



Children and Adults Health Programs Group

August 3, 2023

Stephen Smith
Director
Division of TennCare
310 Great Circle Road
Nashville, TN 37243

Dear Mr. Smith:

This letter is in response to Tennessee’s request, dated July 24, 2023, for a waiver under section 1902(e)(14)(A) of the Social Security Act (the Act), that will protect beneficiaries in addressing the challenges the state faces as part of a transition to routine operations upon the expiration of the Medicaid continuous enrollment condition. Section 1902(e)(14)(A) allows for waivers “as are necessary to ensure that states establish income and eligibility determination systems that protect beneficiaries.” Such waivers are time-limited and are meant to promote enrollment and retention of eligible individuals by easing the administrative burden states may experience in light of systems limitations and challenges.

Tennessee has requested that the Centers for Medicare & Medicaid Services (CMS) provide authority under section 1902(e)(14)(A) of the Act to temporarily permit Medicaid managed care plans to assist their enrollees in completing the Medicaid renewal process, including completing certain parts of their renewal forms, in order to help reduce the number of procedural terminations during the state’s unwinding period. The state has expressed the need for this authority in order to address systems and operational issues related to the extraordinarily high volume of renewals and other eligibility and enrollment actions that need to be conducted during the unwinding period. Specifically, the state is concerned that without a waiver there will be significant delays in renewal processing, unmanageable workloads given limited staff capacity, and an increase in procedural closures because managed care plans would not otherwise have authority to assist enrollees in completing Medicaid renewal forms. Adopting this strategy will help the state increase renewal rates and reduce gaps in coverage.

Under Section 1902(e)(14)(A) of the Act, your request to temporarily permit Medicaid managed care plans to assist their enrollees in completing the Medicaid renewal process, including completing certain parts of their renewal forms, in order to help reduce the number of procedural terminations during the state’s unwinding period is approved, as described and subject to the conditions below.

Permit Managed Care Plans to Provide Assistance to Enrollees to Complete and Submit Medicaid Renewal Forms (MCO Renewal Support):

The authority provided in accordance with this letter will enable the state, during the period of time specified below, to temporarily permit Medicaid managed care plans to assist their enrollees in completing the Medicaid renewal process, including completing certain parts of their renewal forms, in order to help reduce the number of procedural terminations during the state’s unwinding period. In exercising the authority provided in this letter, the state will ensure that:

- Managed care plans may offer their assistance in completing renewal forms, but only provide such assistance if the enrollee chooses to accept the plan's assistance. Consistent with the Medicaid managed care marketing regulations at 42 CFR 438.104, managed care plans are prohibited from engaging in all forms of marketing and potential conflicts of interest and must protect managed care enrollees' confidentiality related to providing assistance with renewals.
- When assisting enrollees with completing renewal forms, managed care plans will limit their assistance to completing fields with information provided by the enrollee relating to eligibility criteria which the enrollee must meet to retain coverage. Plans cannot assist enrollees with completing any fields associated with managed care plan selection and plans may not sign the renewal form on the enrollee's behalf.
- Any assistance provided to enrollees in completing their eligibility renewal forms is purely an administrative activity offered by the managed care plan; managed care plans are prohibited from acting as an enrollee's authorized representative as defined at 42 CFR 435.923.
- Managed care plans will not take actions that could influence the enrollee to select the managed care plan that is providing the assistance or not enroll in another managed care plan.
- Managed care plans will not perform activities that must be provided by an enrollment broker (as defined in 42 CFR 438.810(a)), including choice counseling (as defined in 42 CFR 438.2). As specified in 42 CFR 438.810(b)(1)-(2), enrollment brokers must be independent and free from conflict of interest from all managed care plans in the state.

The authority provided in this letter is effective April 1, 2023 and will remain effective for renewals initiated through the end of the state's 12-month unwinding period, as defined in the March 3, 2022 CMS State Health Official (SHO) letter #22-001.

The authority provided in this letter is subject to CMS receiving your written acknowledgement of this approval and acceptance of this new authority and the terms described herein within 30 days of the date of this letter.

We look forward to our continuing work together as part of a transition to routine operations. If you have questions regarding this award, please contact Joe Weissfeld and Jessika Douglas in the Division of Enrollment Policy and Operations, at josef.weissfeld@cms.hhs.gov and jessika.douglas@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads "Sarah deLone". The signature is fluid and cursive, with the first name "Sarah" being more prominent than the last name "deLone".

Sarah deLone, Director,
Children and Adults Health Programs Group