

Division of
TennCare
Strategic Plan

2020-
2024

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Director Roberts' Message

TennCare is Tennessee's Medicaid program which provides health insurance coverage to certain groups of low-income individuals such as pregnant women, children, caretaker relatives of young children and older adults and adults with disabilities. Together, these populations constitute more than 1.4 million, which accounts for more than 20% of our state's population. TennCare operates within an annual budget of over \$12 billion. TennCare employs over 1,200 people and contracts with hundreds of additional personnel.

TennCare provides health insurance coverage through the use of managed care. While many states use managed care, TennCare is currently the only state that enrolls its entire Medicaid population into managed care. Our experience has shown that managed care allows for better coordinated, more efficient, and higher quality care. It also reduces avoidable emergency room visits and hospital stays. In fact, mandatory enrollment of all members into managed care is one of the essential elements of our section 1115 waiver and is integral to our future sustainability fiscally and operationally.

TennCare contracts with three health plans – also called Managed Care Organizations (MCOs) – to manage and coordinate care and maintain a network of health care providers for TennCare members. TennCare's health plans are AmeriGroup (part of Anthem), BlueCare and TennCare Select (part of BlueCross and BlueShield of Tennessee), and UnitedHealthcare Community Plan (part of UnitedHealthcare). Pharmacy services are provided by Magellan Health (soon to be OptumRx), and dental services for TennCare children (under age 21) and CoverKids children are provided by DentaQuest.

TennCare was the first state in the country to require its health plans to be NCQA accredited. NCQA or the National Committee for Quality Assurance is an independent, nonprofit organization that assesses and scores health plan performance in the areas of quality improvement, utilization management, provider credentialing and member rights and responsibilities.

TennCare also contracts with an independent third party to track the satisfaction of TennCare members. Satisfaction ratings have been above 90% since 2009.

In 2010, the TennCare CHOICES in Long-Term Services and Supports (LTSS) program was implemented. This fundamentally changed the way LTSS were delivered to older adults and adults with physical disabilities by allowing more members to receive services in the home and bringing LTSS into the managed care model. This program has been recognized nationwide as an example of how giving those in need of LTSS more choice can lead to better quality of life for members while at the same time reducing the per person cost of care. 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.

There are challenges we will face on the not-so-distant horizon, but our foundation of managed care, fully integrate physical and behavioral health benefits, and the mature development of our health care delivery system transformation efforts have positioned us to be able to meet and overcome these challenges while providing best-in-class service to the people we serve and accountability to Tennessee taxpayers.

Mission, Vision, Values Overview

Mission: Improving lives through high-quality, cost-effective care.

Vision: A healthier Tennessee

Values:

Commitment – Ensuring that Tennessee taxpayers receive value for their tax dollars.

Agility – Be nimble when situations require change.

Respect – Treat everyone as we would like to be treated.

Integrity – Be truthful and accurate.

New approaches – Identify innovative solutions.

Great customer service – Exceed expectations.

Goal 1: Maintain Financial Stewardship

Objective 1: By June 30, 2021, TennCare will secure agreement with Centers for Medicare and Medicaid Services (CMS) on optimal waiver structure for TennCare.

To meet this objective:

- Submit waiver renewal application to CMS by June 30, 2020.

Objective 2: By December 2022, TennCare will ensure the Medicaid share of state dollar budget will not exceed 24%.

To meet this objective:

- TennCare, Department of Intellectual & Developmental Disabilities (DIDD), and Department of Child Services (DCS) will submit State Fiscal Year (SFY) 2022 state budget request to maintain the Medicaid share of state dollar budget below 24% of total state expenses by September 30, 2020.
- Defend attempts to walk back managed care and delivery system transformation efforts.

Objective 3: By December 2022, TennCare will budget and account for 100% of Medicaid dollars in a fully integrated manner.

To meet this objective:

- Convene discussions with the Commissioner of Finance and Administration (F&A), DIDD, DCS, and TennCare on developing integrated budgeting and accounting for Medicaid dollars by June 30, 2020.

Goal 2: Improve Health Outcomes

Objective 1: By June 30, 2020, TennCare will develop significant, innovative financial incentives through the next Managed Care Organizations (MCO) procurement that support key social drivers of health for TennCare members.

To meet this objective:

- Create data sharing infrastructure to identify key metrics to provide closed loop referrals for TennCare members.

Objective 2: By December 31, 2020, TennCare will develop a strategy to maximize third grade reading levels for TennCare members that are children.

To meet this objective:

- Convene workgroup with Department of Education (DOE), Department of Human Services (DHS), Department of Health (DOH), DCS, and TennCare to create an inter-agency strategy by June 30, 2020.
- Develop detailed multi-year project plan by December 31, 2020.
- Establish baseline percentage of TennCare members who have received their recommended well-child and preventive services by third grade by December 31, 2021.

Objective 3: By December 31, 2022, TennCare will improve quality of care delivered to TennCare members as measured by Healthcare Effectiveness Data and Information Set (HEDIS) outcome metrics with a goal of showing significant improvement as defined by the National Committee for Quality Assurance (NCQA).

To meet this objective:

- Establish baseline and create two-year improvement plan by March 31, 2021.

Goal 3: Improve Access to Care

Objective 1: By June 30, 2020, TennCare will define eligibility for potential populations to be served.

To meet this objective:

- Create an internal multi-team workgroup to draft a phased plan to define eligibility criteria and benefits package.

Objective 2: By December 31, 2022, TennCare will pilot two new telehealth initiatives across our MCOs and study impact.

To meet this objective:

- Develop telehealth workgroup to determine opportunities for more efficient use of telehealth services with TennCare MCOs and provider network.

Objective 3: By SFY 2022, TennCare will improve maternal and infant health outcomes by increasing maternal health access.

To meet this objective:

- Upon approval of budget increase proposal for a maternal pregnancy dental health benefits package for SFY 2021, implement dental benefits package by January 1, 2021.
- Upon approval of budget increase proposal for extended coverage for pregnant TennCare members up to one year postpartum for SFY 2021 budget, implement postpartum benefits package by January 1, 2021.

Goal 4: Transform the Health Care Delivery System

Objective 1: Develop a model working partnership with DIDD, in order to accomplish the following strategic objectives:

- a) By December 31, 2023, eliminate the waiting list of persons with I/DD who are actively seeking to enroll in Medicaid services as of January 1, 2020.
- b) 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.
- c) Increase the capacity, competency and consistency of the direct support workforce, including a reduction in workforce turnover and the ability to consistently demonstrate at least 95% compliance in the timely initiation of services and the ongoing provision of services as specified in the person-centered plan.
- d) 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.
- e) Integrating budgeting process between TennCare and DIDD.

To meet this objective:

- Upon CMS approval, implement Katie Beckett program that will serve up to 3,000 children, including children under age 18 on the ECF referral list.
- Develop comprehensive waiting list plan and identify funding to serve additional people with I/DD, utilizing funds from waiver attrition, program reinvestments, and appropriation requests by July 1, 2020.
- Seek appropriation request for comprehensive workforce incentives program by July 1, 2020.

Objective 2: By December 2022, TennCare will continue to evolve the existing value based payment programs Episodes of Care, Patient-Centered Medical Homes, Tennessee Health Link, and long term services and supports, in order to improve quality, cost-effective care.

To meet this objective:

- Create plan for integration of Episodes of Care and PCMH performance data by December 2021.

Objective 3: By December 2022, TennCare will create a new value based payment program to improve quality and cost effectiveness of healthcare.

To meet this objective:

- Develop plan for new program by December 2020.

Objective 4: By December 31, 2023, TennCare will improve quality and cost effectiveness for full benefit dual eligible beneficiaries by fully integrating Medicare to Medicaid funding, benefits and program administration that will drive significant savings to reinvest in improved access to care.

To meet this objective:

- Submit proposal to CMS to fully integrate Medicare & Medicaid funding, benefits and administration by December 31, 2020.

Goal 5: Improve Customer Service

Objective 1: By June 30, 2021, TennCare will create a senior level role for user experience.

To meet this objective:

- Create program plan for user experience efforts by July 31, 2020.
- Develop job description by December 31, 2020.

Objective 2: By June 30, 2022, TennCare will develop TennCare Connect to become the primary application tool for members, providers and community stakeholders with a goal to process at least 30% of all applications and renewals online.

To meet this objective:

- Establish baseline metrics by June 30, 2020.
- Expand partner portal functionality to allow providers to submit online applications and renewals by June 30, 2020.
- Develop member engagement campaign to increase online usage for applications and renewals by December 31, 2020.

Objective 3: TennCare will partner with DHS to design an application referral process, in order to share data that each agency can use to process applications and renewals once DHS builds their system.

To meet this objective:

- Start to work with DHS to design, develop, and implement the application referral process by December 31, 2020.

Objective 4: By December 2022, TennCare will develop a quicker process for MCO assignment that is visible in TennCare Connect.

To meet this objective:

- Develop list of requirements by January 2020.

Goal 6: Become a Greater Place to Work

Objective 1: By January 1, 2021, TennCare will implement a program for identifying and improving culture and management problem areas.

To meet this objective:

- Launch campaign to help TennCare employees reach their fullest potential by June 30, 2020.
- Require employee feedback on all manager IPPs and development goal on all employees' IPPs by July 2020.
- Create a manager boot camp for all new managers by July 2020.
- Assess AWS utilization to determine if there are opportunities to evolve.

Objective 2: By December 2022, TennCare will pilot a program with Employment and Community First (ECF) CHOICES at TennCare.

To meet this objective:

- Develop proposal to implement at TennCare by July 31, 2020.

Objective 3: By December 2022, achieve a Level 3 TNCPE Award.

To meet this objective:

- Develop project plan to prepare for application by June 30, 2020.