



Division of
**Health Care
Finance & Administration**

TennCare

TennCare

Fiscal Year 2011-2012 Annual Report



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 \$10.3 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.

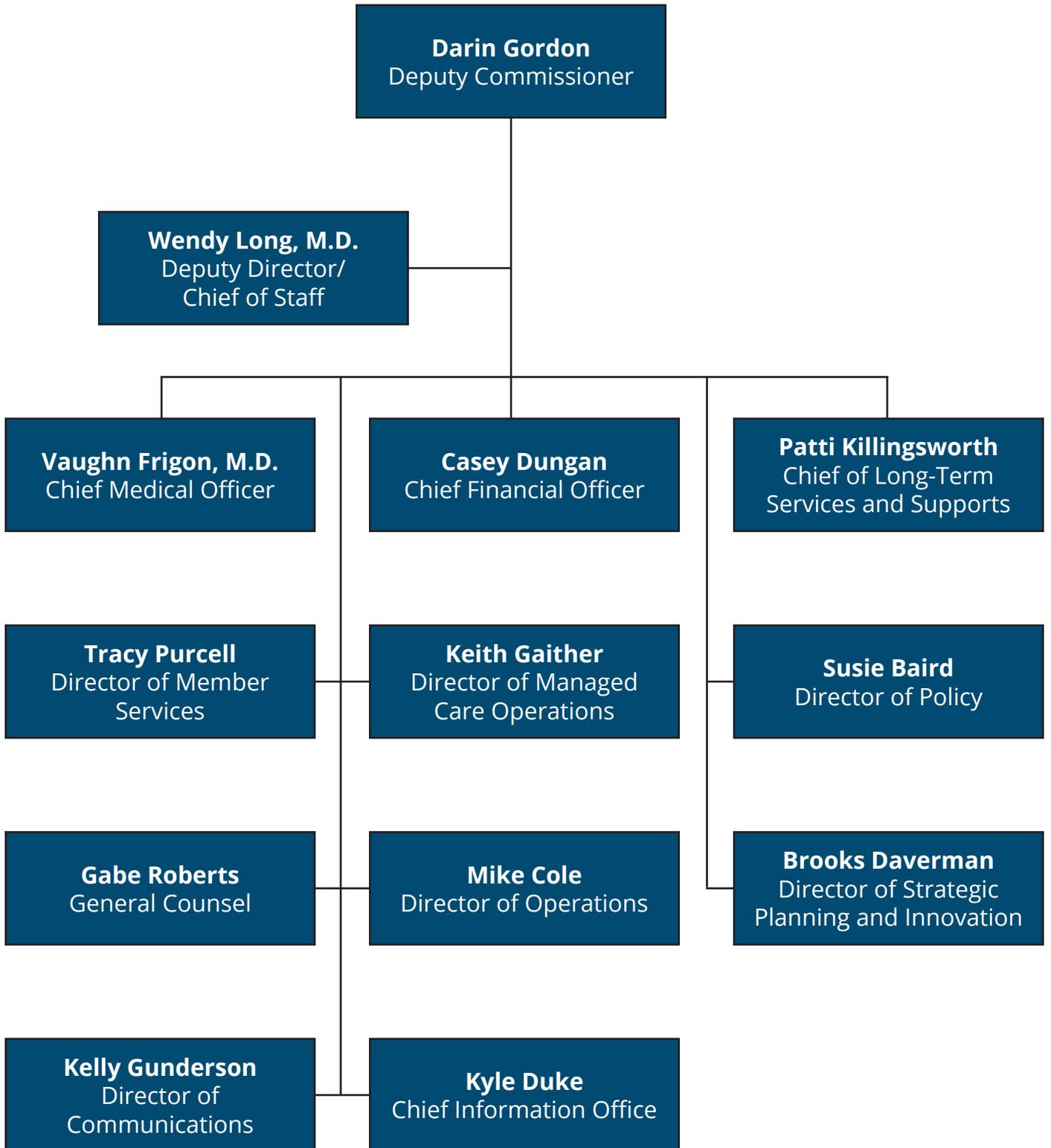
TennCare is one of the oldest Medicaid managed care programs in the country, having begun on January 1, 1994. It is the only program in the nation to enroll the entire state's Medicaid population in managed care. The TennCare program operates under a Section 1115 waiver from the Centers for Medicare 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). All of TennCare's MCOs are ranked among the top 100 Medicaid health plans in the country.

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.

The Bureau of TennCare is within Health Care Finance and Administration (HCFA). The Department of Finance and Administration is the state agency charged with the responsibility of administering HCFA and the TennCare program. In addition to the Bureau of TennCare, HCFA includes the Cover Tennessee programs, the Strategic Planning and Innovation Group - which oversees the Tennessee Health Care Innovation Initiative, and the Office of eHealth Initiatives.



EXECUTIVE STAFF



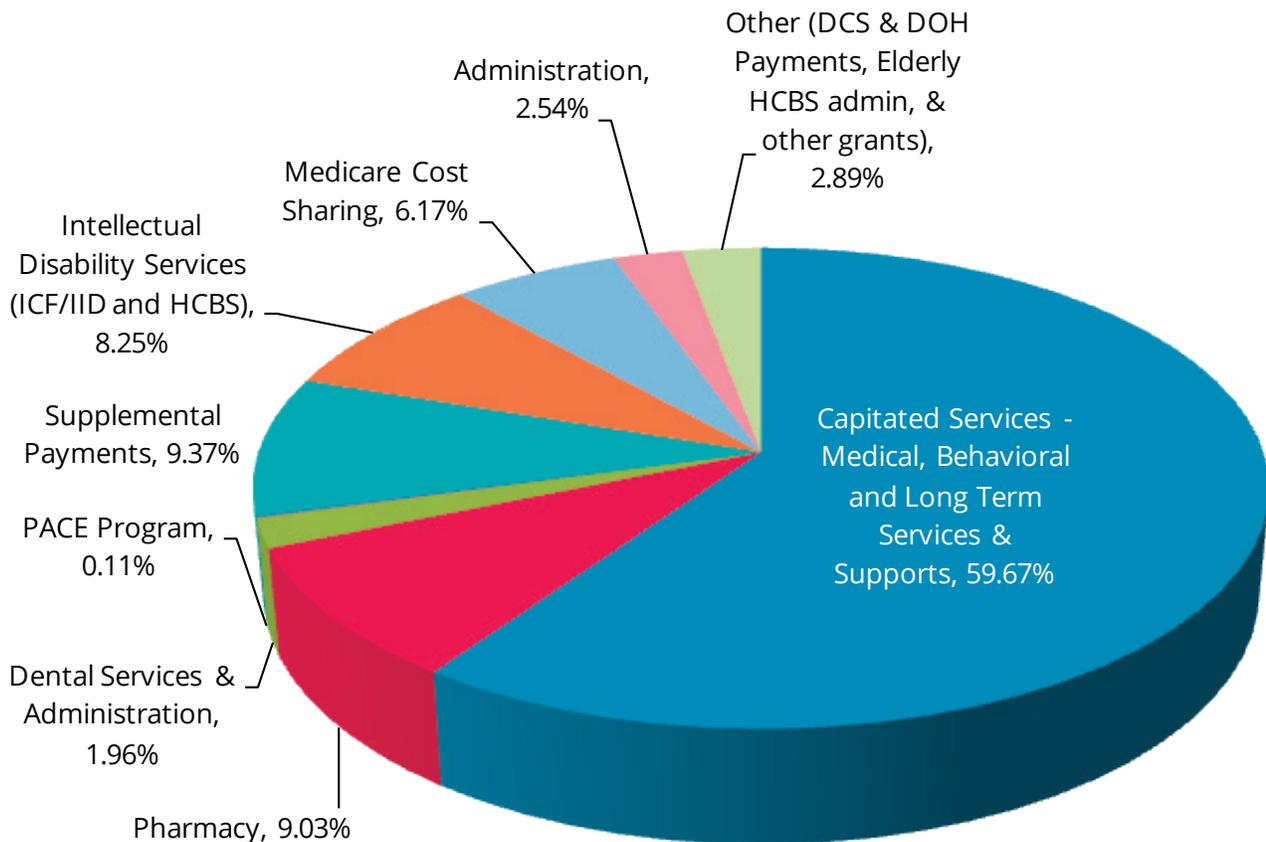
FY 12 Expenditures by Category

Capitated Services - Medical, Behavioral and Long Term Services & Supports ¹	\$5,569,126,800
Pharmacy	843,200,100
Dental Services & Administration	182,826,300
PACE Program	10,355,100
Supplemental Payments	874,500,700
Intellectual Disability Services (ICF/IID and HCBS)	770,224,400
Medicare Cost Sharing ²	576,156,800
Administration ³	237,106,600
Other (DCS & DOH Payments, Elderly HCBS admin, & other grants)	269,458,000
Total	\$9,332,954,800

1. 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 members.

2. Includes Medicare Part D Clawback. These items are not in the Service Listing table on Page 3.

3. Administration includes funding for eligibility determination by DHS in all county offices.



Enrollment and Program Expenditures

Enrollment by Eligibility Race and Age

Enrollment on January 1, 2012

Race	0 to 20	21 to 64	65 +	Grand Total
Black	227,258	118,031	13,784	359,073
Hispanic	59,372	4,535	453	64,360
Other	64,737	40,510	7,349	112,596
White	388,761	249,332	46,242	684,335
Grand Total	740,128	412,408	67,828	1,220,364

CHOICES Enrollment

Category of Service	Number of Recipients (6/30/11)	Number of Recipients (6/30/12)	% Change
Home and Community Based Services	8,284	10,367	25%
Nursing Facility Services	21,877	21,549	-1%

Medical Services

Providers with Paid Claims	Recipients	Expenditures Per Recipient	FY12 Expenditures ¹
32,093	1,134,812	\$2,853.18	\$3,237,826,126

1. 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 SFY12.

Mental Health Clinics and Institutional Services

Providers with Paid Claims	Recipients	Expenditures Per Recipient	FY12 Expenditures ^{1,2}
9,312	216,532	\$1,710.80	\$370,443,353

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

2. 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 SFY12.

Pharmacy Services

Services Delivered through Pharmacy Benefits Manager (PBM)

Providers with Paid Claims	FY 12 Recipients	Expenditures Per Recipient	FY 12 Expenditures
8,385	938,398	\$898.55	\$843,200,100

Dental Services

Services Delivered through the Dental Benefits Manager (DBM)

Providers with Paid Claims	FY12 Recipients	Expenditures Per Recipient	FY12 Expenditures ¹
1,141	393,476	\$464.64	\$182,826,300

1. Amount includes administrative costs but does not include Health Department Dental Program cost of \$6,710,500 which is included on page 1 in the Other (DCS & DOH Payments, Elderly HCBS admin, & other grants) category.

TennCare Expenditures and Recipients by County

County	Enrollment on 1-Jan-12	Estimated 2012 Population	% of County on TennCare	Total Service Expenditure ¹	Expenditure per Member
Anderson	13,939	75,401	18.5%	\$95,898,345	\$6,880
Bedford	10,652	45,489	23.4%	\$54,142,039	\$5,083
Benton	3,460	16,362	21.1%	\$28,381,662	\$8,203
Bledsoe	2,903	12,792	22.7%	\$14,335,725	\$4,938
Blount	18,409	124,042	14.8%	\$122,858,579	\$6,674
Bradley	18,052	101,094	17.9%	\$110,578,841	\$6,126
Campbell	11,713	40,444	29.0%	\$72,173,246	\$6,162
Cannon	2,721	13,829	19.7%	\$16,795,031	\$6,172
Carroll	6,584	28,579	23.0%	\$44,888,242	\$6,818
Carter	11,105	57,341	19.4%	\$67,604,776	\$6,088
Cheatham	6,138	39,266	15.6%	\$38,838,978	\$6,328
Chester	3,361	17,190	19.6%	\$17,225,836	\$5,125
Claiborne	7,774	31,673	24.5%	\$46,594,138	\$5,994
Clay	1,881	7,813	24.1%	\$13,082,804	\$6,955
Cocke	9,821	35,594	27.6%	\$54,777,865	\$5,578
Coffee	11,065	53,161	20.8%	\$63,297,488	\$5,721
Crockett	3,486	14,614	23.9%	\$21,716,302	\$6,230
Cumberland	10,377	57,002	18.2%	\$67,885,814	\$6,542
Davidson	115,305	648,801	17.8%	\$721,286,365	\$6,255
Decatur	2,485	11,640	21.3%	\$17,916,334	\$7,210
DeKalb	4,330	18,941	22.9%	\$27,007,707	\$6,237
Dickson	9,045	50,265	18.0%	\$62,687,346	\$6,931
Dyer	9,259	38,253	24.2%	\$51,647,351	\$5,578
Fayette	5,612	38,561	14.6%	\$32,854,914	\$5,854
Fentress	5,491	17,915	30.7%	\$37,261,764	\$6,786
Franklin	6,433	40,788	15.8%	\$42,736,429	\$6,643
Gibson	11,201	49,672	22.5%	\$93,044,822	\$8,307
Giles	5,284	28,925	18.3%	\$35,832,610	\$6,781
Grainger	5,014	22,648	22.1%	\$27,345,379	\$5,454
Greene ²	12,882	68,613	18.8%	\$185,420,859	\$14,394
Grundy	4,572	13,640	33.5%	\$29,874,988	\$6,534
Hamblen	13,082	62,748	20.8%	\$81,140,491	\$6,202
Hamilton	55,006	345,580	15.9%	\$354,177,970	\$6,439
Hancock	2,161	6,716	32.2%	\$12,127,603	\$5,612

TennCare Expenditures and Recipients by County

County	Enrollment on 1-Jan-12	Estimated 2012 Population	% of County on TennCare	Total Service Expenditure ¹	Expenditure per Member
Hardeman	6,282	26,549	23.7%	\$45,100,036	\$7,179
Hardin	6,176	26,015	23.7%	\$42,171,452	\$6,828
Hawkins	11,776	56,607	20.8%	\$65,925,386	\$5,598
Haywood	5,156	18,270	28.2%	\$29,269,205	\$5,677
Henderson	6,097	28,050	21.7%	\$36,709,195	\$6,021
Henry	6,788	32,338	21.0%	\$41,601,511	\$6,129
Hickman	5,371	24,216	22.2%	\$32,810,279	\$6,109
Houston	1,731	8,422	20.6%	\$13,703,780	\$7,917
Humphreys	3,554	18,278	19.4%	\$26,269,045	\$7,391
Jackson	2,553	11,473	22.3%	\$15,484,629	\$6,065
Jefferson	10,137	52,160	19.4%	\$68,936,906	\$6,801
Johnson	3,808	18,107	21.0%	\$20,129,856	\$5,286
Knox	62,110	441,132	14.1%	\$421,504,371	\$6,786
Lake	1,929	7,729	25.0%	\$13,441,532	\$6,968
Lauderdale	7,095	27,780	25.5%	\$37,593,515	\$5,299
Lawrence	8,652	42,117	20.5%	\$60,232,293	\$6,962
Lewis	2,564	11,905	21.5%	\$18,079,938	\$7,051
Lincoln	6,477	33,472	19.4%	\$36,070,275	\$5,569
Loudon	6,972	49,742	14.0%	\$50,787,053	\$7,284
Macon	5,722	22,531	25.4%	\$32,687,783	\$5,713
Madison	20,683	98,511	21.0%	\$154,584,550	\$7,474
Marion	6,192	28,241	21.9%	\$39,880,765	\$6,441
Marshall	5,715	30,967	18.5%	\$31,823,774	\$5,568
Mauzy	15,133	82,059	18.4%	\$108,537,273	\$7,172
McMinn	10,464	52,416	20.0%	\$64,949,505	\$6,207
McNairy	6,827	26,167	26.1%	\$41,443,145	\$6,070
Meigs	2,707	11,691	23.2%	\$14,648,596	\$5,411
Monroe	9,710	45,152	21.5%	\$55,095,033	\$5,674
Montgomery	23,178	185,201	12.5%	\$128,478,577	\$5,543
Moore	808	6,339	12.7%	\$4,845,223	\$5,997
Morgan	4,192	22,039	19.0%	\$27,117,248	\$6,469
Obion	6,333	31,373	20.2%	\$36,137,803	\$5,706
Overton	4,417	22,219	19.9%	\$29,140,016	\$6,597
Perry	1,738	7,838	22.2%	\$12,041,188	\$6,928

TennCare Expenditures and Recipients by County

County	Enrollment on 1-Jan-12	Estimated 2012 Population	% of County on TennCare	Total Service Expenditure ¹	Expenditure per Member
Pickett	988	5,081	19.4%	\$6,619,097	\$6,699
Polk	3,535	16,617	21.3%	\$17,271,756	\$4,886
Putnam	14,057	73,022	19.3%	\$102,843,379	\$7,316
Rhea	7,880	32,307	24.4%	\$47,550,722	\$6,034
Roane	9,786	53,479	18.3%	\$81,868,764	\$8,366
Robertson	11,568	66,778	17.3%	\$69,376,947	\$5,997
Rutherford	37,614	274,104	13.7%	\$213,487,350	\$5,676
Scott	7,143	22,178	32.2%	\$44,153,613	\$6,181
Sequatchie	3,577	14,424	24.8%	\$19,077,316	\$5,333
Sevier	15,144	92,416	16.4%	\$76,285,931	\$5,037
Shelby	225,832	939,877	24.0%	\$1,193,037,965	\$5,283
Smith	3,818	19,126	20.0%	\$23,582,405	\$6,177
Stewart	2,509	13,353	18.8%	\$15,869,538	\$6,325
Sullivan	26,882	156,655	17.2%	\$170,424,995	\$6,340
Sumner	23,117	165,927	13.9%	\$128,923,566	\$5,577
Tipton	11,570	61,629	18.8%	\$60,220,264	\$5,205
Trousdale	1,652	7,802	21.2%	\$10,528,166	\$6,373
Unicoi	3,635	18,247	19.9%	\$26,726,822	\$7,353
Union	4,321	19,168	22.5%	\$24,275,298	\$5,618
Van Buren	1,224	5,626	21.8%	\$12,000,530	\$9,804
Warren	9,379	39,835	23.5%	\$64,691,187	\$6,897
Washington	18,894	124,924	15.1%	\$133,899,915	\$7,087
Wayne	2,826	16,999	16.6%	\$23,816,761	\$8,428
Weakley	6,168	34,726	17.8%	\$42,206,062	\$6,843
White	5,779	26,061	22.2%	\$38,707,094	\$6,698
Williamson	8,511	192,997	4.4%	\$60,144,316	\$7,067
Wilson	14,604	119,058	12.3%	\$101,897,972	\$6,977
Other ³	28,701			\$115,427,190	\$4,022
Total	1,220,364	6,454,914	19%	\$7,545,584,300	\$6,183

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 \$163,978,500. 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 Greene Valley Developmental Center, 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.

Milestones

Always Striving for Quality Care and Operational Excellence

Tennessee Exceeds Expectations with EHR Incentive Program

The Electronic Health Record (EHR) Incentive Program awards cash grants to Medicare and Medicaid providers who demonstrate “meaningful use” (i.e., use that is measurable in both quantity and quality) of electronic health record technology. TennCare administers Tennessee’s Medicaid EHR program, the vast majority of funding for which is provided by the federal government. During the second quarter of 2011, Tennessee’s EHR Incentive Program achieved milestones in the categories of provider registration, attestation and distribution of grant monies. Tennessee led the nation in the number of verified registrants with 1,216. Similarly positive progress was made in the field of attestation, the process by which providers affirm that they meet encounter and certification requirements.

During the third quarter, which marked the beginning of the new fiscal year, Tennessee’s EHR Incentive Program continued to achieve milestones in the categories of provider registration and payment. The registration of providers continues to exceed expectations. Although early estimates had placed the likely number of registrants for all of calendar year 2011 at 1,500; 1,781 providers were registered by the conclusion of the quarter.

During the third quarter, total payments of \$12,726,390 were issued to 291 providers, including eight hospitals, 138 physicians, 129 nurse practitioners, 10 nurse

midwives, and six dentists.

Standard Spend Down Open Enrollments

The TennCare Standard Spend Down (SSD) eligibility category opened to new enrollment again on September 12, 2011, and on February 21, 2012. SSD is available through an amendment to the TennCare Waiver and is designed to serve a limited number of persons who are not otherwise eligible for Medicaid but who are aged, blind, disabled, or the caretaker relative of a Medicaid-eligible child and who have enough unreimbursed medical bills to allow them to “spend down” their income to a low level known as the Medically Needy Income Standard (MNIS). During the open enrollment period in September, the Department of Human Services (DHS) received 2,793 calls in just over one hour. As a result, 2,640 callers not already covered by TennCare were invited to apply for SSD. During the open enrollment period in February 2012, the Department of Human Services (DHS) received 2,934 calls in just over one hour. As a result, 2,790 callers not already covered by TennCare were invited to apply for



SSD.

Expansion of Smoking Cessation Coverage

On July 1, 2011, TennCare removed its exclusion of smoking cessation products for non-pregnant adults. This benefit—previously covered only for pregnant women and individuals under the age of 21—encompassed both prescription products and

prescribed over-the-counter products. On September 1, following consultation with the Pharmacy Advisory Committee, TennCare announced its plans for enhancing the smoking cessation benefit even further. Effective October 1, 2011, the medication Chantix® would be reclassified from a “non-preferred agent” to a “preferred agent” and the prior authorization requirement would be removed from all items on the list of preferred agents that treat smoking behaviors.

TennCare Call Center

On July 1, 2011, Tennessee Community Services Agency (TNCSA) assumed responsibility for the staffing and operation of TennCare’s call center. The program—consisting of 16 operators and a supervisor—furnishes an array of services to providers, enrollees, and the general public, including:

- Answering questions about applying for TennCare
- Verification of enrollee eligibility for providers who inquire
- Registration of provider complaints against managed care contractors (MCCs)
- Responding to inquiries about the Electronic Health Records (EHR) program
- Status updates for claims payment and provider applications

Due to high demands placed on the call center plans have been made to add an additional operators in the near future.

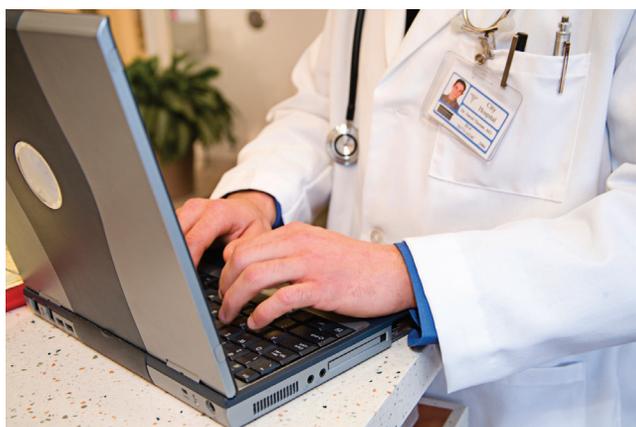
Transition of Chief Financial Officer

Scott Pierce, who served as TennCare’s Assistant Commissioner and Chief Financial Officer, recently accepted a position with Volunteer State Health Plan (VSHP). Deputy Chief Financial Officer Casey Dungan transitioned to Chief Financial Officer for the Bureau of TennCare on October 1, 2011. Dungan, who began working with TennCare in September 2006, has a

bachelor’s degree from Duke University and a master’s degree in Public Administration (with a concentration in Public Budgeting and Finance) from the University of Georgia. His career with the state began in August 2000 with the Department of Finance and Administration’s Division of Budget.

Proposed Increase in Home and Community Based Services Enrollment

On December 15, 2011, TennCare asked permission from the Centers for Medicare and Medicaid Services (CMS) to increase the number of spaces available for new applicants to the TennCare CHOICES in Long-Term Care program to receive cost-effective home and community based services. Without these additional spaces, new applicants who qualify for the CHOICES program would only be able to receive Nursing Facility



care. TennCare’s proposal addresses two State Fiscal Years: 2011-2012 and 2012-2013. If CMS approves the plan then the range of eligible individuals would be increased in the first year from a range of 8,500-11,000 persons to 8,500-12,500 persons, and in the second year from a range of 9,500-12,500 persons to 11,000-15,000 persons. TennCare

projects that implementation of this measure will result in cost avoidance of more than \$2 million in Fiscal Year 2011-2012 and more than \$4 million in Fiscal Year 2012-2013. If approved as submitted, the proposal will take effect on April 1, 2012.

New Electronic Transactions Standards

On November 26, 2011, TennCare became one of the first Medicaid programs to upgrade the standards governing some of its most important electronic transactions, including claims, payment and eligibility verification. This transition placed TennCare in compliance with federal requirements several months early. The old standards, referred to as “Version 4010”, had been in place for eight years, and an array of confusing, redundant, or unnecessary elements had

been identified. The new standards (known as “Version 5010”) introduced such improvements as:

- Expanded technical fields to accommodate the newest version of International Classification of Diseases (or “ICD”) codes
- A significant number of new transaction edits
- A variety of transaction qualifiers

These revisions, as well as a host of others, ensure that data submitted electronically to TennCare is more specific and streamlined and that parties responsible for such transmissions have a better understanding of what to include. Furthermore, faster processing speeds and ongoing cost-savings more than justify the upgrades TennCare has implemented.

Amendment 14 – Proposed Change in CHOICES Membership

On March 1, 2012, TennCare asked permission from CMS to open the “Interim CHOICES 3” category for CHOICES, TennCare’s program of long-term services and supports for individuals who are elderly or physically disabled. The CHOICES 3 category will have no enrollment target and will be composed of persons who meet the state’s Level of Care (LOC) criteria for Nursing Facility (NF) care today but who would not meet those criteria if they are revised. These individuals will be eligible for a package of home and community based services (HCBS) as well as all TennCare services.

The purpose of opening the new category is to maximize the availability of HCBS while simultaneously complying with the “Maintenance of Effort” (MOE) requirements contained in the Affordable Care Act. Once the category is in place, persons who meet the criteria for NF care today would still have a “pathway to eligibility” when the LOC criteria are revised. Approval for Amendment 14 was received from CMS on June 15, 2012. TennCare projects that implementation of this measure would result in cost avoidance of nearly \$16 million in Fiscal Year 2012-2013. These savings would be achieved by placing greater emphasis on cost effective home and community based services within the Bureau’s system of long-term services and

supports.

Amendment 16 – Proposed Removal of Cap on Hospital Payments

On March 8, 2012, the Bureau notified the public of Amendment 16 which would enable TennCare to take full advantage of the Medicaid Disproportionate Share Hospital (DSH) allotment appropriated to the state by Congress for Federal Fiscal Year 2012. According to the Special Terms and Conditions of the TennCare Demonstration, certain payments made to hospitals by TennCare are subject to an annual cap of \$540 million. This cap was developed on the basis of the amount of DSH funding appropriated by Congress when the current Demonstration was approved. It will not be possible for the state to make use of the entire new DSH allotment appropriated by Congress and still stay within the cap.

Therefore, the state is proposing in Amendment 16 to reconfigure the current Special Terms and Conditions of the Demonstration so that the state will always have the capacity to make use of any DSH allotments made by Congress to Tennessee. TennCare estimates that implementation of Amendment 16 will result in an increase in aggregate annual expenditures of up to \$28 million in state funds in the fiscal year. The state funds will be supported by revenues generated from the annual hospital assessment fee.

CMS approved Amendment 16 on June 22, 2012.

John B. Consent Decree

The John B. lawsuit addresses the adequacy of services provided by TennCare to children under the age of 21. John B. was a consent decree filed in 1998 that has been the subject of ongoing litigation since 2000. On February 14, 2012, almost 14 years to the day after the suit was filed, Judge Wiseman ruled that TennCare had successfully established its compliance with “all the binding provisions of the Consent Decree” and, consequently, that the consent decree was vacated and the case dismissed. In his 38-page Memorandum Opinion, Judge Wiseman not only outlined in extensive detail all of the components of TennCare’s early and periodic screening, diagnosis and treatment (“EPSDT”)

program for children—including outreach efforts, screening, diagnosis and treatment, and monitoring and oversight—but also documented the manner in which the state had achieved “substantial compliance with virtually every operative paragraph of the Consent Decree.”

Chief Financial Officer Receives Award

The Tennessee Primary Care Association (TPCA) gave TennCare Chief Financial Officer Casey Dungan the William V. Corr Award of Excellence. This honor recognizes “outstanding leadership resulting in health policy development or innovative program implementation in Tennessee.” TPCA’s stated goal is “maximizing access to health services for all Tennesseans with emphasis on the working poor, the uninsured, TennCare patients, and others most in need.” In bestowing the Corr Award, TPCA recognized the work that Dungan had done with the Prospective Payment System workgroup to streamline TennCare’s reimbursement policies.

Enhanced Coordination of Pharmacy Benefits and SXC Client Innovation Award

Pharmacy Benefits Manager SXC Health Solutions presented its 2012 Client Innovation Award to TennCare on April 25, 2012. The honor was bestowed on the Bureau in recognition of its successful implementation of SXC’s Enhanced Coordination of Benefits (Enhanced COB) program in July 2011. Accepting the award on behalf of TennCare were Director Darin Gordon and Chief Medical Officer Wendy Long.

Enhanced COB enables TennCare to detect other forms of pharmacy insurance that an enrollee may have before a claim is processed. Instead of paying for a medication initially and then pursuing reimbursement from another insurer at a later point, TennCare may now identify other forms of coverage before payment is rendered and require the pharmacist who fills the prescription to seek compensation from those sources

first. Information provided to the pharmacist in response to a submitted claim is much more detailed than in the past and is designed to make redirection easier. Conservative estimates indicate that savings generated by the Enhanced COB program are twice as much as those produced prior to its implementation.

As a result, “enhanced third party pharmacy collection” was included in TennCare’s budget for State Fiscal Year 2013 as a method of reducing the Bureau’s expenditures by \$9,634,600 (\$7,200,000 of federal funds and \$2,434,600 of state funds). The benefits of Enhanced COB are not limited to cost avoidance alone. When multiple insurers pay for an individual’s medications, there is less coordination of care and a greater likelihood that hazardous drug interactions or excessive drug quantities may result. By continually directing pharmacists to their patients’ primary source of prescription drug coverage more effective monitoring of medication regimens may be achieved.

Quality Oversight Awards

As part of its quarterly meeting with the Bureau’s External Quality Review Organization and Managed Care Contractors (MCCs) on June 12, 2012, TennCare’s Division of Quality

Oversight presented its second annual awards to the MCCs that demonstrated “excellence in improving health care for members as well as innovative and emerging best practices.”

Nominations and awards were based on recommendations from TennCare’s Quality Oversight staff, TennCare’s Medical Director, and the MCCs themselves. While some honors such as “2012 Highest Annual Quality Survey Score Award” and “2011 Highest NCQA-Ranked TennCare Health Plan Award” recognized MCCs, others such as “Disease Management Collaboration Award” and “CHOICES Care Coordinator of the Year Award” were awarded to individual MCC staff members. The “Best All Around Award”, which acknowledges exceptional performance across a broad spectrum of disciplines, was presented to Amerigroup.

