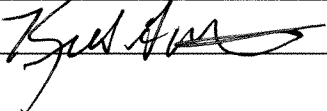




TENNCARE POLICY MANUAL

Policy No: CON 11-001		
Subject: Transition of Enrollees Between MCOs		
Approval: 	Date: 8/17/11	

DISCUSSION:

Every enrollee has a choice of two Managed Care Organizations (MCOs) in the region of the State in which he lives.

- Enrollees living in East Tennessee may choose between UnitedhealthCare and BlueCare.
- Enrollees living in Middle Tennessee may choose between UnitedhealthCare and AmeriGroup.
- Enrollees living in West Tennessee may choose between UnitedhealthCare and BlueCare.

(TennCare Select is another MCO that is used by the State for certain populations statewide. It is not available for enrollee choice, however.)

Enrollees may transfer between plans for any of the following reasons¹:

- Within 45 days of initial enrollment
- During an open enrollment period²
- When the enrollee moves outside of the region served by his current plan
- When the enrollee requests to be moved and meets hardship criteria³
- When a change is needed because of a new or exiting plan in a region
- When TennCare has deemed transition to be in the best interest of the enrollee/the TennCare program

¹ See TennCare Rules 1200-13-13-.03(1)(a)2 and 1200-13-14-.03(1)(a)2.

² Note that open enrollment periods are held annually during the month of March in West Tennessee, May in Middle Tennessee, and July in East Tennessee. See TennCare Rules mentioned in footnote 1.

³ See TennCare Rules 1200-13-13-.03(2)(b)1 and 1200-13-14-.03(2)(b)1 for a list of situations that are not considered to be "hardships."

POLICY:

It is the policy of the Bureau of TennCare that enrollee transfers between MCOs will occur in such a way as to ensure quality and continuity of care.

PROCEDURES FOR TRANSFERS OF NON-CHOICES MEMBERS:

1. The Bureau of TennCare will inform the receiving health plan of the enrollee's transfer by means of the daily 834. The Bureau will indicate the name of the plan from which the enrollee is moving.
2. Upon receipt of the 834 from TennCare, the receiving MCO will identify enrollees who are transferring from other plans and will use a format developed by the MCOs to request the following information from those plans for each transferring enrollee:
 - a. PCP assignment
 - b. Disease Management enrollment, if applicable
 - c. Case Management enrollment, if applicable
 - d. Current use of Home Health services, if applicable
 - e. Current use of Private Duty Nursing services, if applicable
 - f. Historical encounter data

PROCEDURES FOR TRANSFERS OF CHOICES MEMBERS:

There is a CHOICES protocol entitled "Transition of a CHOICES Member between Managed Care Organizations" (October 21, 2009). Copies of the may be obtained by contacting the TennCare Division of Long-term Care at 615-507-6468 or at choices.quality@tn.gov.

OFFICES OF PRIMARY RESPONSIBILITY:

Office of Managed Care Operations

Original: 08/03/11: SB
Americhoice was changed to AmeriGroup on p. 1: 08/17/11: SLM