

Health Care Finance and Administration	Section: TennCare Standard
Policy Manual Number: 017.005	Chapter: TennCare Standard Medical Eligibility

TENNCARE STANDARD MEDICAL ELIGIBILITY

Legal Authority: Tenn. Comp. R. & Reg's. Chapter 1200-13-14; March 2014 Amendment to the TennCare II section 1115 Demonstration Project

1. Overview

TennCare Standard Medically Eligible individuals are children under age 19 who are: losing TennCare Medicaid; have no insurance or access to insurance; have household income above 211% of the FPL; and have a qualifying medical condition.

To determine whether a child has a qualifying medical condition, HCFA either uses existing and current medical encounter data in the TennCare system or requests information and verification from the individual using the Medically Eligible (ME) packet.

2. Definitions

Access to Insurance: Access to health insurance in the group health insurance market. See section 6. in the *TennCare Standard* policy for additional information.

Medically Eligible (ME) Packet: A multi-page document that collects information about the child's physical and/or mental health. Corroborating verification from the physician or mental health provider must be provided.

Medically Eligible Encounter Data: Information in the TennCare system (interChange) identifying an individual as Medically Eligible. The information is based on claims data submitted by the TennCare MCOs.

Qualifying Medical Condition: A medical condition which is included among a list of conditions established by HCFA and which will render a qualified uninsured applicant medically eligible.

3. Determining Medical Eligibility

Children meeting the following requirements must be processed for Medical Eligibility:

- **Children losing TennCare Medicaid eligibility:** These children must be under age 19; must not have access to or have health insurance; and must have household income above 211% FPL (if at or below 211% FPL, review for TennCare Standard Uninsured).
- **Currently Eligible TennCare Standard Uninsured Children Whose Household Income Increases above 211% FPL:** These children must be under age 19; must not have access to or have health insurance; and must be no longer be eligible for TennCare Standard Uninsured based on a reported increase in household income.

When a TennCare Standard child reports an increase in income above 211% FPL, determine whether the child is already open as ME. If so, then process the reported change as an income change only.

Health Care Finance and Administration	Section: TennCare Standard
Policy Manual Number: 017.005	Chapter: TennCare Standard Medical Eligibility

NOTE: If a child was previously open as a grandfathered child, and continues to have access to insurance, they are not eligible to be considered for ME. Closure is required in this situation.

a. ME Packet

Individuals initially denied TennCare Standard Uninsured (at or below 211%) will be mailed a denial for TennCare Standard Uninsured and a request for an ME packet to determine eligibility for TennCare Standard Medically Eligible.

An ME Packet is required when an individual does not have ME encounter data in interchange. The ME Packet is sent to the individual to be completed and returned within 60 days of the mail-out date. The ME Packet includes instructions to the individual as to what he/she must provide and the deadline for submitting the information. An additional 30 days may be granted by HCFA if an individual returns an incomplete packet within 60 days. Individuals failing to timely return the ME packet will be denied.

b. ME Packets Returned to HCFA

i. Member Services Medical Review Nurses

TennCare Medical Review Nurses review completed ME packets to determine whether the individual meets the Medically Eligible criteria. Upon receipt of the ME packet, the Medical Review Nurses determine ME eligibility by:

1. Accepting the physician's attestation that the individual's health problems are included in the approved list of diseases/conditions that constitute Medical Eligibility; or
2. For diseases or conditions that are not included in the approved list, reviewing submitted medical records attesting that the condition constitutes Medical Eligibility. The Medical Review Nurses will approve or deny ME accordingly.

Once the Medical Review Nurses have evaluated the ME packet and approved or denied ME eligibility, the application with the eligibility determination is finalized.

c. Tracking ME Packets

Eligibility Specialist will track ME packets by maintaining the following information:

- Return due date for the ME packet;
- Date the ME packet is received at HCFA;
- Incomplete packet status;
- Approval or denial status of medical eligibility; and
- Packet type: Renewal or application.

d. ME Replacement Packets

TNHC will mail replacement ME packets only when it has been verified that an original packet has already been issued to the individual. In no instance should these packets be provided if no original packet was ever issued by HCFA.

Health Care Finance and Administration	Section: TennCare Standard
Policy Manual Number: 017.005	Chapter: TennCare Standard Medical Eligibility

If an individual contacts TNHC for a replacement packet:

- Verify that an original packet was issued;
- Verify that the “cutoff” date has not yet passed (day 60 or less); and
- Document the date the packet is mailed to the individual.
- Inform the individual about the due date for the completed ME Packet. The ME Packet must be submitted to HCFA. If the individual obtains the packet on the 60th day, advise him/her to submit the packet, complete or incomplete, on that same day. HCFA will determine if the packet is received timely.
- Verify the individual’s address is correct in interChange so that future mailings will be received.
- If the cut-off date has passed and HCFA caused the delay, contact the Eligibility Policy Unit. If TennCare did not cause the delay, advise the individual of their right to appeal the denial and/or to reapply. “Good cause” for failure to return a packet will be determined in the appeal.

e. Incomplete Packets Received at TennCare

The individual is automatically allowed additional time to provide the needed information. The 60-day deadline is extended for 30 additional days (for a total of 90 days) regardless of what day within the 60-day time frame the incomplete packet was received. The individual is informed:

- That the ME Packet is not complete;
- What portion is incomplete; and
- How to complete the packet.

Only necessary parts of incomplete packets are returned to the individual. For example, if the packet is missing the individual’s signature, only that page of the packet will be returned for completion. If the enrollee does not complete the packet by the 90th day, HCFA sends a notice to the individual denying ME.

f. Failure to Return ME Packet

If an individual fails to return the ME packet by the 60th day, or by the 90th day if granted an extension, then he or she will be denied TennCare Standard Medical Eligibility.