# Table of Contents

**State/Territory Name: Tennessee**

**State Plan Amendment (SPA) #:14-0005-MM1**

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303

**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

October 15, 2015

Darin J. Gordon, Director
Division of Healthcare Finance & Administration
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243

RE: Title XIX State Plan Amendment, TN 14-0005-MM1

Dear Mr. Gordon:

Enclosed is an approved copy of Tennessee's State Plan Amendment (SPA) 14-0005-MM1 which was received by CMS on March 31, 2014. SPA 14-0005-MM1 incorporates the MAGI-Based Eligibility Group into Tennessee's State Plan in accordance with the Affordable Care Act. This SPA was approved on October 14, 2015. This SPA has an effective date on January 1, 2014.

The approval of SPA 14-0005-MM1 includes full approval of the state's MAGI eligibility groups. Due to the state's current systems functionality, the state is currently using an alternative method of ending Presumptive Eligibility (PE). The state will need to address this concern as outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the new State Plan pages to be incorporated within a separate section at the back of Tennessee's approved State Plan:

- S14, Pages 1-12
- S25, Pages 1-3
- S28, Pages 1-4
- S30, Pages 1-8
- S32, Page 1
- S33, Page 1
- S50, Page 1
- S51, Page 1
- S52, Page 1
- S53, Pages 1-2
- S54, Page 1
- S55, Page 1
- S57, Page 1
- S59, Page 1

In addition, enclosed is a summary of State Plan pages which are superseded by SPA 14-0005-MM1, which should be incorporated into a separate section in the front of the State Plan.

Notwithstanding any other provisions of the Tennessee State Medicaid Plan, the financial eligibility methodologies described in SPA TN 14-0005-MM1 will apply to all MAGI-based eligibility groups covered under Tennessee's State Plan. The MAGI financial methodologies set forth in 42 CFR§435.603 apply to everyone except those individuals described at 42 CFR §435.603(j) for whom Magi-based methods do not apply. This SPA supersedes the current financial eligibility provisions of Medicaid State Plan only with respect to the MAGI-based eligibility groups.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Kenni Howard at (404) 562-7413 or via email at kenni.howard@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303


**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

October 15, 2015

Darin J. Gordon, Director
Division of Healthcare Finance & Administration
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243

Dear Mr. Gordon:

This letter is being sent as a companion to our approval of Tennessee State Plan Amendment (SPA) 14-0005-MM1, Tennessee's MAGI eligibility group SPA that took effect on January 1, 2014. Our review of SPA 14-0005 included a review of the state's training materials and on-line screens for presumptive eligibility (PE) and discussions with the state about how the state has implemented PE. Based on our review, the SPA has been approved. However, it has been determined that the state is not in compliance with one aspect of the federal Medicaid rules for PE.

Federal regulations at 42 CFR 435.1101 and the statute at sections 1920 and 1920A of the Social Security Act require that an individual's PE period end on the date that Medicaid eligibility is determined, if the individual files a Medicaid application by the end of the month after the month that PE is determined. If the individual does not file a Medicaid application by the end of the month after the month that PE is determined, PE ends on that day.

In our process of reviewing this SPA we have learned that Tennessee does not end PE for individuals who are denied Medicaid and those who do not file an application before the end of the PE period. Tennessee informed CMS that based on its current systems limitations it is unable to end a PE period effective on the day that a PE enrollee is determined ineligible for Medicaid. In addition, because all applications are filed at the FFM, the state does not always know in a timely manner whether a PE enrollee has filed an application, and so cannot appropriately end PE at the end of the month after the month that PE is determined if the individual has not applied for Medicaid by that day. The state continues the PE period until a 12-month redetermination, unless the state processes a Medicaid eligibility determination, before that date as an account transfer from the federal Marketplace. We understand that the state's systems will need to be changed in order to come into compliance with federal rules governing the PE period and have discussed with the state the need to make these changes.

Please respond within 30 days from the date of this letter with a plan that describes the steps the state is taking to resolve the issue identified above and to come into compliance with the requirements for PE. The plan should include a detailed description of the change required and a timeline for correcting the state's systems to allow for the PE period to be ended correctly. The plan should also describe a manual work-around or mitigation to be implemented in the interim, to ensure that only individuals determined eligible for Medicaid remain enrolled after the end of the PE period.

During the 30-day period, we are available to provide any technical assistance that you need. State plans that are not in compliance with federal requirements at 42 CFR 430.10 are grounds for initiating a formal compliance process. If you have any questions, please have a member of your staff contact Kenni Howard at (404) 562-7413 or by email at kenni.howard@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

# Medicaid State Plan Eligibility: Summary Page (CMS 179)

**State/Territory name:** **Tennessee**

**Transmittal Number:**

***Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.***

TN 14-0005

**Proposed Effective Date**

01/01/2014 *(mm/dd/yyyy)*

**Federal Statute/Regulation Citation**

42 CFR Part 435

**Federal Budget Impact**

| | Federal Fiscal Year | Amount |
|---|---|---|
| **First Year** | 2014 | $ 5362029.00 |
| **Second Year** | 2015 | $ 7461299.00 |

**Subject of Amendment**

In this submission, the State describes its coverage of MAGI-based eligibility groups.

**Governor's Office Review**

- (•) **Governor's office reported no comment**
- ( ) **Comments of Governor's office received**
  Describe:
- ( ) **No reply received within 45 days of submittal**
- ( ) **Other, as specified**
  Describe:

**Signature of State Agency Official**

| | |
|---|---|
| **Submitted By:** | **Aaron Butler** |
| **Last Revision Date:** | **Aug 17, 2015** |
| **Submit Date:** | **Mar 31, 2014** |

| SUPERSEDING PAGES OF STATE PLAN MATERIAL | |
|---|---|
| **TRANSMITTAL NUMBER:** 14-0005MM1 | **STATE:** Tennessee |

Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, and S14 and related pages or sections of pages being deleted as obsolete

| State Plan Section | Complete Pages Removed | Partial Pages Removed |
|---|---|---|
| **Attachment 2.2-A** | Page 1<br>Page 3<br>Page 3a<br>Page 4<br>Page 4a<br>Page 12<br>Page 13<br>Page 13a<br>Page 14<br>Page 14a<br>Page 23 | Page 2, A.2.b & c<br>Page 2a, A.3<br>Page 5, A.10<br>Page 9c, B.1 remove "Caretaker relatives," "Pregnant women," and "Individuals under the age of 18, 19, 20, or 21."<br>Page 9c, B.2 for pregnant women and children.<br>Page 20, B.14<br>Page 25, C.4 |
| **Supplement 1 to Attachment 2.2-A** | Page 1 | |
| **Attachment 2.6-A** | Page 3b<br>Page 11a<br>Page 19<br>Page 19a<br>Page 19b<br>Page 21 | Page 1, A.2.a(i) and (iii)<br>Page 6 related to AFDC recipients, pregnant women, infants, and children<br>Page 7, 1.a(1) & (2)<br>Page 12, 1.e(2)<br>Page 18, 5.e<br>Page 25, 11.a(3) |
| **Supplement 1 to Attachment 2.6-A** | Pages 1, 1a, 2, 3, and 4 | |
| **Supplement 2 to Attachment 2.6-A** | Pages 1-5 | |
| **Supplement 8a to Attachment 2.6-A** | Page 1<br>Supplement 8a Addendum for categorically needy caretaker relatives, pregnant women, and children. | |
| **Supplement 12 to Attachment 2.6-A** | Pages 1, 2, and 3<br>Supplement 12 Addendum | |

# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

## AFDC Income Standards — S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

### MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

#### Income Standard Entry - Dollar Amount - Automatic Increase Option — S13a

The standard is as follows:

- (•) Statewide standard
- ( ) Standard varies by region
- ( ) Standard varies by living arrangement
- ( ) Standard varies in some other way

Enter the statewide standard

| | Household size | Standard ($) | |
|---|---|---|---|
| + | 1 | 104 | X |
| + | 2 | 153 | X |
| + | 3 | 198 | X |
| + | 4 | 240 | X |
| + | 5 | 281 | X |
| + | 6 | 324 | X |
| + | 7 | 367 | X |
| + | 8 | 410 | X |
| + | 9 | 453 | X |
| + | 10 | 495 | X |
| + | 11 | 539 | X |
| + | 12 | 580 | X |
| + | 13 | 623 | X |
| + | 14 | 666 | X |
| + | 15 | 709 | X |
| + | 16 | 752 | X |
| + | 17 | 793 | X |
| + | 18 | 836 | X |
| + | 19 | 879 | X |
| + | 20 | 921 | X |

Additional incremental amount

○ Yes ◉ No

Increment amount $

The dollar amounts increase automatically each year

○ Yes ◉ No

# Medicaid Eligibility

## Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- (•) Statewide standard
- ( ) Standard varies by region
- ( ) Standard varies by living arrangement
- ( ) Standard varies in some other way

Enter the statewide standard

| | Household size | Standard ($) | |
|---|---|---|---|
| + | 1 | 95 | X |
| + | 2 | 142 | X |
| + | 3 | 185 | X |
| + | 4 | 226 | X |
| + | 5 | 264 | X |
| + | 6 | 305 | X |
| + | 7 | 345 | X |
| + | 8 | 386 | X |
| + | 9 | 425 | X |
| + | 10 | 467 | X |
| + | 11 | 508 | X |
| + | 12 | 549 | X |
| + | 13 | 589 | X |
| + | 14 | 630 | X |
| + | 15 | 670 | X |
| + | 16 | 711 | X |
| + | 17 | 750 | X |
| + | 18 | 790 | X |
| + | 19 | 831 | X |
| + | 20 | 871 | X |

Additional incremental amount

○ Yes ◉ No

Increment amount $

The dollar amounts increase automatically each year

○ Yes ◉ No



**MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996**

**Income Standard Entry - Dollar Amount - Automatic Increase Option** **S13a**

The standard is as follows:

- (•) Statewide standard
- ( ) Standard varies by region
- ( ) Standard varies by living arrangement
- ( ) Standard varies in some other way

Enter the statewide standard

| | Household size | Standard ($) | |
|---|---|---|---|
| + | 1 | 119 | X |
| + | 2 | 174 | X |
| + | 3 | 225 | X |
| + | 4 | 274 | X |
| + | 5 | 321 | X |
| + | 6 | 370 | X |
| + | 7 | 418 | X |
| + | 8 | 467 | X |
| + | 9 | 515 | X |
| + | 10 | 565 | X |
| + | 11 | 614 | X |
| + | 12 | 663 | X |
| + | 13 | 712 | X |
| + | 14 | 761 | X |
| + | 15 | 809 | X |
| + | 16 | 858 | X |
| + | 17 | 905 | X |
| + | 18 | 954 | X |
| + | 19 | 1,003 | X |
| + | 20 | 1,051 | X |

Additional incremental amount

○ Yes ◉ No

Increment amount $

The dollar amounts increase automatically each year

○ Yes ◉ No

**Income Standard Entry - Dollar Amount - Automatic Increase Option** S13a

The standard is as follows:

- ○ Statewide standard
- ○ Standard varies by region
- ○ Standard varies by living arrangement
- ○ Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ○ No

**AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.**

**Income Standard Entry - Dollar Amount - Automatic Increase Option** S13a

The standard is as follows:

- ○ Statewide standard
- ○ Standard varies by region
- ○ Standard varies by living arrangement
- ○ Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ○ No

**MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date**

**Income Standard Entry - Dollar Amount - Automatic Increase Option** S13a

The standard is as follows:

- ○ Statewide standard
- ○ Standard varies by region
- ○ Standard varies by living arrangement
- ○ Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ○ No

## TANF payment standard

### Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

◉ Statewide standard

○ Standard varies by region

○ Standard varies by living arrangement

○ Standard varies in some other way

Enter the statewide standard

| | Household size | Standard ($) | |
|---|---|---|---|
| + | 1 | 696 | X |
| + | 2 | 896 | X |
| + | 3 | 1,066 | X |
| + | 4 | 1,211 | X |
| + | 5 | 1,335 | X |
| + | 6 | 1,441 | X |
| + | 7 | 1,534 | X |
| + | 8 | 1,617 | X |
| + | 9 | 1,691 | X |
| + | 10 | 1,760 | X |
| + | 11 | 1,824 | X |
| + | 12 | 1,885 | X |
| + | 13 | 1,944 | X |
| + | 14 | 2,001 | X |
| + | 15 | 2,055 | X |
| + | 16 | 2,107 | X |
| + | 17 | 2,155 | X |
| + | 18 | 2,197 | X |
| + | 19 | 2,232 | X |
| + | 20 | 2,257 | X |

Additional incremental amount

○ Yes ◉ No

Increment amount $

The dollar amounts increase automatically each year

○ Yes ◉ No



**MAGI-equivalent TANF payment standard**

## Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- (•) Statewide standard
- ( ) Standard varies by region
- ( ) Standard varies by living arrangement
- ( ) Standard varies in some other way

Enter the statewide standard

# Medicaid Eligibility

| | Household size | Standard ($) | |
|---|---|---|---|
| + | 1 | 1,018 | X |
| + | 2 | 1,329 | X |
| + | 3 | 1,611 | X |
| + | 4 | 1,867 | X |
| + | 5 | 2,102 | X |
| + | 6 | 2,320 | X |
| + | 7 | 2,524 | X |
| + | 8 | 2,718 | X |
| + | 9 | 2,903 | X |
| + | 10 | 3,084 | X |
| + | 11 | 3,259 | X |
| + | 12 | 3,431 | X |
| + | 13 | 3,601 | X |
| + | 14 | 3,770 | X |
| + | 15 | 3,935 | X |
| + | 16 | 4,098 | X |
| + | 17 | 4,257 | X |
| + | 18 | 4,411 | X |
| + | 19 | 4,557 | X |
| + | 20 | 4,693 | X |

Additional incremental amount

○ Yes ◉ No

Increment amount $

The dollar amounts increase automatically each year

○ Yes ◉ No



PRA Disclosure Statement

# Medicaid Eligibility

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

**Eligibility Groups - Mandatory Coverage**
**Parents and Other Caretaker Relatives** **S25**

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

■ **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

■ Individuals qualifying under this eligibility group must meet the following criteria:

■ Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

☒ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

☐ Options relating to the definition of caretaker relative (select any that apply):

☒ Options relating to the definition of dependent child (select the one that applies):

◉ The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

○ The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

■ Have household income at or below the standard established by the state.

■ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

■ Income standard used for this group

■ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

☑ The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

**An attachment is submitted.**

■ Maximum income standard

# Medicaid Eligibility

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

◉ The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

○ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

○ A percentage of the federal poverty level: [ ] %

○ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

○ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

◉ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

○ Other dollar amount

■ Income standard chosen:

Indicate the state's income standard used for this eligibility group:

○ The minimum income standard

◉ The maximum income standard

○ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

○ Another income standard in-between the minimum and maximum standards allowed

■ There is no resource test for this eligibility group.

■ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

○ Yes ◉ No

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# Medicaid Eligibility

State Name: Tennessee

OMB Control Number: 0938-1148

Transmittal Number: TN - 14 - 0005

Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage
## Pregnant Women

S28

42 CFR 435.116
1902(a)(10)(A)(i)(III) and (IV)
1902(a)(10)(A)(ii)(I), (IV) and (IX)
1931(b) and (d)
1920

■ **Pregnant Women** - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

■ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

◉ Yes ○ No

■ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

■ Income standard used for this group

■ Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

○ Yes ◉ No

The minimum income standard for this eligibility group is 133% FPL.

■ Maximum income standard

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

◉ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ 185% FPL

The amount of the maximum income standard is: 195 % FPL

☑ Income standard chosen

Indicate the state's income standard used for this eligibility group:

○ The minimum income standard

◉ The maximum income standard

○ Another income standard in-between the minimum and maximum standards allowed.

☑ There is no resource test for this eligibility group.

☑ Benefits for individuals in this eligibility group consist of the following:

◉ All pregnant women eligible under this group receive full Medicaid coverage under this state plan.

○ Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

☑ Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

◉ Yes ○ No

☑ The presumptive period begins on the date the determination is made.

☑ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☑ There may be no more than one period of presumptive eligibility per pregnancy.

A written application must be signed by the applicant or representative.

○ Yes ◉ No

■ The presumptive eligibility determination is based on the following factors:

- ■ The woman must be pregnant
- ■ Household income must not exceed the applicable income standard at 42 CFR 435.116.
- ☒ State residency
- ☒ Citizenship, status as a national, or satisfactory immigration status

■ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

**List of Qualified Entities** **S17**

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- ☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations:

# Medicaid Eligibility

| | Name of entity | Description | |
|---|---|---|---|
| + | County health departments | Offices of the Department of Health located in each of Tennessee's 95 counties | X |
| + | Selected FQHCs | Selected FQHCs in high volume areas | X |

☑ The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

**An attachment is submitted.**

## PRA Disclosure Statement

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V.20140415

# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

**Eligibility Groups - Mandatory Coverage**
**Infants and Children under Age 19** **S30**

42 CFR 435.118
1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)
1902(a)(10)(A)(ii)(IV) and (IX)
1931(b) and (d)

■ **Infants and Children under Age 19 -** Infants and children under age 19 with household income at or below standards established by the state based on age group.

☑ The state attests that it operates this eligibility group in accordance with the following provisions:

■ Children qualifying under this eligibility group must meet the following criteria:

■ Are under age 19

■ Have household income at or below the standard established by the state.

■ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

■ Income standard used for infants under age one

■ Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

○ Yes ◉ No

The minimum income standard for infants under age one is 133% FPL.

■ Maximum income standard

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

**An attachment is submitted.**

The state's maximum income standard for this age group is:

◉ The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ 185% FPL

Enter the amount of the maximum income standard: 195 % FPL

■ Income standard chosen

The state's income standard used for infants under age one is:

◉ The maximum income standard

○ If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

■ Income standard for children age one through age five, inclusive

■ Minimum income standard

The minimum income standard used for this age group is 133% FPL.

☑ Maximum income standard

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

**An attachment is submitted.**

The state's maximum income standard for children age one through five is:

◉ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard: 142 % FPL

☑ Income standard chosen

The state's income standard used for children age one through five is:

◉ The maximum income standard

○ If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

■ Income standard for children age six through age eighteen, inclusive

■ Minimum income standard

The minimum income standard used for this age group is 133% FPL.

■ Maximum income standard

☑ The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

**An attachment is submitted.**

The state's maximum income standard for children age six through eighteen is:

○ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

◉ 133% FPL

■ Income standard chosen

The state's income standard used for children age six through eighteen is:

(●) The maximum income standard

( ) If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

( ) If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

( ) If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

( ) If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

( ) Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

[■] There is no resource test for this eligibility group.

[■] Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

(●) Yes ( ) No

| Presumptive Eligibility for Children | S16 |
|---|---|
| 1902(a)(47)<br>1920A<br>42 CFR 435.1101<br>42 CFR 435.1102 | |
| [■] The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity under the following provisions: | |

If the state has elected to cover Optional Targeted Low-Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

If the state has not elected to cover Optional Targeted Low Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility group (42 CFR 435.118), for that child's age.

☑ Children under the following age may be determined presumptively eligible:

Under age 1

☑ The presumptive period begins on the date the determination is made.

☑ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made: or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☑ Periods of presumptive eligibility are limited as follows:

◉ No more than one period within a calendar year.

○ No more than one period within two calendar years.

○ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

○ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

◉ Yes ○ No

○ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

◉ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**

☑ The presumptive eligibility determination is based on the following factors:

☑ Household income must not exceed the applicable income standard described above, for the child's age.

☒ State residency

☒ Citizenship, status as a national, or satisfactory immigration status

☑ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

# Medicaid Eligibility

## List of Qualified Entities — S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- ☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations:

| | Name of entity | Description | |
|---|---|---|---|
| + | Tennessee hospitals | Hospitals in Tennessee that partcipate in TennCare | X |
| + | Tennessee freestanding birth centers | Freestanding birth centers in Tennessee that participate in TennCare | X |
| + | CHIP eligibility and enrollment administrative contractor (AC) | The entity identified in the CHIP State Plan as having been authorized by the state to make eligibility determinations for the CHIP program in Tennessee | X |

☑ The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

**An attachment is submitted.**

## PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

| **Eligibility Groups - Mandatory Coverage**<br>**Adult Group** | **S32** |
|---|---|
| 1902(a)(10)(A)(i)(VIII)<br>42 CFR 435.119 | |
| The state covers the Adult Group as described at 42 CFR 435.119.<br>○ Yes ◉ No | |

## PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

| **Eligibility Groups - Mandatory Coverage**<br>**Former Foster Care Children** | **S33** |
|---|---|

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

■ **Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

☑ The state attests that it operates this eligibility group under the following provisions:

■ Individuals qualifying under this eligibility group must meet the following criteria:

■ Are under age 26.

■ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

■ Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

○ Yes ◉ No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

○ Yes ◉ No

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# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

| **Eligibility Groups - Options for Coverage**<br>**Individuals above 133% FPL** | **S50** |
|---|---|
| 1902(a)(10)(A)(ii)(XX)<br>1902(hh)<br>42 CFR 435.218 | |
| **Individuals above 133% FPL** - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.<br>○ Yes ◉ No | |

## PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

| **Eligibility Groups - Options for Coverage**<br>**Optional Coverage of Parents and Other Caretaker Relatives** | **S51** |
|---|---|
| 42 CFR 435.220<br>1902(a)(10)(A)(ii)(I) | |
| **Optional Coverage of Parents and Other Caretaker Relatives** - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.<br>○ Yes ◉ No | |

## PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

| **Eligibility Groups - Options for Coverage**<br>**Reasonable Classification of Individuals under Age 21** | **S52** |
|---|---|

42 CFR 435.222
1902(a)(10)(A)(ii)(I)
1902(a)(10)(A)(ii)(IV)

**Reasonable Classification of Individuals under Age 21** - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

○ Yes ◉ No

## PRA Disclosure Statement

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# Medicaid Eligibility

State Name: Tennessee

OMB Control Number: 0938-1148

Transmittal Number: TN - 14 - 0005

Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage
## Children with Non IV-E Adoption Assistance

**S53**

42 CFR 435.227
1902(a)(10)(A)(ii)(VIII)

**Children with Non IV-E Adoption Assistance** - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

(•) Yes ( ) No

[✓] The state attests that it operates this eligibility group in accordance with the following provisions:

[■] Individuals qualifying under this eligibility group must meet the following criteria:

[■] The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;

[■] Are under the following age (see the Guidance for restrictions on the selection of an age):

(•) Under age 21

( ) Under age 20

( ) Under age 19

( ) Under age 18

[■] MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

(•) Yes ( ) No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

(•) Yes ( ) No

[■] Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.

The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

( ) Yes (•) No

[■] The state covers:

(•) All children under the age selected.

( ) Reasonable classifications of children under the age selected for whom the non IV-E agreement is with:

( ) Other reasonable classifications

[■] There is no resource test for this eligibility group.

# Medicaid Eligibility

## PRA Disclosure Statement

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V.20140415

# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

| **Eligibility Groups - Options for Coverage**<br>**Optional Targeted Low Income Children** | **S54** |
|---|---|
| 1902(a)(10)(A)(ii)(XIV)<br>42 CFR 435.229 and 435.4<br>1905(u)(2)(B) | |
| **Optional Targeted Low Income Children** - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.<br><br>○ Yes ◉ No | |

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

| **Eligibility Groups - Options for Coverage**<br>**Individuals with Tuberculosis** | **S55** |
|---|---|
| 1902(a)(10)(A)(ii)(XII)<br>1902(z) | |
| **Individuals with Tuberculosis** - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.<br>○ Yes ◉ No | |

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

| **Eligibility Groups - Options for Coverage**<br>**Independent Foster Care Adolescents** | **S57** |
|---|---|

42 CFR 435.226
1902(a)(10)(A)(ii)(XVII)

**Independent Foster Care Adolescents** - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

○ Yes ◉ No

## PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

| **Eligibility Groups - Options for Coverage**<br>**Individuals Eligible for Family Planning Services** | **S59** |
|---|---|
| 1902(a)(10)(A)(ii)(XXI)<br>42 CFR 435.214 | |
| **Individuals Eligible for Family Planning Services** - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.<br>○ Yes ◉ No | |

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

# 2014 Presumptive Eligibility Desk Guide

*for*

Tennessee Department of Health

*&*

Memphis Health Center

## TABLE OF CONTENTS

# About Presumptive Eligibility (PE)

**What it is and how it works**

Presumptive eligibility (PE) is a TennCare Medicaid category of coverage for pregnant women. The presumptive eligibility option encourages early entry into prenatal care for improved health outcomes for both the mother and the baby. A pregnant woman who qualifies for presumptive eligibility can begin receiving covered services on the day that she is approved for PE. Our intent is to offer her prenatal care at the earliest possible time during her pregnancy.

Application for presumptive eligibility is made through either the county Tennessee Health Departments or select Federally Qualified Health Centers in Tennessee.

Presumptive eligibility gives the woman TennCare coverage for a short period to allow time to apply for regular Medicaid. Presumptive eligibility ends on the last day of the month following the month the woman is determined presumptively eligibility, if the woman does not submit an application for regular Medicaid by that date. If the presumptively eligible woman does submit an application for regular Medicaid by the end of the following month, then her presumptive eligibility ends on the day a determination is made on her regular Medicaid application.

Beginning January 1, 2014, for continued coverage beyond the allowable presumptive eligibility period, a pregnant woman must apply through one of the following methods:

1. Online at www.healthcare.gov. This can be done at home, at a local library, or at a computer kiosk at any Department of Human Services county office.
2. By phone at 1-800-318-2596
3. With assistance from one of the following Navigator agencies:
   Get Covered TN Consumer Assistance 1-866-720-1711
   Tennessee Primary Care Association 1-800-343-3136

Even if there are other family members in need of TennCare, only the pregnant woman in the household may be approved for presumptive eligibility. All other family members needing TennCare must apply through one of the ways outlined above.

Newborns delivered by a TennCare Medicaid-eligible member can be reported to Tennessee Health Connection at 1-855-259-0701.

Only one period of presumptive eligibility per pregnancy can be approved. Application for presumptive eligibility may be made "out-of-county," or in a county other than the one in which the applicant lives. However, only one application for presumptive eligibility should be made. Presumptive eligibility cannot be approved for an individual who already has TennCare.

**Who is eligible and how**

To qualify for presumptive eligibility the state requires that the applicant declare the following:

1. That she is a U.S. citizen, or a non-citizen who may be eligible for TennCare
2. That she is a Tennessee resident
3. That her household income is below 195% of poverty (federal poverty level, refer to Appendix A)
4. That she is pregnant

In addition, the state will request but not require that the applicant declare the following:

1. That she has a valid Social Security Number

Determining how these criteria are met is included in the *Completing the PE Enrollment Form* section of this guide (refer to pages 7 through 9).

In general, any woman meeting the above criteria can qualify for prenatal presumptive eligibility. However, there are two exceptions to this rule:

1. **Incarceration** – A pregnant woman who is sentenced to the county jail, State Penitentiary, or any other type of lockup or detention facility or youth development center is **not eligible** for presumptive eligibility during the time of her incarceration in such a facility, including a furlough from such facilities.

2. **Ineligible Alien status** – Ineligible aliens are **not eligible** for regular TennCare or presumptive eligibility. Ineligible aliens are those who have no current authorization by the United States government to be present in this country or who may be here legally, but their citizenship status makes them ineligible for most medical services. They may not legally work or receive direct financial government benefits. They may be eligible for specific supportive programs, and their children may attend school. Information about citizenship and immigration status is on pages 7 and 8.

**Note: Coverage for Ineligible Aliens (Emergency Services)**

Although ineligible aliens are not eligible for prenatal presumptive eligibility, they may be eligible for payments for emergency medical services, which include labor and delivery at a hospital or birthing center. A pregnant woman with ineligible alien status can apply to have TennCare pay for emergency services at the hospital or women's center or by one of the ways outlined on page 3. Payment for emergency services will begin on the date of application, if an application is filed on the date of hospital admission in the emergency room or birthing center, and will end with the date of discharge.
*Source: TennCare Policy EED 05-001 (rev. 2)*

**Services covered under PE**

Presumptive eligibility coverage utilizes the managed care model that other TennCare categories use. A woman who qualifies for presumptive eligibility will choose (or be assigned) a health plan, sometimes called a Managed Care Organization, or MCO. All MCOs except TennCare Select, which is not an available choice, handle all claims for physical health care, as well as claims for mental health services and alcohol and drug abuse treatment. In addition, a Pharmacy Benefits Manager, or PBM, will take care of claims for prescription medications. TennCare's current PBM is Magellan Health Services.

Pregnant women who qualify for Presumptive Eligibility receive (for the period of coverage) the benefit package of TennCare covered services listed below.

Most TennCare Medicaid adults age 21 and older have co-pays for prescription drugs. However, a pregnant woman **DOES NOT** have co-pays for prescription medicines. However, she must tell the pharmacist she is pregnant, so that the pharmacist will not charge co-pays. Any questions or concerns about health care services can be referred to the enrollee's MCO.

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**Benefit Package B**

TennCare Medicaid adults age 21 and older who do NOT have Medicare and who do not get long-term care that TennCare pays for:

| "B" Covered Services | "B" Benefit Limits |
|---|---|
| Durable medical equipment (DME) | As medically necessary |
| Emergency air and ground ambulance | As medically necessary |
| Home health services | As medically necessary, with limits |
| Hospice care | As medically necessary |
| Inpatient hospital services | As medically necessary |
| Lab and x-ray services | As medically necessary |
| Medical supplies | As medically necessary |
| Non-emergency transportation | As medically necessary |
| Occupational therapy | As medically necessary |
| Organ transplant and donor procurement | As medically necessary, non-experimental transplants |
| Outpatient hospital services | As medically necessary |
| Pharmacy services **NOTE: prescriptions over the limit are Non-Covered** | 5 prescriptions or refills per month (up to 2 can be brand name) |
| Physician services | As medically necessary |
| Physical exams and check-ups | As medically necessary |
| Physical therapy | As medically necessary |
| Private duty nursing | As medically necessary, with limits |
| Reconstructive breast surgery | As medically necessary (in acc. with TCA 56-7-2507) |
| Renal dialysis services | As medically necessary |
| Speech therapy | As medically necessary |
| Vision services | First pair of cataract glasses or contact lens/lenses following cataract services |
| Inpatient and outpatient substance abuse treatment services | As medically necessary |
| Mental health case management | As medically necessary |
| Mental health crisis services | As medically necessary |
| Outpatient mental health services | As medically necessary |
| Physician psychiatric inpatient services | As medically necessary |
| Psychiatric inpatient facility services | As medically necessary |
| Psychiatric residential treatment services | As medically necessary |

| "B" NON-Covered Services |
|---|
| Over the counter medicine (**EXCEPT** prescribed pre-natal vitamins) |
| Pharmacy services: prescriptions **over** the member's pharmacy benefit limits are considered **Non-Covered** |
| Dental services |
| Sitter services |
| Convalescent care |
| Methadone clinic services |
| Chiropractic Services |

## Completing the Presumptive Eligibility (PE) Enrollment Form

### Screening Process

1. Before beginning the Presumptive Eligibility enrollment form, you must screen the applicant for:

   ☐ **Yes** ☐ **No** Existing TennCare coverage (check system)

   ☐ **Yes** ☐ **No** Existing PE application or coverage in another county (check system)

   ☐ **Yes** ☐ **No** An expired period of PE for the same pregnancy (check system)

   **If <u>any</u> of the above are checked YES for the pregnant woman, <u>do not</u> complete the PE enrollment form.**

   **If the pregnant woman fails to meet any of the criteria for Presumptive Eligibility, always instruct her to apply for TennCare Medicaid through one of the ways outlined on page 3.**

   If <u>all</u> of the above are checked **NO**, continue to the next screening step.

   **LISTED BELOW ARE EXAMPLES OF PROOF OF RESIDENCY & INCOME. IF PROOF IS NOT AVAILABLE, SELF DECLARATION IS ACCEPTABLE FOR ALL.**

2. Screen for <u>citizenship/immigration status</u>

   ☐ The applicant must declare that she is a U.S. citizen, or that she is a non-citizen who may be eligible for TennCare.

   The following table may be used to help determine whether the applicant is potentially eligible for TennCare based on her citizenship or immigration status.

| An applicant may be eligible for TennCare if she is: | An applicant may NOT be eligible for TennCare if she is: |
|---|---|
| • **U.S. citizen**;<br>• **U.S. national** (i.e., person born in American Samoa or Swain's Island, or born abroad to a U.S. national parent who has met U.S. residency requirements);<br>• **Lawful permanent resident** or "LPR" (i.e., person with a green card) who has been a lawful permanent resident for **5 years or more**;<br>• **Immigrant who is a veteran or active duty military** (or spouse, un-remarried surviving spouse, or child of such an immigrant); or<br>• **Humanitarian immigrant**, which includes:<br>  ○ Refugees and asylees;<br>  ○ Vietnamese Amerasian immigrants;<br>  ○ Cuban or Haitian entrants;<br>  ○ Iraqi or Afghan special status immigrants;<br>  ○ Victims of a severe form of trafficking (with a "T" visa);<br>  ○ Abused immigrants with a VAWA petition;<br>  ○ Immigrants whose deportation is being withheld;<br>  ○ Immigrant paroled into the U.S. for at least one year; and<br>  ○ Conditional entrant granted before 1980. | • Undocumented immigrant;<br>• Lawful permanent resident (or "LPR") who has been a lawful permanent resident for **less than 5 years** and who is neither a veteran nor a humanitarian immigrant;<br>• Non-immigrant or non-resident alien (temporary residents); or<br>• Other types of immigrant not listed in the column to the left. |

Note: A pregnant woman who is not potentially eligible for TennCare based on her citizenship or immigration status may be eligible for coverage of prenatal services through the CoverKids program. (Actually, the unborn child is the individual who may be eligible for CoverKids – but this is a legal rather than a programmatic distinction.) Information about applying for CoverKids is available at http://www.coverkids.com/WebForms/Eligible.aspx.

3. Screen for Tennessee residence

☐ The applicant must declare that she lives in Tennessee. She may be asked for acceptable proof, such as a utility bill, bank statement, school registration, apartment lease, etc., showing current Tennessee address, but she is not required to present such proof. Migrant farm workers are eligible as long as they are currently living in Tennessee.

If an applicant under age 21 is emancipated from her parents or is married and capable of indicating intent, the state of residence is where she lives with the intention to remain permanently or for an indefinite period.

If an applicant is 21 or over, her state of residence is where she is living with the intention to remain there permanently or for an indefinite period, or where she is living and which she entered with a job commitment or to seek employment.
Source: 42 CFR § 435.403(h)

For questions or interpretation of the above statement, contact the regional PE coordinator.

4. Request information regarding valid Social Security Number

   ☐ The applicant may be asked whether she has a valid Social Security Number; however, she may not be required to answer this question. If an applicant does not answer this question, her presumptive eligibility is not affected. If the applicant provides her SSN, it should be recorded on the *Presumptive Eligibility Enrollment Form*.

5. Screen for pregnancy

   ☐ The applicant must declare that she is pregnant. She may be requested to present documentation of her pregnancy, but she is not required to do so.

6. Screen for income eligibility

   ☐ The applicant must declare that her family income is at or below 195% of the federal poverty level. Family income requirements are based on:

   - Household size (the number of people in the pregnant woman's family), and
   - Household income (monthly household income before taxes).

   Use the family size and income worksheets on pages 10-12 to help an applicant determine whether her income is at or below 195% of poverty.

**Self-Declaration**

An applicant who applies for presumptive eligibility based on pregnancy is not required to submit written income verification to the Department of Health or FQHC at the time of application. If an applicant calls the health department prior to her visit, verifications may be requested. The applicant should not be penalized if she does not have pay stubs or tax returns at the time of application.

## Eligibility Screening Worksheets

### Determining Family Size

Not all family members can be included in determining family size for presumptive eligibility purposes. Use the guide on the following page to determine the applicant's family size. Start by asking the applicant if she plans to file federal taxes during the next tax season. That response will drive the household composition.

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*Note: The minimum family size will be two: the pregnant woman and a single unborn child.*

**Presumptive Pregnancy Household Composition Desk Guide**

**This guide is only intended to determine household size for the pregnant woman. It does not determine eligibility for other family members.**

| Tax Filer Household | Tax Dependent Exceptions | Non-Filer Household |
|---|---|---|
| **Pregnant individual expects to file taxes:**<br>• Pregnant individual; and<br>• Pregnant individual's number of unborn children (Count a single unborn child as 1, confirmed twins as 2, or confirmed triplets as 3); and<br>• Her spouse (filing jointly or separately); and<br>• All persons whom the pregnant individual expects to claim as a tax dependent<br><br>**Pregnant individual expects to be claimed as a tax dependent:**<br>• Pregnant individual; and<br>• Pregnant individual's number of unborn children (Count a single unborn child as 1, confirmed twins as 2, or confirmed triplets as 3); and<br>• Person(s) who claim the individual as a tax dependent (tax filer); and<br>• All other persons whom the tax filer expects to claim as tax dependents. | 1. The pregnant individual expects to be claimed as a tax dependent by someone other than a spouse; or a biological, adopted or step parent.<br><br>2. The pregnant individual is a child (under age 19, or 21 if a full-time student) living with both parents, but the parents do not expect to file a joint tax return.<br><br>3. The pregnant individual is a child (under 19, or 21 if a full-time student) who expects to be claimed by a non-custodial parent.<br><br>If the pregnant individual meets an exception, use Non-Filer Household Composition Rules. | If the pregnant individual does not expect to file taxes or meets a tax dependent exception, include:<br>• Pregnant individual; and<br>• Pregnant individual's number of unborn children (Count a single unborn child as 1, confirmed twins as 2, or confirmed triplets as 3); and<br>• Pregnant individual's spouse, if living with the individual;<br>• Pregnant individual's natural, adopted and step children under the age 19, or 21 if full-time student; and<br>• For pregnant individual's under age 19, or 21 if full-time student, the individual's natural, adopted or step parents, and natural, adopted and step siblings under age 19, or 21 if full-time student. |

**Step-by-step instructions for constructing a MAGI Household for each applicant:**

1. Does the individual expect to file taxes for the current taxable year?
    a. If no, continue to Step 2.
    b. If yes, does the individual expect to be claimed as a tax dependent by anyone else?
        i. If no – Use the Tax Filer Household rules.
        ii. If yes – continue to Step 2.

2. Does the individual expect to be claimed as a tax dependent?
    a. If no, continue to Step 3.
    b. If yes, does the individual meet any of the Tax Dependent Exceptions?
        i. If no – Use the Tax Filer Household rules.
        ii. If yes – continue to Step 3.

3. For individuals who do not expect to file a tax return or are not claimed as a tax dependent, as well as individuals who meet any of the Tax Dependent Exceptions, use the Non-Filer Household rules.

**Determining Family Income with Modified Adjusted Gross Income (MAGI) Methodology**

Count the MAGI income of everyone included in the household.

**DO NOT INCLUDE:**

- Child support received
- Veteran's payments
- Supplemental Security Income (SSI)
- Money that dependent children earn from work if the amount is such that the child is not required to file taxes (under $10,000 in 2014).

**Use the worksheet below to determine monthly household income using MAGI methodology. Self-declaration is acceptable.**

| **Determining Household Income for Presumptive Eligibility purposes using MAGI Methodology** | |
|---|---|
| **Types of Income** | **Monthly Income** |
| Money earned from work such as wages, tips, etc. This should be the amount before taxes are taken out.<br>*weekly amount X 52 weeks and then divided by 12 months*<br>*OR every two weeks X 26 and then divided by 12 months* | |
| Self-Employment Net Income<br>*ex. annual income divided by 12 months* | |
| Social Security benefits | |
| Pension | |
| Other income such as alimony, interest and dividends, unemployment, and gambling, prizes or awards | |
| **Total Monthly Household Income:** | |
| **Deductions: Deduct the following from the Total Monthly Household Income** | - |
| Alimony Paid | - |
| Student Loan Interest | - |
| Other, deductions an individual takes on their 1040 (Do not include items that were deducted for any net income above.) | - |
| Monthly MAGI Income | |

## Federal Poverty Guidelines

Using the totals from the Family Size and Income Worksheets on pages 10-12, refer to the Federal Poverty Level (FPL) Chart in Appendix A to determine the applicant's income eligibility by following the steps below:

1. Find the correct family size in the first column.
2. Then read across to the monthly 195% FPL guidelines for that family size.

### The 5 Percent FPL Disregard for MAGI

If the applicant is over the specified income, then allow the following amounts to be added to the 195% threshold for her household size.

**5% Disregard Amounts for 2014**

| HH Size | 5% |
|---|---|
| - | - |
| 2 | 65.54 |
| 3 | 82.46 |
| 4 | 99.38 |
| 5 | 116.29 |
| 6 | 133.21 |
| 7 | 150.13 |
| 8 | 167.04 |
| 9 | 183.96 |
| 10 | 200.88 |
| 11 | 217.80 |
| 12 | 234.71 |

If the applicant reports that her monthly household income is above this figure, **do not complete the PE enrollment form.**

**If the pregnant woman fails to meet any of the criteria for presumptive eligibility, always instruct her to apply for TennCare through one of the ways outlined on page 3.**

If the applicant reports that monthly gross family income is at or below the monthly poverty level, and the applicant has met the other screening criteria, **continue to the Presumptive Eligibility Enrollment Form Instructions.**

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## Presumptive Eligibility Enrollment Form Instructions

If the applicant has qualified through the screening steps on pages 7 through 9, complete the Presumptive Eligibility Enrollment Form sections as noted below:

**Pregnancy Information**
Record the Estimated Date of Conception and Date of Delivery – enter numerical month, day, year. Ex. 01-23-2014.

A signature and title of authorized clinic personnel who is verifying the pregnancy may be requested but not required. If the applicant brings in a verification of pregnancy from her physician, record clinic's name and verifying physician on the form and keep a copy of the verification for your files. Even if there is no clinical verification, you must enter the estimated date of delivery on the PE form.

**Pregnancy Information**

**Est. Date of Conception:** __ __-__ __-__ __ __ __ **Est. Date of Delivery:** __ __-__ __-__ __ __ __

**Signed:** _____
**Name of Clinic Personnel** **Title**

**Income Information**
Use the information from the family size and income worksheets on pages 10-12 and FPL guidelines in Appendix A to complete the income information.

**Income Information**

1. _____ # of people in household.

2. _____ Total household monthly income.

**Client Information**
Assign the Medicaid Number as follows:
First two digits = county code. Refer to Appendix C.
Third digit = 5 (Preprinted on enrollment form)
Next two digits = site number
Last six digits = patient's chart record number. (Note: Do not recycle or reuse chart numbers.)

**Client Information**

__ __ **5** __ __-__ __ __ __ __ __ **Medicaid Number** **Eligibility Begins** __ __-__ __-__ __ __ __ **Eligibility Ends** __ __-__ __-__ __ __ __

## Enrollment Form Processing Error

If an error message occurs during processing, review the Medicaid Number created for potential errors with the site number or chart number. Refer to the sections below:

***Changing the Site Number***

When processing a Presumptive Eligibility (PE) enrollment form you may receive the following message, "This ID belongs to another person." When you receive this message, you must verify that the Recipient ID# belongs to the PE applicant. Follow the steps below:

Enter the Presumptive ID# in the Recipient ID# field on the Request Eligibility Lookup screen.

If the member in the system is not the same as the applicant you are entering, you must assign the applying applicant a different chart number. Follow Regional policy on chart assignment.

If the member in the system is the same member as the one you are attempting to key, you must change the site number. This is the 4th & 5th digit of the PE ID#.

Follow the steps below to change the site number:
Step 1: Use the table (Appendix D) to identify your county.
Step 2: In the "Code" column corresponding to your county, record the two (2)-digit number. This number reflects the "new" site number for the PE ID#.
Step 3: Rekey the PE enrollment form with the new PE ID#.

***Duplicate Chart Numbers***

Do not recycle or reuse chart numbers. When a previously used chart number is reused for another patient who is being placed on PE it causes an error message in the TennCare system as the number already exists for the previous PE patient. Each patient should have her own chart number assigned individually.

## Eligibility Begin / End Dates

Begin Date – Enter the date the applicant is screened and determined eligible.
End Date – This field will calculate the last day of the month following the month in which the PE enrollment form is submitted.

When keying the Update/Add screen, ensure the Eligibility Begin Date recorded on the PE enrollment form is the same date as that reflected on the Update/Add screen. The End Date will automatically update to reflect the number of days of coverage.

## Client Name

Enter the last name, first name, and middle initial.
List your two digit county code. See Appendix C.
Enter the Social Security Number (if provided by the applicant) and Date of Birth.

Enter the appropriate Race from the listing below. Use Race Code when keying into the system.

Asian or Pacific Islander = A
Caucasian = C
Non-Hispanic or Black = N
Other = E
Hispanic = H
American Indian or Alaskan Native = I

Enter the Address: Street, City and Zip Code.
Enter the Phone Number: Primary and Alternate Phone Number when available.

**Client Name:** _____ _____ **CO:** ___ ___
*Last* *First* *MI*

**SSN:** ___-___-____ **DOB:** ___-___-____ **Race:** _____

**Address:** _____ _____ **TN** _____
*Street* *City* *St* *Zip Code*

**Phone Number:** ___-___-____ **Alternate Phone Number:** ___-___-____

## Other Insurance

Ask applicant if she has other insurance. Her eligibility for PE will not be affected if she does not provide this information. If Yes, record the name of other insurance, policy number, and effective date. (Note: The applicant can have other insurance and still get TennCare Medicaid. However, claims must be submitted to the other insurance first, and then to TennCare. The applicant is not presumptively eligible if she is receiving Medicaid benefits from another State.)

**Other Insurance? Yes [ ] No [ ] If yes, Name of Other Insurance:** _____
**Policy Number:** _____ **Effective Date:** __/__/____

**MCO Selection**

Ask applicant to select a Health Plan for their region. Record the Health Plan name and the three-digit code for the selected Health Plan.

Use MCO codes for applicant's selection:

| | |
|---|---|
| BlueCare – East TN | 027 |
| BlueCare – West TN | 028 |
| UnitedHealthcare – East TN | 029 |
| UnitedHealthcare – West TN | 030 |
| UnitedHealthcare – Middle TN | 031 |
| AmeriGroup Community Care – Middle TN | 032 |

**MCO Reassignment**

If a TennCare member loses their eligibility and is reenrolled within 63 days, the individual will be reassigned to the previously assigned MCO by the Bureau of TennCare. However, the member will receive an MCO change ballot along with their TennCare approval letter, which allows the member to change their MCO.

**Inform the applicant** that, if she makes no selection, she will be assigned to an MCO by TennCare, and will have 45 days to request an MCO change if she desires.

**Signature**

Remember: The applicant must sign and date the PE enrollment form.

The staff member completing the form must sign, list their job title, the date, and enter their phone number.

I wish to apply for Medicaid based on presumptive eligibility requirements. I certify that the information on this form is true and correct to the best of my knowledge. I understand that my eligibility will automatically end on the last day of the month following this month if I do not file a Medicaid application by that date. If I am not presumed eligible I understand that I may still be eligible for Medicaid under a different category and that I should complete an application online at www.healthcare.gov. I understand that the Department of Human Services office has a computer I can use if I don't have one.

| | | |
|---|---|---|
| **Signature of Applicant** | **Date** | |
| **Reviewer Signature / Title** (Person completing form) | **Date** | (___)_____ **Reviewer's Phone** |

The reviewer's signature certifies that the above named person is presumptively eligible for Medicaid and is thereby entitled to all Medicaid covered services.

## Enrollment Form Review

### ALWAYS DOUBLE-CHECK THE ENROLLMENT FORM!

Information on the Presumptive Eligibility Enrollment Form and in the TennCare System must be double-checked for accuracy. An incorrect or incomplete PE enrollment form or data keyed into the TennCare System will delay eligibility from being loaded in the TennCare Eligibility System.

### Remember:

1. Double check the *Client Information Section* on the PE enrollment form. The Medicaid Number that you assign to each applicant **MUST** be correct for the enrollment form to process. If an error message occurs after attempting to finalize the enrollment form, review the *Client Information Section* in the PE Enrollment Form Instructions.

2. All PE enrollment forms must be keyed into the TennCare System on the same day the enrollment form is completed and signed. After the PE enrollment form is finalized in the system, be sure to screen print the page with the message at the bottom that states "Data Accepted As Entered". This screen print is to be kept in the chart.

3. If a keying error has occurred during the data entry of the enrollment form, those corrections can be made that same day. If the PE data that has been loaded into the TennCare Eligibility System needs correcting, you must contact the Regional PE Coordinator.

4. Verification of TennCare eligibility must be checked on the next business day following the keying of the PE enrollment form. If eligibility cannot be verified using the TennCare Eligibility System, you must contact the Regional PE Coordinator.

5. If an enrollment form is returned for correction, make sure that ALL copies of the returned enrollment form are corrected – this includes the applicant's copy as well. If the applicant has used her Presumptive Eligibility coverage with another provider, that provider must be made aware of the correction as well.

# Processing the Presumptive Eligibility (PE) Enrollment Form

## Distribution of the 3-part enrollment form

The Presumptive Eligibility enrollment form is a 3-part form. Once you complete the enrollment form:

1. **Give the top white copy to the applicant.**

   Inform her to use the lower part of the page as a temporary TennCare ID card. (She can cut off the top portion of the page to keep income information confidential.)
   - Advise her of her period of coverage and of her covered benefits.
   - Advise her of the need to complete the full Medicaid TennCare application process in order to keep TennCare coverage past the last day of the following month.
   - If she does not apply timely or if she does not provide the information requested, her TennCare will end on the **last day of the following month** and she will not have coverage for the remainder of the pregnancy, the delivery, or postpartum care unless she acquires Medicaid after her PE period has ended.
   - Give her a copy of the PE handout and emphasize with her the importance of applying for TennCare Medicaid using one of the options listed.

2. **If you are a County Health Department, use the green copy to key the Presumptive Eligibility into the Health Department's system.**

   - The TennCare InterChange system will be updated overnight with the eligibility information, and the applicant's Presumptive Eligibility coverage should show in the TennCare system on the next business day.

3. **If you are a Federally Qualified Health Clinic, fax the second page to the fax number below upon approval of Presumptive Eligibility to:**

   Mark Spears/Prenatal PE Coordinator
   (615) 532-8669
   State of Tennessee
   Department of Health
   425 5th Avenue North, ground floor
   Nashville, TN37243

## Record Retention

File the green copy with the applicant's medical record. If kept with the medical records, the green copy should be kept on file for 10 years. If the green copy is not kept with the medical records, it must be kept for at least 3years.

## Submitting Claims

Claims should be sent to the MCO selected by the applicant, UNLESS the applicant has reported having other insurance. Any other insurance is considered primary, and claims should be submitted to the primary insurance first. If any part of the claim is denied by the primary insurance, the claim can then be sent to the TennCare MCO.

Claims submitted for TennCare patients relocating to different regions may require prior authorization. Refer to the Procedure for TennCare Patients Relocating to a Different Region, Appendix E, for guidance.

## Ordering additional Presumptive Eligibility enrollment forms

Order Presumptive Eligibility enrollment forms from **Central Stores.** Be sure to use the correct form **TC-0107** when placing orders.

DRAFT

## APPENDIX A

## 2014 FEDERAL POVERTY LEVEL GUIDELINES
## (195% POVERTY LEVEL)

| Family Size | Annual 195% Poverty Level | Monthly 195% Poverty Level |
|---|---|---|
| | - | - |
| 2 | 30,674 | 2,557 |
| 3 | 38,591 | 3,216 |
| 4 | 46,508 | 3,876 |
| 5 | 54,425 | 4,536 |
| 6 | 62,342 | 5,196 |
| 7 | 70,259 | 5,855 |
| 8 | 78,176 | 6,515 |
| 9 | 86,093 | 7,175 |
| 10 | 94,010 | 7,835 |
| 11 | 101,927 | 8,494 |
| 12 | 109,844 | 9,154 |

*Federal Poverty Guidelines are updated in the first part of each year to be effective March 1st each year. This means that the 2014 Federal Poverty Guidelines will be effective from March and up to the date in 2015 that new guidelines are implemented. The Bureau of TennCare will send updated FPL Guidelines as they are available.

## APPENDIX B

## PRESUMPTIVE ELIGIBILITY ENROLLMENT FORM

DRAFT

State of Tennessee
Department of Health

**Tennessee Medicaid Presumptive Eligibility Enrollment Form**

## Pregnancy Information

**Est. Date of Conception:** __ __-__ __-__ __ __ __ **Est. Date of Delivery:** __ __-__ __-__ __ __ __

**Signed:**_____ _____
**Name of Clinic Personnel** **Title**

**Income Information**

1. _____ # of people in household.

2. _____ Total household monthly income.

*(You may cut here to protect personal income information.)*

## Client Information

**Eligibility Begins** __ __-__ __-__ __ __ __ **Eligibility Ends** __ __-__ __-__ __ __ __

__ __ **5** __ __-__ __ __ __ __ __
**Medicaid Number**

**Client Name:** _____ _____ **CO:** __ __
*Last* *First* *MI*

**SSN:** __ __ __-__ __-__ __ __ __ (optional) **DOB:** __ __-__ __-__ __ __ __ **Race:** _____ (optional)

**Address:** _____ _____ **TN** _____
*Street* *City* *St* *Zip Code*

**Phone Number:**__ __ __-__ __ __-__ __ __ __ **Alternate Phone Number:** __ __ __-__ __ __-__ __ __ __

**Other Insurance (optional)? Yes [ ] No [ ] If yes, Name of Other Insurance:**_____
**Policy Number:**_____ **Effective Date:** __ __/__ __/__ __ __ __

**Health Plan (MCO) Selection:**_____

I wish to apply for Medicaid based on presumptive eligibility requirements. I certify that the information on this form is true and correct to the best of my knowledge. I understand that my eligibility will automatically end on the last day of the month following this month if I do not file a Medicaid application by that date. If I am not presumed eligible I understand that I may still be eligible for Medicaid under a different category and that I should complete an application online at www.healthcare.gov. I understand that the Department of Human Services office has a computer I can use if I don't have one.

_____ _____
**Signature of Applicant** **Date**

_____ _____ (___)_____
**Reviewer Signature / Title** **Date** **Reviewer's Phone**
(Person completing form)

The reviewer's signature certifies that the above named person is presumptively eligible for Medicaid and is thereby entitled to all Medicaid covered services.

## APPENDIX C

## TENNESSEE DEPARTMENT OF HEALTH
## COUNTY CODES

| COUNTY | CODE | COUNTY | CODE | COUNTY | CODE | COUNTY | CODE |
|---|---|---|---|---|---|---|---|
| Anderson | 01 | Fentress | 25 | Lauderdale | 49 | Roane | 73 |
| Bedford | 02 | Franklin | 26 | Lawrence | 50 | Robertson | 74 |
| Benton | 03 | Gibson | 27 | Lewis | 51 | Rutherford | 75 |
| Bledsoe | 04 | Giles | 28 | Lincoln | 52 | Scott | 76 |
| Blount | 05 | Grainger | 29 | Loudon | 53 | Sequatchie | 77 |
| Bradley | 06 | Greene | 30 | McMinn | 54 | Sevier | 78 |
| Campbell | 07 | Grundy | 31 | McNairy | 55 | Shelby | 79 |
| Canon | 08 | Hamblen | 32 | Macon | 56 | Smith | 80 |
| Carroll | 09 | Hamilton | 33 | Madison | 57 | Stewart | 81 |
| Carter | 10 | Hancock | 34 | Marion | 58 | Sullivan | 82 |
| Cheatham | 11 | Hardeman | 35 | Marshall | 59 | Sumner | 83 |
| Chester | 12 | Hardin | 36 | Maury | 60 | Tipton | 84 |
| Claiborne | 13 | Hawkins | 37 | Meigs | 61 | Trousdale | 85 |
| Clay | 14 | Haywood | 38 | Monroe | 62 | Unicoi | 86 |
| Cocke | 15 | Henderson | 39 | Montgomery | 63 | Union | 87 |
| Coffee | 16 | Henry | 40 | Moore | 64 | Van Buren | 88 |
| Crockett | 17 | Hickman | 41 | Morgan | 65 | Warren | 89 |
| Cumberland | 18 | Houston | 42 | Obion | 66 | Washington | 90 |
| Davidson | 19 | Humphreys | 43 | Overton | 67 | Wayne | 91 |
| Decatur | 20 | Jackson | 44 | Perry | 68 | Weakley | 92 |
| DeKalb | 21 | Jefferson | 45 | Pickett | 69 | White | 93 |
| Dickson | 22 | Johnson | 46 | Polk | 70 | Williamson | 94 |
| Dyer | 23 | Knox | 47 | Putnam | 71 | Wilson | 95 |
| Fayette | 24 | Lake | 48 | Rhea | 72 | | |

## APPENDIX D

## SITE NUMBER REASSIGNMENT CODES FOR PRESUMPTIVE ELIGIBILITY ID NUMBER

| COUNTY | CODE | COUNTY | CODE | COUNTY | CODE | COUNTY | CODE |
|---|---|---|---|---|---|---|---|
| Anderson | 01 | Fentress | 25 | Lauderdale | 49 | Roane | 73 |
| Bedford | 02 | Franklin | 26 | Lawrence | 50 | Robertson | 74 |
| Benton | 03 | Gibson | 27 | Lewis | 51 | Rutherford | 75 |
| Bledsoe | 04 | Giles | 28 | Lincoln | 52 | Scott | 76 |
| Blount | 05 | Grainger | 29 | Loudon | 53 | Sequatchie | 77 |
| Bradley | 06 | Greene | 30 | McMinn | 54 | Sevier | 78 |
| Campbell | 07 | Grundy | 31 | McNairy | 55 | Shelby | 79 |
| Canon | 08 | Hamblen | 32 | Macon | 56 | Smith | 80 |
| Carroll | 09 | Hamilton | 33 | Madison | 57 | Stewart | 81 |
| Carter | 10 | Hancock | 34 | Marion | 58 | Sullivan | 82 |
| Cheatham | 11 | Hardeman | 35 | Marshall | 59 | Sumner | 83 |
| Chester | 12 | Hardin | 36 | Maury | 60 | Tipton | 84 |
| Claiborne | 13 | Hawkins | 37 | Meigs | 61 | Trousdale | 85 |
| Clay | 14 | Haywood | 38 | Monroe | 62 | Unicoi | 86 |
| Cocke | 15 | Henderson | 39 | Montgomery | 63 | Union | 87 |
| Coffee | 16 | Henry | 40 | Moore | 64 | Van Buren | 88 |
| Crockett | 17 | Hickman | 41 | Morgan | 65 | Warren | 89 |
| Cumberland | 18 | Houston | 42 | Obion | 66 | Washington | 90 |
| Davidson | 19 | Humphreys | 43 | Overton | 67 | Wayne | 91 |
| Decatur | 20 | Jackson | 44 | Perry | 68 | Weakley | 92 |
| DeKalb | 21 | Jefferson | 45 | Pickett | 69 | White | 93 |
| Dickson | 22 | Johnson | 46 | Polk | 70 | Williamson | 94 |
| Dyer | 23 | Knox | 47 | Putnam | 71 | Wilson | 95 |
| Fayette | 24 | Lake | 48 | Rhea | 72 | | |

## APPENDIX E

## PROCEDURE FOR TENNCARE PATIENTS RELOCATING TO A DIFFERENT REGION

When a TennCare patient enrolled in one region of Tennessee has relocated to another region and failed to notify TennCare of an address change, billing issues may occur. Following are some guidelines for addressing TennCare patients that relocate to other parts of the state and seek services without first changing addresses through the Bureau of TennCare to be reassigned to a new MCO.

TennCare currently has three MCOs in the state:

| | |
|---|---|
| 1) West Grand Region | UnitedHealthcare Community Plan<br>Volunteer State Health Plan - BlueCare |
| 2) Middle Grand Region | UnitedHealthcare Community Plan<br>Amerigroup Community Care |
| 3) East Grand Region | UnitedHealthcare Community Plan<br>Volunteer State Health Plan - BlueCare |

Note: TennCare Select operates on a statewide basis for a small population of children in state custody and children receiving SSI who are assigned to this plan by TennCare. TennCare Select is administered by Blue Cross.

**AMERIGROUP**: If a TennCare patient covered by AMERIGROUP seeks services at a health department in West Tennessee or East Tennessee, the health department should receive prior approval for those services from AMERIGROUP. If prior approval is not issued by AMERIGROUP, the claim will be denied for out of network provider services.

**BlueCare**: If a TennCare patient covered by BlueCare seeks services at a health department in Middle Tennessee, the health department should receive prior approval for those services from BlueCare. If prior approval is not issued by BlueCare, the claim will be denied for out of network provider services.

**UnitedHealthcare Community Plan**: The provider agreement that the Department of Health recently implemented with UnitedHealthcare Community Plan is a statewide agreement that covers all 95 county health departments. If a TennCare patient from one region of the state relocates to another region of the state, it **will not be** considered an out of network service.

**Please note – it is important to always advise the patient to contact the Tennessee Health Connection 1-855-259-0701 to report his/her new address and receive a new MCO assignment, if appropriate.**

# News for Newborns!

## TennCare Newborn Presumptive Eligibility (NPE)

*Presentation to the Tennessee Hospital Association*
*August 20, 2014*

TENNCARE

# New Options for Providers

- **Newborn presumptive eligibility**
- Streamlined birth reporting for CoverKids
- New option for emergency TennCare

TENNCARE

# Newborn Presumptive Eligibility (NPE)

# What is NPE?

- Allows qualified entities to determine eligibility for newborns if mother **not** in TennCare.
- Gives newborn NPE coverage while parents complete full TennCare application.
- Effective August 18th.

TennCare

# Distinguishing NPE

- NPE is not "deeming"
  - Deeming is for mothers already in TennCare at delivery.
  - TennCare continues to deem.
- NPE is different than PE for pregnant women.
  - Local health departments continue to determine PE for pregnant women.

TENNCARE

# NPE Process

- If mother not in TennCare, applicant completes one-page NPE form for newborn at qualified entity (QE).
- Applicant must **sign and date** NPE form.
- Applicant does **not** need to submit any verifications.

TennCare

# NPE Process (cont'd)

- QE employee **determines** NPE
  - Compares income and HH size with TennCare limits (on back of form); and
  - Explains determination to applicant and provides notice.
- QE employee shall then **sign and date** NPE form.

TennCare

# NPE Process (cont'd)

*QE employee shall also:*

- If approving NPE, explain that applicant must complete a full TennCare application by the end next month.
- Explain that the baby may lose eligibility if the applicant does not apply by the end of next month.

# NPE Process (cont'd)

*QE employee shall also:*

- If denying NPE, explain that the applicant can also apply at www.healthcare.gov.
- Whether approved or denied, the employee shall give the applicant a hard copy of the FFM application form.

# When is NPE Period Effective?

Coverage effective on

**Date QE makes DETERMINATION,**

not simply DOB.

(Oh my.)

TennCare

# Avoiding Early Pitfalls

- Make sure the NPE Form is complete.
  - Newborn's name
  - Newborn's DOB
- Send us approvals only.
- Tell us who you are and how to get in touch.

TennCare

# NPE Submission Process

- Fax NPE forms during August.
- Transition to submission of Daily Newborn Spreadsheet via SFTP2 by Labor Day.
- Newborn's eligibility will appear in TennCare Online Services within several days.

TENNCARE

# Transmitting until 9/1

- Fax approved NPE Forms to **615-734-5388**.
- Fax birth certificates for "deemed" newborns to **1-855-315-0669**.
- Don't fax a Daily Newborn Spreadsheet.

TennCare

# To Review....

# New Options for Providers

- **Newborn presumptive eligibility**
- Streamlined birth reporting for CoverKids
- New option for emergency TennCare

TennCare


Making It Happen!
TennCare

# Next Steps for QEs

- Legal Agreements
- Technology
- Training

TennCare

# QE Legal Agreements

- TennCare must have a TPA and BAA with each QE.
- Posted list noting which form required for each hospital (along with forms).
- Contact andrei.dumitrescu@tn.gov or call 615-507-6855 with questions.

TENNCARE

# QE Technology Needs

- QEs will need SFTP2 server access to post "Daily Newborn Spreadsheet".
- Distributing SFTP2 server access instructions.
- Contact don.oaks@tn.gov or call 615-507-6334 with questions.

TENNCARE

# QE Front-Line Staff Training

*Visit* www.tenncaretopics.com *for*:

- NPE Form & Notice
- Step-by-Step Guide
- Continually-updated FAQs
- Taped webinars
- Daily Newborn Spreadsheet

TennCare

# Daily Newborn Spreadsheet

# What Goes on DNS?

- New presumptive **and** deemed babies
- **NOT** data previously-reported
- **NOT** CoverKids newborns

TennCare

# DNS Deadlines

- You have five calendar days to report newborns.
- Include **only** new data, not any previously-reported newborns.
- Please report data ASAP (on same day if possible).

TennCare

# Funny Formatting

- One row per newborn.
  - Twins get two rows, triplets get three.
- Only enter data in rows for which you are reporting a newborn.
  - Otherwise, blank records generated.
- No cut-and-paste.

TennCare

# Required Fields

- We can't require everything...
  - Presumptive application date
  - Baby's SSN
  - Mother's SSN
- But all other fields are ESSENTIAL.
  - Otherwise, our system will reject your Daily Newborn Spreadsheet.
  - Baby's name **is** on the required list.

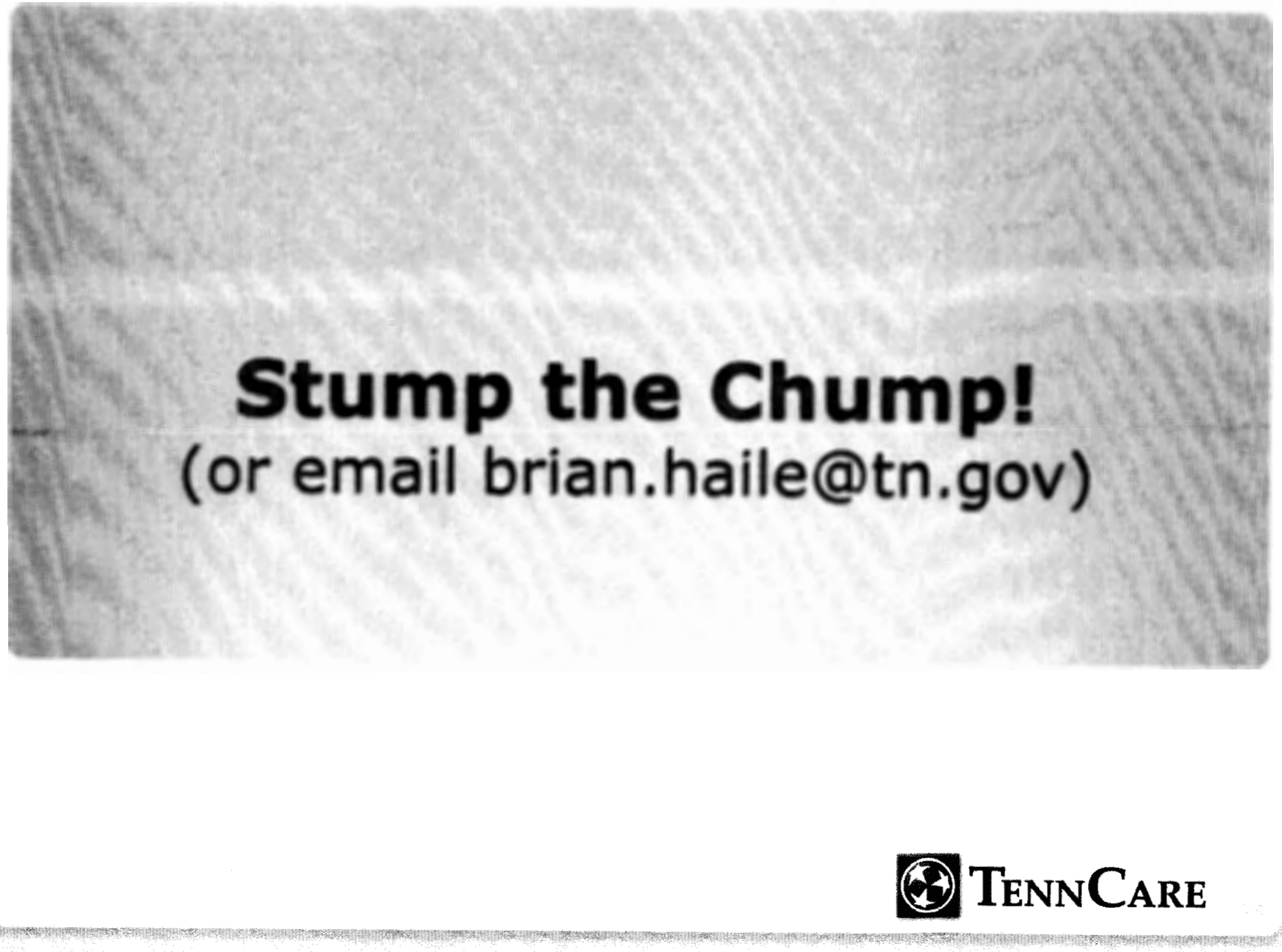
TennCare

# Double the Fun!

- Why use double-entry method?
- Enter, then re-enter.
- Check for discrepancies – and correct.

# Submission Protocol

- Following naming convention.
- File placement via SFTP2 access.
- Post only one Spreadsheet per day.
- Mistake? Call us!
- Keep your copy!


Stump the Chump!
(or email brian.haile@tn.gov)
TennCare

State of Tennessee
Department of Health

**Tennessee Medicaid Presumptive Eligibility Enrollment Form**

## Pregnancy Information

**Est. Date of Conception:** __ __-__ __-__ __ __ __ **Est. Date of Delivery:** __ __-__ __-__ __ __ __

**Signed:**_____ _____
**Name of Clinic Personnel** **Title**

**Income Information**

1. _____ # of people in household.

2. _____ Total household monthly income.

*(You may cut here to protect personal income information.)*

## Client Information

__ __ 5 __ __-__ __ __ __ __ __ **Eligibility Begins** __ __-__ __-__ __ __ __ **Eligibility Ends** __ __-__ __-__ __ __ __
**Medicaid Number**

**Client Name:** _____ _____ **CO:** __ __
*Last* *First* *MI*

**SSN:** __ __ __-__ __-__ __ __ __ (optional) **DOB:** __ __-__ __-__ __ __ __ **Race:** _____ (optional)

**Address:** _____ _____ **TN** _____
*Street* *City* *St* *Zip Code*

**Phone Number:**__ __ __-__ __ __-__ __ __ __ **Alternate Phone Number:** __ __ __-__ __ __-__ __ __ __

**Other Insurance (optional)? Yes [ ] No [ ] If yes, Name of Other Insurance:**_____
**Policy Number:**_____ **Effective Date:** __ __/__ __/__ __ __ __

**Health Plan (MCO) Selection:**_____

I wish to apply for Medicaid based on presumptive eligibility requirements. I certify that the information on this form is true and correct to the best of my knowledge. I understand that my eligibility will automatically end on the last day of the month following this month if I do not file a Medicaid application by that date. If I am not presumed eligible I understand that I may still be eligible for Medicaid under a different category and that I should complete an application online at www.healthcare.gov. I understand that the Department of Human Services office has a computer I can use if I don't have one.

_____ _____
**Signature of Applicant** **Date**

_____ _____ (____)_____
**Reviewer Signature / Title** (Person completing form) **Date** **Reviewer's Phone**

The reviewer's signature certifies that the above named person is presumptively eligible for Medicaid and is thereby entitled to all Medicaid covered services.

*** DRAFT ***

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
**BUREAU OF TENNCARE**

# NEWBORN PRESUMPTIVE ELIGIBILITY FORM

If you don't have TennCare, use this page to apply for TennCare for your newborn baby

**Baby's Name** _____
First Middle Last

**SSN** _____ **Date of Birth** _____
(not required)

**Address** _____, **TN** _____
Street City Zip Code

**Phone Number** _____ **or** _____

**Baby's Sex** _____ **County you live in** _____

**Mother's Name** _____
First Middle Last

**SSN** _____ **Date of Birth** _____

**Was your baby born in Tennessee? Yes or No**

**If yes, what is the name of the hospital or birthing center where your baby was born?**

_____

**How many people live in your household?** (include you, your spouse, your baby and any other children)_____

**What is your family's monthly income before taxes?** (include wages, salaries, self-employment income, unemployment, alimony and SSDI payments. Do **not** include SSI or child support)
$_____ per month

**Health Plan** (Choose one) **BlueCare AmeriGroup United Health Care (UHC)**
BlueCare and UHC are available in East and West TN; UHC and AmeriGroup are available in Middle TN

**APPLICANT:** I want to apply for Medicaid for my baby based on TennCare's rules for newborns. I understand that TennCare is using **only** the facts on this page to decide if my baby can get TennCare. I know that if I lie on purpose to get TennCare for my baby, I could be fined or go to jail. I promise that I have already or will apply for TennCare at www.healthcare.gov by the end of next month. I understand that if my baby is not eligible, I can still apply for TennCare and other programs at www.healthcare.gov. By signing below, I agree that this information is true and correct based on my knowledge.

_____ _____
Applicant Signature Date

**HOSPITAL OR BIRTHING CENTER:** By signing, you are attesting that you have accurately recorded the information provided by the applicant and made a determination based on that information. You have also told applicant of your determination. If approved, you have told the applicant to apply for TennCare at www.healthcare.gov by the end next month; if they do not apply by this time, the baby may lose eligibility. If denied, you have explained that the applicant can also apply at www.healthcare.gov for TennCare and other programs. Whether approved or denied, you have given them an application form.

_____ _____
Hospital or Birthing Center Employee Signature Date

*** DRAFT ***

## How to Apply for TennCare for your newborn

This page tells you how to apply for TennCare for your new baby if you (the mother) do not already have TennCare. TennCare will enroll your baby if:

1. Your family lives in Tennessee;
2. Your baby was born in the United States;
3. Your baby is younger than 12 months old; and
4. Your family's income is at or below the limits in this table:

**TennCare Income Limit for Pregnant Women/Newborns** (2014)

| Household Size | Annual Income | Monthly Income | Weekly Income |
|---|---|---|---|
| 2 | $ 30,674 | $ 2,556 | $ 590 |
| 3 | $ 38,591 | $ 3,216 | $ 742 |
| 4 | $ 46,508 | $ 3,876 | $ 894 |
| 5 | $ 54,425 | $ 4,535 | $ 1,047 |
| 6 | $ 62,342 | $ 5,195 | $ 1,199 |
| 7 | $ 70,259 | $ 5,855 | $ 1,351 |
| 8 | $ 78,176 | $ 6,515 | $ 1,503 |

*Note:* Is your income too high for TennCare? You may qualify for other health insurance. You can apply at www.healthcare.gov. Ask the hospital or birthing center to help you.

If you want to apply for TennCare for your baby, fill out this page. **Make sure to sign and date it**. Then give it to the staff at the hospital or birthing center. Here are a few other tips:

| | |
|---|---|
| **Social Security Number** (SSN) | Tell us SSNs for your baby and the mother if you have them. Leave this blank if you do not have them. |
| **Household Size** | Tell us the total number of people in your family who live with you. Count your spouse, baby, and any other children. Count any unborn baby, too. |
| **Monthly Income** | Tell us your family's total monthly income before taxes. Include wages, salaries, and self-employed income. Also include unemployment, alimony received and SSDI. Do **not** include SSI or child support. |
| **Health Plan** | Choose a health plan. If you live in East or West Tennessee, choose BlueCross **or** United Health Care (UHC). If you live in Middle Tennessee, choose AmeriGroup **or** United Health Care. |

If your baby is eligible for TennCare the new health plan will send you a card for your baby.

**Notice to Hospitals and Birthing Centers:**
A trained employee (but not contractor) of qualified hospitals and birthing centers may help applicants to complete this form. However, **the applicant must sign and date the form** before the employee makes a determination. The employee shall determine newborn presumptive eligibility by comparing household size and household income to see whether the newborn is at or below the TennCare income limit in the table above. After explaining the determination and next steps to the applicant, **the employee shall sign the form**. Qualified hospitals and birthing centers shall transmit approvals within five (5) days in the manner and format required by the State. Visit www.tenncaretopics.com for more information. Qualified hospitals and birthing centers shall retain this form for seven (7) years.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850


**Children and Adults Health Programs Group**

AUG 2 0 2013

Darin J. Gordon
Director of TennCare
Deputy Commissioner, State of Tennessee, Department of Finance and Administration
310 Great Circle Road
Nashville, TN 37243

Dear Mr. Gordon:

Thank you for submitting Part I of your state's Modified Adjusted Gross Income (MAGI) Conversion Plan for eligibility in 2014. Your state selected option 1 - Survey of Income and Program Participation (SIPP) data conversion plan. This letter is to notify you that the Centers for Medicaid & Medicare Services (CMS) is formally approving Part 1 (conversions for eligibility) of your plan.

As a next step, your state will need to submit a state plan amendment (SPA) to:

1) Identify the minimum and maximum MAGI-equivalent standards for relevant eligibility groups; these will go into the State Plan to memorialize the minimum and maximums that will be relevant for any future eligibility changes the state might make.

2) Select the MAGI-based income standard that will apply beginning January 1, 2014 for each MAGI eligibility group.

    a. For adults the state may select any income standard between the minimum and the maximum converted levels.
    b. For children, because of Maintenance of Effort (MOE), the eligibility income standard will be at least the standard under the state plan on March 23, 2010 as converted (until at least October 1, 2019) when the MOE provision for children expires).

The specific MAGI-Based Eligibility Group state plan amendment documents (.pdf formatted) are enclosed with this letter. We strongly encourage states to submit all of their MAGI-Based Eligibility Group .pdf documents at the same time to facilitate a coordinated and expedited review process.

Medicaid and CHIP eligibility State Plan Amendment pages can be accessed through the Medicaid Model Data Lab (MMDL), available at: http://157.199.113.99/MMDL/faces/portal.jsp. The MMDL system has automatically generated emails from "Form Support" which have been emailed to you with your **user name** and **password** over the last several weeks. Please contact your SOTA representative if you have any questions about using the SPA process to document the results of your state's MAGI conversion plan.

CMS will be providing more information about completing Part 2 (conversions related to FMAP claiming) of the Conversion Plan in the coming weeks.

Sincerely,

Eliot Fishman
Director

Enclosure

## ENCLOSURE

## MAGI-BASED ELIGIBILITY GROUP STATE PLAN AMENDMENT DOCUMENTS

Medicaid MAGI-Based Eligibility Groups - Mandatory

S25 Parents and Other Caretaker Relatives
S28 Pregnant Women
S30 Infants and Children under Age 19
S32 Adult Group; Individuals Below 133% of the FPL
S33 Former Foster Care Children up to age 26
S14 AFDC Income Standard

Optional (only those that apply in state):

S50 Individuals above 133% of the FPL
S51 Optional Parents and Caretaker Relatives
S52 Reasonable Classifications of Children
S53 Non IV-E Adoption Assistance
S54 Optional Targeted Low Income Children
S55 Tuberculosis
S57 Foster Care Adolescents—Chafee
S59 Family Planning

CHIP MAGI Eligibility and Methods (only those that apply in state)

CS3 Title XXI Medicaid Expansion
CS7 Targeted Low-Income Children
CS8 Targeted Low-Income Pregnant Women
CS9 Conception to birth
CS10 Children with access to public employee coverage
CS11 Pregnant women with access to public employee coverage
CS12 Dental only coverage

## Modified Adjusted Gross Income (MAGI) Conversion Plan

This MAGI Conversion Plan is being submitted to CMS by _Kim Hagan_____(**insert state name**) as required by Section 1902(e)(14)(E) of the Social Security Act, which requires each state to submit for approval the income eligibility thresholds for Medicaid and the Children's Health Insurance Program (CHIP) proposed to be established using modified adjusted gross income (MAGI). As described in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) income conversion, states can choose among three options to convert net standards for Medicaid and CHIP to MAGI equivalent standards. [1] The purpose of the MAGI Conversion Plan is to provide CMS with information about each state's MAGI conversion methodology, as well as the data used and results of conversion. CMS will be reviewing the submitted materials and notifying the State with their approval or disapproval by **June 15, 2013**.

**Eligibility and FMAP claiming conversions.** States are required to submit information about their conversion methodology, data and results for income conversions related to eligibility and those required for FMAP claiming in accordance with CMS' FMAP rule. For additional information about the FMAP rule, please see: https://s3.amazonaws.com/public-inspection.federalregister.gov/2013-07599.pdf.

**Note about Income Eligibility Conversions and State Plan Amendments:** Converted income standards will be used to set maximum MAGI-equivalent standards for adults in 2014 and will be used as the actual income standard in effect for children through October 2019. States will use the state plan amendment (SPA) process to identify the minimum and maximum MAGI-equivalent standards and to select the state's MAGI-based income standard for each eligibility group to which MAGI will apply in 2014. For adults for whom the Maintenance of Effort requirement expires in 2014, the selected income standard in the SPA will be anywhere between the minimum and the maximum derived through the income conversion process.

Please indicate the MAGI conversion method chosen by your state and follow the appropriate directions:

X **Option 1a** – Standardized Methodology with SIPP data, **no** state data adjustments for time-limited disregards.
TAB 1 consolidated conversion results that weight the time-limited disregards (or disregards for beneficiaries) at 10%.
Attach Excel spreadsheet with finalized SIPP results of eligibility and FMAP conversions to this cover page and submit to incomeconversion@cms.hhs.gov.

☐ **Option 1b** – Standardized Methodology with SIPP data, **with** state data adjustments for time-limited disregards.
Please follow instructions below and submit to incomeconversion@cms.hhs.gov

☐ **Option 2** – Standardized Methodology with State data

[1] SHO letter available at http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO12003.pdf

Please follow the instructions below and submit this plan to incomeconversion@cms.hhs.gov.

☐ **Option 3** – State proposed Alternative Method
Please follow the instructions below and submit this plan to incomeconversion@cms.hhs.gov.

| | Part 1 – Conversions for Eligibility | | Part 2 – Conversions for FMAP Claiming and TB Group | |
|---|---|---|---|---|
| | Pages to Complete | Due Date | Pages to Complete | Due Date |
| Option 1a: Standardized Methodology, no adjustments | Page 1 | May 31, 2013 | Page 1 | Fall 2013 |
| Option 1b Standardized Methodology, state adjustments for time limited disregards | Pages 1 and 3 | May 31, 2013 | Pages 1 and 14 | Fall 2013 |
| Standardized Methodology with State Data | Page 4-11 | April 30, 2013* | Pages 15-18 | Fall 2013 |
| Alternative Methodology | Page 4-13 | April 30, 2013* | Pages 15-18 | Fall 2013 |

*Eligibility conversion plans are due April 30, 2013, or within 15 days of receiving SIPP results, whichever is later.

**TN: converted thresholds**
**date: 28-JUN-2013**

| population/type | citiation | unit size | original standard | converted standard |
|---|---|---|---|---|
| **Family - 1988** | AFDC 5/1/1988 | 1 | $81 | $104 |
| | | 2 | $122 | $153 |
| | | 3 | $159 | $198 |
| | | 4 | $194 | $240 |
| | | 5 | $227 | $281 |
| | | 6 | $262 | $324 |
| | | 7 | $297 | $367 |
| | | 8 | $332 | $410 |
| | | 9 | $367 | $453 |
| | | 10 | $401 | $495 |
| | | 11 | $437 | $539 |
| | | 12 | $471 | $580 |
| | | 13 | $506 | $623 |
| | | 14 | $541 | $666 |
| | | 15 | $576 | $709 |
| | | 16 | $611 | $752 |
| | | 17 | $644 | $793 |
| | | 18 | $679 | $836 |
| | | 19 | $714 | $879 |
| | | 20 | $749 | $921 |
| | | addon | N/A | N/A |
| **Family - 1996** | AFDC 7/16/1996 | 1 | $95 | $119 |
| | | 2 | $142 | $174 |
| | | 3 | $185 | $225 |
| | | 4 | $226 | $274 |
| | | 5 | $264 | $321 |
| | | 6 | $305 | $370 |
| | | 7 | $345 | $418 |
| | | 8 | $386 | $467 |
| | | 9 | $425 | $515 |
| | | 10 | $467 | $565 |
| | | 11 | $508 | $614 |
| | | 12 | $549 | $663 |
| | | 13 | $589 | $712 |
| | | 14 | $630 | $761 |
| | | 15 | $670 | $809 |
| | | 16 | $711 | $858 |
| | | 17 | $750 | $905 |
| | | 18 | $790 | $954 |
| | | 19 | $831 | $1,003 |
| | | 20 | $871 | $1,051 |
| | | addon | N/A | N/A |

| | | | | |
|---|---|---|---|---|
| **Family - 1931** | 1931 current (TANF) (also used for full coverage of pregnant women) | 1 | $696 | $1,018 |
| | | 2 | $896 | $1,329 |
| | | 3 | $1,066 | $1,611 |
| | | 4 | $1,211 | $1,867 |
| | | 5 | $1,335 | $2,102 |
| | | 6 | $1,441 | $2,320 |
| | | 7 | $1,534 | $2,524 |
| | | 8 | $1,617 | $2,718 |
| | | 9 | $1,691 | $2,903 |
| | | 10 | $1,760 | $3,084 |
| | | 11 | $1,824 | $3,259 |
| | | 12 | $1,885 | $3,431 |
| | | 13 | $1,944 | $3,601 |
| | | 14 | $2,001 | $3,770 |
| | | 15 | $2,055 | $3,935 |
| | | 16 | $2,107 | $4,098 |
| | | 17 | $2,155 | $4,257 |
| | | 18 | $2,197 | $4,411 |
| | | 19 | $2,232 | $4,557 |
| | | 20 | $2,257 | $4,693 |
| | | addon | N/A | N/A |
| **Pregnant women and infants<1** | 1902(a)(10)(A)(i)(IV) mandatory poverty-level related pregnant women covered for pregnancy-related services & mandatory poverty-level related infants | | 185% FPL | 195% FPL |
| **Child 1-5** | 1902(a)(10)(A)(i)(VI) mandatory poverty-level related children aged 1-5 | | 133% FPL | 142% FPL |
| **Child 6-18** | 1902(a)(10)(A)(i)(VII) mandatory poverty-level related children aged 6-18 | | 100% FPL | 109% FPL |
| **Children <19 (>185/133/100% FPL)** | 1115 group for 'TennCare Standard uninsured children' who 'rollover' into 1115 coverage when lose Medicaid | | 199% FPL | 211% FPL |
| **Upper limit Pre CHIP** | Upper limit Pre CHIP | | 16% FPL | 29% FPL |