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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: TN-24-0024

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

September 5, 2024

Stephen Smith
Director of TennCare
Department of Finance and Administration
310 Great Circle Road
Nashville, TN 37243

Dear Director Smith:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number TN-24-0024, submitted on June 28, 2024, has been approved. This SPA has an effective date of July 1, 2023.

Through this SPA, Tennessee has demonstrated compliance with both the Inflation Reduction Act (IRA) section 11405(b)(1) and the longstanding requirement in regulations at 42 CFR §§ 457.410(b)(2) and 457.520(b)(4) to cover age-appropriate vaccines. Section 11405(b)(1) of the IRA requires states with separate CHIPs that include coverage for adults to provide coverage and payment for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost sharing. Current regulations at 42 CFR §§ 457.410(b)(2) and 457.520(b)(4) require states to cover age-appropriate vaccines and their administration in accordance with the recommendations of the ACIP without cost sharing. The state provided the necessary assurances to demonstrate compliance with both requirements.

Also, through this SPA, Tennessee adds coverage of lactation supports services. In addition, this SPA updates Tennessee's strategic objectives and performance goals to align with those reported in the state's CHIP annual report. To measure progress on these goals, the state will utilize American Community Survey data, measure set data, and applications or renewals data. The state agrees to submit a future SPA to update performance goals to be measurable, quantifiable, and convey a target the state is working towards.

Your Project Officer is Joshua Bougie. He is available to answer your questions concerning this amendment and other CHIP-related matters. His contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
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If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Sarah deLone/

Sarah deLone
Director

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

- 1.4** Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Effective date: June 9, 2006
Implementation date: January 1, 2007

State Plan Amendment #3 (Dental and vision services)
Effective date: October 1, 2007
Implementation date: January 1, 2008

State Plan Amendment #4 (Striking dental services for pregnant women)
Effective Date: November 8, 2007
Implementation Date: January 1, 2008

State Plan Amendment #5 (Revising upper income limit, clarifying coverage of unborn children and updating enrollment processes)
Effective Date: January 23, 2008
Implementation Date: February 8, 2008 (unborn children), March 1, 2008 (upper income limit)

State Plan Amendment #6 (Previously submitted on May 22, 2009 and withdrawn on August 17, 2009.)
Effective Date:
Implementation Date:

State Plan Amendment #7 (Enrollment cap – specified time frame)
Effective Date: November 30, 2009
Implementation Date: December 1, 2009 through February 28, 2010

State Plan Amendment #8 (Enhanced dental benefits; prospective payment system; alternative managed care delivery system; citizenship documentation/Social Security Administration; external quality review)
Effective Date: July 1, 2010
Implementation Dates: July 1, 2010 (external quality review); July 1, 2010 (prospective payment system); July 1, 2010 (dental benefit enhancements); September 1, 2010 (managed care delivery system); September 1, 2010 (citizenship documentation/Social Security Administration)

State Plan Amendment #9 (Change method of delivery system from full-risk

arrangement to fee-for-service/administrative service only arrangement; phase out alternative delivery system concurrent with the change from managed care to FFS/ASO)

Effective Date: January 1, 2012

Implementation Date: January 1, 2012

State Plan Amendment #10 (Network change from commercial network with commercial rates to TennCare Select Medicaid network with Medicaid rates; SCHIP budget; updated Attachment B Dental Procedure Codes)

Effective Date: October 1, 2013

Implementation Date: October 1, 2013

State Plan Amendment #11 (Submitted June 19, 2014 under a cover letter date June 18, 2014 and withdrawn September 2, 2014)

Effective Date:

Implementation Date:

State Plan Amendment TN 15-0012 (Updated Section 6.2 and Attachment A regarding covered benefits and copays and deleted Attachment B)

Effective Date: September 15, 2014

Implementation Date: September 15, 2014

State Plan Amendment TN 16-0014 (Clarification to Sections 4.3 and 4.4)

Effective Date: July 1, 2015

Implementation Date: July 1, 2015

State Plan Amendment TN 16-0015 (Updated information about covered benefits and copays)

Effective Date: April 1, 2016

Implementation Date: April 1, 2016

State Plan Amendment TN 18-0016 (Updated copays and compliance with MHPAEA)

Effective Date: October 2, 2017

Implementation Date: October 2, 2017

State Plan Amendment 20-0017 (Disaster-related flexibilities)

Effective Date: January 27, 2020

Implementation Date: In the event of a disaster, the State will notify CMS of its intent to provide temporary adjustments to the policies described in Sections 4.3 and 8.2 of this State Plan.

State Plan Amendment 20-0018 (Documenting coverage of behavioral health services)

Effective Date: October 24, 2019

Implementation Date: October 24, 2019

State Plan Amendment 21-0019 (Transition to managed care)
Effective Date: January 1, 2021
Implementation Date: January 1, 2021

State Plan Amendment 21-0020 (Eligibility processes)
Effective Date: July 1, 2021
Implementation Date: July 1, 2021

State Plan Amendment 22-0021 (Continuous eligibility)
Effective Date: April 1, 2022
Implementation Date: April 1, 2022

State Plan Amendment:TN-22-0022 (Coverage of COVID-19-related services)
Effective Date: March 11, 2021
Implementation Date: March 11, 2021

State Plan Amendment TN-24-0024 (Coverage of vaccines and their administration, coverage of lactation support services)
Effective Date (Vaccines and lactation support services): July 1, 2023
Implementation Date (Vaccines and lactation support services): July 1, 2023

Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)

- 6.2.** The state elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

- 6.2.24. Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))

In addition to the services indicated above, the CoverKids benefit package will also include:

- Emergency Care
- Chiropractic Care: Maintenance visits not covered when no additional progress is apparent or expected to occur.
- Routine Health Assessments and Immunizations in accordance with AAP and ACIP recommendations.

- Skilled Nursing Facility Services. Limited to 100 days per calendar year following an approved hospitalization.
- Lactation Support Services

Mothers of eligible unborn children who are over age 19 receive all benefits available under the CoverKids program, except for chiropractic services, routine dental services, and vision services.

6.5 Vaccine Coverage

6.5.1. Vaccine coverage for targeted low-income children.

- The State provides coverage for age-appropriate vaccines and their administration in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP), without cost sharing. (Section 2103(c)(1)(D)) (42CFR 457.410(b)(2) and 457.520(b)(4)).

6.5.2. Vaccine coverage for targeted low-income pregnant individuals.

- The State provides coverage for approved adult vaccines recommended by the ACIP, and their administration, without cost sharing. (SHO # 23-003, issued June 27, 2023); (Section 2103(c)(12)).

6.5.3. Vaccine coverage for conception to end-of-pregnancy population.

- The State provides coverage for age appropriate (child or adult) vaccines and their administration in accordance with the recommendations of the ACIP, without cost sharing, to benefit the unborn child.

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

- 9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

Strategic Objective 1:

Reduce the number of uninsured children.

Strategic Objective 2:

Increase access to care.

Strategic Objective 3:

Increase use of preventative care.

Strategic Objective 4:

Improve the CoverKids eligibility, enrollment, and renewal process.

- 9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

Strategic Objective 1:

Reduce the number of uninsured children.

Performance Goals:

1A.

Increase health insurance coverage for targeted low-income children in Tennessee.

Measure: American Community Survey percentage of low-income (below 200% FPL) Tennessee children who are uninsured.

Strategic Objective 2:

Increase access to care.

Performance Goals:

2A. In

In an effort to increase access to care, our goal is to maintain or reduce the incidence of Emergency Room usage.

Measures (AMB): Utilization of ambulatory care via Emergency Department (ED) Visits per 1,000 member months. Age breakouts include: <1, 1-9, and 10-19.

2B.

In an effort to increase access to care, our goal is to maintain or increase asthma medication ratio for children with Asthma.

Measure (AMR): Members with persistent asthma who have a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Age breakouts include: 5-11, 12-18.

Strategic Objective 3:

Increase use of preventative care.

Performance Goals:

3A.

In an effort to increase the use of preventative care, our goal is to increase the percentage of children and adolescents that receive age-appropriate immunizations.

Measures (CIS): For MMR, hepatitis B, VZV, and hepatitis A, count any of the following:

Evidence of the antigen or combination vaccine, or Documented history of the illness, or A seropositive test result for each antigen.

For DTap, IPV, HiB, pneumococcal conjugate, rotavirus, and influenza,

count only: Evidence of the antigen or combination vaccine.

For combination vaccinations that require more than one antigen (i.e., DTap and MMR), the organization must find evidence of all the antigens.

Measure (IMA): Percentage of adolescents who turn 13 years of age during the measurement year, count any of the following:

For meningococcal, Tdap, and HPV count only evidence of the antigen or combination vaccine.

For meningococcal: at least on meningococcal serogroups A, C, W, Y vaccine between the members 11th and 13th birthdays.

For Tdap: at least one tetanus, diphtheria toxoids and acellular pertussis vaccine between the members 10th and 13th birthdays.

For HPV: at least two HPV vaccines at least 146 days apart between members 9th and 13th birthdays.

3B.

In an effort to increase the use of preventative care, our goal is to increase the percentage of children and adolescents who have recommended well-child or well-care visits.

Measures (WCV): For ages 3-11, 12-17, and 18-21: Percent of children and adolescents who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner.

Measure (W30): Members who had the following number of well-child visits with a PCP during the last 15 months:

Visits in the first 15 months: Children who turned 15 months old during the measurement year: Six or more well-child visits

Visits for age 15 months – 30 months: Children who turned 30 months old during the measurement year: Two or more well-child visits

Strategic Objective 4:

Improve the CoverKids eligibility, enrollment, and renewal process.

Performance Goals:

4A.

Increase self-service portal functionality and usage for CoverKids applications, renewals, and case maintenance to ensure ease of the application process and to keep renewal churn low.

Measure: Percentage of online applications for eventual CoverKids approvals.

Measure: Percentage of CoverKids enrollees whose eligibility can be renewed through automated processes.

4B.

Our goal is to increase the number of active providers actively assisting potential applicants and enrollees in the application and renewal process.

Measure: Number of active healthcare providers using the TennCare Access provider portal.

Measure: Number of CoverKids application approvals or eligibility renewals resulting from TennCare Access usage by providers.