

Tennessee Mitigation Plan – April 2016 Update

This is an update of a plan originally developed in late 2013 and updated in July of 2014 to describe the application process for Tennessee residents pending implementation of the Tennessee Eligibility Determination System (TEDS).

Status of TEDS implementation

- The Technical Advisory Services procurement is complete. The contractor (KPMG) reviewed documentation of current business processes and existing mitigation strategies to inform the development of requirements for the Systems Integrator Procurement.
- The Strategic Program Management Office procurement is complete and the contractor (PCG) began work in November 2015.
- The Systems Integrator procurement was released on April 1, 2016 and anticipates a September 1, 2016 contract start date.

Applications Accepted and Processed by the State

1. Tennessee continues to encourage **individuals applying for Long Term Services and Supports and Medicare Savings Programs** to apply directly to the State. These applications are processed using the ACCENT¹ system. Applications can be mailed or faxed and are processed by a centralized team of Eligibility Specialists.
 - a. If the team of Eligibility Specialists determines the applicant is eligible, ACCENT generates a transaction to InterChange.² This process has not changed from the process that existed in 2013.
 - b. If ACCENT sends an approval to InterChange, as has occurred historically, InterChange assigns the MCO, generates the notice to the member, and sends the 834 to the MCO.
 - c. If the team of Eligibility Specialists determines the applicant is not eligible, ACCENT sends a denial notice to the applicant.
2. Tennessee continues to make **presumptive eligibility determinations for pregnant women** through local health departments located throughout the State through processes that were in place prior to passage of the Affordable Care Act. Local health departments send transactions through a proprietary system, AS400, to InterChange on a daily basis to establish eligibility for these applicants.

¹ ACCENT is the eligibility system operated by the Tennessee Department of Human Services (DHS), primarily for Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps). Prior to 2014, DHS performed Medicaid eligibility determinations using the ACCENT system. TennCare is temporarily using ACCENT to perform non-MAGI eligibility determinations until TEDS is operational.

²InterChange is the State's Medicaid Management Information System (MMIS).

3. Tennessee continues to make **presumptive eligibility determinations for individuals with breast and cervical cancer** through local health departments located throughout the State through processes that were in place prior to passage of the Affordable Care Act. Local health departments provide TennCare with proof that the individual has completed the CDC screening process and TennCare establishes eligibility for the individual in InterChange.
4. Tennessee continues to confer **“deemed eligibility” to babies born to women enrolled in TennCare when they give birth** through processes that were in place prior to passage of the Affordable Care Act. Such births are reported to TennCare through a telephone call to the Tennessee Health Connection (TNHC), TennCare’s eligibility call center. Eligibility is communicated to TennCare in a spreadsheet from TNHC which is loaded to InterChange.
5. While not technically an application accepted by the State, Tennessee continues to enroll **individuals determined eligible for SSI** by the federal government through processes that were in place prior to passage of the Affordable Care Act. TennCare receives daily SDX transactions from SSA which are loaded directly into InterChange.
6. In addition to the processes noted above which have been described in prior versions of the mitigation plan, in August of 2014, Tennessee implemented a **newborn presumptive eligibility** process to address difficulties non-Medicaid eligible mothers were encountering at the FFM when attempting to enroll newborns that were not eligible for deeming. These mothers were unable to complete the identity proofing process established by the FFM resulting in delays in obtaining coverage. Under Tennessee’s approach, individuals may use a one-page application form to apply for newborn presumptive eligibility at any qualified entity (including both birthing centers and hospitals across the state). The qualified entity makes the presumptive eligibility determination, issues the appropriate notice to the applicant, and electronically transmits data for approved cases directly to TennCare for immediate enrollment. Additionally, pregnant enrollees in CoverKids (covered in the unborn child category) can call to report a newborn’s birth, and the CoverKids eligibility contractor will enroll the newborn in TennCare or CoverKids as appropriate. TennCare has developed a process by which the qualified entity can submit an electronic transaction to us which is loaded directly to InterChange.
7. Tennessee continues to monitor to the extent possible the degree to which the FFM is meeting the needs of residents of the State and has identified **three additional groups of applicants – immigrants potentially eligible for emergency medical services, immigrants who have recently arrived in the US and are legally in the country and refugees**– who could potentially benefit from an additional application path. Given the relatively small numbers of such applicants, Tennessee believes it would be feasible to begin accepting applications on behalf of these groups directly with the intent to process them manually using MAGI in the cloud. In fact, the State has already implemented the first phase – accepting emergency medical services applications filed by Tennessee hospitals – effective June 1, 2015. The State anticipates that it will take several months to develop the procedures and work flows and to hire and train the

staff that will be required for the next two phases. The goal will be a staggered implementation in which the State will begin accepting refugee applications within 90 days, and legal immigrant applications within 120 days of CMS approval of this mitigation plan. The State will designate agencies that work with these populations as the entities from which such applications will be accepted. These applications will be processed using MAGI-in-the-Cloud web services and loaded directly to InterChange. Tennessee uses the FFM Single Streamlined application for these processes. Since EMS applicants cannot receive SNAP and immigrants and refugees recently admitted to the country rarely have social security numbers, the State will not be able to utilize the SNAP match to approve these individuals but must rely on paper verifications to process the applications. In an effort to continuously improve upon our processes, other strategies to improve efficiency and streamline these processes will be considered as new opportunities develop.

8. In order to facilitate **full Medicaid eligibility determinations for infants granted newborn presumptive eligibility**, the State proposes to accept and process applications directly for such infants. The State would begin accepting such applications within 150 days of CMS approval of this mitigation plan and would continue to do so until Hospital Presumptive Eligibility is fully functional such that hospitals will be in a position to assist such newborns with online FFM applications. These applications will be processed using MAGI-in-the-Cloud web services and loaded directly to InterChange. Tennessee uses the FFM Single Streamlined application for these processes. Since newborns rarely have social security numbers, the State will not be able to utilize the SNAP match to approve these individuals but must rely on paper verifications to process the applications. In an effort to continuously improve upon our processes, other strategies to improve efficiency and streamline these processes will be considered as new opportunities develop.

Applications Directed to the FFM

Until Tennessee's MAGI-compliant eligibility determination computer system is fully operational, **all other applicants (i.e. those not listed above) continue to be referred to the FFM for a MAGI eligibility determination.** Tennessee continues to operate in a "Determination" model with CMS determining Modified Adjusted Gross Income (MAGI) eligibility for individuals applying through the FFM.

Applications can be filed over the web at healthcare.gov, by telephone through the FFM call center, by mail at the London, KY address or with in person assistance at any local DHS office. In the event an FFM application is mistakenly faxed or mailed to the State, the State will document receipt of the application and forward the application to the FFM at the London, KY address.

As has been the case since January 1, 2014, if the FFM determines that the application is MAGI eligible, the FFM sends a notice to the applicant and electronically transmits the eligibility record to TennCare and TennCare loads the record into InterChange using the application date provided by the FFM.

Subsequently, in keeping with the process that has been in place for years, InterChange will assign the Managed Care Organization (MCO), generate the notice to the member and send the 834 to the MCO.

Tennessee does not have the ability to systematically match approvals received through the account transfer process with applications mistakenly faxed or mailed to the State and forwarded to the FFM and to systematically adjust effective dates where indicated. However, the “Welcome to TennCare” letters mailed to individuals approved by the FFM for eligibility explain the established process for filing a timely effective date appeal (including through a phone call to TNHC). When an effective date appeal is filed, the State will first attempt to informally resolve the appeal by searching for evidence of an earlier application (including asking the appellant for such evidence if the State is unable to locate proof of an earlier application) and, when found, will consider the date an application was received by fax or in the mail by the State as the application date.

Applications Processed by the State after referral from FFM

9. As has been the case since January 1, 2014, if the FFM determines that the **application is not MAGI eligible, but may be non-MAGI eligible**, the FFM electronically transmits the record to TennCare. In addition to other call center functions, TennCare uses TNHC to reach out to these members to ask a series of basic questions and request further information for resource determination if appropriate. Once the information is received from the applicant, a centralized team of Eligibility Specialists processes the application for all non-MAGI categories for which the applicant may be eligible. These applications are processed in ACCENT as described in paragraph 1 above.

10. In September of 2014, Tennessee developed a manual process to resolve **applications with data inconsistencies** that had been pended at the FFM as a result of such inconsistencies. This action was needed because in early July of 2014, CMS informed Tennessee that such applications were being pended indefinitely at the FFM because the FFM had no way to resolve the inconsistencies. Since Tennessee had no visibility or access to applications pended at the FFM, Tennessee immediately requested that information regarding these applications be provided from the FFM to Tennessee so that we could develop a workaround. CMS was unable to begin providing the requested information until early in September 2014, at which point the State implemented a process to:
 - a. Identify from the data provided by CMS, files associated with applications that have been pended at one point or another at the FFM as a result of an inconsistency
 - b. From (a) above, exclude files associated with individuals with current TennCare or CHIP eligibility.
 - c. From the remaining files in (b) above, attempt to resolve inconsistencies where practical with existing data available to the State. At a minimum this includes an electronic match to active SNAP cases. See ‘Continuous Improvement’ section of this document.
 - d. For applications not resolved following steps (a) through (c) above, request verifications from applicants in order to resolve inconsistencies.

- e. When proof of income is provided, but does not support self-reported income, manually assess income eligibility using a MAGI income and family size table. If approved, proceed to load eligibility in InterChange. If denied, send notice which includes language regarding the potential for coverage through the Exchange.
- f. If an inconsistency is resolved and the individual is CHIP eligible, TennCare will provide the approval information to CoverKids and request that the eligibility be loaded into their system.

Tennessee has contracted with a vendor (InStream) for the modification and use of a workflow management tool that will streamline the process of working the inconsistencies that are referred to the State from the FFM. The target date for implementation is August, 2016. InStream is developing an interface file with InterChange to load the approvals.

Activities in Support of Applicants Directed to the FFM

- A. Consistent with the original mitigation plan developed by the State and approved by CMS, Tennessee makes the following assistance available to individuals applying for Medicaid coverage through the FFM:
 - DHS offices in each one of Tennessee's 95 counties continue to be equipped with computer kiosks and telephones that can be used by applicants who lack access to such technology or who simply prefer to apply at a DHS.
 - In-person assistance through over 350 certified application counselors continues to be available at all local DHS offices.
 - In-home assistance for disabled individuals continues to be available through Tennessee's Area Agencies on Aging and Disability.
- B. In order to facilitate full Medicaid eligibility determinations for women granted prenatal presumptive eligibility, on January 1, 2016, TennCare entered into a contract with the Tennessee Department of Health (DOH) to establish a process whereby Certified Application Counselors (CACs) in local health departments offer assistance to pregnant women in filing FFM applications following a presumptive eligibility determination. As a result, assistance with both online and phone applications is provided statewide.

DOH operates the local health departments in 89 of Tennessee's 95 counties. In the other 6 metropolitan counties, the health departments are operated by county government. TennCare entered into a single contract with DOH to provide statewide enrollment assistance. DOH subcontracts with the 6 metropolitan counties (and other providers, as necessary) for such services.

Applications for CHIP

1. Following implementation of the Affordable Care Act, the State continued to accept applications directly for Tennessee's CHIP program, but individuals who were below the income standard

and potentially eligible for Medicaid were referred to the FFM for a MAGI determination. In order to alleviate the need for individuals in such circumstances to apply through two different processes, Tennessee began on January 1, 2016, to stop accepting applications from most CHIP applicants and instead refer them to the FFM. **Tennessee continues to accept CHIP applications for two specific population groups - babies under the age of 1 and unborn children** - with referral to the appropriate in-State presumptive eligibility process if an applicant appears to be Medicaid eligible rather than CHIP eligible. Tennessee uses the FFM Single Streamlined application for these processes. We rely on self attestation and paper verifications to process the applications. In an effort to continuously improve upon our processes, other strategies to improve efficiency and streamline these processes will be considered as new opportunities develop.

Continuous Improvement

The State will continue to look for ways to improve efficiency in the overall application process and will consider implementation of new strategies as opportunities develop. This will include continued collaboration with CMS to identify potential additional strategies involving the use of existing data sources to electronically verify applicant reported information. Recently TennCare gained access for its eligibility and appeals staff to access an online database for individual lookups for unemployment income, quarterly wage data, and vital statistics. While this new access does not provide for automated matching, it does allow staff to look for proof of income and verify date of births for certain applications.

Screening for Potential Eligibility in a QHP

Until TEDS is operational, the State is not in a position to be able to provide electronic account transfers to the FFM that include application, renewal, verification and appeals information that would enable the FFM to screen for eligibility and enrollment in a QHP. The State will instead notify individuals who have been denied eligibility for Medicaid (and, if applicable, CHIP) that they may be eligible to enroll in a QHP through the Marketplace and will direct them to contact the FFM directly if they wish to apply.

Related Issues

Extension of presumptive eligibility period - In April of 2014, Tennessee began extending the presumptive eligibility period for pregnant women. This action was taken to assure that there was no break in coverage for individuals who had applications pending at the FFM. The action was needed because CMS was unable to share information with the State regarding applications pended and denied by the FFM. Given that CMS is now sharing information with Tennessee regarding applications pended at the FFM, Tennessee and CMS are discussing an approach to discontinuing this process. This has been addressed through the State Plan.

Redetermination – In addition to our mitigation plan, the State has also submitted and obtained CMS approval of a Redetermination plan that specifies the streamlined renewal process the State is implementing. The Redetermination plan describes that Tennessee will use a SNAP match, expedited

renewal processing and submission of a renewal packet to complete redetermination of individuals who have not completed renewal in the past 12 months. If individuals are not determined eligible through the SNAP match or the expedited renewal process, the State will accept the renewal packet, which has been reviewed and revised in accordance with guidance from CMS, through mail, fax and in person submissions. TennCare's redetermination vendor is developing an API for MAGI-in-the-Cloud to process these MAGI determinations. We are working with CMS on an approach for the next round of redeterminations.

Ongoing Communications – Tennessee and CMS will continue to meet regularly to discuss the progress made on implementation of the Mitigation Plan. The State will provide updates and status reports as needed to keep CMS informed. Any new issues that are identified will be addressed as part of the Continuous Improvement section of this Mitigation Plan and in concert with CMS officials.