



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

July 28, 2014

Eliot Fishman, Ph.D., Director
Family and Children's Health Programs Group
Centers for Medicare and Medicaid Services
Center for Medicaid, CHIP, and Survey & Certification
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, Maryland 23244-1850

RE: TennCare II demonstration (No. 11-W-00151/4), Amendment #23

Dear Mr. Fishman:

We are requesting a change in the TennCare Demonstration to respond to guidance received from CMS staff. Specifically, we are requesting expenditure authority under the demonstration for non-ambulatory services provided to pregnant women during a period of presumptive eligibility. This request is being made in accordance with paragraph 7 of our Special Terms and Conditions.

Where pregnant women are concerned, we have always considered all covered services to be "pregnancy-related," and this is stated explicitly in our Special Terms and Conditions. (See paragraph 28f.) We do not believe it makes sense from a programmatic perspective to limit benefits to this vulnerable population to only ambulatory benefits.

We are aware that Maryland has received the expenditure authority we are requesting. Their expenditure authority is expressed in the manner stated below. We have underlined suggested edits in their language to adapt it to Tennessee.

Maryland	Tennessee
<p>Under Section III., General Program Requirements:</p> <p><u>7.</u> Full Medicaid Benefits for Presumptively Eligible Pregnant Women. Effective <u>January 1, 2014</u>, expenditures to provide full Medicaid State plan benefits to presumptively eligible pregnant</p>	<p>Under Section III., General Program Requirements:</p> <p><u>17.</u> Full Medicaid Benefits for Presumptively Eligible Pregnant Women. Effective <u>August 1, 2014</u>, expenditures to provide full Medicaid State plan <u>and demonstration benefits</u> to presumptively</p>

Maryland	Tennessee
women with incomes up to <u>250</u> percent of the FPL.	eligible pregnant women with incomes up to <u>195</u> percent of the FPL.
<p>In the List of Expenditure Authorities:</p> <p>7. Full Medicaid Benefits for Presumptively Eligible Pregnant Women. Effective <u>January 1, 2014</u>, expenditures to provide full Medicaid State plan benefits to presumptively eligible pregnant women with incomes up to <u>250</u> percent of the FPL.</p>	<p>In the List of Expenditure Authorities:</p> <p>16. Full Medicaid Benefits for Presumptively Eligible Pregnant Women. Effective <u>August 1, 2014</u>, expenditures to provide full Medicaid State plan <u>and demonstration</u> benefits to presumptively eligible pregnant women with incomes up to <u>195</u> percent of the FPL.</p>

In considering the impact on beneficiaries of this proposed amendment, it may be more meaningful to consider the impact on beneficiaries of not having this amendment. If we have to withdraw coverage of non-ambulatory care from our benefit package for presumptively eligible pregnant women, they will have little choice but to pay out-of-pocket for any inpatient care they might need. This would undoubtedly cause great stress at a time when these women need to be focusing their attention on the health of their babies and themselves.

Public Notice. This change has been published for public comment in newspapers of general circulation, in accordance with the public notice requirements of paragraph 15 of the Special Terms and Conditions of the demonstration. Information about the proposals has been posted on the state’s website, with a vehicle for comments included. We have received no comments.

CHIP Allotment Neutrality Worksheet. We do not believe that this change will have a significant effect on CHIP allotment neutrality.

Evaluation Design. We do not anticipate modifying the Evaluation Design at this time.

Data Analysis. We are forwarding the worksheet electronically.

We will be glad to work with you and your staff as you review Amendment #23. We are requesting an expedited implementation date of August 1, 2014, in order to ensure compliance with guidance from CMS. The changes noted above should complement the list of proposed technical corrections we submitted to you on April 17, 2014.

Thank you for your attention to this important matter.

Sincerely,



Darin J. Gordon
Director

cc: Jessica Woodard, TennCare Project Officer, Center for Medicaid, CHIP and Survey & Certification, Baltimore

Andrea Casart, Technical Director, Center for Medicaid, CHIP and Survey & Certification,
Baltimore
Jackie Glaze, Associate Regional Administrator, Atlanta Regional Office
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