

Tennessee Managed Care Program Features, as of 2015

Features	TennCare II	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE
Program start date	07/01/2002	04/07/1999
Waiver expiration date (if applicable)	08/31/2016	
If the program ended in 2015, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	
Populations enrolled: Enrollment choice period	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician	X	X

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Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	X
Benefits covered: Health home (SSA 1945)		
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Home health agency services	X	X
Benefits covered: Personal care (state plan option)	X	X
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	TennCare covers nurse midwife services, freestanding birth centers, podiatrists' services, and other services as indicated in Tennessee's approved Medicaid State Plan (where limitations imposed on each service are identified).	Podiatry, nutrition counseling, recreational therapy and social activities, spiritual care, transportation and escort to and from the PACE center, audiology and hearing aids, optometry and eyeglasses, and medical equipment and supplies.
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Qsource	
Performance incentives? Payment bonuses/differentials to reward plans	X	

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Performance incentives? Preferential auto-enrollment to reward plans		
Performance incentives? Public reports comparing MCO performance on key metrics	X	
Performance incentives? Withholds tied to performance metrics	X	
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served: Plans in Program	Volunteer State Health Plan (BlueCare); Volunteer State Health Plan (TennCare Select); Amerigroup; DentaQuest USA Insurance Company; Magellan Health Services; UnitedHealthcare Community Plan	Alexian Brothers Community Services

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Notes: Program notes	<p>1. TennCare covers services only when they are determined to be medically necessary. 2. TennCare MCOs are encouraged--but not required--to include rural health clinics and FQHCs in their provider networks. If these providers are not used, a TennCare MCO must demonstrate that network capacity and appropriate services are available to vulnerable populations in relevant coverage areas. 3. Dental services (preventive, diagnostic, and treatment) are available to TennCare enrollees under age 21. Enrollees age 21 and older are not entitled to dental services except the EMTALA screening and treatment of an emergency medical condition when an enrollee presents to an Emergency Department with a dental problem. The "Dental (Preventative or Corrective)" box has not been checked because this benefit is included within TennCare's EPSDT benefit. 4. HCBS waiver services and nursing facility services are available to members of TennCare CHOICES, which is TennCare's program of long-term services and supports for qualified individuals. 5. The "ICF-IDD" box has not been checked because such services are reimbursed outside the TennCare II Demonstration (even though recipients of the benefit are still enrolled in managed care for other benefits). ADDITIONAL INFORMATION FOR "ENROLLMENT" TAB: 1. Partial duals do not qualify for TennCare and, therefore, are not counted as part of Tennessee's Medicaid population and are not enrolled in a TennCare MCO. ADDITIONAL INFORMATION FOR "PLANS" TAB: Beginning on January 1, 2015, all three of TennCare's at-risk MCOs shifted to a statewide model of service delivery (after having operated on a regional basis previously).</p>	<p>CLARIFICATION CONCERNING "FEDERAL OPERATING AUTHORITY" SECTION: A segment of Tennessee's PACE population qualifies for coverage solely by virtue of the TennCare II Demonstration (Tennessee's 1115 Medicaid demonstration waiver) and not via Tennessee's Medicaid State Plan. TennCare II has a demonstration-only population referred to as the "PACE Carryover Group", which consists of individuals who were enrolled in a PACE program as of June 30, 2012, but who upon redetermination no longer qualify for enrollment due solely to the state's modification of its nursing facility level of care criteria. ADDITIONAL INFORMATION FOR "ENROLLMENT" TAB: The category of "Aged, Blind, or Disabled Children and Adults" has been checked because PACE applicants and recipients must meet the nursing facility level of care criteria (i.e., be disabled) to qualify for the program. It should be noted, however, that children may not qualify for PACE, since they do not meet the requirement that recipients must be age 55 or older. ADDITIONAL INFORMATION FOR "QUALITY ASSURANCE" TAB: Tennessee's PACE program complies with all quality assessment and performance improvement requirements outlined in federal regulation (42 CFR 460 Subpart H).</p>