

Health Care Finance and Administration	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.030	Chapter: The Application Process

## THE APPLICATION PROCESS

**Legal Authority:** 42 CFR 435.906; 42 CFR 435.907; 42 CFR 435.909; 42 CFR 435.910; 42 CFR 457.330; 42 CFR 457.340

### 1. Overview

The Affordable Care Act (ACA) of 2010 reformed the Medicaid application process. The ACA provides that a single, streamlined application must be used to collect information sufficient to determine an individual's eligibility for Medicaid, Children's Health Insurance Program (CHIP, or CoverKids in Tennessee) and subsidies available for insurance policies sold on the Marketplaces. If the information collected in the single, streamlined application is not sufficient to determine an individual's eligibility for Medicaid and CHIP (e.g. an individual applying for long-term services and supports - LTSS) then supplemental application materials may be used.

The ACA reformed the application process for TennCare Medicaid and CoverKids, establishing a no wrong door approach between the state and federal government. Applications may be submitted electronically through the Federally Facilitated Marketplace (FFM) or by mail to the FFM. Individuals may also apply in person at local Department of Human Services (DHS) offices using a HCFA kiosk. Under the ACA, all of these methods of application are acceptable and will be processed accordingly. Applications specifically for LTSS, Emergency Medical Services (EMS) or Medicare Savings Programs (MSPs) can be mailed or faxed to TNHC.

### 2. Policy Statement

An individual who wants to file an application for TennCare Medicaid or CoverKids must have the opportunity to do so without delay. Applications must be voluntary and initiated by the person in need, or if the applicant is incompetent or incapacitated, someone responsible for acting on her behalf.

Individuals are not required to provide proof of eligibility prior to applying for assistance. However, proof of eligibility is required before assistance can be granted. Proof of eligibility may be secured by HCFA when information is readily available, or provided by the applicant, depending on the information type and circumstances.

### 3. FFM Application

The FFM application is used to determine eligibility for TennCare Medicaid categories and CoverKids. Information collected in the FFM application may also be used to determine eligibility for federal subsidies for insurance policies sold on the FFM. For individuals seeking eligibility in a MAGI TennCare Medicaid category or CoverKids, only certain portions of the application are required. For individuals seeking eligibility based on other factors, such as the need for LTSS or just assistance paying for Medicare premiums, a separate HCFA application may be used.

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The online FFM application is designed to request the information necessary to determine eligibility in a MAGI TennCare Medicaid category and CoverKids first. If applicable, the online application then collects information needed to determine eligibility for other TennCare Medicaid categories. The paper application clearly indicates which portions of the application are required, depending on the type of assistance requested.

#### 4. Application Forms

The acceptable application forms include the:

- HCFA Paper Application for LTSS or MSPs; or
- FFM Application for Assistance (Long Form or Short Form).

#### 5. Who May Submit an Application

An application and any documentation required to determine eligibility may be submitted by the following individuals:

- The individual who is requesting assistance (the applicant)—a minor child must be a “mature minor” to submit his application. In determining who is a “mature minor,” Tennessee common law follows the “Rule of Sevens.”
  - Under the age of seven, there is no capacity. The application and any documentation required to determine eligibility must be submitted by an adult who lives in the home with the applicant, an authorized representative, or an individual acting responsibly for the applicant (unless a statutory exception applies).
  - Between the ages of seven and fourteen, there is a rebuttable presumption that there is no capacity. The application and any documentation required to determine eligibility generally should be submitted by an adult who lives in the home with the applicant, an authorized representative, or an individual acting responsibly for the applicant (unless a statutory exception applies).
  - Between the ages of fourteen and eighteen, there is a rebuttable presumption of capacity. The applicant may submit an application and any documentation required to determine eligibility, unless it is determined that the minor is not sufficiently mature to make her own health care decisions.
- An adult who lives in the home with the applicant, if the applicant is a minor. This may be the applicant’s biological, step or adopted parent, a family member who claims the applicant as a tax dependent, or another individual who is in a position to know the applicant’s circumstances.
- The primary residential parent or either parent when there is equally-shared joint custody.
- An authorized representative.
- An individual acting responsibly for the applicant, if the applicant is a minor or incapacitated. A responsible party may be a relative, friend, guardian, conservator or other individual who is in a position to know of the applicant’s circumstances.

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- A representative of the long term care facility where the individual resides.

NOTE: When an applicant in a hospital or nursing facility cannot sign an application, HCFA may accept a paper application signed by the social worker, hospital or nursing home facilitator. The signing individual must include a statement on the bottom of the paper application just below the signature line indicating why the applicant is unable to sign the application. Valid reasons include: applicant is comatose, in emergency surgery, or physically unable to sign and there are no family members present.

## 6. How to Submit an Application and Application File Date

An application may be filed and will be accepted by HCFA through the following modes of submission:

- **FFM Web site:** An applicant may submit an application via the FFM Web site, [www.healthcare.gov](http://www.healthcare.gov). This may be done independently, with informal assistance from a friend or family member, or with formal assistance (e.g. DHS staff, Area Agencies on Aging and Disability (AAAD) staff, hospital staff, or others). Assistance may be in-person or provided over the phone. The application file date is the date provided to the State by the FFM.
- **Telephone Application:** An individual applying for LTSS or MSP should call TNHC or the local AAAD (or MCO if current TennCare enrollee). TNHC will provide a paper application that must be submitted by mail or fax. The application file date for LTSS/MSP applications will be the date the application is received at TNHC.

For all categories other than LTSS and MSP, an individual may complete an application telephonically using the FFM. The FFM call center staff will guide the applicant through the application process. The application file date is the date provided by the FFM.

An individual applying for TennCare for a newborn may call TNHC to either add the newborn as a Deemed Newborn or apply for Newborn Presumptive coverage. The application file date for Newborn Presumptive eligibility is the date of the determination by the qualified entity.

- **Faxed Application:** LTSS, MSP, and EMS applications may be faxed to TNHC. The application file date for LTSS, MSP, and EMS applications faxed to TNHC is the date the application is received by TNHC.

When an FFM application is faxed to TNHC for categories other than LTSS, MSP, and EMS, the State will forward the application to the FFM to be processed. The application file date is the date provided by the FFM, or as otherwise agreed to by HCFA and CMS.

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- **Mailed Application:** Paper applications for LTSS and MSP must be submitted to TNHC. The application file date for LTSS and MSP applications is the date the application is received by TNHC.

Paper applications for categories other than LTSS and MSP should be mailed by the applicant to the FFM. If an FFM application is mailed to TNHC, the State will forward the application to the FFM to be processed. The application file date is the date provided by the FFM, or as otherwise agreed to by HCFA and CMS.

- **In-person Application:** An individual may apply in person at the local DHS county office. For paper LTSS and MSP applications submitted at DHS, the application file date is the date of receipt at DHS.

For categories other than LTSS and MSP, individuals applying at a DHS office will complete an online application at a designated kiosk or by telephone. DHS staff are available to assist the applicant with the application process. Applications filed with the FFM, using the FFM Web site, call center, or paper application are processed by the FFM. Once processed, the federal government transmits the applicant's information to HCFA through an electronic file. The application file date will be the date provided to the State by the FFM.

In person interviews are not required to complete or submit an application, or to renew eligibility.

## 7. When an Application May Be Submitted

Applications for TennCare Medicaid and CoverKids may be filed at any time throughout the year.

## 8. Applicant Requirements

Applicants must provide complete and accurate information regarding their individual circumstances within specified time limits. Applicants and enrollees must report changes in their individual circumstances within 10 days. Enrollees of TennCare Standard must report changes within 30 days. Failure to report changes within the required timeframe may be interpreted as a willful attempt to commit fraud and any resultant overpayment of benefits is subject to recovery by HCFA.

## 9. Limits on Information

Individuals are only required to provide information needed to determine eligibility, or for administration of TennCare or CoverKids. HCFA may request information needed to determine eligibility for other insurance affordability programs (IAPs).

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The FFM application requires the applicant provide only the information necessary to make a TennCare Medicaid eligibility determination for the following categories: MAGI Child, MAGI Pregnant Woman and MAGI Caretaker Relative.

Social Security Numbers (SSNs) may be requested for non-applicants on a voluntary basis. The SSN is used to determine eligibility for TennCare and CoverKids, and may be shared with the FFM to determine eligibility for IAPs. When an SSN is requested, individuals are informed that provision of an SSN by non-applicants is voluntary. An individual must also be told how his or her SSN will be used.

## 10. Obtaining an Application

To file an online application, an individual must visit [www.healthcare.gov](http://www.healthcare.gov). To file a paper application, an individual may request an application in any of the following ways:

- Download the FFM paper application at: <https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family.pdf>;
- Request an application by calling TNHC 1-855-259-0701;
- Visit a local DHS county office to pick up a paper application; or
- Download the LTSS/MSP application at: <http://www.tn.gov/assets/entities/tenncare/attachments/LTSSMedicaidApplication.pdf>.

## 11. Valid Application

The following information is the minimum required information needed for HCFA to accept an application:

- Applicant's name;
- Applicant's mailing address; and
- Applicant's or responsible party's signature.

Note: In order to approve TennCare Medicaid or CoverKids benefits, a complete application must be filed.

## 12. Signatures Required

Individuals must sign initial applications under penalty of perjury. Individuals may submit paper signatures, electronic signatures such as telephonically recorded signatures, and signatures transmitted by any other electronic transmission.

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### **13. Complete Application**

While the receipt of an application according to the policy stated above determines the application date, TennCare Medicaid and CoverKids cannot be approved or authorized until:

- All required questions on the application are answered;
- All required signatures are received; and
- All necessary verifications are received, unless otherwise excepted by policy (i.e., reasonable opportunity to verify citizenship).

### **14. Application Processing Time Limits**

Federal regulations require that HCFA process an application and notify the applicant of the eligibility determination within 45 days, or 90 days for individuals who apply for Medicaid on the basis of disability.

### **15. Reinstatement of Withdrawn Applications**

If an individual is assessed and found ineligible for TennCare Medicaid or CoverKids by the FFM, the FFM reviews the individual for Advanced Premium Tax Credits (APTCs) and cost sharing reductions. The FFM gives these individuals the option of withdrawing their TennCare Medicaid or CoverKids application. If the individual elects to withdraw the TennCare Medicaid or CoverKids application and appeals an APTC or cost sharing reduction determination by the FFM, the original application date may be reinstated if the Office of Marketplace Eligibility and Appeals (OMEA) finds the individual potentially eligible for TennCare Medicaid or CoverKids.

### **16. Assistance with Application and Renewal**

#### **a. Accessibility**

The FFM application is accessible to individuals with Limited English Proficiency (LEP) and individuals that have disabilities. Language services and auxiliary aids and services are provided at no cost to LEP individuals and individuals with disabilities.

#### **b. Application Assistance**

Assistance is available to individuals that need help with applications or with renewing eligibility.

- i. In person assistance:** In person assistance is available at local DHS offices. Individuals applying for TennCare Medicaid or CoverKids at a local DHS office will be instructed on how to use a designated HCFA kiosk to file an application. If the applicant requires assistance, a DHS worker will be available to assist with

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application completion. Access to a telephone to file an application with the FFM call center is also available in local DHS offices. NOTE: DHS workers are not HCFA Eligibility Specialists, but each county office has personnel that have completed Certified Application Counselor (CAC) training and are available to assist with online application filing.

In person assistance is also available through local AAADs. Individuals that do not have TennCare and are interested in receiving in-home LTSS services may contact the local AAAD at 1-866-836-6678 for assistance with the application process.

Assistance from the AAADs is not limited to individuals applying for LTSS. Individuals with disabilities that need assistance completing an application through the FFM may contact the AAAD at 1-866-836-6678.

Individuals with disabilities that need additional assistance in person may also contact TNHC for a referral to the Tennessee Community Services Agency (TNCSA). TNCSA will reach out to the individual to assist with the application process. TNCSA makes referrals to AAADs for individuals identified as needing in-person assistance to complete an application.

In person assistance is also available to the following specific groups of individuals:

- Pregnant women may receive application assistance through the Tennessee Department of Health (DOH) staff; and
  - Women with breast or cervical cancer may receive application assistance with DOH staff.
- ii. Telephone assistance:** Telephone assistance is available through the FFM call center. FFM staff are able to assist an individual with completing an application telephonically or providing assistance to an applicant filing an online application.
- iii. Online assistance:** Individuals requiring assistance who intend to file an online application may call the FFM for assistance while completing the application.

Assistance is available for all applicants and enrollees. All assistance provided will be in a manner that is accessible to individuals that are LEP and individuals with disabilities. An individual may choose to have someone help him or her with the application process or renewal.

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## 17. Automatic Medicaid Eligibility Based on Eligibility in Other Programs

Individuals are not required to file a separate application when determined eligible for Supplemental Security Income (SSI). HCFA receives notice of SSI eligibility via an electronic file from the Social Security Administration (SSA) and automatically enrolls SSI recipients.

## 18. Medicare Part D: Low Income Subsidy

The Medicare Modernization Act (MMA) of 2003 established a new voluntary Part D Prescription Drug Program. The Centers for Medicare and Medicaid Services (CMS) has overall responsibility for the drug program, and the Social Security Administration (SSA) is required to take applications and determine eligibility for the Low Income Subsidy (LIS) program, which provides Medicare drug payment assistance for low-income individuals.

Those who are deemed eligible are automatically eligible for Low-Income Subsidy (LIS) and do not need to apply. SSI recipients and QMB, SLMB and QI1 recipients are considered “deemed” eligible. Here are ways an individual can apply for the LIS program:

- Receive an application in the mail from SSA. Complete and return the application in the postage paid envelope provided by SSA;
- Apply on-line at SSA website: <http://www.ssa.gov/>;
- Call the SSA at 1-800-772-1213 or (TTY 1-800-325-0778);
- Visit the local SSA field office;
- Attend an SSA sponsored outreach event. The events will include gatherings at senior centers, churches, retail stores and will also include brochures with applications placed in various community locations. Individuals will be able to file an application at these events.

Eligibility for LIS will be determined by SSA. SSA will mail notification of eligibility (eligible or ineligible). If determined to be ineligible, the individual can file an appeal with SSA. SSA also sends TennCare electronic files on LIS applicants that are required to be processed by HCFA as an application for a Medicare Savings Program.

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