



August 28, 2020

Ms. Lorraine Nawara  
TennCare Project Officer  
Division of Eligibility and Coverage Demonstrations  
State Demonstrations Group  
Center for Medicaid and CHIP Services  
Centers for Medicare and Medicaid Services  
Mail Stop S2-25-26  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

RE: TennCare II, STC 49, Quarterly Progress Report

Dear Ms. Nawara:

Enclosed please find the Quarterly Progress Report for the April – June 2020 quarter. This report is being submitted in accordance with STC 49 of the TennCare Demonstration.

Please let us know if you have comments or questions.

Sincerely,



Stephen Smith  
Director, Division of TennCare

cc: Shantrina Roberts, Associate Regional Administrator, Atlanta Regional Office  
Tandra Hodges, Tennessee State Coordinator, Atlanta Regional Office

# **TennCare II**

## **Section 1115 Quarterly Report** *(For the period April - June 2020)*

**Demonstration Year: 18 (7/1/19 - 6/30/20)**  
**Federal Fiscal Quarter: 3/2020 (4/20 - 6/20)**  
**Waiver Quarter: 4/2020 (4/20 - 6/20)**

## I. Introduction

The goal of the TennCare Demonstration is to show that careful use of a managed care approach can enable the State to deliver quality care to all enrollees without spending more than would have been spent had the State continued its Medicaid program.

The Division of TennCare contracts with several Managed Care Contractors (MCCs) to provide services to more than 1.4 million enrollees. During this quarter, these entities included Managed Care Organizations (MCOs) for medical services, behavioral health services, and certain Long-Term Services and Supports (LTSS); a Dental Benefits Manager (DBM) for dental services; and a Pharmacy Benefits Manager (PBM) for pharmacy services.

There are two major components of TennCare. “TennCare Medicaid” serves Medicaid eligibles, and “TennCare Standard” serves persons in the demonstration population.

The key dates of approval/operation in this quarter, together with the corresponding Special Terms and Conditions (STCs), if applicable, are presented in Table 1.

**Table 1**  
**Key Dates of Approval/Operation in the Quarter**

Date	Action	STC #
4/22/20	The Monthly Call for April was cancelled.	48
4/30/20	The State submitted an emergency amendment to the TennCare demonstration to support the State’s response to the COVID-19 public health emergency. The emergency amendment focused on needed flexibilities in the CHOICES and Employment and Community First CHOICES MLTSS programs.	
5/1/20	The State submitted to CMS enrollment target ranges for CHOICES Group 2 and for all Employment and Community First (ECF) CHOICES benefit groups.	32.d.ii and 33.d.ii
5/28/20	The Monthly Call for May was held.	48
5/29/20	The State submitted the Quarterly Progress Report for the January-March 2020 quarter to CMS.	49
6/9/20	In response to an inquiry from the State, CMS communicated to the State that in light of the operational and administrative challenges represented by the COVID-19 public health emergency, the State will have until December 31, 2020, to submit its demonstration renewal application.	
6/18/20	CMS approved Statewide MCO Contract Amendments 9 and 10 and TennCare Select Contract Amendments 44 and 45.	40

Date	Action	STC #
6/19/20	CMS approved the State's emergency COVID-19 demonstration amendment.	
6/24/20	The State requested CMS approval of Statewide MCO Contract Amendment 12 and TennCare Select Contract Amendment 48.	40
6/25/20	The Monthly Call for June was held.	48
6/30/20	CMS issued written approval of Demonstration Amendment 43, which would extend the State's medication therapy management pilot program for an additional 12 months.	
6/30/20	The State submitted point-in-time and annual aggregate data about the CHOICES and ECF CHOICES programs to CMS.	47.d.

## II. Enrollment and Benefits Information

Information about enrollment by category is presented in Table 2.

**Table 2**  
**Enrollment Counts for the April – June 2020 Quarter**  
**Compared to the Previous Two Quarters**

Demonstration Populations	Total Number of TennCare Enrollees		
	Oct – Dec 2019	Jan – Mar 2020	Apr – Jun 2020
EG1 Disabled, Type 1 State Plan eligibles	131,908	131,834	131,084
EG9 H-Disabled, Type 2 Demonstration Population	606	629	625
EG2 Over 65, Type 1 State Plan eligibles	303	267	244
EG10 H-Over 65, Type 2 Demonstration Population	42	37	38
EG3 Children, Type 1 State Plan eligibles	764,508	771,745	767,803
EG4 Adults, Type 1 State Plan eligibles	403,143	406,370	396,465
EG5 Duals, Type 1 State Plan eligibles and EG11 H-Duals 65, Type 2 Demonstration Population	146,106	149,710	150,136
EG6E Expan Adult, Type 3 Demonstration Population	12	11	10

Demonstration Populations	Total Number of TennCare Enrollees		
	Oct – Dec 2019	Jan – Mar 2020	Apr – Jun 2020
EG7E Expan Child, Type 3 Demonstration Population	6	11	13
EG8, Med Exp Child, Type 2 Demonstration Population, Optional Targeted Low Income Children funded by Title XIX	0	0	0
Med Exp Child, Title XXI Demonstration Population	14,327	15,520	12,177
EG12E Carryover, Type 3, Demonstration Population	2,190	2,067	1,913
<b>TOTAL*</b>	<b>1,463,151</b>	<b>1,478,201</b>	<b>1,460,508</b>

\* Unique member counts for reporting quarter, with at least 1 day of eligibility. To avoid duplication, the member counts are based on the last eligibility group (EG) of the quarter.

The majority of TennCare’s enrollment continues to be categorized as Type 1 EG3 children and Type 1 EG4 adults, with 80 percent of TennCare enrollees appearing in one of these categories.

The Managed Care Contractors providing services to TennCare enrollees throughout the quarter are listed in Table 3.

**Table 3**  
**TennCare Managed Care Contractors as of June 30, 2020**

<b>Managed Care Organizations</b>	Amerigroup BlueCare <sup>1</sup> UnitedHealthcare Community Plan <sup>2</sup> TennCare Select <sup>3</sup>
<b>Pharmacy Benefits Manager</b>	OptumRx
<b>Dental Benefits Manager</b>	DentaQuest

**Response to COVID-19 Crisis.** On March 12, 2020, Tennessee Governor Bill Lee declared a state of emergency to help facilitate the State’s response to the threat to public health and safety posed by coronavirus disease 2019 (or “COVID-19”). As the agency in Tennessee state government responsible for providing health insurance to more than 1.4 million individuals, the Division of TennCare has developed a multilayered response to the COVID-19 emergency. Working in tandem with partners and stakeholders at the federal and state levels, TennCare designed and deployed a strategy consisting of such elements as—

<sup>1</sup> BlueCare is operated by Volunteer State Health Plan, Inc. (VSHP), which is an independent licensee of the BlueCross BlueShield Association and a licensed HMO affiliate of its parent company, BlueCross BlueShield of Tennessee.

<sup>2</sup> UnitedHealthcare Community Plan is operated by UnitedHealthcare Plan of the River Valley, Inc.

<sup>3</sup> TennCare Select is operated by VSHP.

- Coordinating with the provider community and TennCare’s health plans to ensure access to care for TennCare members in need of testing or treatment for COVID-19;
- Assisting providers in offering covered services to TennCare members via telehealth when medically appropriate;
- Increasing care coordination services for members impacted by COVID-19 who are self-isolated, so that they can receive additional supports as needed;
- Pausing nearly all terminations of eligibility for TennCare and CoverKids (the State’s separate CHIP program) members during the COVID-19 emergency;
- Working with TennCare’s health plans to streamline or temporarily lift authorization requirements to ensure services are delivered promptly and claims paid quickly;
- Expediting access to home-based care for former nursing facility patients being discharged from hospitals and electing to transition home;
- Enhancing access to prescription drugs by allowing early refills of prescriptions and by allowing 90-day supplies to be prescribed for most medications;
- Obtaining a Section 1135 waiver from CMS that provides flexibilities to help ensure that TennCare members receive necessary services;
- Submitting a Section 1115 waiver application seeking CMS authorization to reimburse hospitals, physicians, and medical labs for providing COVID-19 treatment to uninsured individuals;
- Submitting an emergency amendment to the TennCare Demonstration to make retainer payments to providers of HCBS in the Employment and Community First CHOICES program, as well as additional flexibilities to support TennCare HCBS providers during the public health emergency;
- Assisting providers of long-term services and supports in reducing the spread of COVID-19 among individuals who are residents of nursing facilities; and
- Working with the federal government and healthcare providers in Tennessee to provide enhanced financial support for providers disproportionately affected by the COVID-19 emergency, including primary care providers, nursing facilities, dentists, and community mental health centers and other providers of behavioral health services.

Additional resources concerning TennCare’s response to the COVID-19 pandemic are available on the agency’s website at <https://www.tn.gov/tenncare/information-statistics/tenncare-information-about-coronavirus.html>.

**Emergency Demonstration Amendment: Flexibilities for Providers of HCBS.** On April 30, 2020, the State submitted an emergency demonstration amendment to CMS. This emergency amendment requested temporary authority to make retainer payments to certain providers in the Employment and Community First CHOICES program—TennCare’s MLTSS program for persons with intellectual or developmental disabilities—in order to ensure the long-term viability of the State’s HCBS provider network. In addition, the emergency amendment included several other components designed to ensure that the State and its HCBS provider community had adequate flexibility to continue providing services to members during the public health

emergency. These included flexibility to temporarily expand the settings where services may be provided, flexibility around the temporary extension of licenses which have not yet received a licensure survey, flexibility to temporarily extend annual level of care evaluations or to conduct level of care evaluations remotely, and flexibility to temporarily modify the requirements for the development of person-centered service plans. On June 19, 2020, CMS approved these temporary, emergency-related flexibilities as Appendix K to the TennCare Demonstration.

**Demonstration Amendment 35: Substance Use Disorder Services.** In May 2018, the State submitted Demonstration Amendment 35 to CMS. Amendment 35 would modify the TennCare benefits package to cover residential substance use disorder (SUD) treatment services in facilities that meet the definition of an institution for mental diseases (IMD). Historically, TennCare's MCOs were permitted to cover residential treatment services in IMDs, if the MCO determined that such care was medically appropriate and cost-effective as compared to other treatment options. However, current CMS regulations limit this option to treatment stays of no more than 15 days per calendar month. The State is seeking authority with Amendment 35 to allow enrollees to receive short-term services in IMDs beyond the 15-day limit in federal regulation, up to 30 days per admission.

As of the end of the April-June 2020 quarter, CMS's review of Amendment 35 was ongoing.

**Demonstration Amendment 36: Family Planning Providers.** Amendment 36 was submitted to CMS in August 2018. Amendment 36 grew out of legislation passed by the Tennessee General Assembly in 2018 establishing that it is the policy of the state of Tennessee to favor childbirth and family planning services that do not include elective abortions within the continuum of care or services, and to avoid the direct or indirect use of state funds to promote or support elective abortions.

Amendment 36 requests authority for TennCare to establish state-specific criteria for providers of family planning services, and to exclude any providers that do not meet these criteria from participation in the TennCare program. The State is proposing to exclude any entity that performed, or operated or maintained a facility that performed, more than 50 abortions in the previous year, including any affiliate of such an entity.

As of the end of the April-June 2020 quarter, CMS's review of Amendment 36 was ongoing.

**Demonstration Amendment 38: Community Engagement.** The State submitted Amendment 38 to CMS in December 2018. Like Amendment 36, Demonstration Amendment 38 was the result of legislation passed during Tennessee's 2018 legislative session. The legislation in question directed the State to submit a demonstration amendment to authorize the creation of reasonable work and community engagement requirements for non-pregnant, non-elderly, non-disabled adults enrolled in the TennCare program who do not have dependent children under the age of six. The legislation also required the State to seek approval from the U.S. Department of Health and Human Services (HHS) to use funds from the state's Temporary Assistance for

Needy Families (TANF) program to support implementation of the community engagement program.

As of the end of the April-June 2020 quarter, discussions between the State and CMS on Amendment 38, as well as conversations between the State and federal TANF officials, were ongoing.

**Demonstration Amendment 40: “Katie Beckett” Program.** On September 20, 2019, the State submitted Amendment 40 to CMS. Amendment 40 implements legislation from Tennessee’s 2019 legislative session directing TennCare to seek CMS approval for a new “Katie Beckett” program. The proposal would assist children under age 18 with disabilities and/or complex medical needs who are not eligible for Medicaid because of their parents’ income or assets.

The Katie Beckett program proposed in Amendment 40—developed in close collaboration with the Tennessee Department of Intellectual and Developmental Disabilities and other stakeholders—would be composed of two parts:

- **Part A** – Individuals in this group would receive the full TennCare benefits package, as well as essential wraparound home and community based services. These individuals would be subject to monthly premiums to be determined on a sliding scale based on the member’s household income.
- **Part B** – Individuals in this group would receive a specified package of essential wraparound services and supports, including premium assistance.

In addition to Parts A and B, Amendment 40 provides for continued TennCare eligibility for children already enrolled in TennCare, who subsequently lose TennCare eligibility, and who would qualify for enrollment in Part A but for whom no Part A program slot is available.

As of the end of the April-June 2020 quarter, CMS’s review of Amendment 40 was ongoing.

**Demonstration Amendment 41: Supplemental Hospital Payments.** On October 24, 2019, TennCare submitted Amendment 41 to CMS. Amendment 41 consisted of two components:

1. A proposal to enhance the State’s ability to reimburse qualifying Tennessee hospitals for costs realized as a result of providing uncompensated care, and
2. A proposal to increase the amount of funding in the TennCare program to support graduate medical education (GME) in Tennessee.

Amendment 41 requested to increase uncompensated care funding by approximately \$382 million and GME funding by approximately \$11 million.

Shortly after the end of the April-June 2020 quarter, on July 7, the State received CMS approval of the portion of Amendment 41 increasing allowable funding for uncompensated care. However, CMS did not approve the portion of Amendment 41 increasing support for GME.



**Demonstration Amendment 42: Block Grant.** Like several other amendments described in this report, Amendment 42 is the result of legislation passed by the Tennessee General Assembly. The law in question directs the TennCare agency to submit a demonstration amendment to CMS to convert the bulk of the program's federal funding to a block grant. The block grant proposed in Amendment 42 would be based on TennCare enrollment, using State Fiscal Years 2016, 2017, and 2018 as the base period for calculating the block grant amount. The block grant would be indexed for inflation and for enrollment growth beyond the experience reflected in the base period.

The proposed block grant is intended to cover core medical services delivered to TennCare's core population. Certain expenses would be excluded from the block grant and continue to be financed through the current Medicaid financing model. These excluded expenditures include services carved out of the existing TennCare Demonstration, outpatient prescription drugs, uncompensated care payments to hospitals, services provided to members enrolled in Medicare, and administrative expenses.

Amendment 42 does not rely on reductions to eligibility or benefits in order to achieve savings under the block grant. Instead, it would leverage opportunities to deliver healthcare to TennCare members more effectively and would permit the State to implement new reform strategies that would yield benefits for both the State and the federal government.

The State submitted Amendment 42 to CMS on November 20, 2019. CMS's review of Amendment 42 was ongoing as of the end of the April-June 2020 quarter.

**Demonstration Amendment 43: Extension of Medication Therapy Management Program.** Medication therapy management (MTM) is a clinical service provided by licensed pharmacists, the aim of which is to optimize drug therapy and improve therapeutic outcomes for patients. MTM services include medication therapy reviews, pharmacotherapy consults, monitoring efficacy and safety of medication therapy, and other clinical services.

The State's MTM benefit was implemented in July 2018 for TennCare members affected by the state's patient-centered medical home (PCMH) program and health home program (known as "Health Link") who met specified clinical risk criteria. The State proposed to operate the MTM benefit on a two-year pilot basis in order to evaluate the impact of MTM services on health outcomes, as well as the cost and quality of care for affected members.

In Amendment 43, the State proposed to extend its MTM pilot program for an additional 12 months, through the end of June 2021. The purpose of this extension was to allow time for additional data on the effectiveness of the MTM program to be gathered, thereby informing future decision-making about the program.

On June 30, 2020, the State received approval of Amendment 43 from CMS.

**Cost Sharing Compliance Plan.** In its April 18, 2012, letter approving TennCare’s cost sharing compliance plan for the TennCare Standard population, CMS stipulated that “each Quarterly Report . . . must include a report on whether any families have contacted the State to document having reached their aggregate cap, and how these situations were resolved.” During the April-June 2020 quarter, the State received no notifications that a family with members enrolled in TennCare Standard had met its cost sharing limit. It should be noted that this is the thirtieth consecutive quarter since the plan was implemented in which no notifications have been received.

### **III. Innovative Activities to Assure Access**

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT).** EPSDT—or “TennCare Kids” — outreach is a significant area of interest for TennCare. TennCare maintains a contract with the Tennessee Department of Health (TDH) to conduct a community outreach program for the purpose of educating families on EPSDT benefits and encouraging them to use those benefits, particularly preventive exams.

TDH’s outreach program continues to evolve over time. A new multi-discipline team model known as Community Health Access and Navigation in Tennessee (or “CHANT”) was recently implemented. The vision of CHANT is to promote the health of vulnerable populations—including TennCare-eligible and TennCare-enrolled pregnant women and children and youth under age 21—through such activities as the following:

- Improving access to care by arranging for or providing screening, assessment, and navigation of preventive services;
- Increasing awareness of the importance of primary prevention, including EPSDT services;
- Screening for social determinants of health and connecting individuals to relevant resources; and
- Coordinating services for children and youth with special healthcare needs.

Identification of individuals eligible for CHANT services occurs through referrals from State agencies (such as the Division of TennCare, TDH’s Division of Family Health and Wellness, and the Division of Rehabilitation Services) and from other community partners, like primary care providers and TennCare MCOs. Once individuals within the target populations have been identified, TDH staff members communicate with them in the manner most suitable to the needs of the individual, whether by phone, or in person at such locations as the individual’s home, a local health department, or a community event.

Table 4 summarizes community outreach activity conducted by the CHANT program during the April-June 2020 quarter, as compared with the two preceding quarters. Program totals were lower than usual this quarter because of the impact of the COVID-19 health emergency.

**Table 4**  
**CHANT Community Outreach Activity for EPSDT**  
**April – June 2020**

<b>Activities</b>	<b>Oct – Dec 2019 Quarter</b>	<b>Jan – Mar 2020 Quarter</b>	<b>Apr – Jun 2020 Quarter</b>
Referrals to CHANT program from State agencies and other community partners	4,455	4,397	2,964
Number of individuals successfully contacted as a result of referrals	2,623	2,607	1,925
Number of individuals successfully enrolled in CHANT program as a result of referrals	1,906	2,128	1,628
Number of outreach events (community fairs, local coalition meetings, etc.)	246	229	18
Number of attendees at outreach events	16,687	8,619	728
Articles for newspapers, newsletters, and magazines	32	206	1
Advertisement campaigns (billboards, television, magazines, websites)	36	3	1
Radio or television advertisements and/or interviews	20	6	0
Collaborations with MCOs and other stakeholders	5	3	3
Number of calls completed on primary care/EPSDT benefits	11,433	14,863	8,734
Number of primary care/EPSDT appointments scheduled	260	225	35
Number of calls completed on CHANT services/outreach to families with newborns	2,134	1,926	9,102

Activities	Oct – Dec 2019 Quarter	Jan – Mar 2020 Quarter	Apr – Jun 2020 Quarter
Number of CHANT screenings and assessments completed	1,965	1,778	1,474
Number of calls completed on dental benefits	786	429	0
Number of dental appointments scheduled	5	5	0

#### IV. Collection and Verification of Encounter and Enrollment Data

Edifecs is the software system being used by the State to review encounter data sent from the MCOs and to identify encounters that are non-compliant so that they can be returned to the MCOs for correction. Edifecs enables the State to reject only the problem encounters, rather than rejecting and requiring resubmission of whole batches of encounter data because of a problem found. Table 5 illustrates the progress that has been made in reducing the number of claims that are returned to the MCOs due to data errors.

**Table 5**  
**Number of Initial Encounters Received by TennCare During the April-June 2020 Quarter, and Percentage that Passed Systems Edits, Compared to the Previous Two Quarters**

	Oct – Dec 2019	Jan – Mar 2020	Apr – Jun 2020
No. of encounters received by TennCare (initial submission)	15,553,010	17,933,276	16,016,608
No. of encounters rejected by Edifecs upon initial submission	24,664	66,211 <sup>4</sup>	15,493
Percentage of encounters that were compliant with State standards (including HIPAA) upon initial submission	99.84%	99.63%	99.90%

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<sup>4</sup> The number of encounters rejected upon initial submission increased during the January-March 2020 quarter, in part because of issues associated with the transition to a new Pharmacy Benefits Administrator.

## V. Operational/Policy/Systems/Fiscal Developments/Issues

### A. CHOICES

As required by STC 32.d., the State offers the following table delineating CHOICES enrollment as of the end of the quarter, as well as information about the number of available reserve slots.

**Table 6**  
**CHOICES Enrollment and Reserve Slots**  
**for April-June 2020 Compared to the Previous Two Quarters**

	Statewide Enrollment Targets and Reserve Capacity <sup>5</sup>	Enrollment and Reserve Slots Being Held as of the End of Each Quarter		
		Oct – Dec 2019	Jan – Mar 2020	Apr – Jun 2020
CHOICES 1	Not applicable	16,495	16,439	16,126
CHOICES 2	11,000	9,838	9,806	9,922
CHOICES 3 (including Interim CHOICES 3)	To be determined	2,427	2,342	2,284
Total CHOICES	Not applicable	28,760	28,587	28,332
Reserve capacity	300	300	300	300

The CMS letter approving CHOICES implementation in Middle Tennessee dated February 26, 2010, and STC 47 require specific monitoring and reporting activities that include:

Data and trends of the designated CHOICES data elements: STC 47.d. requires the State to submit to CMS periodic statistical reports about the use of LTSS by TennCare enrollees. Seventeen separate reports of data pertaining to the CHOICES program have been submitted between August 2011 and June 2020.

Taken together, the reports depict a program evolving according to the characteristics of LTSS recipients, with institutional care available to individuals with the highest acuity of need, and Home and Community-Based Services (HCBS) available to individuals whose needs can be safely and effectively met at home or in other non-institutional settings. Point-in-time data revealed declining use of Nursing Facility (NF) services over time, with placement in institutional settings decreasing from 21,530 individuals on June 30, 2011, to 16,609 individuals on June 30, 2019.

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<sup>5</sup> Of the three active CHOICES groups, only CHOICES 2 has an enrollment target. Interim CHOICES 3 closed to new enrollment on June 30, 2015; an enrollment target for CHOICES 3 has not been set at this time.

According to annual aggregate data contained in the reports, this downward trend was even more pronounced for new LTSS recipients, 81 percent of whom had been admitted to NFs in the year prior to implementation of the CHOICES program, as compared with 63 percent admitted to NFs in the ninth year of CHOICES. Furthermore, nursing facility expenditures in the year prior to CHOICES implementation accounted for more than 90 percent of total LTSS expenditures, whereas the percentage was approximately 79 percent nine years later.

By contrast, appropriate use of HCBS by TennCare enrollees grew significantly during these years. The aggregate number of members accessing HCBS increased from 6,226 in the twelve-month period preceding CHOICES implementation in Middle Tennessee to 15,281 after CHOICES had been in place for nine full fiscal years. This trend was mirrored in point-in-time data as well: on the day prior to CHOICES implementation, 4,861 individuals were using HCBS, but the number had grown to 12,484 by June 30, 2019. The percentage of LTSS expenditures devoted to HCBS grew as well, rising from 9.75 percent in the year prior to CHOICES, to 21.01 percent after the CHOICES program had been in place for nine years.

Selected elements of the aforementioned CHOICES data are summarized in Table 7.

**Table 7**  
**Changes in Use of HCBS by Persons Who Are Elderly or Disabled (E/D) Before and After**  
**CHOICES Implementation**

Annual Aggregate Data			Point-in-Time Data		
No. of TennCare enrollees accessing HCBS (E/D), 3/1/09 – 2/28/10	No. of TennCare enrollees accessing HCBS (E/D), 7/1/16 – 6/30/19	Percent increase over a nine-year period	No. of TennCare enrollees accessing HCBS (E/D) on the day prior to CHOICES implementation	No. of TennCare enrollees accessing HCBS (E/D) on 6/30/19	Percent increase from the day prior to CHOICES implementation to 6/30/19
6,226	15,281	145%	4,861 <sup>6</sup>	12,484	157%

<sup>6</sup> The total of 4,861 comprises 1,479 individuals receiving HCBS (E/D) in Middle Tennessee on February 28, 2010 (the day prior to CHOICES implementation in that region), and 3,382 individuals receiving HCBS (E/D) in East and West Tennessee on July 31, 2010 (the day prior to CHOICES implementation in those regions).

Frequency and use of MCO-distributed transition allowances (CHOICES approval letter dated February 26, 2010): The allocation of CHOICES transition allowance funds is detailed in Table 8.

**Table 8**  
**CHOICES Transition Allowances**  
**for April-June 2020 Compared to the Previous Two Quarters**

Grand Region	Frequency and Use of Transition Allowances					
	Oct – Dec 2019		Jan – Mar 2020		Apr – Jun 2020	
	# Distributed	Total Amount	# Distributed	Total Amount	# Distributed	Total Amount
East	11	\$7,597	22	\$16,285	25	\$13,970
Middle	22	\$13,854	24	\$16,212	46	\$22,713
West	20	\$12,740	10	\$9,113	23	\$13,436
Statewide Total	53	\$34,191	56	\$41,610	94	\$50,119

#### **B. Employment and Community First CHOICES**

Designed and implemented in partnership with people with intellectual and developmental disabilities, their families, advocates, providers, and other stakeholders, Employment and Community First CHOICES is the first managed LTSS program in the nation that is focused on promoting and supporting integrated, competitive employment and independent community living as the first and preferred option for people with intellectual and other types of developmental disabilities.

As required by STC 33.d., the State offers the following table delineating ECF CHOICES enrollment as of the end of the quarter, as well as information about enrollment targets and the number of available reserve slots.



**Table 9**  
**ECF CHOICES Enrollment, Enrollment Targets, and Reserve Slots**  
**for April – June 2020 Compared to the Previous Two Quarters**

	Statewide Enrollment Targets and Reserve Capacity <sup>7</sup>	Enrollment and Reserve Slots Filled as of the End of Each Quarter <sup>8</sup>		
		Oct – Dec 2019	Jan – Mar 2020	Apr – Jun 2020
ECF CHOICES 4	903	848	867	876
ECF CHOICES 5	1,598	1,443	1,478	1,518
ECF CHOICES 6	799	751	797	840 <sup>9</sup>
ECF CHOICES 7	50	2	11	23
ECF CHOICES 8	50	9	11	20
Total ECF CHOICES	3,400	3,053	3,164	3,277
Reserve capacity	1,050	740	824	905
Waiver Transitions <sup>10</sup>	Not applicable	41	44	44

Data and trends of the designated ECF CHOICES data elements: STC 47.d. requires the State to provide CMS periodic statistical reports about the ECF CHOICES program. To date, the State has submitted baseline data for the year-long period preceding implementation of ECF CHOICES, as well as three years' worth of post-implementation data. In comparing the baseline data with the post-implementation data, several notable trends emerged:

- The number of individuals with intellectual disabilities receiving HCBS through the TennCare program grew from 8,295 in the year preceding implementation of ECF CHOICES to 8,637 after ECF CHOICES had been in place for three years.

<sup>7</sup> Statewide enrollment targets and reserve capacity for Demonstration Year 19 (State Fiscal Year 2020) were adjusted to reflect new appropriation authority, effective July 1, 2019. A total of 300 slots were added to ECF CHOICES Groups 4, 5, and 6. During the January-March 2020 quarter, three program slots were reallocated (two from Group 4 to Group 5, and one from Group 4 to Group 6) across the Upper Limits of the ECF CHOICES Benefit Groups in order best to meet the needs of program applicants and ensure the most efficient use of resources.

<sup>8</sup> Note that enrollment and reserve slots filled do not include slots in "held" status that have been assigned to a person but for whom actual enrollment is pending determination of eligibility.

<sup>9</sup> Although the enrollment target for ECF CHOICES Group 6 appears to have been exceeded, the 840 individuals enrolled in the group include people classified as "waiver transitions," i.e., individuals with an independent funding source who do not count against the enrollment target. See Footnote 10 for additional details.

<sup>10</sup> Waiver transitions are instances in which an individual enrolled in a 1915(c) HCBS waiver program is transferred into the ECF CHOICES program. Since these individuals have an independent funding source (i.e., the money that would have been spent on their care in the 1915(c) program), their enrollment in ECF CHOICES does not count against the enrollment target. Waiver transition numbers are cumulative since the program began.



- The number of individuals with developmental disabilities other than intellectual disabilities who received HCBS through the TennCare program grew from 0 to 1,490.
- Average LTSS expenditures for individuals with intellectual or developmental disabilities fell from \$94,327 per person to \$85,790 per person.
- The percentage of working age adults with intellectual or developmental disabilities who are enrolled in HCBS programs, employed in an integrated setting, and earning at or above the minimum wage grew from 13.31 percent to 18.17 percent.

As ECF CHOICES gains enrollment capacity, these trends toward individuals with intellectual and developmental disabilities living independently in the community are expected to accelerate.

### **C. Medication Therapy Management**

Medication Therapy Management (MTM) is a clinical service provided by licensed pharmacists, the aim of which is to optimize drug therapy and improve therapeutic outcomes for patients. MTM services include medication therapy reviews, pharmacotherapy consults, monitoring efficacy and safety of medication therapy, and other clinical services.

TennCare's MTM benefit was implemented in July 2018 for TennCare members affected by the State's patient-centered medical home program and health home program (known as "Health Link") who met specified clinical risk criteria. The State originally proposed to operate the MTM benefit on a two-year pilot basis in order to evaluate the impact of MTM services on health outcomes, as well as the cost and quality of care for affected members. The pilot project was then extended an additional year to allow additional information to be gathered on the effectiveness of the MTM program and to inform future decision-making about the benefit.

Special Term and Condition 49.d. of the TennCare Demonstration requires the State to include data about the MTM pilot program in each Quarterly Progress Report. Table 10 presents data from the April-June 2020 quarter, as well as data from the preceding quarter for purposes of comparison.

**Table 10**  
**Selected Data Elements Related to the MTM Program**  
**for April – June 2020 Compared to the Previous Quarter**

<b>Data Element</b>	<b>Jan – Mar 2020</b>	<b>Apr – Jun 2020</b>
Number of paid claims <sup>11</sup>	872	1,794
Number of date-of-service claims <sup>12</sup>	1,103	1,506
Amount disbursed of paid claims	\$54,090	\$111,898
Number of claims-ready providers	42	50

Since the beginning of the calendar year, the number of MTM-related claims has grown steadily and significantly. These advances are the result of a number of factors, including the following:

- Higher reimbursement rates that went into effect on January 1, 2020;
- Streamlining of documentation requirements for providers;
- The opportunity for enrollees to access MTM via telehealth services; and
- The addition of a new risk category that enables more enrollees to obtain MTM.

Beginning with the next Quarterly Progress Report, the State will provide three quarters' worth of MTM data to establish trends and to facilitate comparisons over time.

#### **D. Financial Monitoring by the Tennessee Department of Commerce and Insurance**

**Claims Payment Analysis.** The prompt pay requirements of T.C.A. § 56-32-126(b) mandate that each Managed Care Organization (MCO) ensure that 90 percent of clean claims for payment for services delivered to a TennCare enrollee are paid within 30 calendar days of the receipt of such claims and that 99.5 percent of all provider claims are processed within 60 calendar days of receipt. TennCare's contract with its Dental Benefits Manager (DBM) requires the DBM to process claims in accordance with this statutory standard as well. TennCare's contract with its Pharmacy Benefits Manager (PBM) requires the PBM to pay 100 percent of all clean claims submitted by pharmacy providers within 15 calendar days of receipt.

The MCOs, the DBM, and the PBM are required to submit monthly claims data files of all TennCare claims processed to the Tennessee Department of Commerce and Insurance (TDCI) for verification of statutory and contractual prompt pay compliance. The plans are required to separate their claims data by claims processor (e.g., MCO, vision benefits manager, etc.). Furthermore, the MCOs are required to identify separately non-emergency transportation

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<sup>11</sup> The term "paid claim" refers to any claim paid at a particular time, regardless of when the service was performed. For instance, the claim may have been paid in June after the service had been rendered in April. Paid claims numbers are final and may not be retrospectively modified.

<sup>12</sup> The term "date-of-service claim" (or "DOS claim") refers to any claim that is performed at a particular time but that has yet to be paid by a TennCare MCO. DOS claims in June, for example, comprise all claims for services rendered solely in June. DOS claims numbers are not finalized and may be retrospectively modified.

(NEMT) claims in the data files. Finally, the MCOs are required to submit separate claims data files representing a subset of electronically submitted NF and applicable HCBS claims for CHOICES and ECF CHOICES enrollees. TDCI then performs an analysis and reports the results of the prompt pay analyses by NEMT and CHOICES and ECF CHOICES claim types, by claims processor, and by total claims processed for the month.

If an MCO does not comply with the prompt pay requirements based on the total claims processed in a month, TDCI has the statutory authority to levy an administrative penalty of \$10,000 for each month of non-compliance after the first instance of non-compliance was reported to the plan. TennCare may also assess liquidated damages pursuant to the terms of the TennCare Contract. If the DBM and PBM do not meet their contractual prompt pay requirements, only TennCare may assess applicable liquidated damages against these entities.

**Net Worth and Company Action Level Requirements.** According to Tennessee’s “Health Maintenance Organization Act of 1986” statute (T.C.A. § 56-32-101 *et seq.*), the minimum net worth requirement for each TennCare MCO is calculated based on premium revenue reported on the National Association of Insurance Commissioners (NAIC) Annual Financial Statement for the most recent calendar year, as well as any TennCare payments made to the MCO that are not reported as premium revenue.

During the April-June 2020 quarter, the MCOs submitted their NAIC First Quarter 2020 Financial Statements. As of March 31, 2020, TennCare MCOs reported net worth as indicated in the table below.<sup>13</sup>

**Table 11**  
**Net Worth Reported by MCOs as of March 31, 2020**

	<b>Net Worth Requirement</b>	<b>Reported Net Worth</b>	<b>Excess/ (Deficiency)</b>
Amerigroup Tennessee	\$33,562,799	\$214,505,127	\$180,942,328
UnitedHealthcare Plan of the River Valley (UnitedHealthcare Community Plan)	\$77,500,193	\$618,659,722	\$541,159,529
Volunteer State Health Plan (BlueCare & TennCare Select)	\$56,256,150	\$461,848,405	\$405,592,255

During the April-June 2020 quarter, the MCOs were also required to comply with Tennessee’s “Risk-Based Capital for Health Organizations” statute (T.C.A. § 56-46-201 *et seq.*). Risk-based capital (RBC) involves a method of calculating the minimum amount of capital necessary for a health entity to support its overall business operations depending on its size and risk profile. A health entity with a higher amount of risk is required to hold a higher amount of capital. The RBC

<sup>13</sup> The “Net Worth Requirement” and “Reported Net Worth” figures in the table are based on the MCOs’ company-wide operations, not merely their TennCare operations.

statute gives TDCI the authority and mandate to use preventive and corrective measures that vary depending on the amount of capital deficiency indicated by the RBC calculations. A “Company Action Level” deficiency (defined at T.C.A. § 56-46-203(a)) would require the submission of a plan to correct the entity’s capital deficiency.

All TennCare MCOs exceeded their minimum net worth requirements and Company Action Level requirements as of March 31, 2020.

#### **E. Update on Episodes of Care**

The State’s episodes of care program aims to transform the way specialty and acute healthcare services are delivered by incentivizing high-quality, cost-effective care, promoting evidence-based clinical pathways, encouraging care coordination, and reducing ineffective or inappropriate treatments. Episodes of care is part of the State’s delivery system transformation initiative, which is changing healthcare delivery in Tennessee by moving from paying for volume to paying for value.

On May 20, 2020, the State hosted the 2020 Episodes of Care Annual Feedback Session. As a result of the COVID-19 emergency, the event was hosted via a virtual platform. The live event attracted a total of 155 attendees, the highest attendance for the annual feedback session in several years. Over 20 providers submitted feedback on the episodes program. A memo detailing the State’s responses to each item of feedback is expected to be released this fall.

#### **F. Electronic Health Record Incentive Program**

The Electronic Health Records (EHR) Incentive Program is a partnership between federal and state governments that grew out of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The purpose of the program is to provide financial incentives to Medicaid providers<sup>14</sup> to replace outdated, often paper-based approaches to medical record-keeping with Certified Electronic Health Record Technology (as defined by CMS) that meets rigorous criteria and that can improve health care delivery and quality. The federal government provides 100 percent of the funding for the incentive payments and 90 percent of the funding for administrative costs. Tennessee’s EHR program<sup>15</sup> has issued payments for six years to eligible professionals and for three years to eligible hospitals.

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<sup>14</sup> CMS allows two types of providers to participate in the Medicaid EHR Incentive Program: eligible professionals (medical and osteopathic physicians, nurse practitioners, certified nurse midwives, dentists, and physician assistants who meet certain criteria) and eligible hospitals (acute care hospitals, critical access hospitals, and children’s hospitals).

<sup>15</sup> In April 2018, CMS announced that its EHR programs would be renamed “Promoting Interoperability (PI) Programs.” While Tennessee’s EHR initiative falls within the scope of CMS’s PI Programs, the State continues to refer to its initiative as “EHR Incentive Program” for purposes of clarity and consistency in communications with providers.

EHR payments made by the State during the April-June 2020 quarter as compared with payments made throughout the life of the program appear in the table below.

**Table 12**  
**EHR Payments**  
**Quarterly and Cumulative**

<b>Payment Type</b>	<b>No. of Providers Paid During the Quarter</b>	<b>Quarterly Amount Paid (Apr-Jun 2020)</b>	<b>Cumulative Amount Paid To Date<sup>16</sup></b>
First-year payments	1 <sup>17</sup>	\$21,250	\$180,155,394
Second-year payments	14	\$119,000	\$59,956,155
Third-year payments	35	\$294,667	\$37,931,519
Fourth-year payments	48	\$405,167	\$8,947,682
Fifth-year payments	65	\$549,667	\$6,077,505
Sixth-year payments	53	\$436,334	\$3,674,248

Technical assistance activities, outreach efforts, and other EHR-related projects conducted by TennCare staff during the quarter included the following:

- Communicating with providers who had previously been approved for—but had not yet received—payment because of ongoing issues with their TennCare registration;
- Emailing letters to providers in May and June to remind them of various submission deadlines in June and July;
- Continuing (with CMS’s permission) to accept Program Year 2019 attestations through June 30, 2020, to accommodate providers affected by the March 2020 tornadoes or the coronavirus crisis;
- Working with the State’s attestation software vendor to assure that the Program Year 2019 submission process concluded smoothly for all participating providers;
- Providing daily technical assistance to providers via email and telephone calls;
- Participation in CMS-led calls regarding the EHR Incentive Program; and
- Newsletters and alerts distributed by the State’s EHR ListServ.

Although enrollment of new providers concluded on April 30, 2017, the State’s EHR Incentive Program will continue through the 2021 program year as required by CMS rules. Tennessee’s program team continues to work with a variety of provider organizations to maintain the momentum of the program. The focus of post-enrollment outreach efforts for 2020 is to

<sup>16</sup> In certain cases, cumulative totals reflect adjustments of payments from previous quarters. The need for these recoupments was identified through standard auditing processes.

<sup>17</sup> First-year payments are usually issued to providers newly enrolled in the EHR program, and enrollment of providers ended in April 2017. The provider to whom a first-year payment was issued this quarter had enrolled prior to April 2017, but an issue with the provider’s TennCare registration had to be corrected before payment could be issued.

encourage provider participants who remain eligible to continue attesting and complete the program.

#### **G. *A.M.C. et al., v. Smith* Lawsuit**

On March 19, 2020, the Tennessee Justice Center filed a federal lawsuit on behalf of a proposed class of plaintiffs against the Division of TennCare. The lawsuit alleges statutory and constitutional deficiencies with TennCare's eligibility redetermination process and the Tennessee Eligibility Determination System. Another allegation within the suit is that TennCare is violating the Americans with Disabilities Act by not providing reasonable accommodations, thereby preventing disabled individuals from participating in the TennCare program. Plaintiffs have two pending motions before the court: one for class certification and one for preliminary injunction, both of which TennCare opposed. The State filed a timely motion to dismiss the case, which is also pending with the Court.

### **VI. Action Plans for Addressing Any Issues Identified**

During the April-June 2020 quarter, there were no identified issues requiring action plans.

### **VII. Financial/Budget Neutrality Development Issues**

TennCare continued to demonstrate budget neutrality during the April-June 2020 quarter. For more information about budget neutrality performance, see the spreadsheet submitted separately via the PMDA application.

From a state fiscal perspective, revenue collections underwent significant shifts during the April-June 2020 quarter, as the COVID-19 public health emergency began to exert a significant influence on the economy. A comparison of total state and local collections during April, May, and June 2020 with total collections from the corresponding months of 2019 revealed severe fluctuations. There was a nearly 37 percent year-to-year decline in April, more than a 14 percent decline in May, and yet a better than two percent improvement in June.<sup>18</sup>

After nearly three years of monthly unemployment rates below four percent, Tennessee experienced substantially higher unemployment rates during the April-June 2020 quarter. Nonetheless, the rate did decline noticeably over the course of the quarter, falling from 15.5 percent in April to 11.0 percent in May and then further still to 9.6 percent in June. These rates nonetheless represented a significant economic setback in comparison to the state rates from the corresponding months of 2019 (3.5 percent, 3.5 percent, and 3.4 percent respectively). The Tennessee unemployment rate was lower than the national rate for two of the three months of

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<sup>18</sup> The Tennessee Department of Revenue's collection summaries are available online at <https://www.tn.gov/revenue/tax-resources/statistics-and-collections/collections-summaries.html>.

the quarter (with the national rate at 14.7 percent in April, 13.3 percent in May, and 11.1 percent in June).<sup>19</sup>

## VIII. Member Month Reporting

Tables 13 and 14 below present the member month reporting by eligibility group for each month in the quarter.

**Table 13**  
**Member Month Reporting for Use in Budget Neutrality Calculations**  
**April – June 2020**

Eligibility Group	April 2020	May 2020	June 2020	Sum for Quarter Ending 6/30/20
<i>Medicaid eligibles (Type 1)</i>				
EG1 Disabled, Type 1 State Plan eligibles	131,463	131,113	130,642	393,218
EG2 Over 65, Type 1 State Plan eligibles	216	221	240	677
EG3 Children, Type 1 State Plan eligibles	754,102	759,514	765,767	2,279,383
EG4 Adults, Type 1 State Plan eligibles	382,418	388,271	394,853	1,165,542
EG5 Duals, Type 1 State Plan eligibles	141,167	141,371	141,877	424,415
<i>Demonstration eligibles (Type 2)</i>				
EG8 Med Exp Child, Type 2 Demonstration Population, Optional Targeted Low Income Children funded by Title XIX	0	0	0	0
EG9 H-Disabled, Type 2 Demonstration Population	607	615	618	1,840
EG10 H-Over 65, Type 2 Demonstration Population	34	38	38	110
EG11 H-Duals, Type 2 Demonstration Population	5,708	5,768	5,905	17,381
<b>TOTAL</b>	<b>1,415,715</b>	<b>1,426,911</b>	<b>1,439,940</b>	<b>4,282,566</b>

<sup>19</sup> Information about Tennessee's unemployment rate is available on the Tennessee Department of Labor and Workforce Development's website at <https://www.tn.gov/workforce/general-resources/news.html>.



**Table 14**  
**Member Month Reporting Not Used in Budget Neutrality Calculations**  
**April – June 2020**

Eligibility Group	April 2020	May 2020	June 2020	Sum for Quarter Ending 6/30/20
EG6E Expan Adult, Type 3, Demonstration Population	11	10	10	31
EG7E Expan Child, Type 3, Demonstration Population	13	13	13	39
Med Exp Child, Title XXI Demonstration Population	12,698	12,436	12,247	37,381
EG12E Carryover, Type 3, Demonstration Population	1,936	1,899	1,862	5,697
<b>TOTAL</b>	<b>14,658</b>	<b>14,358</b>	<b>14,132</b>	<b>43,148</b>

## IX. Consumer Issues

**Eligibility Appeals.** Table 15 presents a summary of eligibility appeal activity during the quarter, compared to the previous two quarters. It should be noted that appeals (whether related to eligibility, medical services, or LTSS) may be resolved or taken to hearing in a quarter other than the one in which they are initially received by TennCare.

**Table 15**  
**Eligibility Appeals for April – June 2020**  
**Compared to the Previous Two Quarters**

	Oct – Dec 2019	Jan – Mar 2020	Apr – Jun 2020
No. of appeals received	41,245	33,938	7,803 <sup>20</sup>
No. of appeals resolved or withdrawn	32,805	41,052	36,728
No. of appeals taken to hearing	3,815	3,891	2,826
No. of hearings resolved in favor of appellant	886	620	219

**Medical Service Appeals.** Table 16 below presents a summary of the medical service appeals handled during the quarter, compared to the previous two quarters.

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<sup>20</sup> The number of eligibility appeals was substantially lower than usual during the April-June 2020 quarter because the State has paused nearly all terminations of eligibility for TennCare members during the COVID-19 emergency.



**Table 16**  
**Medical Service Appeals for April – June 2020**  
**Compared to the Previous Two Quarters**

	Oct – Dec 2019	Jan – Mar 2020	Apr – Jun 2020
No. of appeals received	1,315	1,127	1,982
No. of appeals resolved	1,335	1,264	1,128
• Resolved at the MCC level	295	346	424
• Resolved at the TSU level	189	122	102
• Resolved at the LSU level	851	796	602
No. of appeals that did not involve a valid factual dispute	206	124	926
No. of directives issued	254	188	174
No. of appeals taken to hearing	851	796	603
No. of appeals that were withdrawn by the enrollee at or prior to the hearing	237	266	239
Appeals that went to hearing and were decided in the State’s favor	290	262	210
Appeals that went to hearing and were decided in the appellant’s favor	42	32	34

By way of explanation:

- The “MCC” level is the level of the Managed Care Contractors. MCCs sometimes reverse their decisions or develop new recommendations for addressing an issue after reviewing an appeal.
- The “TSU” level is the TennCare Solutions Unit. The TSU is a unit within TennCare that reviews requests for hearings. The TSU might overturn the decision of the MCC and issue a directive requiring the MCC to approve provision of the service under appeal. Alternatively, if, following review, TennCare agrees with the MCC’s decision, the appeal typically proceeds to TennCare’s Legal Solutions Unit (LSU), where it is scheduled for administrative hearing before an Administrative Law Judge.
- The “LSU” level is the Legal Solutions Unit. This unit within TennCare ensures that enrollees receive those procedural rights to which they are entitled under the law. LSU represents TennCare and its MCCs at administrative hearings and takes those steps necessary to ensure that such appeals come to a timely resolution.

**LTSS Appeals.** The following table provides information regarding certain appeals administered by TennCare’s Long-Term Services and Supports Division for the quarter (e.g., appeals of

PreAdmission Evaluation denials, appeals of PreAdmission Screening and Resident Review determinations, etc.), compared to the previous two quarters.

**Table 17**  
**Long-Term Services and Supports Appeals for April – June 2020**  
**Compared to the Previous Two Quarters**

	Oct – Dec 2019	Jan – Mar 2020	Apr – Jun 2020
No. of appeals received	129	111	98
No. of appeals resolved or withdrawn	65	52	61
No. of appeals set for hearing	72	51	47
No. of hearings resolved in favor of appellant	1	1	2

## **X. Quality Assurance/Monitoring Activity**

**Population Health.** Population Health (PH) is a healthcare management approach that targets the entire TennCare population. The Population Health program improves members' health across the entire care continuum by providing proactive program interventions that are cost-effective and that are tailored to each member's specific healthcare needs. The program, which emphasizes preventative care, identifies risky behaviors that are likely to lead to disease in the future (such as poor eating habits, physical inactivity, and drug use) and assists members in discontinuing such activities. Furthermore, PH provides interventions to assist members who already have a chronic or complex health condition. These interventions include making sure that members have access to necessary healthcare services, as well as addressing the social determinants of their health.

The State has traditionally included in each Quarterly Progress Report data on enrollment levels in each of the following seven PH programs:

- Wellness Program
- Low Risk Maternity
- Health Risk Management
- Care Coordination
- Chronic Care Management
- High Risk Pregnancy Management
- Complex Case Management

Recently, however, the State restructured the PH reporting requirements for each of its MCOs, so that data must be furnished semiannually instead of quarterly. As a result, new data about the PH program will be available for the Quarterly Progress Report covering the July-September 2020 quarter.

**Provider Data Validation Report.** In April 2020, TennCare’s External Quality Review Organization (EQRO), Qsource, published the results of its provider data validation survey for the January-March 2020 quarter. Qsource took a sample of provider data files from TennCare’s MCCs<sup>21</sup> and reviewed each for accuracy in the following categories:

- Active contract status
- Provider address
- Provider specialty / behavioral health service code
- Provider panel status
- Services to patients under age 21
- Services to patients age 21 or older (MCO only)
- Primary care services (MCO only)
- Prenatal care services (MCO only)
- Availability of routine care services
- Availability of urgent care services

The validity of such information is one measure of providers’ availability and accessibility to TennCare enrollees. Qsource’s report demonstrated generally strong performance by the MCCs, especially in the categories of “provider specialty / behavioral health service code” (96.5 percent accuracy), “services to patients under age 21” (96.9 percent accuracy), “primary care services” (96.4 percent accuracy), and “prenatal care services” (98.1 percent accuracy).

Because the MCOs’ transition to a statewide service delivery model occurred relatively recently, progress in accuracy rates is currently being measured on a quarter-to-quarter basis. Compared with the period of October-December 2019, the MCCs—according to the report—“maintained high accuracy rates for this quarter.” Nonetheless, to ensure ongoing improvement in all ten categories of the survey, TennCare required each of its MCCs to submit a Corrective Action Plan no later than June 5, 2020. TennCare, in turn, had received, reviewed, and accepted all of the plans by June 11, 2020. Results for the April-June 2020 quarter will be discussed in the next Quarterly Progress Report.

## **XI. Demonstration Evaluation**

CMS approval of the State’s evaluation design for the TennCare Demonstration was received on April 2, 2019. As previously reported, the State is leveraging its contract with its independent External Quality Review Organization, Qsource, to conduct the evaluation.

The five objectives related to the CHOICES program as described in the State’s approved evaluation design are as follows:

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<sup>21</sup> TennCare’s Pharmacy Benefits Manager (PBM) was not included in the survey.

1. Expand access to HCBS for older adults and adults with physical disabilities.
2. Rebalance TennCare spending on long-term services and supports to increase the proportion that goes to HCBS.
3. Provide cost-effective care in the community for persons who would otherwise require nursing facility care.
4. Provide HCBS that will enable persons who would otherwise be required to enter nursing facilities to be diverted to the community.
5. Provide HCBS that will enable persons receiving services in nursing facilities to be able to transition back to the community.

Data collection processes for the CHOICES program have been ongoing since the program's inception. CHOICES data was provided to Qsource on July 7, 2019. Qsource submitted a preliminary draft report sample on certain elements of this data to the State in October 2019, followed by an updated draft in April 2020. The State is currently reviewing this updated draft.

The five objectives related to the Employment and Community First CHOICES program as described in the State's draft evaluation design are as follows:

1. Expand access to HCBS for individuals with intellectual and developmental disabilities.
2. Provide more cost-effective services and supports in the community for persons with intellectual and developmental disabilities.
3. Continue balancing TennCare spending on long-term services and supports for individuals with intellectual and developmental disabilities to increase the proportion spent on HCBS.
4. Increase the number and percentage of persons with intellectual and developmental disabilities enrolled in HCBS programs who are employed in an integrated setting earning at or above the minimum wage.
5. Improve the quality of life of individuals with intellectual and developmental disabilities enrolled in HCBS programs.

Data collection processes for the Employment and Community First CHOICES program also commenced at program launch, subject to methodological limitations described in the evaluation design document. The State sent the Employment and Community First CHOICES 2016 and 2017 baseline data (the initial baseline and first performance period) to Qsource for the first four data elements. Data for 2018 will be sent upon resolution of the data issue described below.

There are concerns with the data collection methodology for Objective 4.1: *Increase the number and percentage of working age adults with I/DD enrolled in HCBS programs who are employed in an integrated setting earning at or above the minimum wage during each demonstration year compared to the baseline year.* To date, the State has submitted data collected from the *Individual Employment Data Survey*,<sup>22</sup> which is conducted annually for each person receiving

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<sup>22</sup> This document is available on TennCare's website at <https://www.tn.gov/content/dam/tn/tenncare/documents/IndividualEmploymentDataSurvey.pdf>.

HCBS as part of the annual person-centered plan review process. However, because person-centered planning processes occur over the course of the year, nearly a full year can elapse before the annual ECF CHOICES Data reporting period. This means that the data fails to account for persons who have secured competitive integrated employment since that time. Significant discrepancies in results for this objective had been identified based on the reporting lag. This issue has now been resolved, as changes to the 2020 Individual Employment Data Survey were implemented to ensure its completion annually *and* within a specified period, whenever changes to integrated employment status occur.

Additional efforts have been made to validate 2018 and 2019 data from the Individual Employment Data Survey against alternative data sources, including longstanding employment reports collected from MCOs, and, for persons enrolled in Section 1915(c) HCBS waivers, employment data collected by the Department of Intellectual and Developmental Disabilities (the contracted Operating Agency). Once this process is complete, applicable metrics for both 2018 and 2019 data will be submitted to CMS and to Qsource.

Processes have been established for collection of the quality of life measurement data for ECF CHOICES using the National Core Indicators™ (NCI), the same tool used for some time to gather annual quality of life measurement data for persons enrolled in the State's Section 1915(c) HCBS waivers. The State has successfully collaborated with the Department of Intellectual and Developmental Disabilities (DIDD) to leverage their existing agreement with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). In addition, the State successfully finalized a contract with The Arc of Tennessee in December 2019. This contract engaged self-advocates, direct support professionals, and disability field professionals in conducting the face-to-face NCI assessments. The NCI in-person survey was completed in March 2020. This year's survey cycle will establish the baseline and set the stage for measurement of improvement going forward. Data to establish the baseline measure will be available in fall 2020; the first year of improvement data will not be available until fall 2021.

## **XII. Uncompensated Care Fund for Charity Care**

On July 1, 2018, the structure for uncompensated care payments made by TennCare to Tennessee hospitals changed. Among the changes to the structure that went into effect on that date was the elimination of the Essential Access Hospital Pool and the Critical Access Hospital Pool. Now, as detailed in STC 60 of the TennCare Demonstration, uncompensated care payments to Tennessee hospitals are made from the Virtual DSH Fund and the Uncompensated Care Fund for Charity Care. As detailed in Attachment H of the TennCare Demonstration, these two funds are further divided into several sub-pools. The hospitals that received payments from the Virtual DSH Fund and the Uncompensated Care Fund for Charity Care during the April-June 2020 quarter, as well as the sub-pool(s) to which they are assigned, are provided below.

Children's Safety Net Sub-Pool

East Tennessee Children's Hospital  
LeBonheur Children's Hospital

Other Essential Acute Sub-Pool

Jellico Community Hospital  
Saint Thomas Stones River Hospital  
Baptist Memorial Hospital – Carroll County  
Claiborne Medical Center  
Unity Medical Center  
Cumberland Medical Center  
Decatur County General Hospital  
Saint Thomas DeKalb Hospital  
Milan General Hospital  
Henderson County Community Hospital  
Lincoln Medical Center  
Fort Loudoun Medical Center  
Livingston Regional Hospital  
Perry Community Hospital  
TrustPoint Hospital  
Big South Fork Medical Center  
Unicoi County Hospital  
Wayne Medical Center  
Tennova Healthcare – Shelbyville  
Tennova Healthcare – LaFollette Medical Center  
Sycamore Shoals Hospital  
Tennova Healthcare – Newport Medical Center  
Tennova Healthcare – Harton  
TriStar Horizon Medical Center  
West Tennessee Healthcare Dyersburg Hospital  
Southern Tennessee Regional Health System – Winchester  
Southern Tennessee Regional Health System – Pulaski  
Morristown – Hamblen Healthcare System  
Hardin Medical Center  
Hawkins County Memorial Hospital  
Henry County Medical Center  
Tennova Healthcare – Jefferson Memorial Hospital  
Southern Tennessee Regional Health System – Lawrenceburg  
Starr Regional Medical Center – Athens  
Sweetwater Hospital Association  
Baptist Memorial Hospital – Union City  
Roane Medical Center  
NorthCrest Medical Center  
LeConte Medical Center

Delta Medical Center  
Indian Path Community Hospital  
Baptist Memorial Hospital – Tipton  
Saint Thomas River Park Hospital  
Franklin Woods Community Hospital  
West Tennessee Healthcare Volunteer Hospital  
Methodist Medical Center of Oak Ridge  
Blount Memorial Hospital  
Tennova Healthcare – Cleveland  
TriStar Southern Hills Medical Center  
Saint Thomas Midtown Hospital  
Saint Thomas West Hospital  
TriStar Centennial Medical Center  
TriStar Skyline Medical Center  
TriStar Summit Medical Center  
Greeneville Community Hospital  
Memorial North Park Hospital  
Parkridge Medical Center  
Fort Sanders Regional Medical Center  
Parkwest Medical Center  
Tennova Healthcare – North Knoxville Medical Center  
Jackson – Madison County General Hospital  
Maury Regional Medical Center  
Tennova Healthcare – Clarksville  
Cookeville Regional Medical Center  
Saint Thomas Rutherford Hospital  
TriStar StoneCrest Medical Center  
Baptist Memorial Hospital – Memphis  
Methodist University Hospital  
Saint Francis Hospital  
Saint Francis Hospital – Bartlett  
Bristol Regional Medical Center  
Holston Valley Medical Center  
Sumner Regional Medical Center  
TriStar Hendersonville Medical Center  
Saint Thomas Highlands Hospital  
Williamson Medical Center  
Vanderbilt Wilson County Hospital

Safety Net Sub-Pool

Nashville General Hospital  
Erlanger Medical Center  
Regional One Health  
Vanderbilt University Medical Center

University of Tennessee Medical Center  
Johnson City Medical Center

Psychiatric Facilities Sub-Pool

Ridgeview Psychiatric Hospital and Center  
Pathways of Tennessee  
Unity Psychiatric Care – Columbia  
Unity Psychiatric Care – Clarksville  
Ten Broeck Tennessee  
Crestwyn Behavioral Health  
Unity Psychiatric Care – Memphis  
Creeside Behavioral Health  
Unity Psychiatric Care – Martin

Other Safety Net Sub-Pool

Vanderbilt University Medical Center  
University of Tennessee Medical Center  
Johnson City Medical Center

Research and Rehabilitation Facilities Sub-Pool

Vanderbilt Stallworth Rehabilitation Hospital  
Select Specialty Hospital – Nashville  
Siskin Hospital for Physical Rehabilitation  
Encompass Health Rehabilitation Hospital of Chattanooga  
Saint Jude Children's Research Hospital  
Encompass Health Rehabilitation Hospital of Memphis  
Baptist Memorial Restorative Care Hospital  
Select Specialty Hospital – Memphis  
Encompass Health Rehabilitation Hospital of North Memphis  
Regional One Health Extended Care Hospital  
Encompass Health Rehabilitation Hospital of Kingsport  
Select Specialty Hospital – TriCities  
Quillen Rehabilitation Hospital  
West Tennessee Healthcare Rehabilitation Hospital Cane Creek  
Encompass Health Rehabilitation Hospital of Franklin

### **XIII. Graduate Medical Education (GME) Hospitals**

Note: Attachment A to the STCs directs the State to list its GME hospitals and their affiliated teaching universities in each quarterly report. As CMS is aware, Tennessee does not make GME payments to hospitals. These payments are made, rather, to medical schools. The medical schools disburse many of these dollars to their affiliated teaching hospitals, but they also use them to support primary care clinics and other arrangements.



The GME hospitals and their affiliated teaching universities are listed below:

<b>Universities</b>	<b>Hospitals</b>
East Tennessee State University	Ballad Health ETSU Quillen Johnson City Medical Center Johnson City Community Health Center Woodridge Hospital Holston Valley Medical Center Bristol Regional Medical Center
Meharry Medical College	Metro Nashville General Hospital Meharry Medical Group
University of Tennessee at Memphis	Regional One Health Methodist Le Bonheur Erlanger Jackson – Madison Co. General Hospital Saint Francis Hospital – Memphis Saint Thomas
Vanderbilt University	Vanderbilt University Hospital

#### **XIV. Critical Access Hospitals**

The hospitals currently designated as active Critical Access Hospitals by the Tennessee Department of Health and TennCare are as follows:

Ascension Saint Thomas Hickman  
 Bolivar General Hospital  
 Camden General Hospital  
 Erlanger Bledsoe Hospital  
 Hancock County Hospital  
 Houston County Community Hospital  
 Johnson County Community Hospital  
 Lauderdale Community Hospital  
 Macon Community Hospital  
 Marshall Medical Center  
 Rhea Medical Center  
 Riverview Regional Medical Center  
 Three Rivers Hospital  
 TriStar Ashland City Medical Center  
 Trousdale Medical Center

**State Contact:**

Aaron Butler  
Director of Policy  
Division of TennCare  
310 Great Circle Road  
Nashville, TN 37243  
Phone: 615-507-6448  
Email: [aaron.c.butler@tn.gov](mailto:aaron.c.butler@tn.gov)

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