### Who is covered in Tennessee’s Medicaid Program?

**ELIGIBILITY GROUPS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tr>
<td><strong>FFS</strong></td>
<td>1-3</td>
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<tr>
<td>Undocumented Immigrants*</td>
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<tr>
<td>Incarcerated**</td>
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<td><strong>MCO</strong></td>
<td>4, 5</td>
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<tr>
<td>Children (0-18 years)</td>
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<tr>
<td>Current &amp; Former Foster Care Children</td>
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<td>Parents and other Caretaker Relatives</td>
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<td>Pregnant Women</td>
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<td>Aged, Blind, and Disabled Adults</td>
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<tr>
<td>Dual Eligibles</td>
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<tr>
<td>Disabled Children</td>
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<td>American Indians/ Alaskan Natives</td>
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<tr>
<td>Qualified Non-Citizens*</td>
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<tr>
<td>Intellectual and Developmental Disabilities</td>
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</tbody>
</table>

* Emergency Medicaid services only
** Acute inpatient hospitalization covered only
+ Qualified non-citizens are subject to a 5-year waiting requirement

### Important News

- **February 2015** - Governor Bill Haslam’s Medicaid expansion bill has died after it was voted down in the Senate’s Health and Welfare Committee.
- **October 2016** - Tennessee released a request for proposal (RFP) for its prison health services business.

### Medicaid Medical Director’s Network

Tennessee recently started a payment reform initiative, creating over 30 episodes of care programs with 20 additional programs in the process of being approved.

### Do Medicaid health plans provide coverage?

| YES | NO |

### How has Tennessee’s Medicaid program engaged in Managed Care?

**SECTION 1115 WAIVERS**

**TennCare II** was created to operate its state Medicaid program under a single demonstration. All state plan eligible individuals are enrolled in TennCare (Medicaid, Standard, or CHOICES).

- **APPROVAL:** 5/30/2002
- **EFFECTIVE:** 7/1/2002
- **EXPIRATION:** 6/30/2021

www.MedicaidInnovation.org
TENNESSEE MEDICAID FACTS

How is Tennessee meeting the needs of Medicaid enrollees?

**Value-Based Healthcare Initiatives**
Tennessee offers threeepisode of care payment coverage; total joint replacement, hospitalization for acute asthma, and pregnancy. Coverage includes the following:10

- Total joint replacement (hips and knees), including diagnostics (e.g., imaging and laboratory tests), professional and facility fees, medical device(s), physical therapy and other forms of post-acute care, pharmaceuticals, and treatment of any complications and/or related readmissions.
- Hospitalization for acute asthma exacerbation, including professional and facility fees, post-acute care, care management through the transition to ongoing outpatient care, pharmaceuticals, and treatment of any complications and/or related readmissions.
- Pregnancy, including prenatal care, delivery, postpartum care, and treatment of any complications or related readmissions of the mother.

Tennessee’s patient-centered medical home provides:11

- Patient-centered access including same-day appointments for routine and urgent care.
- Team-based care including patient care team meetings or a structured communication process focused on individual patient care.
- Population health management utilizing data analytics for population management to address chronic and acute care services.
- Care management support including identifying high-risk patients for care management and care plans with self-care support recommendations for each of them.
- Care coordination and care transitions including referral tracking, follow-up, and coordinating care transitions.
- Performance measurement and quality improvement including measurement and tracking of performance on quality and efficiency measures.

Tennessee’s innovation initiative provides health homes for individuals with severe and persistent mental illness.12

**Family Planning**13
In Tennessee, public funding for the family planning program comes from Medicaid (77%) and from Title X (12%) with safety-net health centers, including state and local health departments, federally qualified health centers (FQHCs), Planned Parenthood affiliates, hospital-based clinics, and other independent agencies such as family planning councils providing services. Coverage includes:

- Screening for STIs, including chlamydia and gonorrhea
- Cervical cancer screening through pap and HPV tests
- Vaccination for HPV

**Women’s Health**14
The breast and cervical screening program provides breast and cervical cancer screening to eligible women with diagnostic follow-up tests as medically necessary.

- Women diagnosed with breast or cervical cancer or pre-cancerous conditions are enrolled for treatment coverage through the state’s TennCare Program.

**Mental Health & Substance Use Disorder**
TennCare Medicaid enrollees are eligible for the following benefits, regardless of age:15

- Crisis management
- Inpatient and outpatient substance use benefits
- Mental health case management
- Psychiatric inpatient facility services
- Psychiatric rehabilitation services
- Psychiatric residential treatment services
- Covered drug therapies: naloxone, naltrexone, acamprosate, and disulfiram

**Oral Health**
TennCare’s oral health services are managed by DentaQuest. Children under age 21 can receive full dental services when medically necessary, as well as routine checkups under the DentaQuest contract. Braces are also covered if the child has a handicapping malocclusion.17

DentaQuest does not cover any dental services for TennCare enrollees who are 21 years of age or older.18, 19

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**Timeline**

**Federal**
- President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.
- Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.
- Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.
- Children and pregnant women become mandatory Medicaid eligibility groups.
- Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.
- Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.
- Olmstead decision allows expanded HCBS coverage for persons with disabilities.
- Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.
- ACA implementation begins.
- 32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

**Tennessee**
- 1969: Tennessee adopts the Medicaid program.  
  - Tennessee is created under a federal waiver with some deviations from the standard Medicaid program, TennCare is the first Medicaid program to utilize private-sector managed care for all of its members.  
  - Because of high levels of enrollment, TennCare stops accepting applications from non-Medicaid eligible adults. Changes are made to the income caps in determining eligibility, resulting in an increase in the number of uninsured individuals.  
  - The state begins offering behavioral health services to managed care enrollees through a prepaid limited benefit plan.
- 1972: Federal
- 1981: Tennessee
- 1984: Tennessee
- 1989: Tennessee
- 1990: Tennessee
- 1994: Tennessee
- 1995: Tennessee
- 1996: Tennessee
- 2002: Tennessee
- 2003: Tennessee
- 2006: Tennessee
- 2007: Tennessee
- 2010: Tennessee
- 2012: Tennessee
- 2013: Tennessee
- 2014: Tennessee
- 2016: Tennessee

For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org