

Hospital Presumptive Eligibility

Overview

If an individual does not already have TennCare Medicaid, qualified hospitals can help them apply for Hospital Presumptive Eligibility (HPE). HPE can get the applicant temporary coverage that lasts no more than 90 days but may end sooner. This guide explains HPE in seven simple steps, as well as providing additional guidance for each one.

Staff of qualified entities (those facilities that may determine Hospital PE) should use this guide along with the Hospital PE FAQ to make PE assessments. For more information about the Hospital PE process, visit <http://www.tn.gov/tenncare/section/providers>.

For more information about general TennCare Medicaid policy, visit <https://www.tn.gov/tenncare/policy-guidelines/eligibility-policy.html>.

Specific questions about becoming a qualified entity to submit Hospital PE should be directed to HospitalPE.TennCare@tn.gov.

Specific questions regarding the policies and procedures of the Hospital PE process may be directed to PartnerSupport.TennCare@tn.gov.

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Steps for Applying for Hospital Presumptive Eligibility

- 1 Review applicant for existing TennCare enrollment.
 - For further guidance on reviewing the applicant, refer to the [Step 1: Review for TennCare Enrollment](#) section.
- 2 Complete and submit the Hospital PE application in the TennCare Access Portal.
 - For further guidance on completing the application, or using the paper version of the application, refer to the [Step 2: Complete HPE Application](#) section.
- 3 Review eligibility determined by TennCare.
 - If TennCare Access is unavailable, use the information on the TennCare application to complete the Hospital PE Worksheet.
 - For further guidance on determining eligibility, refer to the [Step 3: Determine Eligibility for Hospital PE](#) section.
- 4 Print the TennCare Access application summary and eligibility determination for the applicant.
 - For further guidance, refer to the [Step 4: Print Application Summary and Eligibility Determination](#) section.
- 5 Complete the TennCare application for ongoing coverage.
 - If enrollees don't complete a TennCare application after they apply for Hospital PE, they will lose their temporary eligibility.
 - For further guidance, refer to the [Step 5: Complete TennCare application](#) section.
- 6 File a copy of the following documents for each Hospital PE applicant. For further guidance, refer to the [Step 6: File and Maintain Hospital PE Records](#) section.
 - TennCare Access PDF and Eligibility determination
 - Hospital PE Worksheet (if completed)
 - Hospital PE Eligibility Notice (if completed)
 - TennCare Application and Hospital PE Errata Sheet (if completed)
- 7 Confirm Enrollment in TennCare Online Services.
 - Check TennCare Online Services to validate all information, for individuals approved for Hospital PE, appears correctly in the system 3-5 days after approving an individual for Hospital PE.
 - For further guidance, refer to the [Step 7: Confirm Enrollment in TennCare Online](#)

[Services](#) section.

Further Guidance for Completing Steps 1-7

Step 1: Review for TennCare Enrollment

Verify whether the applicant already has TennCare coverage by checking TennCare Online Services.

TennCare Access will reject an application if the individual is currently enrolled in TennCare Medicaid.

NOTE: An individual in TennCare Online Services is enrolled in TennCare if they have any of the following:

- Open eligibility span with benefit plan Title 19 Medicaid
- Immediate Eligibility
- Presumptive Eligibility
- Supplemental Security Income
- TennCare Standard.

If any other benefit plan displays, the individual is not enrolled in TennCare and is therefore not precluded from eligibility for Hospital PE based on current eligibility status. However, the applicant will need to meet other requirements to enroll through Hospital PE.

Health care providers typically verify TennCare eligibility using the TennCare Online Services system. This system requires the patient's SSN to perform the eligibility lookup. Providers also have several other options.

- Providers that use Emdeon, Passport, or similar vendors are often able to look up patients using the name and date of birth.
- Providers can look up eligibility for United Healthcare members through either Optum Cloud or their RV e-services website using only the individual's name and DOB without needing an SSN.
- Providers can do a name lookup using the BlueCross BlueShield of Tennessee portal.

NOTE: AmeriGroup does not allow name lookups on its portal but allows providers to call its Customer Service Line at 1-800-454-3730 for assistance.

Step 2: Complete HPE Application

Complete and submit the Hospital PE application in the TennCare Access Portal. When you reach the **Presumptive Eligibility Results** page for an approved applicant, ask if they would like to apply for ongoing coverage.

IMPORTANT: If you select Yes to **Does anyone on this application want to continue the application and apply for ongoing Medicaid?** tell us who is applying for ongoing coverage. This can include other members of the applicant's household who are not applying for PE.

You must click **Next** and complete the **Additional Health Care Assistance Options** and the **Signing Your Application** pages to submit the Medicaid application. If you start but do not finish these pages, the Medicaid application will **not** be submitted with the PE application.

- If TennCare Access is unavailable, and the applicant wants to apply for ongoing Medicaid, help the applicant complete the TennCare application online at tenncareconnect.tn.gov. Or a paper application can be accessed on the [TennCare How do I Apply](#) webpage.
- Make sure the applicant signs and dates the TennCare application.

NOTE: If Hospital PE enrollees do not submit the completed TennCare application after they apply for Hospital PE, they will lose their temporary eligibility.

For further guidance on completing the Hospital PE Application, visit the [Guidance for Answering Hospital PE Application Questions](#) section.

Step 3: Determine Eligibility for Hospital PE

Once all data is entered and submitted in TennCare Access, the system will determine the applicant's Hospital PE eligibility which can be reviewed on the **Presumptive Eligibility Results** page.

NOTE: If TennCare Access is unavailable, use the information on the TennCare application to complete the Hospital PE Worksheet. Complete a separate worksheet for each applicant listed on the TennCare Application. Write the name and date of birth for the individual on each page. You can staple the pages together for your records. Do not request any proof or verifications from the applicant.

For further guidance on using the Hospital PE Worksheet, refer to the [Guidance for Answering Hospital PE Application Questions](#) section.

Step 4: Print Application Summary and Hospital PE Determination

Print the TennCare Access application summary and hospital PE determination for the applicant. TennCare will send the applicant a separate notice.


NOTE: If TennCare Access is unavailable, complete the Hospital PE Notice, then sign and date it. Give the notice to the applicant. Remind approved applicants they are only getting temporary TennCare coverage. Remember, temporary coverage lasts no more than 90 days but could end sooner. TennCare must receive the signed TennCare application to give the applicant ongoing coverage.



- If an applicant is denied for Hospital PE but selected “Yes” to complete the TennCare application, you can still submit the TennCare application. This ensures TennCare evaluates the applicant for all available programs.
- If an applicant is denied for Hospital PE and chooses not to complete the TennCare application now, remind them that they can apply again online at www.tenncareconnect.tn.gov, by calling 855-259-0701 or by mail or fax using a paper application.

Step 5: TennCare Application

If Hospital PE enrollees choose to not complete a TennCare application at the time of their Hospital PE application or within 90 days of their Hospital PE approval, they will lose their temporary eligibility.

There are 4 ways to apply:

How to Apply	
	<p>ONLINE: You can apply online at www.tenncareconnect.tn.gov</p>

How to Apply	
	<p>MAIL: You can mail a signed TennCare application to: TennCare Connect P.O. Box 305240 Nashville, TN 37230-5240</p>
	<p>FAX: You can fax signed TennCare Applications to 855-315-0669.</p>
	<p>CALL: You can call TennCare Connect at 855-259-0701.</p>

If the TennCare Access portal is unavailable and you used the Hospital PE Worksheet to approve the Hospital PE, fax the pages for approved applicants to TennCare Connect as quickly as possible.

The table below displays the FPLs for household sizes 1-8. Refer to the [TennCare Income Limits](#) section for further guidance on FPLs.

Household Size	Federal Poverty Level for 2021 (In Dollars)
1	\$ 1,074
2	\$ 1,452
3	\$ 1,830

Household Size	Federal Poverty Level for 2021 (In Dollars)
4	\$ 2,209
5	\$ 2,587
6	\$ 2,965
7	\$ 3,344
8	\$ 3,722


Step 6: File and Maintain Hospital PE Records



- File a copy of the following documents for each Hospital PE applicant:
 - TennCare Access PDF and Eligibility determination
 - Hospital PE Worksheet (if completed)
 - Hospital PE Eligibility Notice (if completed)
 - TennCare Application and Hospital PE Errata Sheet (if completed)
- You must keep records for both approved and denied applicants. Maintain these files in a secure location for at least seven (7) years.

Step 7: Confirm Enrollment in TennCare Online Services

Check TennCare Online Services to validate that all information for individuals approved for Hospital PE appears correctly in the system 3-5 days after approving an individual for Hospital PE.

If you find a data entry error, there are three ways to report it:

How to Report Errors	
	<p>EMAIL: You can email the Partner Support Unit at partnersupport.tennCare@tn.gov.</p>

How to Report Errors	
	<p>FAX: Complete a Hospital PE Errata Sheet and fax it to TennCare Connect at 855-315-0669.</p>
	<p>CALL: You can call TennCare Connect at 855-259-0701.</p>

Hospital PE Errata Sheet

The Hospital PE Errata Sheet allows hospitals to correct name misspellings or other keying errors they accidentally transmit to TennCare Online Services.

- When a hospital employee accidentally keys an error in TennCare Access and transmits the information to TennCare, fax the Hospital PE Errata Sheet to TennCare at 855-315-0669.

NOTE: Hospitals may not use this process to change a Hospital PE enrollee’s health plan; instead, Hospital PE enrollees must call the TennCare Solutions Unit at (800) 878-3192 to change health plans.

- An effective date of Hospital PE can also be corrected if the hospital employee entered the wrong date, but a hospital cannot retroactively change the effective date to a date prior to the actual PE determination date.

To request a change to the effective date, the hospital must also include a copy of the TennCare Access Approval or the Hospital PE Worksheet (which shows the actual date on which the hospital employee made the eligibility determination).

- A hospital cannot terminate a Hospital PE span.

Guidance for Answering Hospital PE Application Questions

Refer to this section if you need further guidance on answering the questions in the Hospital PE Application.

If you're completing the application using...	Then refer to the...
TennCare Access	Using TennCare Access section.
Hospital PE Worksheet	Using the Hospital PE Worksheet section.

IMPORTANT: On the TennCare Access Portal pages, when a question refers to “you” or “your,” answer the question for the individual.

Using TennCare Access

On the **Welcome to TennCare Access** page:

- 1 Click **Hospital Presumptive Application**.

On the **Individual Information** page:

- 2 In the **Application Date** section:
 - Enter the date of the individual’s TennCare application.
- 3 In the **Individual Information** section:
 - Complete the **name, gender, date of birth, social security number, and living arrangement** fields appropriately, based on the information on the TennCare application.

NOTE: Additional questions may populate on this page based on your answers. Make sure you complete as many fields and provide as much information as possible.

- Select *Yes* or *No* for **Is this Person Applying for Coverage with us?**
- Select *Yes* or *No* for **Is this person a TN Resident?**
- Select *Yes* or *No* for **Is this Person a united states citizen or national?**
 - Check whether the applicant is a US Citizen or eligible immigrant.

We understand that the federal rules around immigrant eligibility are complicated. Refer to the [Requirements for U.S. Citizen or Eligible Immigrant status](#) section for guidance on how to answer this question.

- 4 In the **Race** section:
 - Select the individual’s race.
- 5 In the **Ethnicity** section:

- Select the individual's ethnicity from the drop-down menu.
- 6 In the **Assisting Person** section:
- Select *Yes* or *No* for **Does this applicant want to list an assisting person?**
 - If yes, tell us about the applicant's assisting person by completing the additional questions.
- 7 In the **Residential Address** section:
- Select *Yes* or *No* for **Are you homeless or living in a shelter?**
 - If yes, tell us about the applicant's residential information.
- 8 In the **Mailing Address** section:
- Tell us about the applicant's mailing address.
- 9 In the **Tax Information** section:
- 10 Select *Yes* or *No* for **Is this person planning to file a federal income tax return the next time taxes are due?**
- If yes, answer *Yes* or *No* for **Is this person being claimed as a dependent by someone outside of the home?**
- 11 In the **Additional Information** section:
- Tell us about the applicant's preferred language, home phone number, cell phone number, and Health Plan preference.
- 12 In the **Other People in the Home** section:
- Select *Yes* or *No* for **Do you have another person to add?**
 - If yes, refer to steps 1-12 for completing the information for an additional person.
- 13 Click **Next**.

On the **Address Validation** page:

- 14 In the **Confirm your Address** section:
- Confirm the address you entered for the applicant.
The **Address Validation** page matches the address you entered to the closest United States Postal Office registered address.
We recommend you select the registered address if it's displayed. If not, check to make sure you entered the address correctly and select **Use the address I entered**.
- 15 Click **Next**.

On the **Income and Deductions** page:

16 Add **Earned Income, Self-Employment Income, Other Income, or Deductions** by clicking **Add New** & completing the fields in each section, if applicable.

17 Click **Next**.

On the **Application Summary** page:

18 Review the information you've entered in the **Summary** sections.

19 In the **Presumptive Eligibility Determination** section:

- Review the information.
- Select the appropriate option to complete the **applicant signature** or the **qualified entity signature**.

NOTE: The qualified entity is the person who completed the Assisting Person section, if applicable.

20 Click **Evaluate**.

21 Use the table to determine if the applicant should continue to apply for full coverage at this time.

If the applicant is...	Then...	
Approved	<p>Ask the applicant if they would like to submit the full application, to apply for ongoing coverage, at this time.</p> <p>Select <i>Yes</i> or <i>No</i> to Does anyone on this application want to continue the application and apply for ongoing Medicaid?</p>	
	If...	Then...
	Yes	<ul style="list-style-type: none"> • Select <i>Yes</i> and tell us who. • Click Next. • Complete the following pages: <ul style="list-style-type: none"> ○ Additional Health Care Assistance Options ○ Signing Your Application

	No	Advise the applicant on how to complete the full application later.
Denied	It is recommended that you complete the TennCare application even if you deny the applicant. This ensures TennCare will evaluate the applicant for all available programs rather than just TennCare.	

Using the Hospital PE Worksheet

The Hospital PE Worksheet should **only** be used when TennCare Access is not available. Use the guidance below when answering questions for Hospital PE applications on the Hospital PE Worksheet.

1 Complete the **Applicant Information & Hospital Information** sections.

2 Answer the questions in the **Based on TennCare Access** section.

NOTE: Some of these questions are more complicated than others. Refer to the additional information section for guidance on answering some of the more complicated questions.

3 Complete the **Income and Deductions** section, if applicable.

4 Complete the **Additional Questions** section.

NOTE: This section contains questions that do not populate in TennCare Access, but they may help hospital employees make an eligibility determination while TennCare Access is down.

5 Complete the **Hospital Employee Determination** section.

IMPORTANT: If you approve Hospital PE eligibility for the applicant, the effective date of coverage is the date you determine the Hospital PE eligibility in TennCare Access or make the determination and sign the Hospital PE Worksheet.

Example: An applicant signs an application on January 3rd. The hospital employee signs the application, the Hospital PE Worksheet, and the Hospital PE Notice on January 5th. The applicant's Hospital PE period will begin on January 5th.

6 Fax the HPE Worksheet in to TennCare Connect as soon as possible.

Additional Information

This section includes further guidance for questions that may be more complicated to answer on the worksheet.

- **Is this person a TN resident?**

- Use the table to determine when to select Yes. Otherwise, answer *No*.

If the applicant...	Then...
Listed a Tennessee address on the TennCare application	<ul style="list-style-type: none"> • Answer Yes on the Hospital PE Worksheet.
Does not report a specific address (e.g., because they are homeless) – but the applicant is physically present in Tennessee and says they intend to remain here	<ul style="list-style-type: none"> • Answer Yes on the Hospital PE Worksheet.

- **Is this person a United States Citizen or National?**

- Check whether the applicant is a US Citizen or eligible immigrant.

We understand that the federal rules around immigrant eligibility are complicated. Refer to the [Requirements for U.S. Citizen or Eligible Immigrant status](#) section for guidance on how to answer this question.

- **Is the applicant a former foster child under age 26, pregnant woman, child under age 19, or parent/caretaker relative?**

- Review the table below to determine whether the applicant falls into one or more eligibility groups described.
- Write the applicant’s eligibility group, if any, in the space labeled **Eligibility Category** at the top of the Hospital PE Worksheet.
- If the applicant may qualify for more than one eligibility group, choose the group listed first in the table above (e.g., choose parent caretaker relative over pregnant woman if an applicant meets the definition of both).

If the Applicant...	Then review for...
Has aged out of foster care at the age of 18 and is enrolled in TennCare Medicaid at the time.	<ul style="list-style-type: none"> • Former Foster Care <p>An individual now under age 26 who was in foster care and enrolled in TennCare at age 18.</p>

<p>NOTE: Also, check to see that applicant < age 26 (based on date of birth).</p>	
<p>Is under the age of 19</p>	<ul style="list-style-type: none"> • Child < 1 • Child 1-5 • Child 6-18
<p>Is the primary caregiver to a child under the age of 18 or 21 and a full-time student</p>	<ul style="list-style-type: none"> • Parent/Caretaker Relative <p>An individual related to a dependent child (by blood, adoption, or marriage) who lives with the child and has primary responsibility for the child’s care. The child must be under 18 (or a full-time student if child is age 18).</p>
<p>Is pregnant</p>	<ul style="list-style-type: none"> • Pregnant Woman

- Is the applicant’s household income each month less than the limit for her respective eligibility category?
 - When using the Hospital PE Worksheet, add up all members of the household, including stepparents and stepchildren to determine the application’s household size.
 - If the applicant is pregnant, also count the unborn babies; but only when calculating the household size for the pregnant woman herself.

NOTE: Do not count the unborn babies in the household size of her spouse or anyone else in the household.

This means, in some cases, different family members (i.e., pregnant women) may have different household sizes than, for example, a spouse or child.

- Write the household size in the space labeled **Applicant Household Size** at the top of the Hospital PE Worksheet.
 - For more information about Households, refer to the [Households](#) section.
- Write the household’s monthly income in the space labeled **Applicant Monthly Income** at the top of the Hospital PE Worksheet.

- Look at the table on the Hospital PE Worksheet with TennCare Income Limits. Find the dollar limit for the household size and eligibility group for this applicant. For more information about monthly income, refer to the [Monthly Income](#) section.
- Has the application been approved for a Hospital PE period in the past two years? Or, if the applicant is pregnant, is this the applicant’s first Hospital PE period during the current pregnancy?
 - An individual cannot have more than one Hospital PE period in two calendar years unless the individual is pregnant. TennCare Access will reject an application if the non-pregnant applicant has received a Hospital PE period in the past two years.
 - There is an exception for pregnant women; they can have one Hospital PE period per pregnancy, even if that exceeds one Hospital PE period in the past two calendar years. If you have a situation in which a pregnant woman is applying for Hospital PE and has had a period of Hospital PE in the past two calendar years, please email PartnerSupport.TennCare@tn.gov for assistance.

Requirements for U.S. Citizen or Eligible Immigrant Status

We understand the federal rules around immigrant eligibility are complicated.

The following table may help applicants understand when to select Yes or No for the question **Is this person a United States Citizen or a national?** Use this information for guidance when answering if the applicant has an eligible immigration status:

Answer Yes if the applicant is one of the following...	Answer No if the applicant is one of the following...
<ul style="list-style-type: none"> • Lawful Permanent Resident (LPR) (i.e., person with a green card) who has been in that qualifying non-citizen status for 5 years or more or who entered the U.S. prior to August 22, 1996 • LPR who previously had a one of the Humanitarian immigrant statuses listed below • Abused immigrant with a VAWA petition* who has held qualifying status for 5 years or more 	<ul style="list-style-type: none"> • Undocumented immigrant • Lawful permanent resident who has been an LPR. for less than 5 years and who is neither a veteran nor a humanitarian immigrant • Abused immigrant with a VAWA petition who has held qualifying status for less than 5 years <p>NOTE: An abused immigrant with a VAWA petition, his child(ren), and his parent(s) are subject to a five-year waiting period from the date they received the qualifying status.</p>

Answer Yes if the applicant is one of the following...	Answer No if the applicant is one of the following...
<p>NOTE: An abused immigrant with a VAWA petition, his child(ren), and his parent(s) are subject to a five-year waiting period from the date they received the qualifying status.</p> <ul style="list-style-type: none"> • Immigrant paroled into the U.S. for at least one year who has been in the U.S. for 5 years or more • Immigrant granted conditional entry prior to 4/1/1980 • Immigrant who is a veteran or active duty military (or spouse, un-remarried surviving spouse, or child of such an immigrant) <p>NOTE: In order for an immigrant veteran/active duty military member to qualify for Medicaid, she must be in any qualified alien status, including an LPR. Qualified alien veterans/active duty military members are eligible without a 5-year waiting period.</p> <ul style="list-style-type: none"> • Humanitarian immigrant who has been in that humanitarian status for less than 7 years, which includes the following: <p>NOTE: Any humanitarian immigrant who subsequently becomes an LPR is not subject to a 5-year waiting period or the 7-year limit.</p> <ul style="list-style-type: none"> ○ Refugees and asylees ○ Amerasian immigrants ○ Cuban or Haitian entrants 	<ul style="list-style-type: none"> • Immigrant paroled into the U.S. for at least one year and who has been in the U.S. for less than 5 years • Non-immigrant or non-resident alien (temporary residents) • Other type of immigrant not listed in the column to the left. <p>NOTE: An unborn child may still be eligible for CoverKids if a pregnant woman answers <i>No</i>.</p>

Answer Yes if the applicant is one of the following...	Answer No if the applicant is one of the following...
<ul style="list-style-type: none"> ○ Iraqi or Afghan special status immigrants ○ Victims of a severe form of trafficking (with a “T” visa) <p>NOTE: The 7-year eligibility limit begins from the date the Office of Refugee Resettlement (ORR) certification or eligibility letter is issued</p> <ul style="list-style-type: none"> ○ Immigrants whose deportation is being withheld 	

More about Households

The household includes the applicant and, if living with the applicant, the following individuals:

- The applicant’s spouse
- The applicant’s natural, adopted, and stepchildren under age 19 (or 21 if a full-time student)
- For applicants under age 19 (or 21 if a full-time student): the applicant’s natural, adopted, or stepparent
- For applicants under age 19, or 21 if a full-time student: the applicant’s natural, adopted, and step siblings who are under age 19 (or 21 if a full-time student)

Example: A single 29-year-old woman who is pregnant with twins would be a household of three if she has no spouse or other children. If she were married and had two other minor children, then she would have a household of six (herself, her husband, her unborn twins, and her two other minor children), but the household size would be four for the husband and the two other minor children.

The same rules generally apply for mothers under age 19. In most cases, the household for the newborn would consist of the newborn, the minor mother, her spouse (if any), and any of her other children in the home. The newborn's household would not include any grandparents. Follow this approach when determining eligibility for Hospital PE.

Example: An unmarried, pregnant 17-year-old lives with her parents. The 17-year-old has no other children. When she gives birth, the newborn's household size would be two (the 17-year-old mother and the infant). The only income counted for the newborn's household would be the 17-year-old mother's. The grandparents would not be part of the newborn's household, and the grandparents' income would not be considered. Meanwhile, the 17-year-old's household would be four (including herself, her unborn child, and her parents).

More about Monthly Income

On the TennCare application, the applicant should report the **before-tax** amounts of wages, salaries, and self-employed income received by adult household members. The applicant should also include unemployment, Social Security retirement, and Social Security Disability Income (SSDI) for household members. Supplemental Security Income (SSI) and child support are excluded from the household's income. If completing the application in TennCare Access, enter all income the applicant receives. TennCare Access will determine if the income is counted towards the applicant's eligibility determination.

Example: A 31-year-old mother receive \$1,400 per month in self-employed income as a nail technician. She also works part-time as a receptionist and earns \$400 each month, before taxes, in wages. In addition, she receives \$600 in child support for her eight-year-old son. Her countable income is \$1,800 (i.e., \$1,400 in self-employed income + \$400 in wages; the child support income is not countable).

Review all household income. Add up all the pre-tax income for everyone in the household (including stepparents). If completing the Hospital PE Worksheet do not include either SSI payments or child support in your calculation. If you are completing the application in TennCare Access, include all income the applicant receives, including SSI payments and Child Support.

TennCare Income Limits (2021)

House hold Size	Former Foster Care <26	Pregnant Woman (195% + 5% FPL)	Child < 1 (195% + 5% FPL)	Child 1-5 (142% + 5% FPL)	Child 6-18 (133% + 5% FPL)	Parent Caretaker Relative (Income Standard + 5% FPL)
1	No limit	n/a	\$ 2,147	\$ 1,579	\$ 1,482	\$ 1,072
2	No limit	\$ 2,904	\$ 2,904	\$ 2,135	\$ 2,004	\$ 1,402
3	No limit	\$ 3,661	\$ 3,661	\$ 2,691	\$ 2,526	\$ 1,703
4	No limit	\$ 4,418	\$ 4,418	\$ 3,247	\$ 3,049	\$ 1,978
5	No limit	\$ 5,174	\$ 5,174	\$ 3,804	\$ 3,571	\$ 2,232
6	No limit	\$ 5,931	\$ 5,931	\$ 4,360	\$ 4,093	\$ 2,469
7	No limit	\$ 6,688	\$ 6,688	\$ 4,916	\$ 4,615	\$ 2,692
8	No limit	\$ 7,445	\$ 7,445	\$ 5,472	\$ 5,137	\$ 2,905

Definitions

Eligibility Category: Former Foster Care, Pregnant Woman, Child < 1 year, Child 1-5, Child 6-18, or Parent/Caretaker Relative.

Former Foster Care: An individual under age 26 who was in foster care in Tennessee and enrolled in TennCare Medicaid at age 18.

Parent/Caretaker Relative: Individual related to a child (by blood, adoption, or marriage) who lives with the child and has primary responsibility for the child's care. The child must be under 18 (or is 18 if a full-time student).

Household Size: The total number of people in the family who live with the applicant. Count a spouse, siblings, and any other children or stepchildren. Count unborn babies only for the household size of a pregnant applicant.

Monthly Income: The family's monthly income before taxes. Include wages, salaries, self-employed income, unemployment, alimony received, Social Security retirement and SSDI. Do not include SSI or child support.

U.S. Citizen: Individual born in the U.S., became a naturalized U.S. citizen, or derived U.S. citizenship from parents.

Eligible Immigrant: Non-citizen who is eligible for Medicaid because he or she has a particular type of immigration status.