

Tennessee Managed Care Program Features, as of 2013

Features	PACE	TennCare II
Program type	PACE	Comprehensive MCO + any other type
Statewide or region-specific?	Hamilton	Statewide
Federal operating authority	PACE	1115 demonstration
Program start date	1/11/2002	7/1/2002
Waiver expiration date (if applicable)	6/30/2016	6/30/2016
If the program ended in 2013, indicate the end date		
Populations enrolled		
Low-income Adults		Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)		Mandatory
Individuals receiving Limited Benefits		
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority		Mandatory
Full Duals	Voluntary	Mandatory
Partial Duals		
Children with Special Health Care Needs		Mandatory
Native American/Alaskan Natives	Voluntary	
Foster Care and Adoption Assistance Children	Exempt	Mandatory
Enrollment choice period	N/A	Pre-assigned
Enrollment broker name (if applicable)		
Notes on enrollment choice period	Enrollment is voluntary and based on availability of open slots.	TennCare pre-assigns enrollees but provides them 45 days to transfer to another TennCare MCO without cause. After this 45-day period, enrollees may transfer to another TennCare MCO only for cause as defined in federal regulation or during a specified annual MCO change period.

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Benefits covered		
Inpatient hospital physical health		X
Inpatient hospital behavioral health (MH and/or SUD)		X
Outpatient hospital physical health		X
Outpatient hospital behavioral health (MH and/or SUD)		X
Partial hospitalization		X
Physician		X
Nurse practitioner		X
Rural health clinics and FQHCs		X
Clinic services		X
Lab and x-ray		X
Prescription drugs and prosthetic devices		X
EPSDT		X
Case management		X
Health home		
Family planning		X
Dental services (medical/surgical)		X
Dental (preventative or corrective)		
Home health agency services		X
Personal care (state plan option)		X
HCBS waiver services		X
Private duty nursing		X
ICF-IDD		
Nursing facility services		X
Hospice care		X
Non-Emergency Medical Transportation		X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	All Medicare Services and other services determined necessary by the inter disciplinary team.	TennCare covers nurse midwife services, freestanding birth centers, podiatrists' services, and other services as indicated in Tennessee's approved Medicaid State Plan (where limitations imposed on each service are identified).

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Quality assurance and improvement		
HEDIS data required?	Yes	Yes
CAHPS data required?	Yes	Yes
Accreditation required?	Yes	Yes
Accrediting organization	NCQA	NCQA
EQRO contractor name (if applicable)	Qsource	Qsource
Performance incentives?	No	Yes
Payment bonuses/differentials to reward MCOs		X
Preferential auto-enrollment to reward MCOs		
Public reports comparing MCO performance on key metrics		X
Withholds tied to performance metrics		X
Participating plans and regions served		
Plans in Program	Alexian Brothers Community Services	Amerigroup; Delta Dental of Tennessee; Magellan Health Services; UnitedHealthcare Community Plan - East TN; UnitedHealthcare Community Plan - Middle TN; UnitedHealthcare Community Plan - West TN; Volunteer State Health Plan (BlueCare) - East TN; Volunteer State Health Plan (BlueCare) - West TN; Volunteer State Health Plan (TennCare Select)

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Notes		
Program notes		<p>LTSS dual-eligible enrollment was 32,138 and LTSS non dual-eligible enrollment was 28,805. TennCare MCOs are encouraged--but not required--to include rural health clinics and FQHCs in their provider networks. If these providers are not used, a TennCare MCO must demonstrate that network capacity and appropriate services are available to vulnerable populations in relevant coverage areas. Dental services (preventive, diagnostic, and treatment) are available to TennCare enrollees under age 21. Enrollees age 21 and older are not entitled to dental services except a) orthodontic treatment when an orthodontic treatment plan was approved before the enrollee was 20.5 years old and treatment was initiated before the enrollee was 21 years old; and b) the EMTALA screening and treatment of an emergency medical condition when an enrollee presents to an Emergency Department with a dental problem. The orthodontic coverage for adults described above was discontinued on 10/1/13. The "Dental (Preventative or Corrective)" box has not been checked because this benefit is included within TennCare's EPSDT benefit. HCBS waiver services and nursing facility services are available to members of TennCare CHOICES, which is TennCare's program of long-term services and supports for qualified individuals. The "ICF-IDD" box has not been checked because such services are reimbursed outside the TennCare II Demonstration (even though recipients of the benefit are still enrolled in managed care for other benefits). Individuals eligible for coverage solely by virtue of the TennCare II Demonstration are not entitled to certain State Plan services but still receive a wide range of physical health services, behavioral health services, and long-term services and supports. The TennCare Demonstration was renewed for the period of 7/1/13 through 6/30/16. Magellan Health Services replaced Catamaran as TennCare's Pharmacy Benefits Manager on 6/1/13. DentaQuest USA Insurance Company replaced Delta Dental of Tennessee as TennCare's Dental Benefits Manager on 10/1/13.</p>