysis (percent of Medicare) in capacity assurances	42 CFR 438.207(b)(3), 438.207(d)(2)	MCO/plan	RECURRING — Annual analysis using prior rating period paid claims	GOVERNING · UNRESOLVED
CFR-438-033	Remedy plans to improve access	42 CFR 438.207(f)	federal-facing state report	EVENT-TRIGGERED — Triggered by identified access issue; 12-month improvement window; quarterly CMS progress updates	GOVERNING
CFR-438-034	Uniform credentialing and recredentialing policy	42 CFR 438.214(b)	MCO/plan	FIXED — Policy established and enforced continuously	GOVERNING
CFR-438-035	Flow-through termination of providers terminated elsewhere	42 CFR 438.214(d)(2)	agency	EVENT-TRIGGERED — Upon each provider/person	GOVERNING

				termination under titles XIX/XVIII/XXI	
CFR-438-036	Grievance and appeal system via contract	42 CFR 438.228, 42 CFR 438.400–438.424	MCO/ plan	RECURRING — Continuous; random reviews when notice responsibility is delegated	GOVERNING · UNRESOLVED
CFR-438-037	State-established method for grievance resolution notices	42 CFR 438.408	agency	FIXED — Method established; applied to each grievance resolution notice	GOVERNING
CFR-438-038	Grievance and appeal recordkeeping and State review	42 CFR 438.416	agency	RECURRING — Continuous review within ongoing monitoring (438.66)	GOVERNING · UNRESOLVED
CFR-438-039	Care coordination, coverage/authorization, confidentiality, subcontracts, practice guidelines via contract	42 CFR 438.208, 42 CFR 438.210, 42 CFR 438.224, 42 CFR 438.2	MCO/ plan	RECURRING — Continuous via contract enforcement	GOVERNING · UNRESOLVED
CFR-438-040	Health information systems; encounter data validation	42 CFR 438.242	MCO/ plan	RECURRING — Continuous validation of plan encounter data	GOVERNING · UNRESOLVED
CFR-438-041	Quality assessment and performance improvement (QAPI) requirements and State review	42 CFR 438.330	MCO/ plan	RECURRING — Annual plan reporting; State review of each plan's QAPI at least annually	GOVERNING · UNRESOLVED
CFR-438-042	Accreditation status review and posting	42 CFR 438.332	MCO/ plan	RECURRING — Website updated at least annually	GOVERNING · UNRESOLVED
CFR-438-043	Managed care State quality strategy	42 CFR 438.340	federal- facing	RECURRING — Review and update at least	GOVERNING · UNRESOLVED

			state report	every 3 years; submit to CMS initially, every 3 years, and on significant changes	
CFR-438-044	External quality review — annual EQR by qualified EQRO	42 CFR 438.350, 42 CFR 438.354, 42 CFR 438.356	agency	RECURRING — Annual EQR for each plan; EQRO procurement per contract cycle	GOVERNING · UNRESOLVED
CFR-438-045	EQR annual technical report — finalization, posting, CMS notice	42 CFR 438.364	agency	RECURRING — Annual; finalized and posted by April 30; CMS notified within 14 calendar days of posting; 5 years of reports maintained	GOVERNING
CFR-438-046	EQR exemptions and nonduplication identification	42 CFR 438.362, 42 CFR 438.360(c)	agency	RECURRING — Annual website identification; quality-strategy update on the triennial cycle	GOVERNING · UNRESOLVED
CFR-438-047	EQRO contract CMS approval before claiming 75% FFP	42 CFR 438.370(c)	federal- facing state report	EVENT- TRIGGERED — Before claiming 75% FFP on each EQRO contract	GOVERNING
CFR-438-048	Medicaid managed care quality rating system (MAC QRS)	42 CFR 438.505, 42 CFR 438.510, 42 CFR 438.515, 42 CFR 438.5	federal- facing state report	RECURRING — Implemented by 2028-12-31; ratings calculated and displayed annually; annual CMS report	GOVERNING
CFR-438-049		42 CFR 438.602(b),	agency	RECURRING — Continuous	GOVERNING · UNRESOLVED

	Screen, enroll, and revalidate all network providers	42 CFR 438.608(b)		screening/enrollment; periodic revalidation per part 455; 120-day provisional window	
CFR-438-050	Monthly federal database checks on plans, subcontractors, owners, agents	42 CFR 438.602(d)	MCO/plan	RECURRING — At contracting and at least monthly thereafter	GOVERNING · UNRESOLVED
CFR-438-051	Ownership and control disclosure review	42 CFR 438.602(c), 42 CFR 438.608(c)	agency	RECURRING — At contracting and upon disclosure updates; 60-day excess-payment reporting	GOVERNING · UNRESOLVED
CFR-438-052	Independent audit of encounter and financial data (triennial)	42 CFR 438.602(e)	MCO/plan	RECURRING — At least every 3 years per plan	GOVERNING · UNRESOLVED
CFR-438-053	Whistleblower intake and investigation	42 CFR 438.602(f)	agency	EVENT-TRIGGERED — Upon receipt of whistleblower information	GOVERNING
CFR-438-054	Required plan data submissions and CEO/CFO certification	42 CFR 438.604, 42 CFR 438.606	MCO/plan	RECURRING — With each data submission; overpayment report annually	GOVERNING · UNRESOLVED
CFR-438-055	Enrollee encounter data submission to CMS (T-MSIS)	42 CFR 438.818	federal-facing state report	RECURRING — Ongoing T-MSIS encounter data submissions	GOVERNING · UNRESOLVED
CFR-438-056	Program integrity arrangements — fraud/waste/abuse detection via contract	42 CFR 438.608(a)	MCO/plan	RECURRING — Continuous; overpayment reports within 30 calendar days of identification/recovery	GOVERNING · UNRESOLVED

CFR-438-057	Overpayment recovery policies, annual report, and rate-setting use	42 CFR 438.608(d)	agency	RECURRING — Annual overpayment report to the State; recovery info used in each rating period's rate development	GOVERNING · UNRESOLVED
CFR-438-058	Response to prohibited affiliations	42 CFR 438.610(d)	agency	EVENT-TRIGGERED — Upon finding of prohibited-affiliation noncompliance	GOVERNING
CFR-438-059	Intermediate sanctions regime — establishment and imposition	42 CFR 438.700, 42 CFR 438.702	agency	EVENT-TRIGGERED — Upon determination of a sanctionable violation	GOVERNING
CFR-438-060	Temporary management of MCO	42 CFR 438.706	agency	EVENT-TRIGGERED — Upon finding of repeated substantive failures	GOVERNING
CFR-438-061	Notice of sanction and pre-termination hearing	42 CFR 438.710	agency	EVENT-TRIGGERED — Before each sanction imposition or contract termination	GOVERNING
CFR-438-062	Notice to CMS of sanctions imposed or lifted	42 CFR 438.724	agency	EVENT-TRIGGERED — Within 30 days of imposing or lifting a sanction	GOVERNING
CFR-438-063	State plan sanctions-monitoring plan	42 CFR 438.726	agency	FIXED — State plan provision in effect continuously	GOVERNING
CFR-438-064			agency		

	Exclusion of prohibited entities from contracts (FFP condition)	42 CFR 438.808		RECURRING — Applied to each contract; continuous exclusion	GOVERNING · UNRESOLVED
CFR-438-065	Mental health parity compliance documentation and website posting	42 CFR 438.915	agency	EVENT-TRIGGERED — Posted by 2017-10-02; updated before any benefit change	GOVERNING
CFR-438-066	Marketing material review with advisory committee consultation	42 CFR 438.104(c)	agency	EVENT-TRIGGERED — Each marketing material review	GOVERNING
CFR-460-001	State assurance on PACE organization applications and expansions	42 CFR 460.12(b)	agency	EVENT-TRIGGERED — Per PACE application or expansion request	GOVERNING
CFR-460-002	State signs PACE program agreement with CMS and PACE org	42 CFR 460.30	agency	EVENT-TRIGGERED — Per PACE program agreement execution	GOVERNING
CFR-460-003	PACE agreement content: Medicaid rate, service area, data requirements	42 CFR 460.32	agency	EVENT-TRIGGERED — Per agreement negotiation/ amendment	GOVERNING
CFR-460-004	State enforcement: CAP, payment withholding, termination of PACE agreement	42 CFR 460.48; 460.50	agency	EVENT-TRIGGERED — As warranted by noncompliance	GOVERNING
TN-009	MCO Contractor Risk Agreement recurring reports — quarterly phone-line and member-complaints reports; annual provider satisfaction survey; annual Behavioral Health	TennCare MCO / TennCare Select contract amendments as filed	MCO/ plan	RECURRING — Quarterly: Member Services / Provider Services / Utilization Management	GOVERNING

Appointment Timeliness
Plan

Phone Line
Report;
Member
Complaints
Report. Annual:
Provider Sati

TN-018	MCO and DBM medical loss ratio reporting to TennCare	Statewide CRA §A. 2.30.15.2.1 (monthly MLR report with cumula	MCO/ plan	RECURRING — Monthly MLR reports to TennCare (the DBM contract states the 20th of each month) and an annual MLR report whose due rule prints at two vin	GOVERNING · UNRESOLVED
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Division of TennCare — CoverKids (Title XXI), administered within the Division (no separate CoverKids unit is published) — 75 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-457-001	Operate program per approved state plan; governor signature	42 CFR 457.40	agency	EVENT-TRIGGERED — Ongoing operational duty; signature required on every plan/ amendment submission	GOVERNING
CFR-457-002	State plan content as basis for FFP	42 CFR 457.50	agency	FIXED — Initial submission; updated via amendments	GOVERNING
CFR-457-003	State plan amendments — triggers and amended budget	42 CFR 457.60	agency	EVENT-TRIGGERED — As triggered by legal/ operational changes	GOVERNING
CFR-457-004	Plan amendment effective-date limits and public notice	42 CFR 457.65	federal-facing	EVENT-TRIGGERED — Per amendment;	GOVERNING

			state report	60-day/90-day clocks apply	
CFR-457-005	State plan describes chosen program option	42 CFR 457.70	agency	FIXED — Described in state plan; updated on option change	GOVERNING
CFR-457-006	State plan describes current coverage and coordination	42 CFR 457.80	agency	FIXED — State plan content; updated as coordination procedures change	GOVERNING
CFR-457-007	Outreach procedures in state plan	42 CFR 457.90	agency	FIXED — State plan content; operational outreach ongoing	GOVERNING
CFR-457-008	Enrollment assistance and plain-language information	42 CFR 457.110	agency	RECURRING — Ongoing duty to applicants/ enrollees	GOVERNING · UNRESOLVED
CFR-457-009	Public involvement in program development	42 CFR 457.120	agency	RECURRING — Initial design/ implementation plus ongoing public involvement	GOVERNING · UNRESOLVED
CFR-457-010	AI/AN child health assistance and cost- sharing exemption	42 CFR 457.125; 457.535	agency	FIXED — State plan procedures; exemption applied continuously	GOVERNING
CFR-457-011	Civil rights and title XI/XIX assurances	42 CFR 457.130; 457.135	agency	FIXED — Assurances in state plan	GOVERNING
CFR-457-012	State plan budget for 1- year period	42 CFR 457.140	agency	FIXED — With plan and significant amendments; also refreshed in annual report (457.750, 3- year budget)	GOVERNING

CFR-457-013	Correct practices after federal/state program reviews	42 CFR 457.200	agency	EVENT-TRIGGERED — Corrective action when review findings warrant	GOVERNING
CFR-457-014	Audit exceptions — concurrence, appeal, FFP adjustment	42 CFR 457.202	agency	RECURRING — Per audit cycle	GOVERNING · UNRESOLVED
CFR-457-015	Corrective action evidence within 30 days of preliminary noncompliance notice	42 CFR 457.204	agency	EVENT-TRIGGERED — 30-day deadline from preliminary notice	GOVERNING
CFR-457-016	Refund FFP for uncashed (>180 days) and voided checks	42 CFR 457.216	agency	RECURRING — End of each calendar quarter, via quarterly expenditure report	GOVERNING · UNRESOLVED
CFR-457-017	State share: funds from units of government must meet conditions	42 CFR 457.220	agency	RECURRING — Ongoing condition for claiming FFP	GOVERNING · UNRESOLVED
CFR-457-018	FFP unavailable for uncollected cost sharing and ineligible individuals	42 CFR 457.224	agency	RECURRING — Ongoing FFP condition	GOVERNING · UNRESOLVED
CFR-457-019	Fiscal policies: accounting system and record retention	42 CFR 457.226	agency	RECURRING — Ongoing; 3-year retention clock per report	GOVERNING · UNRESOLVED
CFR-457-020	Approved cost allocation plan on file	42 CFR 457.228	agency	FIXED — Keep on file; update as changed	GOVERNING
CFR-457-021	Overpayment adjustments and OIG fraud referrals	42 CFR 457.232	agency	RECURRING — Quarterly adjustment cycle; prompt OIG referrals as allegations arise	GOVERNING · UNRESOLVED
CFR-457-022			agency		

	Assure audit of provider services cost records	42 CFR 457.236		RECURRING — Ongoing assurance duty	GOVERNING · UNRESOLVED
CFR-457-023	Documentation of payment rates available to HHS	42 CFR 457.238	agency	EVENT-TRIGGERED — Maintain continuously; produce on request	GOVERNING
CFR-457-024	State plan describes eligibility, enrollment, and screening procedures	42 CFR 457.305	agency	FIXED — State plan content; amended via 457.60 when changed	GOVERNING
CFR-457-025	Apply MAGI and household methodologies	42 CFR 457.315	agency	RECURRING — Applied at each eligibility determination/renewal	GOVERNING · UNRESOLVED
CFR-457-026	Use single streamlined application	42 CFR 457.330	agency	RECURRING — Ongoing application intake	GOVERNING · UNRESOLVED
CFR-457-027	Application notices, timeliness, coordinated notices, effective-date method	42 CFR 457.340	agency	RECURRING — Per application and renewal	GOVERNING · UNRESOLVED
CFR-457-028	12-month continuous eligibility for children	42 CFR 457.342	agency	RECURRING — 12-month continuous eligibility periods	GOVERNING · UNRESOLVED
CFR-457-029	Periodic renewal of CHIP eligibility	42 CFR 457.343	agency	RECURRING — At least every 12 months per 435.916 as cross-referenced	GOVERNING · UNRESOLVED
CFR-457-030	Prompt redetermination on changes in circumstances	42 CFR 457.344	agency	EVENT-TRIGGERED — As changes are reported or third-party data received	GOVERNING
CFR-457-031			agency		

	Accept eligibility determinations/accounts from other insurance affordability programs	42 CFR 457.348		RECURRING — Per transferred account	GOVERNING · UNRESOLVED
CFR-457-032	Screening and enrollment coordination (crowd-out prevention)	42 CFR 457.350	agency	RECURRING — At every application, renewal, and redetermination	GOVERNING · UNRESOLVED
CFR-457-033	Coordination with appeals entities across insurance affordability programs	42 CFR 457.351	agency	RECURRING — As cross-program appeals arise	GOVERNING · UNRESOLVED
CFR-457-034	Monitor and evaluate the screening process	42 CFR 457.353	agency	RECURRING — Ongoing monitoring mechanism	GOVERNING · UNRESOLVED
CFR-457-035	Deemed newborn coverage to first birthday	42 CFR 457.360	agency	EVENT-TRIGGERED — At each qualifying birth	GOVERNING
CFR-457-036	Eligibility verification and verification plan	42 CFR 457.380	agency	RECURRING — Per determination; verification plan kept current and produced on request	GOVERNING · UNRESOLVED
CFR-457-037	State plan describes delivery methods and utilization control	42 CFR 457.490	agency	FIXED — State plan content	GOVERNING
CFR-457-038	Access and quality assurances; prior-auth decision timeframes	42 CFR 457.495	agency	RECURRING — Ongoing access/quality duty; per-request PA deadlines	GOVERNING · UNRESOLVED
CFR-457-039	Mental health and substance use disorder parity	42 CFR 457.496	agency	RECURRING — Continuous benefit-design and compliance duty	GOVERNING · UNRESOLVED
CFR-457-040		42 CFR 457.505	agency	FIXED — State plan content	GOVERNING

	State plan cost-sharing description and compliance methods				
CFR-457-041	State plan describes any premiums or cost-sharing charges	42 CFR 457.510; 457.515	agency	FIXED — State plan content; updated when charges change	GOVERNING
CFR-457-042	No cost sharing for well-baby/well-child services	42 CFR 457.520	agency	RECURRING — Continuous prohibition	GOVERNING · UNRESOLVED
CFR-457-043	Public schedule of cost sharing	42 CFR 457.525	agency	RECURRING — Issued at enrollment/reenrollment/application and on any revision	GOVERNING · UNRESOLVED
CFR-457-044	Cost-sharing limits for children at or below 150% FPL	42 CFR 457.540; 457.555	agency	RECURRING — Continuous caps; amounts updated each October 1 by CPI-U medical care	GOVERNING · UNRESOLVED
CFR-457-045	5% cumulative cost-sharing maximum per family	42 CFR 457.560	agency	RECURRING — Tracked per family per eligibility period; notice at enrollment/reenrollment	GOVERNING · UNRESOLVED
CFR-457-046	Disenrollment protections for nonpayment	42 CFR 457.570	agency	RECURRING — Per disenrollment action	GOVERNING · UNRESOLVED
CFR-457-047	Conditions for allotment and Federal payment	42 CFR 457.606	agency	RECURRING — Per fiscal year allotment/payment cycle	GOVERNING · UNRESOLVED
CFR-457-048	10% limit on non-primary (admin/outreach/initiatives) expenditures	42 CFR 457.618	agency	RECURRING — Computed annually from FY quarterly reports	GOVERNING · UNRESOLVED
CFR-457-049	Enhanced FMAP rate and conditions	42 CFR 457.622	agency		GOVERNING · UNRESOLVED

				RECURRING — Applied per FY payment cycle	
CFR-457-050	Prevention of duplicate payments (third-party liability)	42 CFR 457.626	agency	RECURRING — Per claim/ payment	GOVERNING · UNRESOLVED
CFR-457-051	Quarterly grant awards and budget requests	42 CFR 457.630	agency	RECURRING — Quarterly budget requests	GOVERNING · UNRESOLVED
CFR-457-052	Strategic objectives and performance goals in state plan	42 CFR 457.710	agency	FIXED — State plan content; reported on in annual report (457.750)	GOVERNING
CFR-457-053	Data collection, records, and reporting assurance	42 CFR 457.720	agency	RECURRING — Per Secretary- specified reporting schedules	GOVERNING · UNRESOLVED
CFR-457-056	Quarterly expenditure/ statistical reports and annual unduplicated count	42 CFR 457.740	federal- facing state report	RECURRING — Quarterly within 30 days of quarter end; unduplicated annual count within 30 days of FY end	GOVERNING · UNRESOLVED
CFR-457-057	Annual report to CMS (due January 1)	42 CFR 457.750	federal- facing state report	RECURRING — Annual; due January 1 after each Federal FY	GOVERNING
CFR-457-059	Child Core Set quality measure reporting	42 CFR 457.770	agency	RECURRING — Annual per part 437 reporting cycle	GOVERNING · UNRESOLVED
CFR-457-061	Substitution-of-coverage procedures (crowd-out)	42 CFR 457.805	agency	FIXED — State plan content	GOVERNING
CFR-457-062	Premium assistance anti-substitution protections and reporting	42 CFR 457.810	agency	RECURRING — Protections described in state plan; substitution evaluated in	GOVERNING · UNRESOLVED

				each annual report	
CFR-457-063	Proper/efficient administration and eligibility safeguards	42 CFR 457.910	agency	RECURRING — Continuous administrative duty	GOVERNING · UNRESOLVED
CFR-457-064	Fraud detection, investigation, and law enforcement referral	42 CFR 457.915; 457.925; 457.930	agency	EVENT- TRIGGERED — Continuous procedures; preliminary action within a reasonable period per complaint/flag	GOVERNING
CFR-457-065	No payments to excluded providers; sanctions program integrity provisions	42 CFR 457.935	agency	RECURRING — Continuous payment- prohibition duty	GOVERNING · UNRESOLVED
CFR-457-066	Procurement assurance and open competition	42 CFR 457.940	federal- facing state report	FIXED — Assurance with initial plan or first amendment; competition duty continuous	GOVERNING
CFR-457-067	FFS entity certification, fraud awareness, and data access	42 CFR 457.950	agency	RECURRING — Per FFS contract/ payment	GOVERNING · UNRESOLVED
CFR-457-068	Case record content, 3- year retention, 30-day availability	42 CFR 457.965	agency	RECURRING — Per applicant/ enrollee record; 3-year retention after case closes; produce within 30 calendar days on request	GOVERNING · UNRESOLVED
CFR-457-069	Systems to verify claims where enhanced FMAP applies	42 CFR 457.980	agency	RECURRING — Continuous systems duty	GOVERNING · UNRESOLVED
CFR-457-070	Professional-advice integrity and physician incentive plan limits	42 CFR 457.985	agency	RECURRING — Per contract	GOVERNING · UNRESOLVED

CFR-457-071	Provider/supplier screening, oversight, and reporting	42 CFR 457.990	agency	RECURRING — Continuous provider screening duty	GOVERNING · UNRESOLVED
CFR-457-072	Privacy protections for enrollee records	42 CFR 457.1110	agency	RECURRING — Continuous privacy duty	GOVERNING · UNRESOLVED
CFR-457-073	Applicant/enrollee review (appeal) process with timeliness standards	42 CFR 457.1120; 457.1130; 457.1140; 457.1150; 457.1160; 457	agency	RECURRING — Per review request	GOVERNING · UNRESOLVED
CFR-457-074	Managed care contract submission and contract requirements	42 CFR 457.1201	federal-facing state report	RECURRING — Per contract; CMS review on submission	GOVERNING · UNRESOLVED
CFR-457-075	Network adequacy analysis and annual enrollee survey posting	42 CFR 457.1207; 457.1230	agency	RECURRING — Annual survey analysis and posting	GOVERNING · UNRESOLVED
CFR-457-076	Managed care quality: QAPI, accreditation, ratings, quality strategy	42 CFR 457.1240	MCO/ plan	RECURRING — Strategy drafted/ implemented and maintained; QAPI and ratings ongoing	GOVERNING · UNRESOLVED
CFR-457-077	External quality review of CHIP MCOs/PIHPs/PAHPs	42 CFR 457.1250	agency	RECURRING — Per EQR cycle	GOVERNING · UNRESOLVED
CFR-457-078	Managed care grievance and appeal system	42 CFR 457.1260	agency	RECURRING — Continuous grievance/ appeal duty	GOVERNING · UNRESOLVED
TN-017	Title XXI / Title XIX child enrollment reporting — SEDS quarterly entry and the Title XXI annual state report	TennCare III Special Terms and Conditions 56 (enrollment dat	federal-facing state report	RECURRING — Quarterly SEDS entry within 30 days of quarter end; annual Title XXI state report by December 31	GOVERNING

Division of TennCare — Finance (Chief Financial Officer) — 76 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-433-001	Fiscal accountability and records retention	42 CFR 433.32	agency	RECURRING — continuous; 3-year retention from final expenditure report submission	GOVERNING · UNRESOLVED
CFR-433-002	Cost allocation plan	42 CFR 433.34	agency	RECURRING — approved plan on file; amended as needed	GOVERNING · UNRESOLVED
CFR-433-004	Report provider payments to IRS	42 CFR 433.37	agency	RECURRING — annual information returns to IRS	GOVERNING · UNRESOLVED
CFR-433-005	Refund FFP for uncashed/cancelled checks; interest on retained disallowances	42 CFR 433.38, 433.40	agency	RECURRING — quarterly uncashed/cancelled-check true-up on CMS-64	GOVERNING · UNRESOLVED
CFR-433-006	State share financing (40% rule) and equitable apportionment	42 CFR 433.53	agency	FIXED — established in State plan	GOVERNING
CFR-433-007	Report provider donations and health care-related taxes	42 CFR 433.74	federal-facing state report	RECURRING — quarterly reports per CMS procedures	GOVERNING · UNRESOLVED
CFR-433-008	Waivers for non-broad-based/non-uniform provider taxes	42 CFR 433.72	agency	EVENT-TRIGGERED — per tax class, when broad-based or uniform criteria are not met	GOVERNING
CFR-433-009	MMIS/E&E Advance Planning Documents and approval	42 CFR 433.112, 433.114	agency	EVENT-TRIGGERED — APD before each design/development/installation/	GOVERNING

				enhancement expenditure	
CFR-433-010	Operate approved MMIS (EOB notices, profiles, fraud referrals)	42 CFR 433.116	agency	RECURRING — continuous operation; EOB notices within 45 days of claim payment	GOVERNING · UNRESOLVED
CFR-433-011	MMIS reapproval, FFP reductions, appeals, and access	42 CFR 433.120, 433.121, 433.122, 433.123, 433.127, 433.131	agency	EVENT-TRIGGERED — upon CMS disapproval/reapproval decisions; ongoing access	GOVERNING
CFR-433-012	Replacement MMIS — APD and transition plan	42 CFR 433.117	agency	EVENT-TRIGGERED — each replacement-system project	GOVERNING
CFR-433-019	Adult group threshold methodology for increased FMAP	42 CFR 433.202, 433.204, 433.206	agency	RECURRING — threshold methodology in State plan; newly/not-newly determinations at each MAGI determination	GOVERNING · UNRESOLVED
CFR-433-020	Provider overpayment recovery within 1 year of discovery	42 CFR 433.300, 433.302, 433.304, 433.310, 433.312, 433.316	agency	EVENT-TRIGGERED — 1-year recovery window from each discovery date; appeals do not extend it	GOVERNING
CFR-433-021	Refund Federal share of provider overpayments (CMS-64)	42 CFR 433.318, 433.320	agency	EVENT-TRIGGERED — CMS-64 credit in quarter of recovery or quarter the 1-year period ends; interest at CVFR accrues from day after the 1-year period if	GOVERNING

CFR-433-022	COVID-era continuous enrollment for temporary FMAP increase (historical)	42 CFR 433.400	agency	FIXED — applied March 18, 2020 through end of month the COVID-19 PHE ended	GOVERNING
CFR-447-001	Payment reassignment prohibition	42 CFR 447.10	agency	FIXED — state plan provision; ongoing enforcement	GOVERNING
CFR-447-002	Acceptance of State payment as payment in full	42 CFR 447.15	agency	FIXED — provider agreement term; ongoing compliance	GOVERNING
CFR-447-003	Provider billing limits with third-party liability	42 CFR 447.20	agency	FIXED — state plan provision; ongoing enforcement	GOVERNING
CFR-447-004	No payment for provider-preventable conditions	42 CFR 447.26	agency	FIXED — state plan provision; ongoing claims enforcement	GOVERNING
CFR-447-005	Withholding Federal share to recover Medicare overpayments	42 CFR 447.30	agency	EVENT-TRIGGERED — on CMS order; continues until CMS terminates	GOVERNING
CFR-447-006	State request to withhold Medicare for Medicaid overpayments	42 CFR 447.31	agency	EVENT-TRIGGERED — per overpayment referral	GOVERNING
CFR-447-007	Timely claims payment — claims submission deadline	42 CFR 447.45	agency	RECURRING — claims submitted >12 months late must be denied	GOVERNING · UNRESOLVED
CFR-447-008	Timely claims payment — 90%/99% standards	42 CFR 447.45	agency	RECURRING — claims payment timeliness reporting; MMIS timeliness reports	GOVERNING · UNRESOLVED
CFR-447-009		42 CFR 447.45	agency	RECURRING — built into MMIS claims	GOVERNING · UNRESOLVED

	Prepayment and postpayment claims review			adjudication; PERM/PURCS- type postpayment reviews	
CFR-447-010	Timely-payment compliance reporting	42 CFR 447.45	federal- facing state report	RECURRING — as required by CMS	GOVERNING · UNRESOLVED
CFR-447-011	MCO contract prompt- payment terms	42 CFR 447.46	MCO/ plan	FIXED — per MCO contract; monitored for life of contract	GOVERNING
CFR-447-012	Maximum allowable cost sharing + annual CPI-U indexing	42 CFR 447.52	agency	RECURRING — annual CPI-U update each October 1; table maintenance	GOVERNING
CFR-447-013	State plan cost-sharing specifications	42 CFR 447.52	agency	FIXED — state plan; updated whenever charges change	GOVERNING
CFR-447-014	MCO contracts honor state-plan cost sharing	42 CFR 447.52	MCO/ plan	FIXED — per MCO contract	GOVERNING
CFR-447-015	Denial of service only for nonpayment by able, non-exempt individuals	42 CFR 447.52	agency	FIXED — state plan; ongoing provider compliance	GOVERNING
CFR-447-017	ED non-emergency cost- sharing conditions	42 CFR 447.54	agency	RECURRING — per non- emergency ED visit where cost sharing is imposed	GOVERNING · UNRESOLVED
CFR-447-018	Cost-sharing and premium exemptions	42 CFR 447.56	agency	FIXED — state plan + eligibility/ MMIS exemption logic; ongoing	GOVERNING
CFR-447-019	Reduce provider payments by cost- sharing obligation	42 CFR 447.56	agency	RECURRING — applied on every claim with cost sharing	GOVERNING · UNRESOLVED
CFR-447-020	Include cost sharing in MCO capitation	42 CFR 447.56	MCO/ plan	RECURRING — capitation rate development	GOVERNING · UNRESOLVED

CFR-447-021	5% aggregate family limit on premiums + cost sharing	42 CFR 447.56	agency	RECURRING — ongoing tracking; notices on reaching the cap	GOVERNING · UNRESOLVED
CFR-447-022	No FFP for uncollected cost sharing	42 CFR 447.56	agency	RECURRING — excluded from CMS-64 claiming	GOVERNING · UNRESOLVED
CFR-447-023	Public schedule and beneficiary/provider notice	42 CFR 447.57	agency	RECURRING — schedule kept current; advance notice before each relevant SPA	GOVERNING · UNRESOLVED
CFR-447-024	State plan describes payment methods	42 CFR 447.201	agency	FIXED — state plan; amended with each rate change	GOVERNING
CFR-447-025	Audit cost-based payments	42 CFR 447.202	agency	RECURRING — periodic audits of cost-based providers	GOVERNING · UNRESOLVED
CFR-447-026	Maintain and produce payment-rate documentation	42 CFR 447.203	agency	RECURRING — as requested by HHS/CMS	GOVERNING · UNRESOLVED
CFR-447-027	Publish all FFS fee-schedule rates online	42 CFR 447.203	agency	RECURRING — initial deadline July 1, 2026; updates within 1 month	GOVERNING · UNRESOLVED
CFR-447-028	Comparative payment rate analysis + disclosure every 2 years	42 CFR 447.203	agency	RECURRING — initial July 1, 2026; biennial updates	GOVERNING
CFR-447-029	HCBS interested-parties advisory group	42 CFR 447.203	agency	RECURRING — meetings at least every 2 years; publish recommendations within 1 month	GOVERNING · UNRESOLVED
CFR-447-030	Rate-reduction/restructuring access analysis with SPA	42 CFR 447.203	agency	EVENT-TRIGGERED — with each rate-reduction/	GOVERNING

				restructuring SPA	
CFR-447-031	Ongoing access input mechanisms + records	42 CFR 447.203	agency	RECURRING — continuous; records available on request	GOVERNING · UNRESOLVED
CFR-447-032	Corrective action plan for access deficiencies	42 CFR 447.203	agency	EVENT-TRIGGERED — within 90 days of discovering an access deficiency	GOVERNING
CFR-447-033	Stakeholder input and CMS submission for rate changes	42 CFR 447.204	federal-facing state report	EVENT-TRIGGERED — with each rate-reduction/restructuring SPA	GOVERNING
CFR-447-034	Public notice of significant rate-method changes	42 CFR 447.205	agency	EVENT-TRIGGERED — before each significant change's effective date	GOVERNING
CFR-447-035	State plan inpatient/LTC payment methods	42 CFR 447.252	agency	FIXED — state plan; amended with changes	GOVERNING
CFR-447-036	Annual rate adequacy findings	42 CFR 447.253	agency	RECURRING — at least annually and with each method change	GOVERNING · UNRESOLVED
CFR-447-037	Ownership-change payment safeguards	42 CFR 447.253	agency	FIXED — methods; applied at each ownership change	GOVERNING
CFR-447-038	Provider appeals procedure for rates	42 CFR 447.253	agency	FIXED — standing procedure; used as appealed	GOVERNING
CFR-447-039	Uniform cost reports from each provider	42 CFR 447.253	agency	RECURRING — annual cost report filing cycle	GOVERNING · UNRESOLVED
CFR-447-040	Periodic audits of provider records	42 CFR 447.253	agency		GOVERNING · UNRESOLVED

				RECURRING — periodic audit program	
CFR-447-041	Comply with public notice for inpatient/LTC rate changes	42 CFR 447.253	agency	EVENT-TRIGGERED — with each significant inpatient/LTC rate change	GOVERNING
CFR-447-042	Related information submitted with assurances	42 CFR 447.255	agency	EVENT-TRIGGERED — with each SPA changing inpatient/LTC payment methods	GOVERNING
CFR-447-043	Inpatient UPL compliance by ownership class	42 CFR 447.272	agency	RECURRING — each rate year; demonstrated to CMS	GOVERNING · UNRESOLVED
CFR-447-044	Swing-bed hospitals paid under NF methodology	42 CFR 447.280	agency	FIXED — payment methodology	GOVERNING
CFR-447-045	Annual DSH data submission to CMS	42 CFR 447.294	federal-facing state report	RECURRING — annually by June 30	GOVERNING
CFR-447-046	Hospital-specific DSH limit methodology	42 CFR 447.295	agency	RECURRING — each Medicaid state plan rate year	GOVERNING · UNRESOLVED
CFR-447-047	Quarterly aggregate DSH payment reports	42 CFR 447.299	federal-facing state report	RECURRING — quarterly	GOVERNING · UNRESOLVED
CFR-447-048	Annual per-hospital DSH report with audit	42 CFR 447.299	federal-facing state report	RECURRING — annually per Medicaid state plan rate year	GOVERNING · UNRESOLVED
CFR-447-049	Maintain DSH supporting documentation	42 CFR 447.299	agency	RECURRING — continuous; produced on request	GOVERNING · UNRESOLVED
CFR-447-050		42 CFR 447.299	agency	EVENT-TRIGGERED —	GOVERNING

	Return/rediscover DSH overpayments within 2 years			within 2 years of discovery of hospital-specific limit breach	
CFR-447-051	State plan covers subpart F services	42 CFR 447.302	agency	FIXED — state plan	GOVERNING
CFR-447-052	Adhere to upper limits; no FFP above them	42 CFR 447.304	agency	RECURRING — claims payment; FFP claiming	GOVERNING · UNRESOLVED
CFR-447-053	Outpatient hospital/clinic UPL by ownership class	42 CFR 447.321	agency	RECURRING — each rate year	GOVERNING · UNRESOLVED
CFR-447-054	Other facility services charge limits	42 CFR 447.325	agency	RECURRING — rate setting and claims payment	GOVERNING · UNRESOLVED
CFR-447-055	Nonrisk prepaid capitation payment cap	42 CFR 447.362	agency	RECURRING — per nonrisk contract payment	GOVERNING · UNRESOLVED
CFR-447-056	RHC payment at reasonable cost	42 CFR 447.371	agency	RECURRING — RHC rate setting and payment	GOVERNING · UNRESOLVED
CFR-447-058	Invoice manufacturers within 60 days of quarter end	42 CFR 447.511	agency	RECURRING — quarterly, within 60 days of quarter end	GOVERNING · UNRESOLVED
CFR-447-063	Brand-medically-necessary certification procedure	42 CFR 447.512	agency	FIXED — procedure established; used per prescription	GOVERNING
CFR-447-069	No FFP for payments to providers under credible fraud investigation	42 CFR 447.90	agency	RECURRING — payment suspension decisions; FFP claiming	GOVERNING · UNRESOLVED
TN-007	TennCare Annual Report (state fiscal year)	Tenn. Code Ann. § 71-5-105(a)(5) (annual report within 60 da	agency	RECURRING — Annual publication by state fiscal year (July 1–June 30); the statutory anchor is 60 days after the fiscal year closes —	GOVERNING

				computing to Augu	
TN-008	TennCare budget presentation and the legislative budget cycle	TennCare Budget page (FY2026-2027 Budget Presentation); the	agency	RECURRING — Annual: the Division's budget presentation within the Governor's budget; General Assembly approval in the spring; SFY begins July 1	GOVERNING · UNRESOLVED
TN-015	Monthly summary statement of medical assistance payments, by county	Tenn. Code Ann. § 71-5-105(a)(6) (the department shall 'prep	agency	RECURRING — Monthly release of the county-divided payment and caseload summary; no day of month is stated in the statute	GOVERNING · UNRESOLVED

Division of TennCare — Policy (Director of Policy) — 64 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-440-001	Required services for the categorically needy	42 CFR 440.210	agency	FIXED — One-time state plan specification; ongoing coverage obligation. Applies continuously to each covered pregnancy/postpartum episode.	GOVERNING
CFR-440-002	Required services for the medically needy	42 CFR 440.220	agency	FIXED — One-time state plan specification; ongoing coverage obligation.	GOVERNING
CFR-440-003	Sufficiency of amount, duration, and scope	42 CFR 440.230(a)-(d)	agency	RECURRING — Ongoing duty on every coverage determination; plan-level specification maintained continuously.	GOVERNING · UNRESOLVED
CFR-440-004	Prior authorization decision timeframes	42 CFR 440.230(e)(1)-(2)	agency	EVENT-TRIGGERED — Each prior authorization request; timeframes effective 2026-01-01.	GOVERNING

CFR-440-005	Annual prior authorization metrics reporting	42 CFR 440.230(e)(3)	agency	RECURRING — Annually by March 31, reporting previous calendar year; first report due March 31, 2027 (covering 2026). Posted on state website.	GOVERNING
CFR-440-006	Comparability of services across groups	42 CFR 440.240	agency	FIXED — One-time state plan specification; ongoing duty on every coverage/ budget decision.	GOVERNING
CFR-440-007	Permitted limits on comparability	42 CFR 440.250	agency	FIXED — State plan options exercised where used; ongoing application of chosen limits.	GOVERNING
CFR-440-008	Limited services for certain aliens	42 CFR 440.255	agency	EVENT-TRIGGERED — Each claim/service for affected aliens; ongoing FFP-claiming discipline.	GOVERNING
CFR-440-009	Face-to-face encounter before home health / medical equipment	42 CFR 440.70(f)	agency	EVENT-TRIGGERED — Each initiation of home health services or medical equipment.	GOVERNING
CFR-440-010	EPSDT and other required benefits in benchmark/ABP coverage	42 CFR 440.345	agency	FIXED — One-time ABP SPA design; ongoing coverage obligation for ABP enrollees under 21.	GOVERNING
CFR-440-011	Public notice before Alternative Benefit Plan SPA	42 CFR 440.386	federal-facing state report	EVENT-TRIGGERED — Each ABP SPA or substantial ABP modification submitted to CMS.	GOVERNING
CFR-440-012	Transportation assurance for benchmark plan enrollees	42 CFR 440.390	agency	FIXED — One-time assurance; ongoing transportation coverage obligation for ABP enrollees.	GOVERNING
CFR-440-013	Mental health / substance use disorder parity in ABPs	42 CFR 440.395	agency	FIXED — One-time ABP SPA parity analysis; ongoing parity in benefit design. (Paraphrased from the parity computation provisions of 440.395(b).)	GOVERNING
CFR-441-001	FFP continuation	42 CFR 441.11	agency	EVENT-TRIGGERED — Each termination/expiration of a	GOVERNING

	after provider agreement termination			provider agreement; 30-day window from effective date.	
CFR-441-002	FFP prohibitions for institutionalized individuals	42 CFR 441.13	agency	EVENT-TRIGGERED — Every FFP claim; ongoing exclusion of non-covered institutional populations and service types.	GOVERNING
CFR-441-003	Home health services — state plan minimums	42 CFR 441.15	agency	FIXED — One-time state plan specification; ongoing coverage obligation.	GOVERNING
CFR-441-004	Home health agency surety bonds — FFP prohibition	42 CFR 441.16	agency	EVENT-TRIGGERED — At HHA enrollment, change of ownership, loss of government-operated waiver (60 days), change of surety (60 days); annual bond/riders	GOVERNING
CFR-441-005	Laboratory services — qualified labs; HIV test records	42 CFR 441.17	agency	EVENT-TRIGGERED — Provider enrollment/ payment qualification; each HIV test billing record.	GOVERNING
CFR-441-006	Case management services — state duties	42 CFR 441.18	agency	FIXED — One-time SPA structure per group/ subgroup; ongoing records and free-choice obligations on each service.	GOVERNING
CFR-441-007	Family planning — freedom from coercion	42 CFR 441.20	agency	RECURRING — Ongoing; applies to every family planning service encounter.	GOVERNING · UNRESOLVED
CFR-441-008	Nurse-midwife services — independent agreements	42 CFR 441.21	agency	FIXED — One-time state plan specification; ongoing enrollment policy.	GOVERNING
CFR-441-009	Nurse practitioner services — state plan duties	42 CFR 441.22	agency	FIXED — One-time state plan specification; ongoing enrollment/billing policy.	GOVERNING
CFR-441-011	Organ transplants — written coverage standards	42 CFR 441.35	agency	FIXED — One-time state plan written standards; ongoing application to transplant coverage decisions.	GOVERNING
CFR-441-012		42 CFR 441.40	agency		GOVERNING

	End-stage renal disease — facility approval			EVENT-TRIGGERED — Ongoing; applies to each ESRD facility payment.	
CFR-441-013	EPSDT — state plan requirement	42 CFR 441.55	agency	FIXED — One-time state plan commitment; umbrella for all EPSDT rows below.	GOVERNING
CFR-441-014	EPSDT informing — within 60 days of eligibility, annually	42 CFR 441.56(a)	agency	RECURRING — Within 60 days of each new initial eligibility determination; annually thereafter for non-utilizing families.	GOVERNING · UNRESOLVED
CFR-441-015	EPSDT screening — minimum components and standards	42 CFR 441.56(b)	agency	RECURRING — Each requested/per-schedule screening; standards set in consultation with recognized organizations.	GOVERNING · UNRESOLVED
CFR-441-016	EPSDT diagnosis and treatment — even if not in state plan	42 CFR 441.56(c)	agency	EVENT-TRIGGERED — Each screening that identifies a need; treatment must follow screening.	GOVERNING
CFR-441-017	EPSDT accountability — records and manuals	42 CFR 441.56(d)	agency	RECURRING — Records maintained continuously; manuals updated as program changes.	GOVERNING · UNRESOLVED
CFR-441-018	EPSDT timeliness — 6-month outer limit for treatment	42 CFR 441.56(e)	agency	RECURRING — Each screening request; treatment initiation generally within 6 months of the screening request.	GOVERNING · UNRESOLVED
CFR-441-019	EPSDT periodicity schedule	42 CFR 441.58	agency	RECURRING — Schedule maintained and reviewed; screenings delivered per schedule life-stages.	GOVERNING · UNRESOLVED
CFR-441-020	EPSDT screening on request; avoid duplicates	42 CFR 441.59	agency	EVENT-TRIGGERED — Each beneficiary request; check for written verification of most recent age-appropriate screening.	GOVERNING
CFR-441-021	EPSDT continuing care providers — state monitoring	42 CFR 441.60	agency	RECURRING — Ongoing monitoring per state plan methods; agreements must cover specified obligations.	GOVERNING · UNRESOLVED
CFR-441-022		42 CFR 441.61	agency		

	EPSDT provider availability and program coordination			RECURRING — Each screening finding needing uncovered treatment; ongoing provider network and coordination.	GOVERNING · UNRESOLVED
CFR-441-023	EPSDT transportation and scheduling assistance	42 CFR 441.62	agency	EVENT-TRIGGERED — Offer made to each EPSDT family; provided on request.	GOVERNING
CFR-441-024	IMD services for 65+ — state plan requirements	42 CFR 441.101	agency	FIXED — One-time state plan commitment; umbrella for rows below.	GOVERNING
CFR-441-025	IMD 65+ — individual plan of care with reviews	42 CFR 441.102	agency	RECURRING — Initial review: 90 days after plan approval, then 30 days after payments initiated per beneficiary; quarterly continued-need determination	GOVERNING · UNRESOLVED
CFR-441-026	IMD 65+ — alternate plans of care	42 CFR 441.103	agency	EVENT-TRIGGERED — Each 65+ beneficiary who would otherwise need IMD care.	GOVERNING
CFR-441-027	Comprehensive mental health program — annual report	42 CFR 441.106	agency	RECURRING — Annual progress report due within 3 months after each fiscal year end.	GOVERNING · UNRESOLVED
CFR-441-028	Inpatient psychiatric services under 21 — general requirements	42 CFR 441.151	agency	EVENT-TRIGGERED — Each admission; ongoing certification and facility qualification.	GOVERNING
CFR-441-029	Certification of need for under-21 psychiatric services	42 CFR 441.152-441.153	agency	EVENT-TRIGGERED — At each admission; emergency admissions certified within 14 days after admission.	GOVERNING
CFR-441-030	Active treatment — plan within 14 days of admission	42 CFR 441.154	agency	EVENT-TRIGGERED — Each admission: plan developed and implemented within 14 days.	GOVERNING
CFR-441-031	Under-21 psychiatric plan of care — 30-day reviews	42 CFR 441.155	agency	RECURRING — Plan reviewed every 30 days by the 441.156 team.	GOVERNING · UNRESOLVED

CFR-441-032	Team developing the plan of care — composition	42 CFR 441.156	agency	EVENT-TRIGGERED — Each plan development and 30-day review.	GOVERNING
CFR-441-033	Maintenance of effort — under-21 psychiatric FFP	42 CFR 441.180-441.182	agency	RECURRING — Quarterly computation; cost data submissions per CMS schedule; records continuously.	GOVERNING · UNRESOLVED
CFR-441-034	PRTF emergency preparedness	42 CFR 441.184	agency	RECURRING — Plan/policies/communication reviewed at least every 2 years; training every 2 years; exercises twice per year.	GOVERNING · UNRESOLVED
CFR-441-035	Abortion — life-of-mother certification	42 CFR 441.203	agency	EVENT-TRIGGERED — Each abortion for which FFP is claimed.	GOVERNING
CFR-441-036	Abortion — no payment before documentation received	42 CFR 441.206	agency	EVENT-TRIGGERED — Pre-payment check on each abortion claim.	GOVERNING
CFR-441-037	Abortion documentation — 3-year retention	42 CFR 441.208	agency	RECURRING — 3-year retention from each certification.	GOVERNING · UNRESOLVED
CFR-441-038	Sterilization — state plan requirement	42 CFR 441.252	agency	FIXED — One-time state plan provision; umbrella for all sterilization rows below.	GOVERNING
CFR-441-039	Sterilization — 30-to-180-day waiting period; age and consent conditions	42 CFR 441.253	agency	EVENT-TRIGGERED — Each sterilization; 30–180 day window (72-hour minimum in premature-delivery/emergency-abdominal-surgery exceptions).	GOVERNING
CFR-441-040	Sterilization of mentally incompetent or institutionalized individuals — absolute FFP bar	42 CFR 441.254	agency	EVENT-TRIGGERED — Each sterilization claim; status determination before procedure.	GOVERNING
CFR-441-041	Hysterectomy — informed acknowledgment	42 CFR 441.255	agency	EVENT-TRIGGERED — Each hysterectomy for which FFP is claimed; acknowledgment	GOVERNING

	or physician certification			or certification obtained before payment.	
CFR-441-042	Sterilization/ hysterectomy — documentation before payment	42 CFR 441.256	agency	EVENT-TRIGGERED — Pre- payment documentation check on each sterilization/ hysterectomy claim.	GOVERNING
CFR-441-043	Sterilization informed consent — required content and prohibitions	42 CFR 441.257	agency	EVENT-TRIGGERED — Each sterilization consent; applies to consent process and setting.	GOVERNING
CFR-441-044	Sterilization consent form — signatures and certifications	42 CFR 441.258	agency	EVENT-TRIGGERED — Each sterilization; all signatures and certifications dated.	GOVERNING
CFR-441-055	Incident management system assessment report — every 24 months	42 CFR 441.311(b)(1)	federal- facing state report	RECURRING — Every 24 months (reducible to every 60 months by CMS determination).	GOVERNING · UNRESOLVED
CFR-441-056	Critical incident annual report	42 CFR 441.311(b)(2)	federal- facing state report	RECURRING — Annually to CMS.	GOVERNING · UNRESOLVED
CFR-441-057	Person-centered planning annual report	42 CFR 441.311(b)(3)	federal- facing state report	RECURRING — Annually to CMS.	GOVERNING · UNRESOLVED
CFR-441-060	Payment adequacy annual reporting	42 CFR 441.311(e)	federal- facing state report	RECURRING — Annually to CMS.	GOVERNING · UNRESOLVED
CFR-441-064	Community supported living arrangements — minimum protections	42 CFR 441.404	agency	FIXED — State plan assurance; ongoing provider screening and monitoring.	GOVERNING
TN-001	Waiver and State Plan public notices — SPA, Section 1115 amendment, and 1915(c) notices	TennCare Waiver and State Plan Public Notices page (standing	agency	EVENT-TRIGGERED — Per change: proposed SPAs, demonstration amendments, and waiver changes post to the Public Notices page with open/ closed comment sta	GOVERNING

with public
comment

TN-002	TennCare rulemaking — the Tenn. Comp. R. & Regs. chapter 1200-13 series, filed through the Secretary of State under the UAPA	Tenn. Comp. R. & Regs. ch. 1200-13 (1200-13-01, -02, -13, -1	agency	EVENT-TRIGGERED — Per rule change: rules are filed through the Secretary of State (publications.tnsosfiles.com) under the Uniform Administrative Proce	GOVERNING
TN-005	Annual Public Forum on Progress of the TennCare Demonstration	TennCare III Special Terms and Conditions 60, implementing 4	agency	RECURRING — Annual public forum on the demonstration's progress; STC 60 requires the date, time, and location to be published on the state website at	GOVERNING

Division of TennCare — Member Services (eligibility determined by the State in TEDS; TennCare Connect contact center, Automated Health Systems) — 39 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-435-001	State plan must implement Part 435 and specify covered groups	42 CFR 435.10	agency	FIXED — Upon state plan amendment (SPA); maintained continuously thereafter	GOVERNING
CFR-435-002	Emergency services for certain aliens	42 CFR 435.139, 435.350	agency	EVENT-TRIGGERED — Upon application by an ineligible-for-full-benefits alien	GOVERNING
CFR-435-003	Mandatory coverage: IV-E children and former foster care children to age 26	42 CFR 435.145, 435.150	agency	RECURRING — Ongoing — applies at every eligibility determination for these populations	GOVERNING · UNRESOLVED

CFR-435-004	Extended postpartum coverage and continuous eligibility for hospitalized children	42 CFR 435.170, 435.172	agency	EVENT-TRIGGERED — Triggered by pregnancy end or hospitalization of a 435.118 child	GOVERNING
CFR-435-005	State residency rules, prohibitions, and interstate agreements	42 CFR 435.403	agency	RECURRING — Applied at application, renewal, and whenever residency is questioned	GOVERNING · UNRESOLVED
CFR-435-006	Applicant's choice of eligibility category	42 CFR 435.404	agency	EVENT-TRIGGERED — At application/determination when multiple categories apply	GOVERNING
CFR-435-007	Citizenship and immigration status verification; reasonable opportunity period	42 CFR 435.406, 435.407, 435.956	agency	RECURRING — At application, at each renewal (no citizenship re-verification), and whenever status changes	GOVERNING · UNRESOLVED
CFR-435-008	Blindness and disability determinations; SSA determination binding	42 CFR 435.531, 435.541	agency	RECURRING — At application for disability-based eligibility; periodic reexaminations per review-team schedule and 435.916 renewals	GOVERNING · UNRESOLVED
CFR-435-009	Financial eligibility methodologies; deeming; less-restrictive options in State plan	42 CFR 435.601, 435.602, 435.631	agency	FIXED — State plan specifies methodologies; applied continuously at determinations	GOVERNING
CFR-435-010	MAGI household income methodologies	42 CFR 435.603	agency	RECURRING — Every MAGI	GOVERNING · UNRESOLVED

				determination and renewal	
CFR-435-011	Assignment of rights to benefits and cooperation with third-party liability	42 CFR 435.610	agency	RECURRING — At application and ongoing as a condition of eligibility	GOVERNING · UNRESOLVED
CFR-435-012	Special income level for institutionalized individuals (300% rule)	42 CFR 435.622, 435.1005	agency	RECURRING — Applied for each institutionalized individual under the option; effective with 30-day institutional periods	GOVERNING · UNRESOLVED
CFR-435-013	Protected Medicaid eligibility for individuals eligible in December 1973 (OASDI COLA disregard)	42 CFR 435.640	agency	RECURRING — At each eligibility determination for the protected December-1973 cohorts	GOVERNING · UNRESOLVED
CFR-435-014	Post-eligibility treatment of income (patient income applied to cost of care)	42 CFR 435.725, 435.726, 435.733, 435.735, 435.832	agency	RECURRING — Monthly, for every institutionalized/ HCBS beneficiary with income	GOVERNING · UNRESOLVED
CFR-435-015	Administration: consistency, simplicity, local-agency oversight, outstation locations	42 CFR 435.901, 435.902, 435.903, 435.904	agency	RECURRING — Continuous administration; outstation intake during regular office hours	GOVERNING · UNRESOLVED
CFR-435-016	Program information availability/accessibility and opportunity to apply	42 CFR 435.905, 435.906	agency	RECURRING — Continuous; information furnished on request and at application	GOVERNING · UNRESOLVED
CFR-435-017	Application acceptance: multi-channel, single streamlined application, info-request rules	42 CFR 435.907	agency	RECURRING — Every application; 15-day info	GOVERNING · UNRESOLVED

				requests; 90-day post-denial reconsideration window	
CFR-435-018	Assistance with application and renewal; certified application counselors	42 CFR 435.908	agency	RECURRING — Continuous availability of assistance across in-person, phone, and online channels	GOVERNING · UNRESOLVED
CFR-435-019	Automatic Medicaid entitlement following SSI/ other-program determinations	42 CFR 435.909	agency	EVENT- TRIGGERED — Triggered by SSI/supplement receipt; automatic enrollment without separate application	GOVERNING
CFR-435-020	Social Security numbers: collection, verification, and redetermination review	42 CFR 435.910, 435.920	agency	RECURRING — At application and at each redetermination (case-record SSN review)	GOVERNING · UNRESOLVED
CFR-435-021	Eligibility determination hierarchy and LIS leads data as MSP applications	42 CFR 435.911	agency	RECURRING — Every determination; LIS leads processed on receipt from SSA	GOVERNING · UNRESOLVED
CFR-435-022	Timeliness and performance standards for determinations and redeterminations	42 CFR 435.912	agency	RECURRING — 45/90-day application processing; renewal by end of eligibility period; 30/60- day change redeterminations	GOVERNING · UNRESOLVED
CFR-435-023	Case documentation, disposition of applications, and retroactive eligibility	42 CFR 435.914, 435.915	agency	RECURRING — Every application/ renewal; up-to-3- month retroactive	GOVERNING · UNRESOLVED

				eligibility on qualifying applications	
CFR-435-024	Regularly scheduled renewals: 12-month cycle, ex parte first, pre-populated forms, 90-day reconsideration	42 CFR 435.916	agency	RECURRING — Renewals at least every 12 months; 30-day response window; 90-day post-termination reconsideration period	GOVERNING · UNRESOLVED
CFR-435-025	Eligibility notices: content, accessibility, and electronic-notice rules	42 CFR 435.917, 435.918	agency	RECURRING — With every eligibility determination; electronic notices posted within 1 business day	GOVERNING · UNRESOLVED
CFR-435-026	Changes in circumstances: redetermination, response times, 90-day reconsideration, address procedures	42 CFR 435.919	agency	EVENT-TRIGGERED — On reported or third-party change information; continuous address-data ingestion; 30-day response and 90-day reconsideration windows	GOVERNING
CFR-435-027	Authorized representatives	42 CFR 435.923	agency	RECURRING — At application, renewal, and any time a designation is made or changed	GOVERNING · UNRESOLVED
CFR-435-028	12-month continuous eligibility for children	42 CFR 435.926	agency	RECURRING — 12-month continuous eligibility periods for all enrolled children under 19	GOVERNING · UNRESOLVED

CFR-435-029	PHE-unwinding redetermination data reporting and FMAP reduction for non-reporting	42 CFR 435.927, 435.928	federal-facing state report	FIXED — Reporting window April 1, 2023-June 30, 2024; T-MSIS data monthly by last day of subsequent month	GOVERNING
CFR-435-030	Furnishing Medicaid promptly and continuously; 24/7 emergency-care assistance	42 CFR 435.930	agency	RECURRING — Continuous service-delivery obligation	GOVERNING · UNRESOLVED
CFR-435-031	Income and eligibility verification system: data sources, electronic service, reasonable compatibility	42 CFR 435.945, 435.948, 435.949, 435.952	agency	RECURRING — Every determination/renewal; continuous data-matching operations	GOVERNING · UNRESOLVED
CFR-435-032	Standardized formats for furnishing/obtaining verification data	42 CFR 435.960	agency	RECURRING — Continuous data-format maintenance for all applicant/beneficiary records	GOVERNING · UNRESOLVED
CFR-435-033	Prompt redetermination on SSA SSI-ineligibility notices; FFP time limits	42 CFR 435.1003	agency	EVENT-TRIGGERED — On each SSA SSI-termination notice; FFP limited to month-end or following-month-end	GOVERNING
CFR-435-034	FFP conditioned on citizenship/immigration verification	42 CFR 435.1008	agency	RECURRING — Applies to every claim; verification must precede or accompany FFP	GOVERNING · UNRESOLVED
CFR-435-035	FFP exclusion: inmates of public institutions and IMD patients	42 CFR 435.1009, 435.1010	agency	RECURRING — Applied claim-by-claim based on institutional	GOVERNING · UNRESOLVED

				status each month	
CFR-435-036	Presumptive eligibility: furnish coverage during PE periods; hospital PE determinations	42 CFR 435.1102, 435.1103, 435.1110, 435.1002(c)	agency	EVENT-TRIGGERED — On each qualified-entity/hospital PE determination; hospital performance monitored periodically	GOVERNING
CFR-435-037	Coordinated eligibility and enrollment with the Exchange and other insurance affordability programs	42 CFR 435.1200	agency	RECURRING — Continuous account-transfer and coordination operations with the Exchange/CHIP/other programs	GOVERNING · UNRESOLVED
CFR-435-038	Medically needy program: income/resource standards, spend-down, post-eligibility (if elected)	42 CFR 435.301, 435.811, 435.814, 435.831, 435.832, 435.840,	agency	RECURRING — Every medically needy determination; budget periods of ≤6 months	GOVERNING · UNRESOLVED
TN-012	Annual eligibility recertification / redetermination of all enrollees	Secretary of State public-necessity filing ('Federal law (Ti	agency	RECURRING — Each enrollee's eligibility is recertified annually; renewals run through TennCare Connect (Automated Health Systems) with determinations	GOVERNING · UNRESOLVED

Division of TennCare — Provider Services Division (Chief Medical Office) — 30 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
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CFR-442-001	State plan requirement — provider agreement standards	42 CFR 442.10	agency	FIXED — One-time state plan provision; umbrella for all Part 442 rows below.	GOVERNING
CFR-442-002	Provider agreements — certified facilities only; civil rights	42 CFR 442.12	agency	EVENT-TRIGGERED — Each provider agreement execution/renewal; civil rights compliance continuous.	GOVERNING
CFR-442-003	Effective date of provider agreement	42 CFR 442.13	agency	EVENT-TRIGGERED — Each provider agreement.	GOVERNING
CFR-442-004	Change of ownership — automatic assignment	42 CFR 442.14	agency	EVENT-TRIGGERED — Each change of ownership.	GOVERNING
CFR-442-005	ICF/IID agreement duration and survey interval	42 CFR 442.15	agency	RECURRING — Survey at intervals no greater than 15 months; agreement continuous until Secretary determination.	GOVERNING · UNRESOLVED
CFR-442-006	Agreement as evidence of certification — FFP conditioned	42 CFR 442.30	agency	EVENT-TRIGGERED — Ongoing FFP-claiming discipline; ties to 442.42 retroactive agreements.	GOVERNING
CFR-442-007	FFP under retroactive agreement following appeal	42 CFR 442.42	agency	EVENT-TRIGGERED — Each successful	GOVERNING

				appeal resulting in a retroactive agreement.	
CFR-442-008	Payment transparency reporting — NF and ICF/IID	42 CFR 442.43	federal- facing state report	RECURRING — Annual report to CMS, by facility.	GOVERNING · UNRESOLVED
CFR-442-009	ICF/IID survey intervals	42 CFR 442.109	agency	RECURRING — Each facility surveyed ≤15 months after prior survey; statewide average ≤12 months computed each FFY end.	GOVERNING · UNRESOLVED
CFR-442-010	Certification with standard- level deficiencies	42 CFR 442.110	agency	EVENT- TRIGGERED — Each certification survey finding standard-level deficiencies.	GOVERNING
CFR-442-011	Termination of certification for immediate jeopardy	42 CFR 442.117	agency	EVENT- TRIGGERED — Immediate on immediate- jeopardy determination.	GOVERNING
CFR-442-012	Denial of payments for new admissions to ICF/IID	42 CFR 442.118	agency	EVENT- TRIGGERED — Each instance of noncompliance triggering a new- admissions payment denial.	GOVERNING
CFR-455-006	Ownership/control disclosure at enrollment, revalidation, and ownership changes	42 CFR 455.104	bureau/ section	RECURRING — Enrollment, revalidation, and within 35 days of any	GOVERNING · UNRESOLVED

				ownership change	
CFR-455-007	Business transaction disclosure on request	42 CFR 455.105	bureau/ section	EVENT- TRIGGERED — Provider must respond within 35 days of request	GOVERNING
CFR-455-008	Criminal conviction disclosure; OIG notification within 20 working days	42 CFR 455.106	bureau/ section	EVENT- TRIGGERED — Disclosure at agreement entry/renewal or on written request; OIG notification within 20 working days	GOVERNING
CFR-455-009	Disclosure of affiliations with excluded/problematic providers	42 CFR 455.107	bureau/ section	RECURRING — At initial enrollment and each revalidation; option selection made once in consultation with CMS (changeable from option 2 to option 1)	GOVERNING · UNRESOLVED
CFR-455-010	Independent certified audit of DSH payments	42 CFR 455.304	federal- facing state report	RECURRING — Audit completed by last day of the FFY ending 3 years after the rate year; report to CMS within 90 days of completion	GOVERNING
CFR-455-011	Enrollment and screening of all providers; ordering/referring provider enrollment	42 CFR 455.410	bureau/ section	RECURRING — Continuous; every enrolled provider screened	GOVERNING · UNRESOLVED

					under Subpart E
CFR-455-012	Verification of provider licenses	42 CFR 455.412	bureau/section	RECURRING — Verified at initial screening and each revalidation	GOVERNING · UNRESOLVED
CFR-455-013	Revalidation of enrollment at least every 5 years	42 CFR 455.414	bureau/section	RECURRING — Federal floor: revalidate every provider at least every 5 years. TN publishes the revalidation process, not a cycle length.	GOVERNING · UNRESOLVED
CFR-455-014	Mandatory termination/denial triggers	42 CFR 455.416 (with 455.417)	bureau/section	EVENT-TRIGGERED — Apply triggers as events occur; 30-day fingerprint clock; termination-database periods tracked per 455.417	GOVERNING
CFR-455-015	Reactivation requires re-screening and application fee	42 CFR 455.420	bureau/section	EVENT-TRIGGERED — Each reactivation after deactivation	GOVERNING
CFR-455-016	Appeal rights before termination/denial	42 CFR 455.422	bureau/section	EVENT-TRIGGERED — With each termination/denial under 455.416	GOVERNING
CFR-455-017	Pre- and post-enrollment site visits; unannounced inspections	42 CFR 455.432	bureau/section	RECURRING — Pre-enrollment	GOVERNING · UNRESOLVED

and post-enrollment visits for moderate/high-risk providers; unannounced inspection right at all enrolled locations

CFR-455-018	Criminal background checks and fingerprinting	42 CFR 455.434	bureau/section	EVENT-TRIGGERED — Consent at enrollment; fingerprints within 30 days of CMS/State request	GOVERNING
CFR-455-019	Federal database checks — including monthly LEIE/EPLS	42 CFR 455.436	bureau/section	RECURRING — Monthly LEIE/SAM(EPLS) exclusion checks of all providers/owners/agents/managing employees per 455.436(c)(2); full database check at enroll	GOVERNING · UNRESOLVED
CFR-455-020	NPI of ordering/referring professional on claims	42 CFR 455.440	bureau/section	EVENT-TRIGGERED — Every claim for ordered/referred items or services	GOVERNING
CFR-455-021	Risk-based screening levels (limited/moderate/high)	42 CFR 455.450 (with 455.452)	bureau/section	RECURRING — Every initial, new-location, re-enrollment, and revalidation application screened at	GOVERNING · UNRESOLVED

				assigned risk level	
CFR-455-022	Provider application fee collection	42 CFR 455.460	bureau/ section	EVENT- TRIGGERED — Fee collected before executing each new or re-enrolling provider agreement (subject to exceptions); excess over program cost returne	GOVERNING
CFR-455-023	Temporary moratoria on enrollment	42 CFR 455.470	bureau/ section	EVENT- TRIGGERED — Initial 6-month periods, extendable in 6-month increments with written necessity documentation	GOVERNING

Division of TennCare — Program Integrity — 27 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-431-041	MEQC pilot (off-year eligibility quality control)	42 CFR 431.806, 431.810, 431.812, 431.814, 431.816, 431.818,	federal-facing state report	RECURRING — biennial cycle: planning doc by Nov 1; review period Jan 1–Dec 31; findings and corrective action report by Aug 1	GOVERNING · UNRESOLVED
CFR-431-042	Medicaid quality control claims processing assessment system	42 CFR 431.830, 431.832,	agency	RECURRING — monthly reports; 6-month summary	GOVERNING · UNRESOLVED

		431.834, 431.836		within 3 months of sample completion	
CFR-431-043	PERM participation: data submission, system access, appeals, recoveries	42 CFR 431.970, 431.972, 431.992, 431.998, 431.1002, 431.101	federal- facing state report	RECURRING — quarterly claims/data submissions; difference resolution 25 business days; appeals 15 business days	GOVERNING · UNRESOLVED
CFR-455-001	Fraud detection/ investigation program; HHS reporting	42 CFR 455.13- 455.17	agency	RECURRING — Preliminary investigation for each complaint; full investigation when warranted; HHS reporting at intervals prescribed in CMS instructions	GOVERNING · UNRESOLVED
CFR-455-002	Provider fraud certification statements on claims	42 CFR 455.18- 455.19	agency	EVENT- TRIGGERED — Every claim form or payment check carries the certification	GOVERNING
CFR-455-003	Beneficiary verification that services were received	42 CFR 455.20	agency	RECURRING — Continuous verification program	GOVERNING · UNRESOLVED
CFR-455-004	Cooperation with State Medicaid fraud control unit	42 CFR 455.21	agency	RECURRING — Referrals as cases arise; MFCU agreement reviewed/ updated at least every 5 years	GOVERNING · UNRESOLVED

CFR-455-005	Suspension of payments on credible allegation of fraud	42 CFR 455.23	agency	EVENT-TRIGGERED — Suspend on credible allegation; quarterly law-enforcement continuation certifications; annual Secretary report; 5-year document rete	GOVERNING
CFR-455-024	Medicaid Recovery Audit Contractor (RAC) program	42 CFR 455.502, 455.506	federal-facing state report	RECURRING — Continuous contracting, coordination, referral, and reporting operations	GOVERNING · UNRESOLVED
CFR-455-025	RAC provider appeal rights; RAC requirement exceptions	42 CFR 455.512, 455.516	federal-facing state report	RECURRING — Appeals available for each adverse RAC determination; exception requests via SPA	GOVERNING · UNRESOLVED
CFR-456-003	Interagency agreement for professional medical review	42 CFR 456.6	agency	RECURRING — Standing interagency agreement	GOVERNING · UNRESOLVED
CFR-456-006	Hospital certification/recertification of need for inpatient care	42 CFR 456.60	agency	EVENT-TRIGGERED — Certification at admission (or before payment authorization); recertification at least every 60 days	GOVERNING
CFR-456-007	Hospital individual written plan of care	42 CFR 456.80,	agency	EVENT-TRIGGERED — Plan	GOVERNING

		456.181 (hospitals)		established before admission or payment authorization; written report in record at admission or immediately upon completion	
CFR-456-008	Written UR plan required for inpatient hospital services	42 CFR 456.101– 456.145	agency	RECURRING — Written UR plan in effect continuously; at least one medical-care evaluation study in progress at all times; complete one study each calen	GOVERNING · UNRESOLVED
CFR-456-010	Written UR plan required for inpatient mental hospital services	42 CFR 456.201– 456.245	agency	RECURRING — Written UR plan in effect continuously; at least one study in progress at all times; complete one study each calendar year	GOVERNING · UNRESOLVED
CFR-456-012	Medicaid agency review of need for ICF admission; alternative-services exploration	42 CFR 456.371– 456.372	agency	EVENT- TRIGGERED — Agency admission review for each applicant/ beneficiary	GOVERNING
CFR-456-013	ICF UR plan and continued stay review	42 CFR 456.401– 456.438	agency	RECURRING — Written UR plan on file continuously; continued-stay	GOVERNING · UNRESOLVED

reviews with
adverse-
decision
notice within
2 days of final
decision

CFR-456-014	Under-21 inpatient psychiatric admission certification and plan of care	42 CFR 456.481–456.482	agency	EVENT-TRIGGERED — Admission certification and plan-of-care development/ review per 441.152–441.156	GOVERNING
CFR-456-015	UR plans as a condition for FFP	42 CFR 456.501	agency	RECURRING — FFP barred for services at facilities without a compliant UR plan	GOVERNING · UNRESOLVED
CFR-456-016	Waiver of UR plan requirements	42 CFR 456.505–456.508	agency	RECURRING — Waiver application at any time; evaluation 1–2 years after grant and periodically every 1–2 years thereafter	GOVERNING · UNRESOLVED
CFR-456-017	Remote facility variances from UR time requirements	42 CFR 456.520–456.525	agency	EVENT-TRIGGERED — Variance granted for ≤1 year; renewal ≥30 days before expiry	GOVERNING
CFR-456-018	Annual inspections of care in ICFs and IMDs	42 CFR 456.600–456.613	agency	RECURRING — Periodic on-site inspections; each beneficiary's	GOVERNING · UNRESOLVED

care inspected
at least
annually;
reports
submitted
promptly;
corrective
action as
needed

CFR-456-019	Quarterly satisfactory showing of effective institutional UR	42 CFR 456.652, 456.654	agency	RECURRING — Satisfactory showing each quarter, postmarked/ received within 30 days after quarter close (45 days with good cause)	GOVERNING · UNRESOLVED
CFR-456-023	DUR educational outreach program	42 CFR 456.711	agency	RECURRING — Continuous educational outreach driven by DUR Board data	GOVERNING · UNRESOLVED
CFR-456-024	Annual DUR report to CMS	42 CFR 456.712	federal-facing state report	RECURRING — DUR Board report to agency annually; agency report to Secretary annually	GOVERNING · UNRESOLVED
CFR-456-025	State DUR Board establishment and functions	42 CFR 456.716	agency	RECURRING — Standing board; continuous operational oversight	GOVERNING · UNRESOLVED
CFR-456-026	Electronic claims management system (optional point-of-sale)	42 CFR 456.722, 456.725	agency	FIXED — At State option; must meet procurement/ functional requirements for FFP	GOVERNING

Long-Term Services and Supports — TennCare LTSS Division, with the Department of Disability and Aging (1915(c) operations) — 18 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-441-045	1915(c) waiver — health and welfare safeguards	42 CFR 441.302(a)	agency	FIXED — Waiver application/renewal assurance; continuous provider-standard compliance.	GOVERNING
CFR-441-046	1915(c) waiver — incident management system and 90% performance levels	42 CFR 441.302(a)(6)	agency	RECURRING — Continuous incident management; compliance deadlines July 9, 2027 (system) and July 9, 2029 (electronic data system); 90% performance demo	GOVERNING
CFR-441-047	1915(c) waiver — financial accountability and independent audit	42 CFR 441.302(b)	agency	RECURRING — Independent audit per CMS schedule; financial records maintained continuously.	GOVERNING · UNRESOLVED
CFR-441-048	1915(c) waiver — level-of-care evaluation and choice of alternatives	42 CFR 441.302(c)-(d)	agency	RECURRING — Initial evaluation when need indicated; reevaluation at least annually; informed choice at each determination.	GOVERNING · UNRESOLVED

CFR-441-049	1915(c) waiver — cost neutrality (average and actual)	42 CFR 441.302(e)-(f)	agency	RECURRING — Annual estimates covering each waiver year; actuals reconciled per year of the waiver period.	GOVERNING · UNRESOLVED
CFR-441-050	1915(c) waiver — payment adequacy: 80% direct-care compensation	42 CFR 441.302(k)	agency	RECURRING — Annual demonstration; compliance deadline July 9, 2030.	GOVERNING
CFR-441-051	1915(c) waiver — supporting documentation	42 CFR 441.303	agency	FIXED — Each waiver application/renewal; bundled-service cost tracking ongoing.	GOVERNING
CFR-441-052	1915(c) waiver — duration and renewal	42 CFR 441.304	agency	RECURRING — Initial 3-year period; renewals every 5 years; amendments per event.	GOVERNING · UNRESOLVED
CFR-441-053	1915(c) waiver termination — 30-day notices	42 CFR 441.307	agency	EVENT-TRIGGERED — 30 days before termination of services; beneficiary notice per 431.210.	GOVERNING
CFR-441-054	1915(c) waiver — limits on FFP	42 CFR 441.310	agency	EVENT-TRIGGERED — Ongoing FFP-claiming discipline; facility compliance periods.	GOVERNING

CFR-441-058	HCBS Quality Measure Set — biennial reporting and performance targets	42 CFR 441.311(c), 441.312	agency	RECURRING — Every other year; performance targets with quality improvement strategies.	GOVERNING · UNRESOLVED
CFR-441-059	HCBS access reporting — waiting lists and service access	42 CFR 441.311(d)	federal-facing state report	RECURRING — Annually to CMS.	GOVERNING · UNRESOLVED
CFR-441-061	HCBS website transparency	42 CFR 441.313	agency	RECURRING — Website live from July 9, 2027; functionality/timeliness verified quarterly.	GOVERNING · UNRESOLVED
CFR-441-062	Aged HCBS waiver (subpart H) — state assurances	42 CFR 441.352	agency	FIXED — Each subpart H waiver request/renewal.	GOVERNING
CFR-441-063	Aged HCBS waiver — periodic evaluation and agency response	42 CFR 441.365	agency	RECURRING — Periodic reviews; results within 1 month, immediately on life/health threats; immediate agency response procedures.	GOVERNING · UNRESOLVED
CFR-441-065	Self-directed personal assistance (1915(j)) — assurances, QA, risk management	42 CFR 441.464, 441.474, 441.476	agency	FIXED — State plan election; QA plan and risk methods maintained continuously.	GOVERNING
CFR-441-066	Community First Choice (1915(k)) — statewideness, assessment, support, QA	42 CFR 441.515, 441.535,	agency	RECURRING — Statewide availability	GOVERNING · UNRESOLVED

		441.555, 441.585		continuous; face-to-face assessment per enrollment; support system per model; QA system continuous.	
CFR-441-067	State plan HCBS (1915(i)) — needs-based criteria and administration	42 CFR 441.715, 441.745	agency	FIXED — State plan election; needs-based criteria applied per eligibility determination.	GOVERNING

Division of TennCare — TennCare Pharmacy Program (PBM / Pharmacy Benefits Administrator: OptumRx) — 16 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-441-010	FFP prohibition — certain prescribed drugs (DESI)	42 CFR 441.25	agency	EVENT- TRIGGERED — Every drug FFP claim; ongoing formulary/ pharmacy claim controls.	GOVERNING
CFR-447-016	Preferred-drug override process	42 CFR 447.53	agency	FIXED — process in place; used as needed	GOVERNING
CFR-447-057	Remit Federal share of increased rebate savings	42 CFR 447.509	agency	RECURRING — with rebate collections / CMS-64	GOVERNING · UNRESOLVED
CFR-447-059	Submit quarterly drug utilization data to CMS	42 CFR 447.511	federal- facing state report	RECURRING — quarterly, within 60 days of rebate period end	GOVERNING · UNRESOLVED
CFR-447-060	Report MCO drug utilization separately	42 CFR 447.511	agency	RECURRING — quarterly,	GOVERNING · UNRESOLVED

				with utilization submissions	
CFR-447-061	Certify drug data submissions	42 CFR 447.511	agency	RECURRING — with each quarterly submission	GOVERNING · UNRESOLVED
CFR-447-062	Aggregate FUL and AAC-based drug payment caps	42 CFR 447.512	agency	RECURRING — claims payment; methodology in state plan	GOVERNING · UNRESOLVED
CFR-447-064	Apply drug upper limits to facility and capitation settings	42 CFR 447.516	agency	RECURRING — claims/capitation payment	GOVERNING · UNRESOLVED
CFR-447-065	Annual/triennial drug payment findings and assurances	42 CFR 447.518	agency	RECURRING — annual (multiple source) / triennial (other drugs) / with significant changes	GOVERNING · UNRESOLVED
CFR-447-066	Cost-based data for drug reimbursement changes	42 CFR 447.518	federal-facing state report	EVENT-TRIGGERED — with each drug reimbursement methodology change	GOVERNING
CFR-447-067	Annual VBP supplemental-rebate data (if participating)	42 CFR 447.518	agency	RECURRING — annually within 60 days of year end	GOVERNING · UNRESOLVED
CFR-447-068	NDC coding for physician-administered drugs; invoice rebates	42 CFR 447.520	agency	RECURRING — claims coding; rebate invoicing	GOVERNING · UNRESOLVED
CFR-456-020	Outpatient drug use review program (prospective + retrospective + education)	42 CFR 456.703	agency	RECURRING — Continuous DUR operation; predetermined standards publicly available and tested against	GOVERNING · UNRESOLVED

				claims data before adoption	
CFR-456-021	Prospective drug review at point of sale	42 CFR 456.705	agency	EVENT-TRIGGERED — Point-of-sale/distribution review before each prescription is filled or delivered	GOVERNING
CFR-456-022	Retrospective drug use review (quarterly claims analysis)	42 CFR 456.709	agency	RECURRING — Claims-data examination no less frequently than quarterly	GOVERNING · UNRESOLVED
TN-013	Pharmacy Preferred Drug List updates and pharmacy provider notices	Division of TennCare Pharmacy Provider Manual (OptumRx); Pre	agency	EVENT-TRIGGERED — Per update: the PDL is re-issued with stated effective dates and provider notices issue through the PBM under Division direction	GOVERNING

Division of TennCare — Quality function (EQRO: Qsource) — 12 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-437-001	Annual Child, Adult, and Health Home Core Set reporting	42 CFR 437.15(a)	agency	RECURRING — Annual by December 31 (2024 Core Sets by 2024-12-31)	GOVERNING
CFR-437-002	Stratified Core Set reporting (race, ethnicity, sex, age, rural/urban, disability, language)	42 CFR 437.10(d)	agency	RECURRING — Annual; 25% stratification in reporting	GOVERNING · UNRESOLVED

years 3–4
(2026–2027),
100% from
year 5 (2028
reporting
year)

CFR-437-003	Exemption request for Core Set population reporting	42 CFR 437.15(a)(6)	agency	EVENT-TRIGGERED — Optional request; due September 1 of the applicable reporting year	GOVERNING
CFR-437-004	State plan provisions on Core Set reporting and health home provider reporting	42 CFR 437.20(a)	agency	FIXED — One-time state plan amendment obligation; revisit whenever health home SPA status changes	GOVERNING
CFR-456-001	Statewide surveillance and utilization control program	42 CFR 456.2–456.4	agency	RECURRING — Continuous operation; corrective action as monitoring identifies deficiencies	GOVERNING · UNRESOLVED
CFR-456-002	Written criteria for evaluating appropriateness and quality	42 CFR 456.5	agency	RECURRING — Criteria established and used continuously	GOVERNING · UNRESOLVED
CFR-456-004	Sample-basis evaluation of services	42 CFR 456.22	agency	RECURRING — Ongoing sample-basis evaluation	GOVERNING · UNRESOLVED
CFR-456-005	Post-payment review process with utilization profiles	42 CFR 456.23	agency	RECURRING — Continuous post-payment review operation	GOVERNING · UNRESOLVED

CFR-456-009	Mental hospital certification, evaluations, and plan of care	42 CFR 456.160, 456.170, 456.180, 456.181	agency	EVENT-TRIGGERED — Certification at admission (or before payment authorization); recertification at least every 60 days; evaluations before admission	GOVERNING
CFR-456-011	ICF certification, evaluations, and plan of care	42 CFR 456.360, 456.370, 456.380, 456.381	agency	EVENT-TRIGGERED — Certification at admission (or before payment authorization); recertification at least every 12 months in ICF/IID, every 60 days in	GOVERNING
TN-006	Medicaid Managed Care Quality Improvement Strategy — maintenance and annual update to CMS	TN Public Notices page (2022 update finalized and submitted	agency	RECURRING — The Quality Improvement Strategy is a maintained Division document, updated and submitted to CMS on an annual pattern observed 2022-2024	GOVERNING · UNRESOLVED
TN-010	NCQA accreditation maintenance and annual HEDIS reporting; MCO quality data publication	TennCare Managed Care Contractors page; MCO Quality Data pag	MCO/plan	RECURRING — Annual HEDIS reporting by the MCOs (all NCQA-accredited); the Division	GOVERNING · UNRESOLVED

Systems — TennCare MMIS (Gainwell Technologies) and TEDS (Deloitte); TennCare Medicaid Modernization Program — 12 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-431-013	Patient Access API (beneficiary data access)	42 CFR 431.60	federal-facing state report	RECURRING — continuous API operation with 1-business-day data timelines; annual CMS metrics report due March 31 beginning 2026	GOVERNING · UNRESOLVED
CFR-431-014	Provider Access API and Payer-to-Payer data exchange	42 CFR 431.61	federal-facing state report	EVENT-TRIGGERED — compliance date January 1, 2027; extension/exemption requests in annual APD before compliance date	GOVERNING
CFR-431-015	Provider directory API	42 CFR 431.70	agency	RECURRING — continuous; directory refreshed within 30 calendar days of receipt	GOVERNING · UNRESOLVED
CFR-431-016	Prior authorization — denial reasons and prior auth API	42 CFR 431.80	provider	RECURRING — specific denial reasons from Jan 1, 2026; Prior Auth	GOVERNING · UNRESOLVED

				API from Jan 1, 2027	
CFR-457-054	Patient Access API for CHIP beneficiaries	42 CFR 457.730	agency	RECURRING — Continuous operation since 2021-01-01	GOVERNING · UNRESOLVED
CFR-457-055	Provider Access API, payer-to-payer exchange, privacy resources	42 CFR 457.731	agency	RECURRING — API live by 2027-01-01; metrics reporting from 2026; resources continuously available	GOVERNING · UNRESOLVED
CFR-457-058	Public provider directory API	42 CFR 457.760	agency	RECURRING — Continuous operation; directory updates within 30 calendar days	GOVERNING · UNRESOLVED
CFR-457-060	Prior authorization: denial reasons, PA API, public metrics	42 CFR 457.732	provider	RECURRING — Denial reasons from 2026-01-01; API by 2027-01-01; metrics posted by March 31 annually from 2026	GOVERNING · UNRESOLVED
CFR-162-001	Health plan must use provider NPIs on standard transactions	45 CFR 162.412	bureau/section	RECURRING — continuous — every standard transaction	GOVERNING · UNRESOLVED
CFR-162-002	Must conduct transactions as standard transactions on request	45 CFR 162.925(a)	agency	EVENT-TRIGGERED — on trading-partner request	GOVERNING
CFR-162-003	Standard electronic health care transactions	45 CFR 162 Subparts K-R	agency	RECURRING — continuous	GOVERNING · UNRESOLVED

		(162.1102, 162.1202, 162.1302, 162.1		— all electronic transactions	
CFR-162-004	Standard medical code sets	45 CFR 162.1002 (Subpart J)	agency	RECURRING — continuous — all standard transactions	GOVERNING · UNRESOLVED

Division of TennCare — Third Party Resources function (estate recovery via the RFR Processing Unit) — 8 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-433-003	Liens and estate recovery	42 CFR 433.36	agency	RECURRING — continuous procedures; hearing opportunity before any institutionalization-based lien determination	GOVERNING · UNRESOLVED
CFR-433-013	Third-party liability identification (data exchanges, trauma edits, action plan)	42 CFR 433.137, 433.138	agency	RECURRING — data exchanges and trauma edits on a routine/timely basis (frequency in State plan); 45-day follow-up on wage data; 60-day follow-up on he	GOVERNING · UNRESOLVED
CFR-433-014	TPL payment of claims (cost avoidance; 100-day rule; 60-day recovery)	42 CFR 433.139	agency	RECURRING — per claim; recovery within 60 days after end of month of payment or learning of TPL	GOVERNING · UNRESOLVED
CFR-433-015	Repay Federal share of third-party collections	42 CFR 433.140	agency	EVENT-TRIGGERED — each third-party reimbursement received	GOVERNING
CFR-433-016		42 CFR 433.145,	agency	RECURRING — each eligibility	GOVERNING · UNRESOLVED

	Assignment of rights and cooperation in pursuing third parties	433.146, 433.147, 433.148		determination; ongoing cooperation	
CFR-433-017	Cooperative agreements for third-party collections	42 CFR 433.151, 433.152	agency	FIXED — agreements maintained; IV-D terms per 433.152(b)	GOVERNING
CFR-433-018	Incentive payments and distribution of third-party collections	42 CFR 433.153, 433.154	agency	EVENT-TRIGGERED — each collection	GOVERNING
TN-014	Third-party liability enforcement, subrogation, and estate-recovery Request-for-Release processing	Tenn. Code Ann. § 71-5-117 (subrogation / assignment); Tenn.	agency	EVENT-TRIGGERED — Ongoing, per event: managed care contractors pass third-party resource information to the Division by contract; the Division enforce	GOVERNING

TennCare member appeals — Member Medical Appeals / Appeals Processing Unit (Division of TennCare); hearings before ALJs of the Secretary of State's Administrative Procedures Division — 6 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-431-022	NF and ICF/IID appeals (evidentiary hearing; informal reconsideration)	42 CFR 431.151, 431.152, 431.153, 431.154	agency	EVENT-TRIGGERED — each adverse action against an NF or ICF/IID	GOVERNING
CFR-431-023	Maintain fair hearing system and inform of hearing rights	42 CFR 431.202, 431.205, 431.206	agency	RECURRING — continuous hearing system; rights information at application, each adverse action, and NF transfer/ discharge or PASRR notices	GOVERNING · UNRESOLVED

CFR-431-024	Notice content and advance notice before adverse action	42 CFR 431.210, 431.211, 431.213, 431.214	agency	EVENT- TRIGGERED — 10 days advance (or exceptions); 5 days for probable fraud	GOVERNING
CFR-431-025	Grant hearings; expedited appeals	42 CFR 431.220, 431.221, 431.222, 431.223, 431.224	agency	EVENT- TRIGGERED — each hearing request; expedited process when criteria met	GOVERNING
CFR-431-026	Maintain and reinstate services pending hearing (aid pending)	42 CFR 431.230, 431.231, 431.232, 431.233	agency	EVENT- TRIGGERED — each hearing request; reinstatement when requested within 10 days of action	GOVERNING
CFR-431-027	Hearing conduct, decision timelines, corrective action	42 CFR 431.240, 431.241, 431.242, 431.244, 431.245, 431.246	agency	EVENT- TRIGGERED — 90 days ordinarily; 7 working days for expedited eligibility/NF/ PASRR; 3 working days for expedited managed-care denials	GOVERNING

TennCare Oversight Division, Department of Commerce and Insurance (EQRO: Qsource) — 2 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
TN-011	External quality review — annual independent review of TennCare HMOs/BHOs under	Tenn. Code Ann. § 56-32-131(b)	agency	RECURRING — Annual independent	GOVERNING · UNRESOLVED

Tenn. Code Ann. §
56-32-131(b)

(Commissioner
of Commerce
and

review of
TennCare
HMOs/BHOs;
the EQRO is
Qsource. The
EQR
Technical
Report series
is published
as a Division
of TennCa

TN-019	Managed care contractor financial reporting to the TennCare Oversight Division (TDCI)	TennCare Select CRA §§2.30.15.3.1- 2.30.15.3.5, as filed with	MCO/ plan	FIXED — Annual Financial Report (NAIC form) to TDCI on or before March 1; Quarterly Financial Reports due May 15 (Q1), August 15 (Q2), and November 15	GOVERNING
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Sources

Tennessee public sources relied on for this binder, retrieved October 21, 2026. Plan and contractor publications are marked as such where a fact rests on them; they are never dressed as Tennessee publications. The full research files — with the source named on every fact — are Lane A (organization and CFR implementation) and Lane B (the 1099 systems portion) in the build home.

Division of TennCare (tn.gov/tenncare)

- Deputy Commissioner / Director page; Information & Statistics; Budget page
- Waiver and State Plan Public Notices page (SPA, amendment, and 1915(c) notices)
- Managed Care Contractors page; Managed Care Organizations page; MCO Quality Data page
- Provider Registration and Contact Us (providers) pages; Provider Identification Usage on Submitted Transactions, Policy BTC-Pol-Enc-200608-002 (rev. 06/25/2025)
- Dental Benefits Manager page and the October 30, 2025 DBM announcement; NEMT benefit page
- Program Integrity page; Subrogation page; CHOICES, ECF CHOICES, and Katie Beckett program pages; 1915(c) waiver pages and the 2025 Notice of Change in 1915(c) HCBS Waivers
- Eligibility Reference Guide; CoverKids pages and Policy Manual chapter 025.005
- State Plan organization attachment (TN 06-008, Attachment 1.2-A series)

Department of Finance and Administration (tn.gov/finance)

- Strategic Technology Solutions, Next Gen ERP Request for Information, RFI #31701-03815 (Dec. 15, 2025)
- Division of Accounts — Supplier Maintenance job aids: General IRS W-9 Requirements; IRS W-9 Summary Instructional Table; Internal Supplier Registration Getting Started Instructions; Form FA-1100 (Supplier Update Form) and the revision letters of Aug. 30, 2021 and June 20, 2022
- Statewide Accounting Policies list (Policies 01–41); Benefits Administration, "Where do I locate tax forms in Edison?"
- State job-classification specification, Accounting Technician 2; Division of Accounts job postings

Department of Revenue (tn.gov/revenue; revenue.support.tn.gov)

- Notice #14-01, Federal Form 1099 (Income Tax, March 2014)
- Sales and Use Tax Notice #16-01, 1099-K Filing Requirement (January 2016); the 1099K Filing Requirement web page
- Revenue Help GEN-34 (Income Tax Withholding); Revenue Help 1099K-1 (updated January 3, 2024)

Tennessee law and official filings

- Tenn. Code Ann. § 71-5-105(a)(5)-(6) (the annual report and the monthly summary statement); § 71-5-117 (subrogation); § 71-5-1424 (nursing-facility appeal clock); § 56-32-131(b) (EQRO / annual HMO review); § 67-6-411 (1099-K duplicate filing); § 71-5-107 ("Kinds of Medical Services" — Conflict TN-11)
- Tenn. Comp. R. & Regs. ch. 1200-13 (1200-13-13-.09 / 1200-13-14-.09 Third Party Resources; 1200-13-20 Katie Beckett; 1200-13-21 CoverKids); ch. 1240-05-03 (DHS appeals rules)
- Fiscal Review Committee contract filings (capitol.tn.gov): the TennCare MCO Statewide Contract / Contractor Risk Agreement (Amendment 25, 2026-07), TennCare Select Contract Amendment 2, the Gainwell MMIS, Deloitte TEDS, Automated Health Systems, and Kepro/Keystone filings
- Secretary of State, Administrative Procedures Division — TennCare appeal referral statement
- Comptroller of the Treasury, Division of TennCare performance audit; A.M.C. v. Smith joint stipulations (M.D. Tenn. 2024)
- Tennessee state-publications collection (University of Memphis Digital Commons) — the 2025 Tennessee External Quality Review Technical Report and the 2025 TennCare Quality Assessment and Performance Improvement Strategy, catalogued as Division of TennCare publications

Federal sources

- CMS — TennCare III approval (Jan. 8, 2021) and Amendment 4 approval (Aug. 4, 2023) with the Special Terms and Conditions; CMS Section 1115 demonstrations library
- IRS — Publication 1220 (CF/SF census, TY2025); the federal floor authorities collected at §4.6 (P.L. 119-21 §70433; IRIS/FIRE; CP2100 machinery)