

FINANCIAL MANAGEMENT 2.0

Accounts Receivable -- 2.7

Billing for Patients Who Have TennCare and Private Insurance-- 2.7.d

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POLICY

If a patient has both private insurance and TennCare, private insurance must be billed first if the patient does not have an assigned/network provider arranged through their private insurance.

APPLICABILITY

This policy applies to Local Health Department, Regional and Central Office personnel.

PURPOSE

To establish equitable and sound guidelines for the billing of fees for services rendered to individual patients who are covered by both TennCare and private insurance.

PROCEDURE

The following procedures must be used for billing of fees for services rendered to individual patients who are covered by both TennCare and private insurance:

1. If a patient has both private insurance and TennCare, private insurance must be billed first if the patient does not have an assigned/network provider arranged through their private insurance.
2. If the patient does have an assigned/network provider arranged through their private insurance but still seeks the services of the health department rather than from this provider, follow instructions in 2.7.e - Patients Requesting Local Health Department Services in lieu of Receiving Services from their Assigned/Network Provider.
3. When a patient provides the information to bill TennCare, but TennCare has denied the claim because the patient has private insurance, TennCare will require a remittance advice from the private insurance company before they will pay the claim.
4. If the patient has not provided information or consent to bill private insurance, a **Request of Information** form will be sent to the patient's home address.
5. The patient should be notified that if the requested information is not provided, the balance of the services will be transferred to the patient's account at full fee with no slide.
6. If after billing private insurance the patient charge is denied or the insurance plan pays an amount less than what the TennCare MCO would pay, the balance of the account should be billed to the MCO with the required supporting documentation from the private insurance.
7. If the private insurance does not supply the health department the supporting documentation required by TennCare to bill the MCO, then the patient will be billed the balance based on the sliding fee schedule, if applicable.

NECESSARY FORMS

Request of Information, PH3647

REFERENCE DOCUMENTS

1. [Rules of the Department of Health, Chapter 1200-17-2.](#)
2. [Rules of the Department of Finance and Administration, Division of Accounts, Chapter 0620-1-9](#)
3. [Medicare Provider Reimbursement Manual, Part I, Section 310](#)

OFFICE OF PRIMARY RESPONSIBILITY

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