



**TN**

Division of  
**TennCare**



FY 2020  
***Annual Report***



# Agency Overview

# *TennCare*

TennCare is the state of Tennessee's Medicaid program that provides health care for approximately 1.4 million Tennesseans and operates with an annual budget of approximately \$12.4 billion. TennCare members are primarily low-income pregnant women, children and individuals who are elderly or have a disability. TennCare covers approximately 20 percent of the state's population, 50 percent of the state's births, and 50 percent of the state's children.

TennCare is one of the oldest Medicaid managed care programs in the country, having begun on January 1, 1994. It is the only program in the nation to enroll the entire state's Medicaid population in managed care. The TennCare program operates under a Section 1115 waiver from the Centers for Medicare and Medicaid Services (CMS) in the United States Department of Health and Human Services. Unlike traditional fee-for-service Medicaid, TennCare is an integrated, full-risk, managed care program. TennCare services are offered through managed care entities. Medical, behavioral and Long-Term Services and Supports are covered by "at-risk" Managed Care Organizations (MCOs).

The care provided by TennCare's MCOs is assessed annually by the National Committee for Quality Assurance (NCQA) as part of the state's accreditation process. In addition to the MCOs, there is a Pharmacy Benefits Manager for coverage of prescription drugs and a Dental Benefits Manager for coverage of dental services to children under age 21.

As a leader in managed care Long-Term Services and Supports (LTSS), the state successfully implemented TennCare CHOICES in 2010 bringing LTSS into the managed care model. These services are provided in Nursing Facilities (NFs) and Intermediate Care Facilities for persons with intellectual disabilities (ICF/IID), as well as by Home and Community Based Service providers. In 2016, the Employment and Community First CHOICES program launched providing supports for people with intellectual and developmental disabilities targeted to employment and independent community living.

The Division of TennCare is within the Department of Finance and Administration which is the state agency charged with the responsibility of administering the TennCare program. The Division of TennCare includes the CoverKids and CoverRx programs.

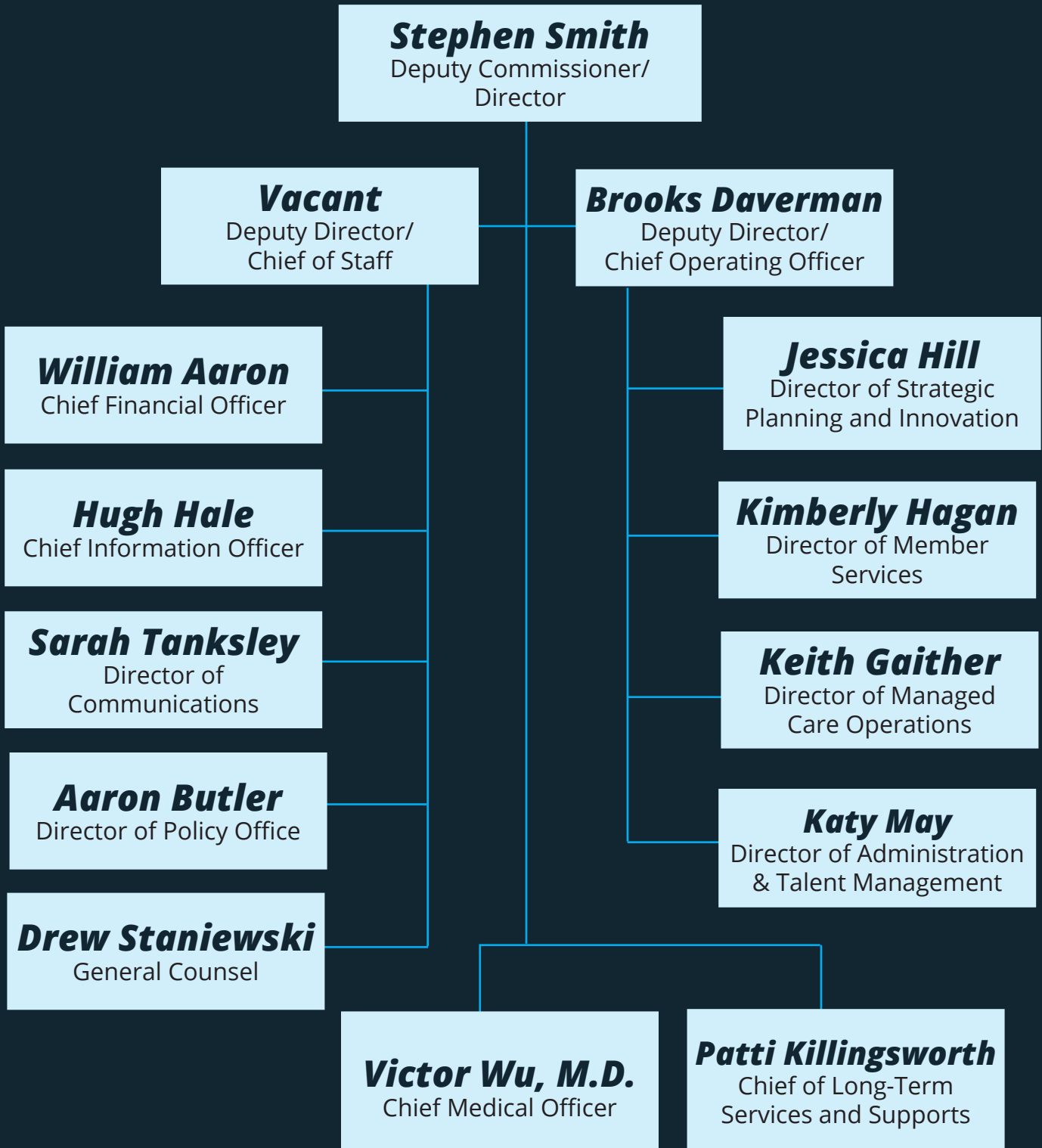
# *Our Mission*

**Improving lives  
through high-  
quality, cost-  
effective care.**

# *Our Vision*

**A healthier  
Tennessee.**

# Organizational Chart



# Table of *Contents*

- p. 2 - Agency Overview
- p. 3 - Mission & Vision
- p. 4 - Organizational Chart
- p. 6 - Program Snapshot
- p. 8 - Program Expenditures
- p. 13 - 2020 Agency Priorities
- p. 14 - Program Impact
- p. 16 - TennCare COVID Response
- p. 18 - Program Overview: Medical Appeals
- p. 19 - Program Overview: Quality Improvement
- p. 20 - Program Overview: Provider Services
- p. 22 - Program Overview: Pharmacy Services
- p. 25 - Pharmacy Program: Dental
- p. 27 - Pharmacy Program: Opioid Strategy
- p. 33 - Program Overview: Long-Term Services & Supports
- p. 41 - Program Overview: Delivery System Transformation
- p. 44 - TennCare Connect
- p. 46 - TennCare In Action

# Program *Snapshot*

TennCare covers ***pregnant women, children, parents or caretakers of minor children, older adults, and adults with disabilities.***

More TennCare members who need Long-Term Services & Supports ***choose to be served at home and in their community rather than in a nursing home.***

***Tennessee is currently the only state that has its entire Medicaid population enrolled into managed care.***

TennCare operates with an ***annual budget of approximately \$12.4 billion*** and ***current enrollment is approximately 1.4 million Tennesseans.***

*TennCare has a  
94% member  
satisfaction rating\**

*TennCare  
satisfaction has  
exceeded 90%  
for over 10 years*

*Over 90% of  
survey members  
say they initially  
received care from  
a doctor's office*

\*These percentages were reported in the University of Tennessee's Boyd Center for Economic Research annual survey titled "The Impact of TennCare: A Survey of Recipients, 2019"

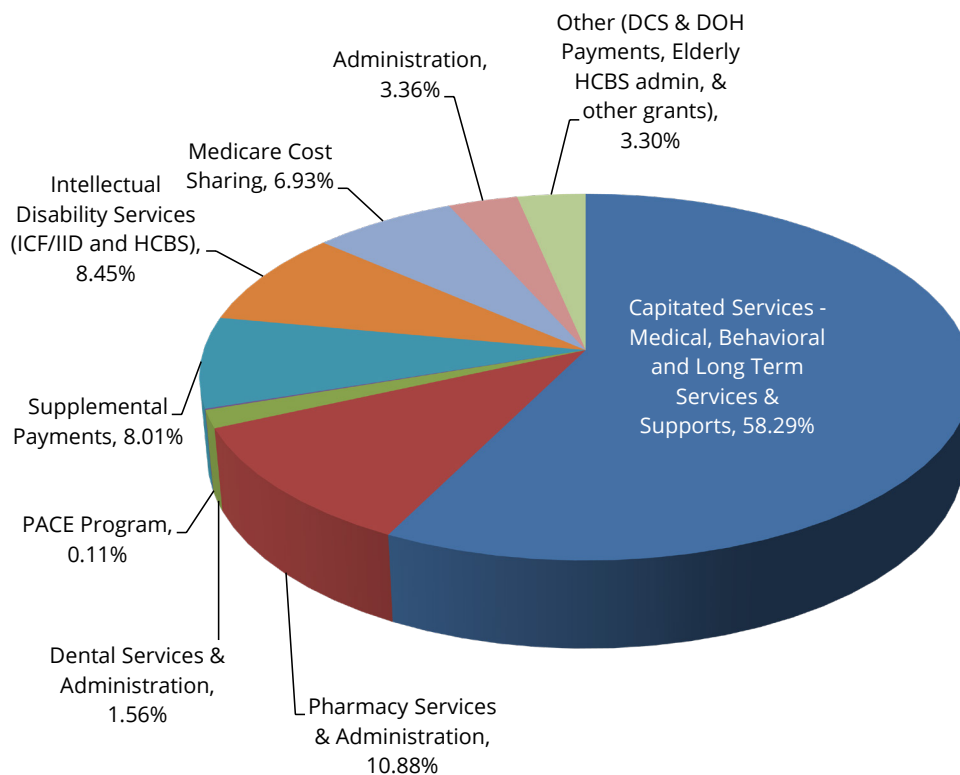
# Program Expenditures

## FY20 Expenditures by Category

Capitated Services - Medical, Behavioral and Long Term Services & Supports <sup>1</sup>	7,620,570,100
Pharmacy Services & Administration	1,299,997,900
Dental Services & Administration	144,220,600
PACE Program	14,407,700
Supplemental Payments	608,547,500
Intellectual Disability Services (ICF/IID and HCBS Waivers)	960,051,500
Medicare Cost Sharing <sup>2</sup>	771,163,800
Administration	564,717,600
Other (DCS & DOH Payments, Elderly HCBS admin, & other grants)	427,911,400
<b>Total</b>	<b>12,411,588,100</b>

<sup>1</sup>This figure is the total of capitation payments which is inclusive of all medical and behavioral health services as well as the long term services and supports for CHOICES and ECF CHOICES members.

<sup>2</sup>Includes Medicare Part D Clawback.





## ***Enrollment Eligibility by Race and Age***

Enrollment on January 1, 2020

<b>Race</b>	<b>0 to 20</b>	<b>21 to 64</b>	<b>65+</b>	<b>Grand Total</b>
White	403,768	281,388	39,920	725,076
Black	193,027	122,216	13,862	329,105
Hispanic	454	79	7	540
Other	233,765	108,441	15,170	357,376
Grand Total	831,014	512,124	68,959	1,412,097

## ***Medical Services***

Enrollment on January 1, 2020

<b>Providers with Paid Claims</b>	<b>FY20 Recipients</b>	<b>Expenditures Per Recipient</b>	<b>FY20 Expenditures<sup>1</sup></b>
10,773	1,231,726	\$3,238.47	\$3,988,907,867

<sup>1</sup>Total expenditure includes the total of administration fees paid to contracted MCO's, based on the allocated proportion of total Medical and Behavioral Health expenditure incurred in SFY20.

## ***Mental Health Clinics and Institutional Services***

Enrollment on January 1, 2020

<b>Providers with Paid Claims</b>	<b>FY19 Recipients</b>	<b>Expenditures Per Recipient</b>	<b>FY19 Expenditures<sup>1,2</sup></b>
4,029	281,893	\$1,966.15	\$554,243,882

<sup>1</sup>Excludes case management services, transportation and other community services where payment to provider was a capitated arrangement.

<sup>2</sup>Total expenditure includes the total of administration fees paid to contracted MCO's, based on the allocated proportion of total Medical and Behavioral Health expenditure incurred in SFY20.

# *TennCare Expenditures & Recipients by County*

<b>County</b>	<b>Enrollment on 1-Jan-20</b>	<b>Estimated 2020 Population</b>	<b>% of County on TennCare</b>	<b>Total Service Expenditure<sup>1</sup></b>	<b>Expenditure per Member</b>
ANDERSON	16,441	77,151	21.3%	\$117,428,908	\$7,142
BEDFORD	12,376	50,255	24.6%	\$61,714,928	\$4,987
BENTON	4,041	16,220	24.9%	\$29,609,166	\$7,327
BLEDSON	3,043	15,017	20.3%	\$16,542,789	\$5,436
BLOUNT	21,474	133,808	16.0%	\$134,073,725	\$6,244
BRADLEY	22,411	108,557	20.6%	\$143,905,869	\$6,421
CAMPBELL	12,127	39,487	30.7%	\$83,874,722	\$6,916
CANNON	3,159	14,637	21.6%	\$18,216,887	\$5,767
CARROLL	7,335	27,907	26.3%	\$54,952,768	\$7,492
CARTER	12,685	56,091	22.6%	\$87,993,412	\$6,937
CHEATHAM	6,491	40,847	15.9%	\$42,611,624	\$6,565
CHESTER	3,815	17,324	22.0%	\$21,115,781	\$5,535
CLAIBORNE	8,785	31,999	27.5%	\$59,605,543	\$6,785
CLAY	2,019	7,749	26.1%	\$13,860,142	\$6,865
COCKE	11,381	36,026	31.6%	\$69,619,562	\$6,117
COFFEE	13,714	56,435	24.3%	\$84,836,756	\$6,186
CROCKETT	3,708	14,320	25.9%	\$23,884,741	\$6,441
CUMBERLAND	12,357	61,055	20.2%	\$82,760,412	\$6,697
DAVIDSON	131,743	705,400	18.7%	\$831,684,744	\$6,313
DECATUR	2,911	11,716	24.8%	\$22,939,140	\$7,880
DEKALB	5,124	20,450	25.1%	\$32,082,100	\$6,261
DICKSON	10,941	54,606	20.0%	\$70,915,139	\$6,482
DYER	10,326	37,395	27.6%	\$58,303,579	\$5,646
FAYETTE	6,680	41,565	16.1%	\$40,882,587	\$6,120
FENTRESS	5,707	18,346	31.1%	\$37,712,909	\$6,608
FRANKLIN	7,850	42,099	18.6%	\$50,669,924	\$6,455
GIBSON	12,670	49,257	25.7%	\$97,027,322	\$7,658
GILES	6,232	29,466	21.1%	\$39,697,346	\$6,370
GRAINGER	5,841	23,388	25.0%	\$33,944,003	\$5,811
GREENE	15,786	69,515	22.7%	\$161,801,411	\$10,250
GRUNDY	4,283	13,209	32.4%	\$27,863,084	\$6,506
HAMBLEN	16,334	65,234	25.0%	\$103,010,515	\$6,307
HAMILTON	65,326	369,802	17.7%	\$442,310,110	\$6,771
HANCOCK	2,268	6,491	34.9%	\$15,085,197	\$6,651

# *TennCare Expenditures & Recipients by County*

<b>County</b>	<b>Enrollment on 1-Jan-20</b>	<b>Estimated 2020 Population</b>	<b>% of County on TennCare</b>	<b>Total Service Expenditure<sup>1</sup></b>	<b>Expenditure per Member</b>
HARDEMAN	6,705	25,110	26.7%	\$49,344,826	\$7,359
HARDIN	6,829	25,804	26.5%	\$52,488,704	\$7,686
HAWKINS	13,208	56,615	23.3%	\$83,955,834	\$6,356
HAYWOOD	5,371	17,106	31.4%	\$30,669,313	\$5,710
HENDERSON	7,042	28,010	25.1%	\$43,816,305	\$6,222
HENRY	7,482	32,519	23.0%	\$44,585,092	\$5,959
HICKMAN	5,712	25,352	22.5%	\$34,772,109	\$6,088
HOUSTON	2,034	8,324	24.4%	\$18,605,447	\$9,147
HUMPHREYS	4,464	18,554	24.1%	\$29,183,195	\$6,537
JACKSON	2,752	11,875	23.2%	\$16,728,432	\$6,079
JEFFERSON	12,525	54,900	22.8%	\$90,730,549	\$7,244
JOHNSON	4,422	17,748	24.9%	\$25,876,664	\$5,852
KNOX	77,423	473,996	16.3%	\$526,763,395	\$6,804
LAKE	2,037	7,360	27.7%	\$15,034,815	\$7,381
LAUDERDALE	7,556	25,828	29.3%	\$43,354,551	\$5,738
LAWRENCE	10,611	44,055	24.1%	\$62,291,492	\$5,870
LEWIS	3,006	12,113	24.8%	\$20,369,052	\$6,776
LINCOLN	7,342	34,411	21.3%	\$41,313,721	\$5,627
LOUDON	8,911	54,454	16.4%	\$56,123,277	\$6,298
MACON	6,663	24,827	26.8%	\$34,992,177	\$5,252
MADISON	24,851	97,792	25.4%	\$191,625,793	\$7,711
MARION	6,845	28,564	24.0%	\$39,729,577	\$5,804
MARSHALL	6,736	34,370	19.6%	\$39,927,212	\$5,927
MAURY	18,598	97,412	19.1%	\$125,161,046	\$6,730
MCMINN	12,477	53,780	23.2%	\$77,759,179	\$6,232
MCNAIRY	6,907	26,001	26.6%	\$43,387,466	\$6,282
MEIGS	3,110	12,461	25.0%	\$18,286,367	\$5,880
MONROE	11,313	46,989	24.1%	\$70,407,211	\$6,224
MONTGOMERY	38,367	214,627	17.9%	\$195,096,307	\$5,085
MOORE	859	6,454	13.3%	\$5,276,079	\$6,142
MORGAN	4,408	21,754	20.3%	\$28,720,013	\$6,515
OBION	7,816	30,127	25.9%	\$46,474,874	\$5,946
OVERTON	5,044	22,352	22.6%	\$29,676,735	\$5,884
PERRY	1,892	8,128	23.3%	\$14,205,913	\$7,508

County	Enrollment on 1-Jan-20	Estimated 2020 Population	% of County on TennCare	Total Service Expenditure <sup>1</sup>	Expenditure per Member
PICKETT	1,098	5,053	21.7%	\$6,909,000	\$6,292
POLK	3,957	17,070	23.2%	\$21,544,826	\$5,445
PUTNAM	18,303	80,596	22.7%	\$133,711,517	\$7,305
RHEA	8,962	33,479	26.8%	\$60,510,502	\$6,752
ROANE	11,303	53,285	21.2%	\$82,726,943	\$7,319
ROBERTSON	13,172	72,686	18.1%	\$78,839,205	\$5,985
RUTHERFORD	55,018	341,000	16.1%	\$277,238,198	\$5,039
SCOTT	7,494	22,117	33.9%	\$48,200,227	\$6,432
SEQUATCHIE	3,941	15,203	25.9%	\$21,498,419	\$5,455
SEVIER	19,953	100,658	19.8%	\$105,954,804	\$5,310
SHELBY	250,748	940,109	26.7%	\$1,301,715,422	\$5,191
SMITH	4,294	20,190	21.3%	\$26,474,862	\$6,166
STEWART	3,029	13,669	22.2%	\$18,801,871	\$6,207
SULLIVAN	32,806	158,199	20.7%	\$202,045,042	\$6,159
SUMNER	29,184	193,462	15.1%	\$169,140,543	\$5,796
TIPTON	12,723	62,278	20.4%	\$67,443,566	\$5,301
TROUSDALE	1,945	11,211	17.3%	\$12,923,013	\$6,644
UNICOI	4,072	17,847	22.8%	\$34,462,162	\$8,463
UNION	5,217	19,808	26.3%	\$31,084,172	\$5,958
VAN BUREN	1,359	5,759	23.6%	\$11,985,731	\$8,820
WARREN	11,098	41,038	27.0%	\$69,074,152	\$6,224
WASHINGTON	24,137	130,745	18.5%	\$173,500,740	\$7,188
WAYNE	3,157	16,474	19.2%	\$21,324,080	\$6,755
WEAKLEY	7,306	33,243	22.0%	\$53,991,431	\$7,390
WHITE	7,080	27,533	25.7%	\$42,559,505	\$6,011
WILLIAMSON	12,778	244,052	5.2%	\$73,352,024	\$5,740
WILSON	19,261	147,012	13.1%	\$121,851,964	\$6,326
Other	22,813			\$56,579,226	\$2,480
Total	1,434,910	6,886,369	21%	\$8,784,712,718	\$6,122

1. Service Expenditures include Medical, Pharmacy, Long-Term Services and Supports, Dental, Behavioral Health Services, MCO administrative costs and Part D payments on behalf of Dual eligible members. Payments on behalf of Dual eligible members for Part D drug coverage totaled \$217,236,800. ASO administration and Part D payments were allocated across counties relative to the county's proportion of total expenditure

2. Greene County expenditures include costs associated with the East Tennessee Community Homes, causing the per-member cost to appear higher when comparing it with those of the other counties.

3. This category reflects recipients who are Tennessee residents for which their domicile is temporarily located outside of the state.

4. The total service expenditure reflects total amount payment in Edison, 'Cty Rpt Adj' tab D11, the total expenditure based on incurred claims cross counties submitted are proportional in terms of total amount in Edison.

# *2020 Agency Priorities*

*Maintain*  
Financial Stewardship

*Improve*  
Health Outcomes

*Improve*  
Access to Care

*Transform*  
the Health Care Delivery  
System

*Improve*  
Customer Service

*Become*  
a Greater Place to Work

# Program *Impact*

The TennCare program operates as a Medicaid demonstration project under the authority of an 1115 waiver from the Centers for Medicare and Medicaid Services (CMS). (“1115” refers to the section of the Social Security Act under which the demonstration is authorized.) The terms of the waiver are described in TennCare’s demonstration agreement with CMS. During this fiscal year, TennCare submitted several impactful waiver amendments that were highly anticipated and closely watched.

## ***Amendment 40: Katie Beckett Program***

On September 20, 2019, TennCare submitted Amendment 40 to CMS. Amendment 40 implements legislation (Public Chapter No. 494) passed by the Tennessee General Assembly in the 2019 legislative session directing TennCare to seek CMS approval for a new “Katie Beckett” program. The proposal would assist children under age 18 with disabilities and/or complex medical needs who are not eligible for Medicaid because of their parents’ income or assets.

The Katie Beckett program proposed in Amendment 40—developed by TennCare in close collaboration with the Tennessee Department of Intellectual and Developmental Disabilities and other stakeholders—would be composed of two primary parts:

- **Part A** – Individuals in this group would receive the full TennCare benefits package, as well as essential wraparound home and community based services. These individuals would be subject to monthly premiums to be determined on a sliding scale based on the member’s household income.
- **Part B** – Individuals in this group would receive a specified package of essential wraparound services and supports, including premium assistance.

In addition to Parts A and B, Amendment 40 provided for continued TennCare eligibility for children already enrolled in TennCare, who subsequently lose TennCare eligibility, and who would qualify for enrollment in Part A but for whom no Part A program slot is available.

CMS approved Amendment 40 on November 2, 2020, and TennCare subsequently began accepting applications and enrolling qualifying children in the program.

## ***Amendment 41: Uncompensated Care Funding***

TennCare submitted Amendment 41 to CMS on October 24, 2019. The aim of Amendment 41 was to enhance TennCare's ability to reimburse qualifying Tennessee hospitals for costs realized as a result of providing uncompensated care. Amendment 41 requested to raise the annual limit on TennCare's uncompensated care payments by approximately \$382 million. In addition, the amendment proposed to revise TennCare's methodology for distributing uncompensated care funds to address costs not met within the existing system. CMS approved Amendment 41 on July 7, 2020.

## ***Amendment 42: "Block Grant"***

On November 20, 2019, TennCare submitted Amendment 42 to CMS. Amendment 42 implemented Public Chapter No. 481 from the 2019 legislative session, which directed TennCare to submit a demonstration amendment to CMS to convert the bulk of TennCare's federal funding to a block grant. The block grant envisioned in Public Chapter No. 481 and Amendment 42 would be indexed for inflation and for enrollment growth beyond the experience reflected in the base period. TennCare engaged in a robust public input process to inform the development of Amendment 42.

# TennCare *COVID Response*

On March 12, 2020, Governor Bill Lee declared a state of emergency to help facilitate the state's response to the threat to public health and safety posed by coronavirus disease 2019 (or "COVID-19"). On June 19, 2020, CMS approved an amendment to the TennCare demonstration with specified flexibilities related to the COVID-19 public health emergency. As the agency in Tennessee state government responsible for providing health insurance to more than 1.4 million individuals, the Division of TennCare has developed a multilayered response to the COVID-19 emergency. Working in tandem with partners and stakeholders at the federal and state levels, TennCare designed and deployed a strategy consisting of such elements as—

- Coordinating with the provider community and TennCare's health plans to ensure access to care for TennCare members in need of testing or treatment for COVID-19;
- Assisting providers in offering covered services to TennCare members via telehealth when medically appropriate;
- Increasing care coordination services for members impacted by COVID-19 who are self-isolated so that they can receive additional supports as needed;
- Pausing nearly all terminations of eligibility for TennCare and CoverKids (the state's separate CHIP program) members during the COVID-19 emergency;
- Waiving copays on services related to the testing and treatment of COVID-19 for TennCare and CoverKids members;
- Working with TennCare's health plans to streamline or temporarily lift authorization requirements to ensure services are delivered promptly and claims paid quickly;
- Expediting access to home-based care for former nursing facility patients being discharged from hospitals and electing to transition home;
- Enhancing access to prescription drugs by allowing early refills of prescriptions and by allowing 90-day supplies to be prescribed for most medications;
- Obtaining a Section 1135 waiver from CMS that provides flexibilities to help ensure that TennCare members receive necessary services;
- Submitting a Section 1115 waiver application seeking CMS authorization to reimburse hospitals, physicians, and medical labs for providing COVID-19 treatment to uninsured individuals;
- Obtaining federal approval to make supplemental retainer payments to providers of home- and community-based services for individuals with intellectual disabilities, as well as additional flexibilities to support these providers during the public health emergency;



- Assisting providers of long-term services and supports in reducing the spread of COVID-19 among individuals who are residents of nursing facilities; and
- Working with the federal government and healthcare providers in Tennessee to provide enhanced financial support for providers disproportionately affected by the COVID-19 emergency, including primary care providers, nursing facilities, dentists, and community mental health centers and other providers of behavioral health services.

The amendment to the TennCare demonstration with specified flexibilities related to the COVID-19 public health emergency is available online at <https://www.tn.gov/content/dam/tn/tenncare/documents2/TennCareCOVID19EmergencyAmendment.pdf>.

Additional resources concerning TennCare's response to the COVID-19 pandemic are also available on the agency's website at <https://www.tn.gov/tenncare/information-statistics/tenncare-information-about-coronavirus.html>.

# Program Overview

# *Medical Appeals*

TennCare members have the right to file a medical appeal if services have been denied, delayed, reduced, suspended, or terminated. The TennCare Solutions Unit (TSU) assists members with their medical appeals working closely with providers and TennCare managed care organizations.

- Member Medical Appeals has successfully transitioned to a new tracking system (MATS). This system is now being utilized for all medical appeals.
- The Member Medical Appeals team issued an RFQ (a Request for Qualifications) to secure a contract with a URAC-accredited Independent Review Organization for the provision of independent medical necessity reviews, and expert medical opinion testimony related to TennCare member benefit appeals.
- The Member Medical Appeals team successfully and seamlessly transitioned the entire team to work from home status related to the coronavirus pandemic without any increase in missed appeals timelines.

## ***Medical Appeals Resolution Report:***

July 1, 2019 – June 30, 2020 (rev. April 30, 2021)

<b>TennCare Member Medical Appeals Data</b>	<b>CY 2020</b>
No. of appeal requests received (total) <sup>1</sup>	8,338
• appeal requests received that involve a VFD	5,099
• appeal requests received that do not involve a VFD	3,239
No. of appeals resolved (total)	4,957
• Level 1: resolved by MCC 'reconsideration'	1,465
• Level 2: resolved by agency medical necessity review	486
• Level 3: resolved by fair hearing	3,006
No. of appeals resolved by fair hearing	3,006
No. of appeals that were withdrawn by the enrollee at or prior to hearing	1,034
No. of appeals that went to hearing and were decided in the Division of TennCare's favor	1,827
No. of appeals that went to hearing and were decided in enrollee's favor	145

<sup>1</sup>Only appeals which comprise a valid factual dispute (VFD) may receive a fair hearing.

# Program Overview

# *Quality Improvement*



## ***TennCare Kids***

TennCare Kids is a full program of checkups and health care services for children from birth through age 20 who have TennCare. These services make sure that babies, children, teens, and young adults receive the health care they need.

***In FFY19 (October 2018 – September 2019) the EPSDT Screening Rate was 79%. From October 2019 through September 2020, approximately 800,000 EPSDT screenings were completed for members under age 21.***

# Program Overview

## *Provider Services*



TennCare Provider Services coordinates provider activities including provider registration with the TennCare program. The TennCare Provider Services division is responsible for three primary functions. First, all providers seeking participation in the Medicaid/TennCare program are required to enroll with TennCare. This process is managed by the Provider Registration Team to ensure compliance with federal regulations at 42 CFR 455.410 and 455.450 requiring that all participating providers are screened according to their categorical risk level, upon initial enrollment and upon re-enrollment or revalidation of enrollment. Once providers are enrolled with TennCare, they are eligible to contract with any of our Managed Care Contractors. The Provider Networks Team oversees and monitors network access requirements for our Managed Care Contractors.

## **Activities**

### **Methadone Coverage**

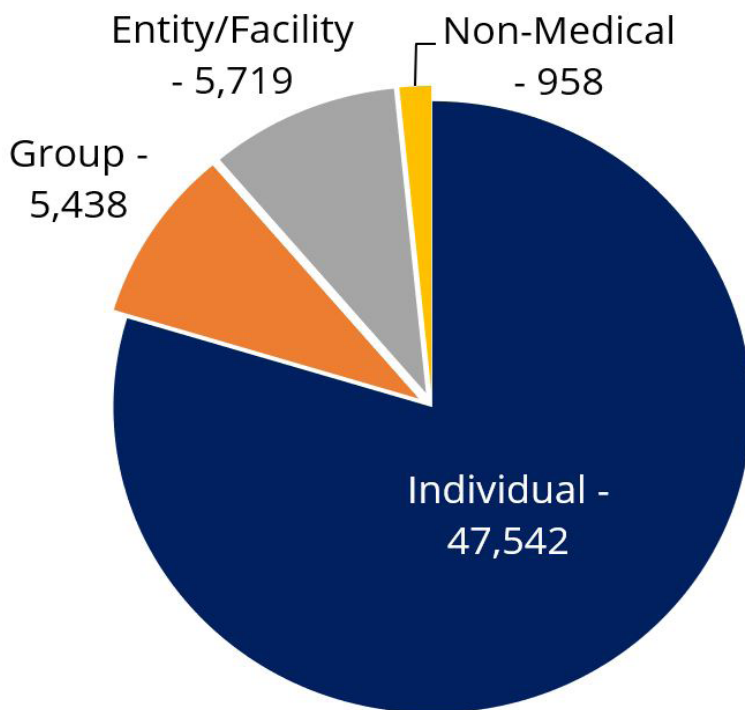
The federal SUPPORT ACT Section 1006 requires state Medicaid programs to cover all FDA-approved medication assisted therapy (MAT) drugs including methadone, licensed biological products to treat opioid use disorder, and counseling services and behavioral therapy. TennCare began this coverage June 1, 2020 with 13 Methadone Clinics statewide.

### **Provider Count & Statistics**

As of January 2020:

- Over 16,00 active Tennessee physicians (MD & DO) were registered to participate in TennCare. This represents 92.2% of all active licensed physicians in the state.
- 89.7% of registered TennCare physicians were participating with at least one managed care organization.
- 94.3% of TennCare physicians participating with at least one managed care organization were accepting new patients.

### **Provider Count Summary - June 5th, 2020**



**TOTAL Providers - 59,657**

# Program Overview

# *Pharmacy Services*



## **Pharmacy Services**

Services delivered through Pharmacy Benefits Manager (PBM)

<b>Providers with Paid Claims</b>	<b>FY20 Recipients</b>	<b>Expenditures Per Recipient</b>	<b>FY20 Expenditures<sup>1</sup></b>
8,174	1,049,259	\$1,238.97	\$1,299,997,900

<sup>1</sup>Amount includes administrative costs paid to the PBM.

***In FY20, TennCare filled 13,210,345 prescriptions which averages 36,094 prescriptions filled per day.***

## ***Pharmacy Benefits Administrator Go-Live and CoverKids Readiness Activities***

Effective January 1, 2021, all three of the Division's pharmacy benefit plans — TennCare, CoverRx and CoverKids — will be administered by Optum Rx., Inc. In January 2019, TennCare announced that Optum Rx., Inc. would replace Magellan Medicaid Administration as the Division of TennCare's Pharmacy Benefits Manager (PBM) for TennCare/Medicaid, CoverRx, and the Children's Health Insurance Program, CoverKids. The transition of CoverKids was delayed one year due to transitioning of the membership from one (1) Fee for Service MCO with the Pharmacy Benefit carved-in to three (3) At-Risk MCOs with the Pharmacy Benefit Carved out and placed under the Division of TennCare Pharmacy Unit. OptumRx launched services for the TennCare and CoverRx programs in January of this year. Although OptumRx will not start processing pharmacy claims for CoverKids until January 1, 2021, the company began readiness activities in March 2020. During the first quarter of 2021, teams spent time adjusting nuanced tenants of previously launched programs, and actively and efficiently mitigating weather and a public health-related crisis.

### ***Updating of Professional Dispensing Fees to Reflect Current Cost of Dispensing***

Effective May 1, 2020, newly-updated Professional Dispensing Fees (PDF's) were implemented based on a Cost of Dispensing Survey performed by Mercer in the second half of 2019.

- The most significant changes were for Low Volume Ambulatory Pharmacy providers (also known as retail pharmacies) where the PDF increased from \$10.09 per paid prescription to \$11.98, and the PDF paid to any pharmacy dispensing blood factor products increased from \$153.54 to \$172.69.
- The PDF's reimbursed to High Volume Ambulatory Pharmacies, Long Term Care Pharmacies and 340B Pharmacies saw either no change or very slight changes since PDF's were first calculated in 2017.
- A new PDF was implemented for any pharmacy dispensing a product listed on TennCare's Specialty Drug List. The PDF for any pharmacy provider dispensing these products is now \$45.94
- Pharmacies that did not respond to the Cost of Dispensing Survey were contacted and after attesting to their volume, were assigned to their appropriate PDF effective June 1, 2020.



Division of  
**TennCare**

CoverRx

***CoverRx***

- **Electronic Application:** Prior to Go-Live, OptumRx began the process of developing a streamlined electronic online application to simplify and expedite the application and re-application process, and to combine with a tool to check one's eligibility status. Go-Live required re-design due to heavy utilization and implementation of an automated cross-check against TennCare population to determine if someone is enrolled in both programs simultaneously. As of May 14, 2020, all issues have been remedied.
- **Post Go-Live:** Commercial rebates were successfully renegotiated for the program with an increased rate of return. The clinical advisory committee meeting schedule was revised to allow for two onsite meetings and two phone conference meetings annually.
- **Expansion of CoverRx:** In addition to the eligibility expansion from 100% to 138% FPL to match the changes made in 2019 to the enrollment of Behavioral Health Safety Net members, CoverRx lowered the age of eligibility to 18 from 19, effective January 1, 2020.



# Pharmacy Program *Dental*



## **Dental Services**

Providers with Paid Claims	FY20 Recipients	Expenditures Per Recipient	FY20 Expenditures <sup>1</sup>
1,630	447,032	\$322.62	\$144,220,600

<sup>1</sup>Amount includes administrative costs but does not include Health Department Dental Program cost of \$6,149,300 which is included on page 1 in the Other (DCS & DOH Payments, Elderly HCBS admin, & other grants) category.

The TennCare Dental Program is responsible for assuring that members have access to high quality cost effective oral health care including preventive, restorative, and surgical care. This care is administered through a contracted Dental Benefits Manager (DBM). TennCare's most important oral health initiative for encouraging provider utilization of minimally invasive procedures and oral disease prevention procedures while increasing patient engagement, is through enhancement of the Patient Centered Dental Home (PDCH) model.

## ***Patient-Centered Dental Home***

- A PCDH is defined as a place where a child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a dentist participating in the TennCare program. Provider acceptance and engagement of member assignments is essential to the success of the program for TennCare beneficiaries.
- Success is evaluated through reports that track patient engagement, quality of care and provider performance.
- The Provider Performance Report (PPR) is an individual confidential report card sent to participating dentists on a quarterly basis that allows them to see how their practice compares with that of their peers and the overall network average in cost, access, and preventive care. Sharing confidential feedback results in continuous quality improvement as providers strive to meet or exceed network benchmarks.

### ***Impact***

- Through our TennCare DBM contract with DentaQuest, the proportion of children members who received dental treatment in 2019 based on TennCare's dental utilization measure was 57.5%.
- The 2019 member satisfaction survey revealed that the vast majority of members are satisfied with their dentist (97%), the dental care they received (97%), and with the DentaQuest dental plan (99%).
- The provider satisfaction survey for 2019 revealed that 88% of providers were "very satisfied" or "somewhat satisfied" with DentaQuest, while 99% indicated that they "definitely" or "probably" will continue to be a provider for DentaQuest.
- In 2019, TennCare's dental program began posting educational dental prevention materials on TennCare's Facebook, Twitter, and Instagram pages to increase member outreach and share initiatives with both members and providers on the various social media platforms.
- To more effectively communicate with the dental provider network, the TennCare dental program required the DBM to begin contacting its network providers through email, in addition to the other various forms of communication that were already in place, such as mail and fax. This has been effective and well received by the providers because it allowed them to electronically click on links and attachments, rather than having to manually search and input links.

# Pharmacy Program *Opioid Strategy*



As the state's Medicaid system, the Division of TennCare is an essential component of the states' overall opioid strategy. In addition to partnering with multiple state agencies and with the Governor's office, TennCare also has its own opioid strategy and initiatives to combat the crisis focused on primary, secondary and tertiary prevention of opioid addiction. Primary prevention aims to limit opioid exposure for non-chronic opioid users to prevent the progression to chronic opioid use, secondary prevention is the early detection and intervention to reduce impact of opioid misuse in those already using opioids, and lastly tertiary prevention is addiction and recovery support for individuals with opioid dependence and misuse.

# TennCare's Opioid Strategy Framework: 2017-2020

## Strategic Framework



### ***Strategic Framework: Primary Prevention***

TennCare contracts with a Pharmacy Benefit Manager (PBM) to administer the TennCare pharmacy benefit. As part of the contract agreement with the PBM and at the direction of TennCare, the PBM implements and operationalizes point-of-sale (POS) edits at the time a prescription is processed at the pharmacy. The process of implementing new POS edits has been iterative over the years to ensure the best outcomes for our members and has focused on opioid prescriptions for many years. TennCare now has a coverage benefit limit in place for opioids.

### ***Strategic Framework: Secondary Prevention***

- TennCare has partnered with the Managed Care Organizations (MCOs) and the Pharmacy Benefits Manager (PBM) to use data analytics to identify potential clinical risk for women of child bearing age using opioids. This model risk stratifies women into different severity categories which include risk groupings such as:
  - High risk for developing opioid addiction or opioid use disorder
  - Oral Contraceptive non-compliance on opioid therapy
  - Potential pregnancy with concurrent opioid use
  - Previous delivery with diagnosis of Neonatal Abstinence Syndrome (NAS)

- This risk stratification then allows the MCOs to provide appropriate forms of member engagement, outreach and possible intervention. Based on the clinical risk, women are connected with prenatal care, early prevention and screening services, access to voluntary reversible long acting contraception, or primary and mental health care among other outreach activities. The MCOs performed over 15,600 outreach/engagement attempts to high-risk women of child-bearing age in Q3 of 2019 alone.
- Additionally, TennCare has worked diligently to decrease barriers to Voluntary Reversible Long Acting Contraception (VRLACs) for women with the goal of reducing infants born with Neonatal Abstinence Syndrome (NAS). In 2016, the MCOs worked effectively with TennCare to make VRLACs more readily available at the time of delivery to increase utilization. All three MCOs agreed to unbundle the reimbursement for VRLACs from the global obstetric billing to facilitate rapid access to all forms of contraception rather than waiting until a follow-up visit to place the VRLAC.

### ***Strategic Framework: Tertiary Prevention***

- TennCare's Managed Care Organizations are increasing access to comprehensive medication assisted treatment (MAT) for members with substance abuse disorder (SUD) and opioid use disorder (OUD) through a dedicated MAT provider network, which was officially launched in January 2019. Behavioral health counseling and therapy is a necessary component of MAT treatment that providers in the network must have means to provide comprehensive care. By participating in the network, providers receive enhanced resources and support from the MCOs. The network officially launched on January 1, 2019 and there are currently 180 newly contracted, high-quality MAT providers that have partnered with at least one of TennCare's three MCOs. Overall, the MCOs have received a positive response from the provider community thus far and are successfully contracting with providers from across the state to provide addiction treatment and recovery services. TennCare will continue to grow this network and support providers in providing high-quality care.
- Providers must attest to the BESMART Program Description to be in the program and receive the network's benefits. By participating in the network, providers receive enhanced resources and support from the MCOs. The number of providers in the BESMART network continues to grow, and there are currently 278 contracted providers across all three MCOs. Throughout 2019, 6,125 members received services through the network and this number continues to grow.
- BESMART is only for prescribing buprenorphine. There are separate Program Descriptions for Naltrexone and Methadone.
- The Managed Care Organizations (MCOs) determine the providers in their BESMART networks.
- As of June 1, 2020, TennCare began covering Methadone as a form of Medication Assisted Treatment (MAT) and services provided by Outpatient Treatment Programs (OTPs).

TennCare made significant continued investments in the MTM program which included:

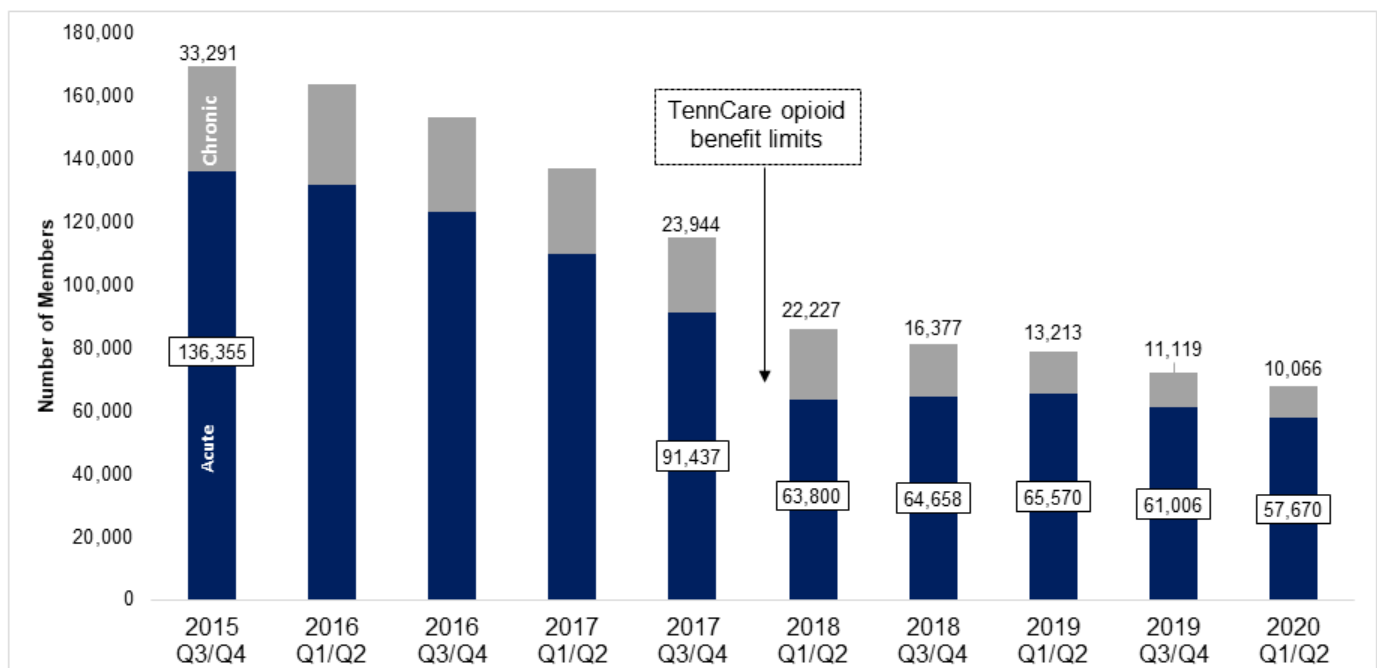
- Initial reductions in prescribing patterns for first time and acute opioid users have been sustained with 87% receiving 6 days or less of opioids.
- Increased rates for high risk patients eligible for the MTM program
- Flexibilities around telehealth MTM services during the pandemic
- Increased outreach and recruitment of MTM pharmacists and MTM providers
- Overall increased utilization of MTM services by eligible members

TennCare is conducting a MTM-pilot evaluation of the MTM program to date to help understand the potential impacts of the MTM program.

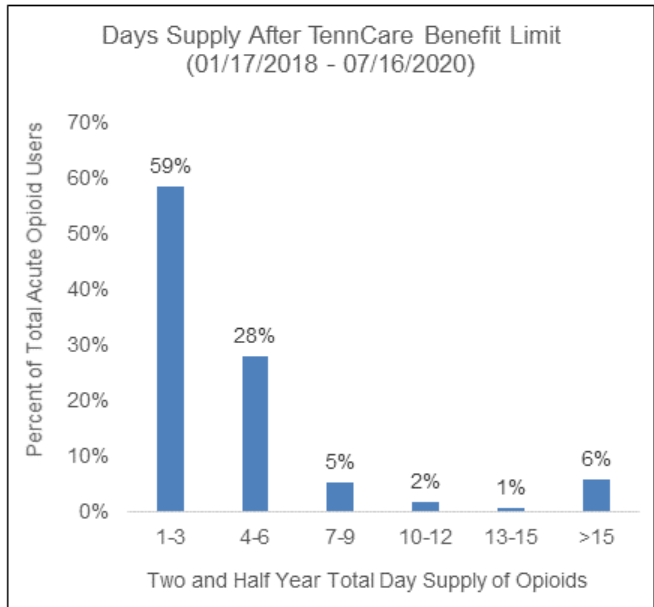
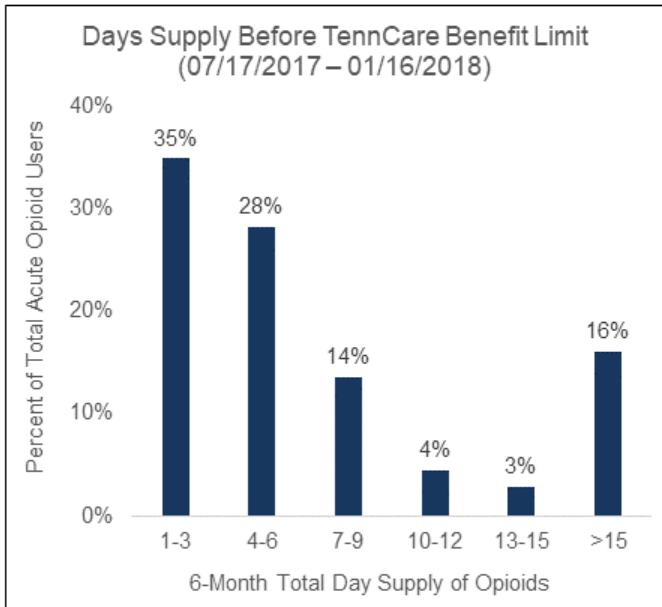
### Outcomes & Data

- Overall, the number of TennCare new, acute opioid users has declined by 58% since 2015. The largest decrease occurred following the implementation of new TennCare opioid benefit limits.
- Initial reductions in prescribing patterns for first time and acute opioid users have been sustained with 87% receiving 6 days or less of opioids.
- Buprenorphine covered by TennCare is now in the top 5 controlled substances by claims. TennCare paid for more Buprenorphine for opioid use disorder than for short-acting opioids to treat pain through TennCare.
- The prevalence of OUD in TennCare decreased from 2.7% to 2.4% from 2019 to 2020.
- Tennessee is the only state to report continuous decreases in rates of neonatal abstinence syndrome (NAS) births over the past three years.

### Total Acute and Chronic TennCare Opioid Users



# TennCare Prescription Patterns for Acute Opioid Use



Initial reductions in prescribing patterns for first time and acute opioid users have been **sustained with 87% receiving 6 days or less of opioids.**

## Increasing Coverage of Buprenorphine

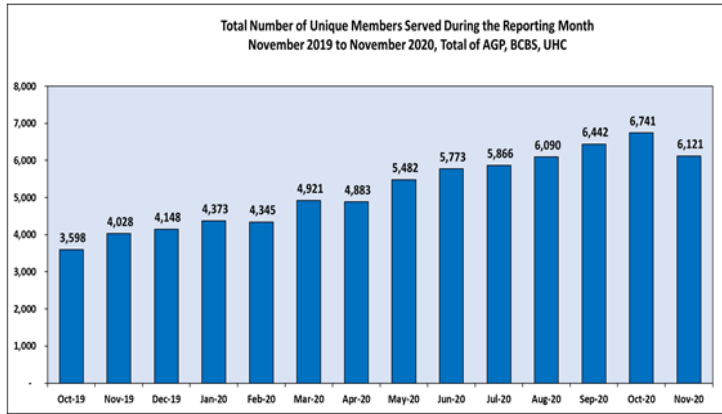
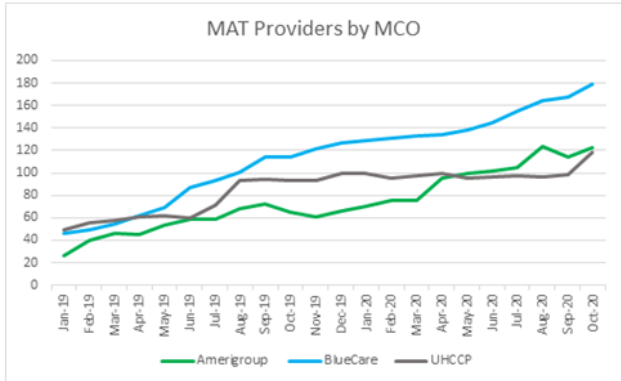
### 2020 Controlled Substance Report

Top 5 Controlled Substances by Claims (Volume)				
Substance	Disease Category	Claims	Expenditures	People
HYDROCODONE-ACETAMINOPHEN	Pain	143,129	1,907,579	75,335
<b>BUPRENORPHINE-NALOXONE</b>	<b>Addiction Treatment</b>	<b>123,269</b>	<b>6,712,336</b>	<b>10,759</b>
VYVANSE	ADHD	105,827	31,708,113	18,404
OXYCODONE-ACETAMINOPHEN	Pain	77,336	1,569,845	28,988
DEXTROAMPHETAMINE-AMPHET EF	ADHD	62,548	2,790,333	10,567

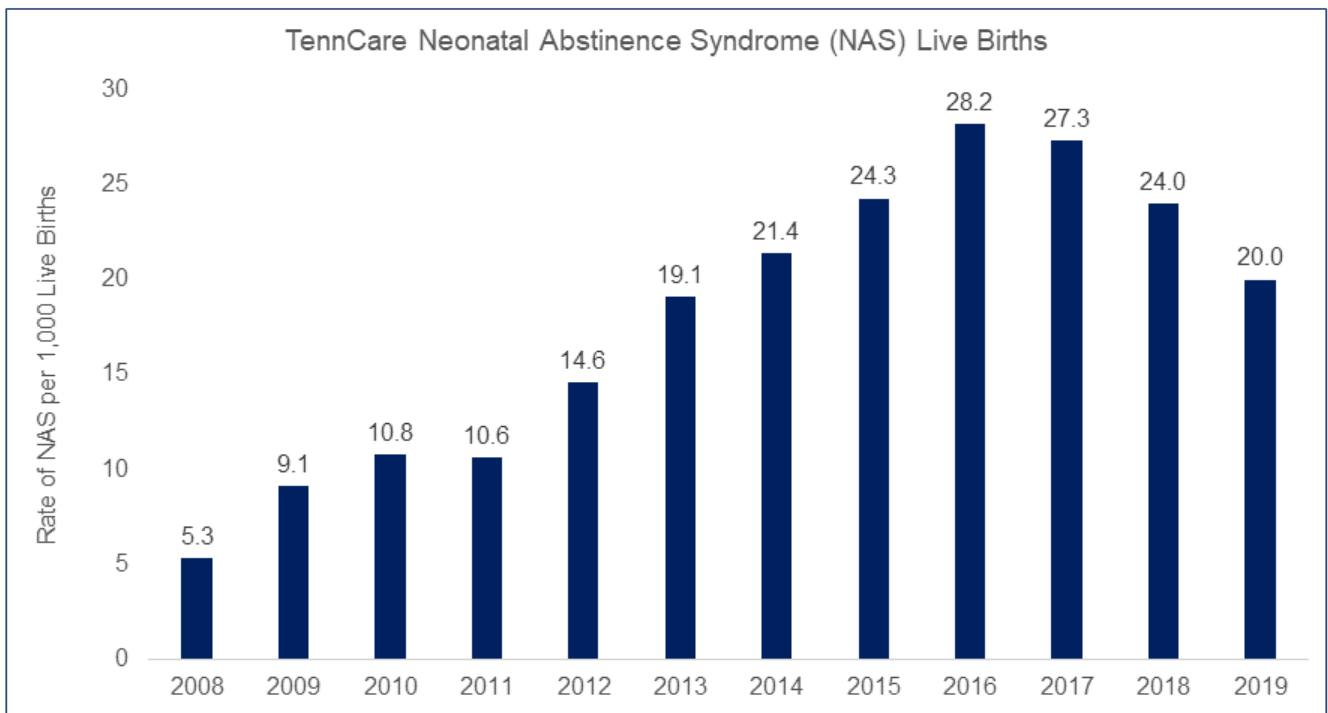
- Buprenorphine covered by TennCare is now in the top 5 controlled substances by claims
- TennCare paid for more Buprenorphine for opioid use disorder than for short-acting opioids to treat pain through TennCare

# BESMART Claims & Providers

- The prevalence of OUD in TennCare decreased from 2.7% to 2.4% from 2019 to 2020
- The number of providers in the BESMART Network continues to grow
- More members are being served through the BESMART Network



# NAS Rates in TennCare are decreasing



Tennessee is the only state to report continuous decreases in rates of neonatal abstinence syndrome (NAS) births over the past three years.



# Program Overview

## *Long-Term Services & Supports*



TennCare offers a number of different Long-Term Services and Supports (LTSS) programs that provide primarily non-medical assistance with daily living activities to older adults and people with physical, intellectual, or developmental disabilities. Services can be provided in a number of settings based on the needs and choices of each person. Home and community-based services (HCBS) are delivered in the person's home, workplace, or in other community settings to promote the person's independence, health, well-being, self-determination, employment, and community inclusion.

## ***CHOICES Enrollment***

<b>Category of Service</b>	<b>Number of Recipients (6/30/20)</b>
<b>CHOICES</b>	28,332
<b>Employment &amp; Community First CHOICES (ECF CHOICES)</b>	3,277
<b>1915(c) Waivers</b>	7,012
<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	354
<b>Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)</b>	986

Tennessee's **CHOICES in Long-Term Services and Supports program (CHOICES)** is a Medicaid Managed Long Term Services and Supports (MLTSS) program that includes nursing facility (NF) services and home and community-based services (HCBS) for seniors age 65 and older and adults 21 years of age and older with a physical disability. The most utilized HCBS are Personal Care Visits and Attendant Care, which offer hands-on assistance that supports individuals to continue living in their own homes and remain engaged in community life.

**Employment and Community First CHOICES** is an MLTSS program that provides essential services and supports (physical and behavioral health, pharmacy, and dental services, and HCBS) in a coordinated and cost-effective manner for people of all ages who have an intellectual or developmental disability (I/DD). It is considered a national model in part because it is specifically designed to align incentives around helping people with I/DD achieve employment and live as independently as possible in their communities. The program offers a more cost-effective way of serving people with I/DD while also demonstrating improved employment, health, and quality of life outcomes.

A much smaller managed care component of TennCare's LTSS programs is a single **Program of All-Inclusive Care for the Elderly (PACE)**. The PACE program, operating only in Hamilton County, delivers comprehensive Medicare and Medicaid benefits and social services to frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits. An interdisciplinary team of health professionals provides PACE participants with comprehensive coordinated health care and social services. For most participants, the services enable them to remain in the community rather than receive care in a nursing home.

In addition to these managed LTSS programs, TennCare also operates three **Section 1915(c) HCBS waivers** that provide HCBS to eligible individuals with intellectual disabilities: the Statewide Waiver, the Comprehensive Aggregate Cap Waiver, and the Self-Determination Waiver. These waivers are operated by the Department of Intellectual and Developmental Disabilities (DIDD) and offer a broad array of services to individuals with intellectual disabilities who would otherwise require the level of care provided in an Intermediate Care Facility for Individuals with Disabilities (ICF/IID).

**Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)** are the final type of LTSS offered by TennCare, providing specialized services for individuals with intellectual disabilities or related conditions. While many ICFs/IID are smaller facilities or "homes," embedded within neighborhoods, they are nonetheless considered under federal law to be medical institutions and must comply with federal standards and certification requirements.

## ***TennCare and the Department of Intellectual & Developmental Disabilities (DIDD)***

TennCare and DIDD worked together throughout this annual period to prepare for the Katie Beckett program's implementation, in anticipation of CMS approval (see page 16 for more information about the Katie Beckett Program Amendment 40). A critical part of this work involved convening an ad hoc Katie Beckett Technical Advisory Group (TAG) to provide guidance regarding the development of medical (or level of care) eligibility criteria for enrollment into the new program and prioritization for enrollment into Part A to comport with the new law. The TAG consisted of complex care physicians and pediatric experts, representatives from advocacy groups, and parents of children with complex medical needs. We are deeply grateful for the level of time and commitment shared by these experts, and their expertise in helping to guide these important decisions.



### ***TennCare and DIDD Shared Strategic Goals***

As a new Administration launched in 2019, TennCare, like other state agencies, set about to develop a multi-year strategic plan aligned with the Governor's goals and priorities. This brought new opportunities—to advance a shared vision of the future and a shared commitment to its fulfillment—with DIDD. Building on work that had begun years earlier as part of a jointly launched System Transformation Initiative, with the goal of transforming the entire LTSS system to one that is person-centered and that aligns policies, practices, and payments with system values and outcomes, the two agencies began in earnest to collaborate on plans for LTSS delivery system transformation.

# System and Culture Transformation Initiative

## Key Elements of a Person-Centered Delivery System



Develop quality person-centered support plans that reflect a person's goals and choices



Develop best practices and a learning culture



Make sure services are provided in the least restrictive, most integrated way



Address program barriers such as the workforce crisis and inspire trust through responding to needs



Provide services and supports that maximize independence and interdependence



Meaningfully engage and work together with stakeholders



Promote employment as possible and expected for working-aged adults and support inclusion for all people



Promote autonomy and important values such as person-centeredness, self-determination, and dignity of choice



The result of these meetings was an agreement on a set of shared strategic objectives to further the transformation effort:

- Embed person-centered thinking, planning and practices and align key requirements and process across Medicaid programs and authorities in order to **create a single, seamless person-centered system of service delivery for people with I/DD**, including: critical incident management, quality assurance and improvement, direct support workforce training and qualifications, provider qualifications and enrollment/credentialing processes, value-based reimbursement approaches aligned with system values and outcomes.
- **Increase the capacity, competency, and consistency of the direct support workforce.**
- **Support the independence, integration, and competitive, integrated employment of individuals with I/DD** through the use of effective person-centered planning, enabling technology, and the development of natural supports as evidenced by an increase in the number of working age adults participating in competitive, integrated employment, and the transition of persons supported to less intensive support arrangements based on individualized needs and preferences.
- Partner with TennCare-contracted MCOs to build the statewide capacity and continuum of the behavioral health system to **meet the needs of individuals with I/DD who have co-occurring mental health conditions or behavior support needs in a person-centered way** (moving toward independence and integration to the maximum extent appropriate).
- **Integrate the budgeting process** for programs and services for people with I/DD in order to best meet the needs of all Tennesseans with I/DD and their families.
- **Eliminate the waiting list** of persons with I/DD who are actively seeking to enroll in Medicaid services.



## ***LTSS COVID Response***

Since the onset of the COVID-19 public health emergency (PHE), the needs of Tennessee’s most vulnerable citizens have been at the forefront of TennCare’s collective efforts with our state agency, health plan, provider, and other partners. Within the first few days of Governor Lee’s emergency declaration, TennCare had already begun to take actions and issue communication providing unprecedented temporary flexibilities in policies and processes to accommodate the needs of our citizens with disabilities, protect their health and safety, and ensure they continue to receive critically important LTSS, as well as pharmacy, physician, behavioral health, and therapy services, and other needed assistance.

TennCare was keenly attuned to the challenges nursing facilities and other congregate settings faced as it relates to limiting exposure and spread of COVID-19. Tennessee was among the first states in the country to launch a comprehensive testing plan in nursing homes and to require testing of all residents and staff, well ahead of federal mandates. We continued to share guidance and support, investing \$120 million in additional payments to Nursing Facilities during CY 2020 to offset COVID impacts. We

also modified requirements and processes in an effort to minimize administrative burden on NFs and their staff while continuing to support and incentivize the provision of high quality, person-centered care.

Likewise, for people receiving LTSS in the community, while COVID-19 posed additional challenges in the delivery of needed services, it did not alter our commitment to provide high quality, person-centered care. TennCare requested federal authority across all HCBS programs to offer flexibilities in federally required person centered planning processes and in the delivery of services and supports in order to continue to provide needed care while minimizing risk of exposure and spread of COVID-19, including telehealth flexibilities, where appropriate. These were approved in Appendix Ks to the 1915(c) HCBS waivers and the 1115 demonstration filed at the end of April and approved by the Centers for Medicare and Medicaid Services (CMS) on May 7, and June 19, 2020, respectively. Importantly, based on conversations and guidance from CMS, these flexibilities were implemented almost immediately following declaration of the PHE, while amendments to formalize this federal authority were in process.

Recognizing the significant impact on HCBS providers and the direct service workforce, TennCare requested and received CMS approval to offer more than \$20 million in targeted COVID-19 related payment adjustments to HCBS providers serving some of Tennessee's most vulnerable citizens—older adults and people with physical, intellectual and developmental disabilities—that have been most significantly impacted by the COVID-19 public health crisis. These payments helped offset some of the lost Medicaid revenues and the increased costs these providers incurred, such as staffing, overtime, and PPE, keeping these providers financially viable and able to continue providing these important services. Eligibility for the increases was conditioned on providers continuing to pay staff at current wage/salary levels—making sure the workforce was prioritized in these efforts. The rate adjustments included specific funding for (and as a condition of eligibility, a requirement to pay) higher wages to staff when they provided care for someone who was confirmed COVID-19 positive, so that people could remain at home, when appropriate, and lessen the burden on hospitals.

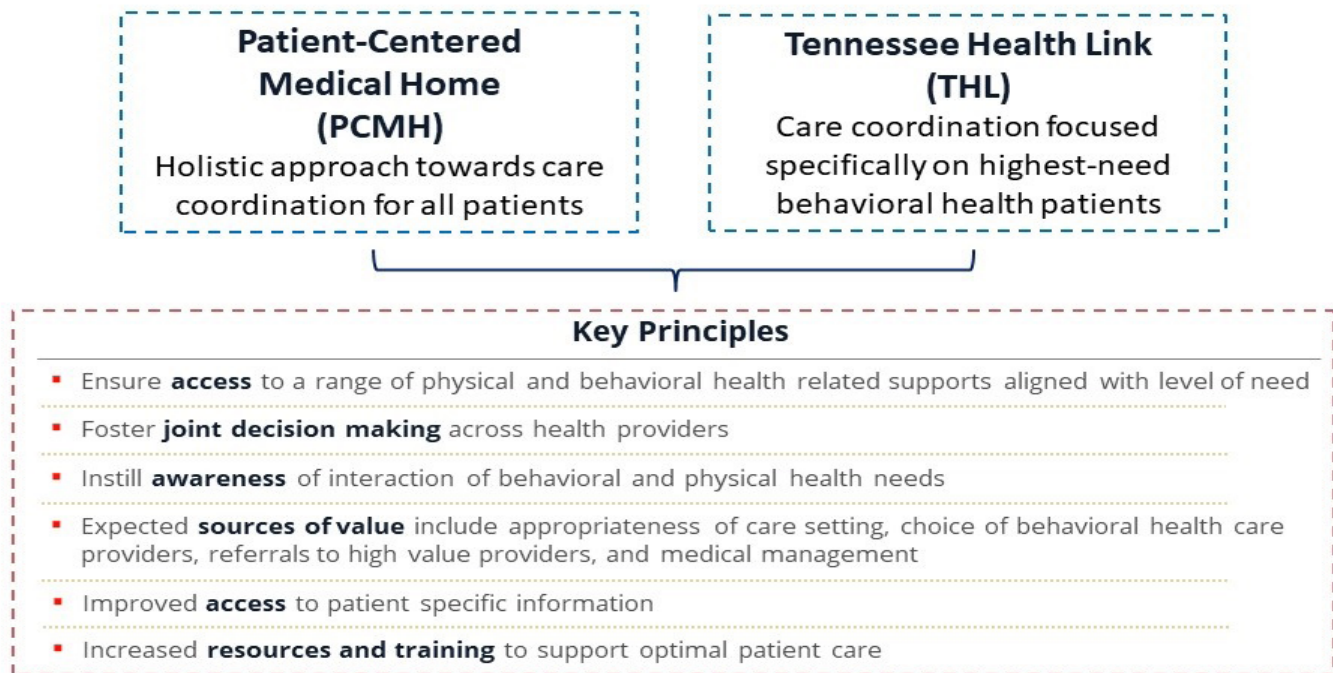


# Program Overview

# *Delivery System Transformation*

TennCare is a national leader in delivery system transformation, with a suite of strategies designed to increase the quality, cost effectiveness, and patient experience for many areas of health care.

## Primary Care Transformation



### ***Patient-Centered Medical Home (PCMH)***

- The TennCare PCMH program is a comprehensive care delivery model designed to improve the quality of primary care services and the capabilities and practice standards of primary care providers. Under this model, primary care providers provide a holistic approach to manage member's health needs.
  - In January 2020, the 4th wave of organizations joined the PCMH program, bringing the program to a total of 81 organizations.
  - In 2020, over 90% of the PCMH sites had achieved NCQA PCMH Recognition.

From January to December 2020 Waves 1-4 PCMH organizations received a total of \$29,011,035.20 for activity and transformation payments.

	Wave 1	Wave 2	Wave 3	Wave 4	Total
Number of PCMH Organizations	28	34	17	2	81
Number of Sites	175	174	52	25	426
Total Number of Members	255,631	225,334	83,465	26,689	591,129

### ***Outcome Payments***

- Waves 1-3 PCMH organizations received outcome payments for performance in 2019.
- 56 PCMH organizations received an outcome payment from at least one MCO.
- Approximately \$12.8 million dollars was paid to these organizations for 2019 performance.

### ***Tennessee Health Link (THL)***

Tennessee Health Link launched in December 2016 and aims to coordinate better health care services for TennCare members with the highest behavioral health needs. Recent updates to the program include:

- **Impact of COVID-19** – On average, providers demonstrated a decrease in performance across quality metrics compared to previous years, reportedly due to a reduction in members being able to seek routine and preventive services during the COVID-19 pandemic. Providers adjusted their treatment models to incorporate telehealth services and reported a decrease in member engagement. Members expressed concerns that interfered with care-seeking behaviors (e.g. not wanting to go to the pharmacy or well-care visits in order to minimize their risk of contracting COVID-19).
- **Telehealth** – TennCare worked with the MCOs to develop interim policies around telehealth and telephonic services as a result of COVID-19. Rural providers consistently noted difficulties with broadband internet, posing a barrier for treatment. Most THL providers have implemented a hybrid model of care-coordination including a combination of face-to-face and telehealth treatment, depending on needs of the member and availability of staff.
- **Decrease in ER visits and hospitalizations** – Since the program launched, the majority of THL providers have demonstrated a decrease in members utilizing the ER and inpatient hospitalization for care, suggesting that care coordination may be a driving factor in members utilizing outpatient services rather than inpatient services.
- **Data transparency** – TennCare transitioned to the new HealthEC Care Coordination Tool (CCT) in November 2019. Providers have reported that updates to the CCT have made the tool more user-friendly. Key features of the tool include the Admission/Discharge/Transfer (ADT) data and prominent alerts via a dashboard on quality measures and gaps in care.

	PY 2017	PY 2018	PY 2019
<b>Actively Enrolled Members</b>	80,861	65,270	63,587
<b>Outcome Payments</b>	\$8,120,074	\$11,826,286	\$9,375,785

- THL includes 18 providers across all regions of the state. As of July 2020, over 79,000 members were actively enrolled in THL.
- All providers received an outcome payment in PY 2019 from at least one MCO.
- Approximately \$9.4 million was paid to THL organizations for 2019 performance.

## Episodes of Care

Incentivizes high quality, cost-effective acute and specialty care

## Episodes Impact on Quality of Care

### Oppositional Defiant Disorder:

Episodes in which children receive unnecessary medication decreased from 23% to 2% (2015 – 2019)



**Breast Biopsy:**  
Appropriate diagnostic workup increased from 83% to 85% (2017 – 2019)



**Perinatal:**  
HIV screening increased from 90% to 95% (2014 – 2019)



**Asthma:**  
Patient on appropriate medication increased from 60% to 67% (2016 – 2019)\*  
\*Metric changed in 2016

**Asthma:**  
Avoidable hospital admissions decreased from 6% to 3% (2014 – 2019)

**Bariatric Surgery:**  
Follow-up care within the post-trigger window increased from 36% to 43% (2016 to 2019)



1

- Quality has improved or maintained across the majority of episodes. From 2018 to 2019, 77% of quality metrics tied to gain-sharing improved or maintained performance.
- The cost of care decreased compared to a projection of 3 percent medical inflation. The majority of episodes in performance in 2019 have lowered spend (34 out of 45 episode types).

# TennCare Connect



Language: ¿Habla Español?

Welcome to TennCare Connect!

SIGN IN

The easiest way to access TennCare, CoverKids, and Medicare Savings Programs

TennCare Connect is an online tool for Tennesseans to apply for TennCare, Coverkids, and Medicare Savings Programs! After you're approved, you can also use TennCare Connect to manage your coverage. Click on the Apply Now button to begin.

APPLY NOW

CREATE ACCOUNT



### Apply For Coverage

First, create an account for you and the members of your household. Then you can apply for TennCare, CoverKids, or for help paying Medicare costs. You can even go back to an application that you've already started!



### Manage Your Coverage

Log in to your account and link it to your TennCare Connect case to view your coverage information. You can even view the letters that we send you online!



### Upload Documents

Need to send us documents? You can use TennCare Connect to upload them right from your computer. Or, download the mobile app to take a photo of your documents and submit them to us instantly!



### Get the TennCare Connect App Today!

Access your coverage from anywhere, at any time. Review the coverage you have, upload documents, read letters we send you, and report changes directly from your phone.

Your TennCare and CoverKids. Made easier.



Paper Application

FAQ



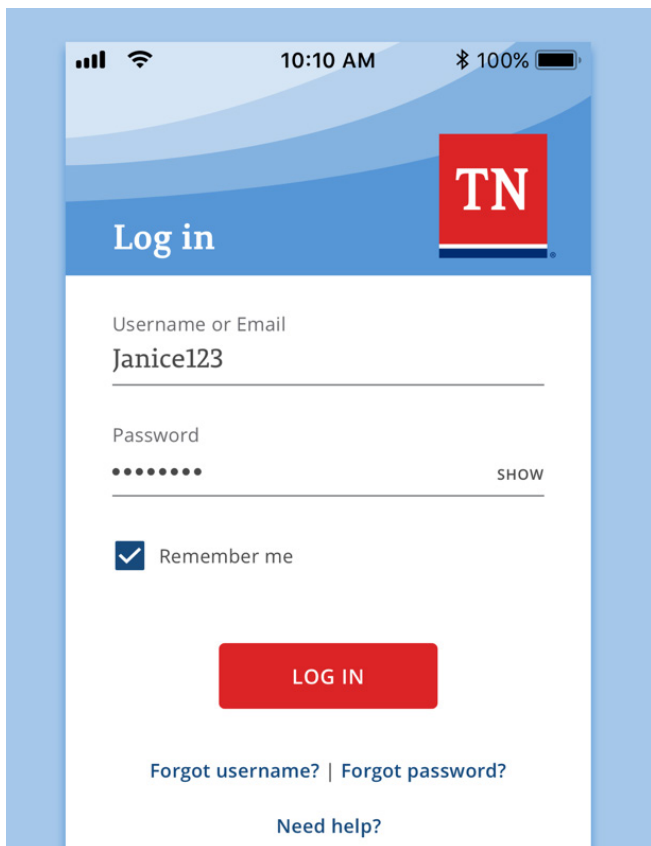
855-259-0701

Translate

TN.gov Services TN.gov Directory Transparent TN Title VI Analytics Policy

About Tennessee Web Policies Accessibility Help&Contact Survey

The Division of TennCare launched its new eligibility determination system, TEDS, and its public facing online portal, called TennCare Connect, in October 2018. This pilot launch replaced outdated technology systems and streamlined inefficient, manual operations to improve the application and appeals process for all TennCare and CoverKids programs. The full statewide launch of TennCare Connect was in March 2019. TennCare verifies data submitted through TennCare Connect using information from the federal data services hub, as well as other state and federal databases such as the Social Security Administration and IRS.



TennCare Connect is the public-facing self-service application website where Tennesseans can apply for TennCare or CoverKids. TennCare Connect allows Tennesseans to apply for and manage their TennCare and CoverKids eligibility online. The launch of TennCare Connect also included a mobile application that allows users to download to their smart phone and view notices, make address changes, and upload documents. TennCare Connect is also the call center that offers customer service assistance as well as telephonic application and annual renewal processing for Tennesseans applying for TennCare or CoverKids. **Tennesseans can visit [www.tenncareconnect.tn.gov](http://www.tenncareconnect.tn.gov) or call 855-259-0701 to apply for TennCare or CoverKids.**

TennCare Connect offers easier access to a member's eligibility information. It also allows new applicants easier access for submitting an application and submitting requested documents to assist in the eligibility determination process. If an applicant or member does not have access to a computer they can visit their local Department of Human Services office and someone will help you apply for TennCare using a kiosk that is connected to TennCare Connect. If an individual has a disability they can call TennCare Connect and ask for assistance, which may include in-home assistance from their local Area Agency on Aging and Disability (AAAD).

# TennCare *In Action*



## **Donald**

***TennCare member and  
Employment & Community First CHOICES Recipient***

*"I do stuff on my own. I get to be independent. They help me out a lot. I clean tables, mop the floor and all that, I take out the garbage, whatever they want me to do. I don't have no favorite [thing to do]. I like working here. I like working for myself pretty well. Everybody is real nice. I don't have anything that I couldn't do. I can do anything I want to do."*

The Employment & Community First CHOICES (ECF CHOICES) program has provided the supports needed for Donald, a TennCare Member and ECF CHOICES recipient, to enter the workforce. Now he spends his time brightening the days of his coworkers and visitors to Sabins Cafe at the Discovery Park of America in Union City, Tennessee.

We spoke with Donald, his employer Connie, his sister Beth, and his direct support worker Victoria about how our Employment and Community First CHOICES program has empowered him to live and work within his community and improved his life. You can watch the video of Donald's story and many more interviews with other TennCare members and employees on our YouTube channel at [https://www.youtube.com/channel/UC5gm-PeJ\\_F2OOfYFs73aXzQ](https://www.youtube.com/channel/UC5gm-PeJ_F2OOfYFs73aXzQ).



