Families and Children Manual
Section: TennCare Standard
Policy Manual Number: 017.005
Chapter: TennCare Standard Medical Eligibility

Legal Authority: Tenn. Comp. R. & Reg's. Chapter 1200-13-14; March 2014 Amendment to the TennCare II section 1115 Demonstration Project

1. Overview

TennCare Standard Medically Eligible (ME) individuals are children under age 19:

- Losing TennCare Medicaid;
- Without insurance or access to insurance;
- With household income above 211% of the FPL; and
- With a qualifying medical condition.

To determine whether a child has a qualifying medical condition, HCFA uses existing and current medical encounter data in the TennCare system or requests information from the individual using the ME packet.

2. Definitions

Access to Insurance: Access to health insurance in the group health insurance market. See the TennCare Standard policy.

ME Encounter Data: Information in the TennCare system (interChange) identifying an individual as ME. The information is based on claims data submitted by the TennCare MCOs.

ME Packet: A multi-page document that collects information about the child's physical and mental health. The packet is used for individuals without ME encounter data to determine if they have a qualifying medical condition.

Qualifying Medical Condition: A medical condition which is included among a list of conditions established by HCFA and which will render a qualified uninsured applicant medically eligible.

3. Determining Medical Eligibility

Children meeting the following requirements must be processed for Medical Eligibility:

- **Children Losing TennCare Medicaid Eligibility:** These children must be under age 19; must not have access to or have health insurance; and must have household income above 211% FPL (if at or below 211% FPL, review for TennCare Standard Uninsured).

- **Currently Eligible TennCare Standard Uninsured Children Whose Household Income Increases Above 211% FPL:** These children must be under age 19; must not have access to

or have health insurance; and must be no longer be eligible for TennCare Standard Uninsured based on a reported increase in household income.

When a TennCare Standard child reports an increase in income above 211% FPL, determine whether the child is already open as ME. If so, process the reported change as an income change only.

NOTE: If a child was previously open as a grandfathered child and continues to have access to insurance, he is not eligible for ME.

a. ME Packet

Individuals not eligible for TennCare Standard will be reviewed for a TennCare Standard ME eligibility determination. An ME packet is required when an individual does not have ME encounter data in interChange. The ME packet must be completed and returned within 60 days, must include corroborating verification from a physician or mental health provider, and include medical records if required.

b. ME Packets Returned to TennCare

Returned ME packets will be reviewed to determine ME eligibility. Individuals are ME eligible when:

1. The ME packet includes a physician's attestation of a diagnosed qualifying medical condition listed on the ME packets; or
2. The HCFA Medical Review of health issues listed in the ME packet and medical records prove a qualifying medical condition.

If an individual fails to return the ME packet by the 60th day, she will be denied TennCare Standard Medical Eligibility.

Version History

Revision Date	Section	Section Title	Page Number(s)	Reason for Revision	Reviser
07.01.2015				Publication	
4.3.17	1.	Overview	1	Policy Clarification	RS
4.3.17	2.	Definitions	1	Policy Clarification	RH
4.3.17	3.a	ME Packet	1	Policy Clarification	RH
4.3.17	3.b	ME Packets Returned to HCFA	2	Policy Clarification	RH, RS