

Tennessee — Sample First Packet

A Notifications-tier first packet in the form the service delivers every week: the dated obligations ahead, the standing duties that carry the quiet periods, and the whole register seated on the agency's own published structure. Built from Tennessee's register of record — public information only.

SAMPLE — WORKING MODEL

FEDERAL ATLAS PROGRAM · OCTOBER 21, 2026

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1 · The outlook — week, month, year

The week ahead (sample week of October 26, 2026): no dated obligation in Tennessee's register falls in this week. The packet says so plainly; a quiet week is a finding, not a gap in the packet.

The month ahead (November 2026): no dated obligation falls in November either. The month is carried by the standing monthly duties at Section 3 — 13 obligations in the register run on a monthly cadence, and the packet seats them with their published cadence text rather than invented dates.

The year ahead: 27 obligations carry a date stated in their own text or derived from a stated rule. The first is 2026-12-31. All 27 stand in Section 2, in date order, each seated on the Tennessee home that owns it.

2 · The dated set — every dated obligation, in order

Date	Entry	Obligation	Tennessee home	Class
2026-12-31	TN-016	TennCare III demonstration — interim and summative evaluation reports	Department of Finance and Administration / Division of TennCare	GOVERNING
2027-01-01	CFR-431-013	Patient Access API (beneficiary data access)	Systems	GOVERNING
2027-01-01	CFR-431-014	Provider Access API and Payer-to-Payer data exchange	Systems	GOVERNING
2027-01-01	CFR-431-016	Prior authorization — denial reasons and prior auth API	Systems	GOVERNING
2027-01-01	CFR-457-055	Provider Access API, payer-to-payer exchange, privacy resources	Systems	GOVERNING
2027-01-01	CFR-457-060	Prior authorization: denial reasons, PA API, public metrics	Systems	GOVERNING
2027-03-31	CFR-440-005	Annual prior authorization metrics reporting	Division of TennCare	GOVERNING
2027-07-01	CFR-438-007	Pass-through payment phase-out	Division of TennCare	GOVERNING
2027-07-09	CFR-438-026	Appointment wait time standards	Division of TennCare	GOVERNING
2027-07-09	CFR-441-046	1915(c) waiver — incident management system and 90% performance levels	Long-Term Services and Supports	GOVERNING
2027-07-09	CFR-441-061	HCBS website transparency	Long-Term Services and Supports	GOVERNING
2027-07-10	CFR-431-002	Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)	Department of Finance and Administration / Division of TennCare	DERIVED
2028-07-09	CFR-438-027	Annual secret shopper surveys (provider directories and wait times)	Division of TennCare	GOVERNING
2028-09-01	CFR-438-048	Medicaid managed care quality rating system (MAC QRS)	Division of TennCare	GOVERNING
2030-07-09	CFR-441-050	1915(c) waiver — payment adequacy: 80% direct-care compensation	Long-Term Services and Supports	GOVERNING
Apr 30	CFR-438-045	EQR annual technical report — finalization, posting, CMS notice	Division of TennCare	GOVERNING
	TN-007	TennCare Annual Report (state fiscal year)	Division of TennCare	GOVERNING

Aug 29
(annual,
DERIVED)

Dec 31	CFR-437-001	Annual Child, Adult, and Health Home Core Set reporting	Division of TennCare	GOVERNING
Dec 31 (annual)	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	Division of TennCare	GOVERNING
Dec 31 (annual)	TN-017	Title XXI / Title XIX child enrollment reporting — SEDS quarterly entry and the Title XXI annual state report	Division of TennCare	GOVERNING
Jan 1	CFR-457-057	Annual report to CMS (due January 1)	Division of TennCare	GOVERNING
Jul 1 (biennial)	CFR-447-028	Comparative payment rate analysis + disclosure every 2 years	Division of TennCare	GOVERNING
Jun 30	CFR-447-045	Annual DSH data submission to CMS	Division of TennCare	GOVERNING
Mar 1	TN-019	Managed care contractor financial reporting to the TennCare Oversight Division (TDCI)	TennCare Oversight Division, Department of Commerce and Insurance (EQRO: Qsource)	GOVERNING
Mar 31 (annual, DERIVED)	TN-004	TennCare III demonstration — annual monitoring report to CMS	Department of Finance and Administration / Division of TennCare	GOVERNING
Oct 1	CFR-447-012	Maximum allowable cost sharing + annual CPI-U indexing	Division of TennCare	GOVERNING
Sep 1	CFR-437-003	Exemption request for Core Set population reporting	Division of TennCare	GOVERNING

3 · The standing obligations — what carries the quiet weeks

The register carries 508 obligations: 292 recurring, 135 event-triggered, 81 fixed. 271 recurring obligations carry no calendar anchor in their source and print UNRESOLVED — the service never invents a date. Monthly duties, as the register's own cadence text states them (first fourteen shown):

Entry	Obligation	Home	Cadence, as published
CFR-431-034	Survey agency designation and certification of facilities	Department of Finance and Administration / Division of TennCare	inspections at least once per certification period; ICF deficient-facility re-inspections every 6 months
CFR-431-042	Medicaid quality control claims processing assessment system	Division of TennCare	monthly reports; 6-month summary within 3 months of sample completion
CFR-435-010	MAGI household income methodologies	Division of TennCare	Every MAGI determination and renewal
CFR-435-014	Post-eligibility treatment of income (patient income applied to cost of care)	Division of TennCare	Monthly, for every institutionalized/HCBS beneficiary with income
CFR-435-024	Regularly scheduled renewals: 12-month cycle, ex parte first, pre-populated forms, 90-day reconsideration	Division of TennCare	Renewals at least every 12 months; 30-day response window; 90-day post-termination reconsideration period
CFR-435-029	PHE-unwinding redetermination data reporting and FMAP reduction for non-reporting	Division of TennCare	Reporting window April 1, 2023-June 30, 2024; T-MSIS data monthly by last day of subsequent month
CFR-438-009	Monthly capitation for IMD short stays (ages 21–64)	Division of TennCare	Each capitation month in which an IMD stay occurs; rate-setting each rating period
CFR-438-050	Monthly federal database checks on plans, subcontractors, owners, agents	Division of TennCare	At contracting and at least monthly thereafter
CFR-441-055	Incident management system assessment report — every 24 months	Division of TennCare	Every 24 months (reducible to every 60 months by CMS determination).
CFR-455-019	Federal database checks — including monthly LEIE/EPLS	Division of TennCare	Monthly LEIE/SAM(EPLS) exclusion checks of all providers/owners/agents/managing employees per 455.436(c)(2); f

CFR-456-011 ICF certification, evaluations, and plan of care	Division of TennCare	Certification at admission (or before payment authorization); recertification at least every 12 months in ICF/
CFR-457-029 Periodic renewal of CHIP eligibility	Division of TennCare	At least every 12 months per 435.916 as cross-referenced
CFR-457-044 Cost-sharing limits for children at or below 150% FPL	Division of TennCare	Continuous caps; amounts updated each October 1 by CPI-U medical care

The register, seated on Tennessee's published structure

Tennessee home	Entries
Division of TennCare — Finance (Chief Financial Officer)	76
Division of TennCare — Managed Care Operations	76
Division of TennCare — CoverKids (Title XXI), administered within the Division (no separate CoverKids unit is published)	75
Division of TennCare — Policy (Director of Policy)	64
Department of Finance and Administration / Division of TennCare — agency level (obligation sits above any single unit)	47
Division of TennCare — Member Services (eligibility determined by the State in TEDS; TennCare Connect contact center; Automated Health Systems)	39
Division of TennCare — Provider Services Division (Chief Medical Office)	30
Division of TennCare — Program Integrity	27
Long-Term Services and Supports — TennCare LTSS Division, with the Department of Disability and Aging (1915(c) operations)	18
Division of TennCare — TennCare Pharmacy Program (PBM / Pharmacy Benefits Administrator: OptumRx)	16
Systems — TennCare MMIS (Gainwell Technologies) and TEDS (Deloitte); TennCare Medicaid Modernization Program	12
Division of TennCare — Quality function (EQRO: Qsource)	12
Division of TennCare — Third Party Resources function (estate recovery via the RFR Processing Unit)	8
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
TennCare Oversight Division, Department of Commerce and Insurance (EQRO: Qsource)	2

4 • Method and fence

Every figure in this packet is pulled from Tennessee's register of record (built 2026-10-21) by the packet generator; nothing is typed by hand. Content comes from public information only: the Code of Federal Regulations, the Federal Register, CMS publications, and Tennessee's own published record. A gap in a packet means the public record does not carry the item — it does not mean the work is not done. This sample was generated for the Atlas subscription working model and demonstrates the Notifications tier's first packet for Tennessee.