

Tennessee Managed Care Program Features, as of 2014

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Hamilton County
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	7/1/2002	4/7/1999
Waiver expiration date (if applicable)	6/30/2016	
If the program ended in 2014, indicate the end date		
Populations enrolled		
Low-income Adults not eligible under ACA Section VIII	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits		
Low-income adults eligible under ACA Section VIII		
Full Duals	Mandatory	Mandatory
Partial Duals		
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Exempt	Exempt
Foster Care and Adoption Assistance Children	Mandatory	
Enrollment choice period	Pre-assigned	N/A
Enrollment broker name (if applicable)		
Notes on enrollment choice period		
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization	X	X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X
EPSDT	X	
Case management	X	X
Health home (SSA 1945)		
Family planning	X	
Dental services (medical/surgical)	X	X

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Dental (preventative or corrective)		X
Home health agency services	X	X
Personal care (state plan option)	X	X
HCBS waiver services	X	X
Private duty nursing	X	X
ICF-IDD		
Nursing facility services	X	X
Hospice care	X	X
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	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).	Podiatry, nutrition counseling, recreational therapy and social activities, spiritual care, transportation and escort to and from the PACE center, audiology and hearing aids, optometry and eyeglasses, and medical equipment and supplies.
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	Qsource	
Performance incentives?		
Payment bonuses/differentials to reward plans	X	
Preferential auto-enrollment to reward plans		
Public reports comparing MCO performance on key metrics	X	
Withholds tied to performance metrics	X	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing		
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served		
Plans in Program	Amerigroup; DentaQuest USA Insurance Company; 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)	Alexian Brothers Community Services
Notes		

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Program notes	<p>ADDITIONAL INFORMATION FOR "BENEFITS COVERED" TAB: 1. TennCare covers services only when they are determined to be medically necessary. 2. 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. 3. 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 the EMTALA screening and treatment of an emergency medical condition when an enrollee presents to an Emergency Department with a dental problem. The "Dental (Preventative or Corrective)" box has not been checked because this benefit is included within TennCare's EPSDT benefit. 4. 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. 5. 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). ADDITIONAL INFORMATION FOR "ENROLLMENT" TAB: 1. TennCare does not cover any populations that could be characterized as "individuals receiving limited benefits," since all enrollees are provided a comprehensive package of health care 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. 2. Partial duals do not qualify for TennCare and, therefore, are not counted as part of Tennessee's Medicaid population and are not enrolled in a TennCare MCO. ADDITIONAL INFORMATION FOR "ENROLLMENT - SP. POPS & OTHER OPTIONS" TAB: Regarding "Native American / Alaskan Native" enrollment, Tennessee does not have any federally recognized Indian tribes and, therefore, does not have a separate enrollment process for Native Americans or Alaskan Natives. ADDITIONAL INFORMATION FOR "PERFORMANCE INCENTIVES" TAB: With regard to "Provider Value-Based Purchasing," TennCare does not pay provider-based entities directly, as provider reimbursement occurs primarily through TennCare's managed care contractors. Nonetheless, TennCare's MCOs have various value-based payment programs (e.g., patient-centered medical homes). ADDITIONAL INFORMATION FOR "PLANS" TAB: Throughout 2014, TennCare MCOs Amerigroup, UnitedHealthcare Community Plan, and Volunteer State Health Plan operated on a regional basis: Amerigroup served Middle Tennessee, BlueCare served East and West Tennessee, and UnitedHealthcare Community Plan served East, Middle, and West Tennessee. Beginning on January 1, 2015, however, all three MCOs shifted to a statewide model of service delivery.</p>	<p>ADDITIONAL INFORMATION FOR "ENROLLMENT" TAB: The category of "Aged, Blind, or Disabled Children and Adults" category has been checked because PACE applicants and recipients must meet the nursing facility level of care criteria (i.e., be disabled) to qualify for the program. It should be noted, however, that children may not qualify for PACE, since they do not meet the requirement that recipients must be age 55 or older. ADDITIONAL INFORMATION FOR "QUALITY ASSURANCE" TAB: Tennessee's PACE program complies with all quality assessment and performance improvement requirements outlined in federal regulation (42 CFR 460 Subpart H). The information presented for Tennessee's PACE program in the 2012 MMDCS submission remains accurate. That information is available at http://www.medicare.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/tennessee-mcp.pdf.</p>