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

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Anne Marie Costello
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
7500 Security Blvd., Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Anne Marie:

Based on our recent discussions, Tennessee is submitting this plan for completing reverifications of the TennCare population. In order to facilitate this process, Tennessee is requesting waivers under Section 1902(e)(14)(A) of the Social Security Act that will support our efforts to reverify individuals who have had more than a year of eligibility since their information was last verified. We want to conduct our reverifications in a manner that offers as much protection to beneficiaries as possible.

As we have discussed with CMS staff, we are planning to implement reverification in phases. We will not be targeting anyone who was determined eligible by the FFM in 2014, since those persons have not yet completed a year of eligibility. We will be targeting individuals who gained eligibility or were last reverified over 12 months ago. As Tennessee is a 1634 state, we will not be reverifying active SSI recipients unless or until they lose their SSI. There are currently approximately 185,000 active SSI recipients in Tennessee.

Phase 1: Conduct an ex parte review of SNAP cases and approve all those who are currently SNAP eligible.

The income and resource standards for SNAP and Medicaid in Tennessee are very similar resulting in a high correlation between SNAP eligibility and Medicaid eligibility, and we believe that this single strategy will affect the majority of our population. The State will perform a match between existing Medicaid eligible individuals and those with current open SNAP cases. Those currently eligible in both programs will be re-approved for Medicaid for 12 months since we know their SNAP income and resources were verified within the past 6 months.

We are interested in using this strategy with non-MAGI as well as MAGI enrollees, which we understand will require another waiver. In the eligibility reverification process that we used prior to 2014, we began with ex parte reviews, which allowed us to approve any individual with an open SNAP case. This is also a precedent in Tennessee due to our integrated eligibility system. When an individual was identified through a SNAP review, the system would automatically re-qualify them for Medicaid for one year, if the reported income was still within the Medicaid income standard. Based on initial analysis, this process could allow us to approve almost 700,000 MAGI individuals and 20,000 non-MAGI individuals.

Phase 2: Once Phase one is completed, the State will identify other populations who are likely to continue to be eligible, send them a letter facilitating renewal by asking if there have been any changes in their income or household composition, and, if the answer to both questions is no, approve them for 12 months of eligibility without further action.

CMS has indicated that this is a strategy that can be employed to simplify reverification for this first year.

In order to implement Phase 1 and 2, we have to make a modification in our TCMIS. Our primary need is to be able to create flags in the TCMIS to show who is due and who has completed the reverification process. We are currently working with our MMIS vendor to identify a method of flagging these individuals that would allow us to support the process for at least 2 years. We do not have a current estimate of the time necessary to make these changes.

At the completion of Phase 2, we believe that there will be a small pool of people left who will require a full redetermination, such as those who have responded to previous mailings by telling us that they have had a change in either income or household composition and those who did not respond to previous mailings.

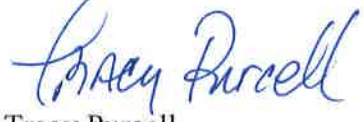
Phase 3: Once Phase 3 is complete, begin mailing reverification notices to households where a change has been reported and to households where no response was received in the above steps.

With all of the manual processes currently being employed to resolved inconsistencies from the FFM and handle cases related to our federal court case, the State plans to carefully monitor the mailing and response rate for this process as not to create backlogs of cases. We also plan to run a selection process for mailings that will focus 75% of the mailings to MAGI cases and 25% of the mailings to non-MAGI cases to balance the workload for staff. At this point, we are planning to mail approximately 5,000 notices per month. Unfortunately, we will not be able to provide pre-printed applications as that functionality is part of our new eligibility determination system that is not yet available.

As noted in our previous discussions with CMS, the first two strategies will be employed to approve cases only. If for any reason individuals can't be approved in the first two phases, they will be sent a reverification notice as part of phase 3. Only if individuals do not respond to phase 3 or are determined ineligible as part of phase 3, will they be sent a termination notice.

We look forward to discussing this plan with you.

Sincerely,



Tracy Purcell
Director of Member Services