



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

IMPORTANT MEMO

Date: December 11, 2015

To: Medicaid Nursing Facility (NF) Providers

From: Julie Johnson, Deputy of Operations
Long Term Services and Supports (LTSS)

CC: TennCare Managed Care Organizations
Tennessee Health Care Association

Re: **TennCare Redetermination for CHOICES Members in a Nursing Facility (NF)**

The purpose of this memo is to make sure you are aware that eligibility redetermination (also known as reverification or renewal) for TennCare members has resumed and will continue over the next several months. The December selection pool will not include CHOICES members, but we anticipate selection of CHOICES members to begin in January. Members will be selected each month to begin the eligibility redetermination process.

Continuity of eligibility for CHOICES members is particularly important since gaps in coverage can result not only in the loss of services for members and payment for providers, but also in the potential loss of "grandfathered" status for eligibility in certain categories. For example, persons enrolled in CHOICES Groups 1 or 2 prior to July 1, 2012 who do not meet the nursing facility level of care criteria which became effective on July 1, 2012 can remain eligible for CHOICES 1 or 2 and for Medicaid in their current eligibility category so long as they continue to meet the level of care standards in effect at the time of their enrollment, and remain *continuously enrolled* in TennCare and in their CHOICES Group. A gap in coverage will result in the need to meet new NF LOC standards, and if not met, could result in the person no longer qualifying for LTSS or for TennCare.

For these reasons, TennCare has developed specific strategies to help ensure that persons receiving LTSS who continue to qualify for the program remain eligible with no gaps in coverage. These include a special LTSS renewal packet, as well as targeted outreach and assistance in completing the redetermination process.

MCOs will be working with TennCare to coordinate tracking, outreach and assistance activities for CHOICES members. MCOs will be working with NFs to assist residents in their facilities in completing the redetermination process.

Each month, MCOs will receive from TennCare a report of their CHOICES members selected for eligibility redetermination that month. MCOs will be expected to conduct outreach and offer assistance to CHOICES members selected for redetermination. For CHOICES members residing in a NF, this includes notifying the NF and coordinating with the NF to provide necessary assistance.

Individuals have 40 days to complete and return the eligibility renewal packet. When a packet is not submitted to TennCare within 40 days, the member will receive an eligibility termination notice affording 20 additional days to submit completed renewal packets and necessary documentation. MCOs will receive from TennCare reports identifying these CHOICES members. When this occurs, MCOs, working with NFs for residents in their facilities, should escalate outreach efforts.

Completed redetermination packets should be sent to Tennessee Health Connection (TNHC) by fax at 1-855-315-0669 or by mail at P.O. Box 305240, Nashville, TN 37230-5240.

Included with this memo is information to help guide the assistance you are offering to your CHOICES residents selected for redetermination.

In addition, we strongly encourage your participation in training opportunities regarding eligibility redetermination for LTSS members. Earlier this week, we sent via email to all NF-based TPAES users, information about 3 webinars we are conducting to provide this information and answer any questions. NFs have already begun registering for these trainings.

To register for a webinar, please visit our website at

<http://www.tn.gov/tenncare/article/ltss-training>, and click on Request Training. There you will be able to select an available training date. Those dates are:

December 14th 10:00-11:00am CST

December 15th 10:00-11:00am CST

December 17th 10:00-11:00am CST

We anticipate offering additional webinars after the first of the year, but strongly encourage your participation in December, if possible. We want to be sure you have the information you need to assist residents.

We appreciate your willingness to support residents in the eligibility redetermination process. Thank you for your continued partnership.

Help Guide

Eligibility Renewal Packet for CHOICES members in a NF

<p>Have you received notification from the MCO that your CHOICES resident has been selected for redetermination?</p>	<p>Coordinate with the MCO to ensure your CHOICES resident understands what is needed and that assistance with completing the renewal packet is being offered. Also be sure the CHOICES resident understands the renewal packet due date and that they could lose TennCare coverage if the packet is not completed and returned.</p>
<p>Will you be helping the resident with their renewal packet?</p> <p style="text-align: center;">START HERE >></p>	<p>Refer to the renewal packet and help the CHOICES resident answer questions 1-12:</p> <ul style="list-style-type: none"> ✓ If CHOICES resident answers yes to any of questions 1-7, assist the CHOICES resident with pages 1-6 of this Renewal Packet and only the signature page 8 of Appendix A. ✓ If CHOICES resident answers yes to any of questions 8-12, assist CHOICES resident with pages 1-6 of this Renewal Packet and all of Appendix A. <p>If the CHOICES resident answers yes to any of the questions on page 1 and 2, proceed to Part 1 of this worksheet. If the CHOICES resident indicates a change has occurred since their TennCare enrollment or last reverification, assist the CHOICES resident with gathering that documentation to send with their renewal packet.</p> <p>If the CHOICES resident answers no to all questions 1-12, assist the CHOICES resident with all of Appendix A. Be sure that CHOICES resident is aware that a signature is required on page 8 of Appendix A. We will use the facts the CHOICES resident gives us to see if they qualify for TennCare in another way.</p>
<p>Part 1: <i>Tell us about yourself</i></p>	<p>The CHOICES resident will need to tell us about themselves. Have them fill out all demographic information asked for on the form.</p> <p>The CHOICES resident must complete the table provided regarding who lives in their home. <i>(Be sure to advise them to include themselves)</i></p>
<p>Part 2: <i>Questions about getting care</i></p>	<p>Be sure CHOICES resident answers questions 1-5.</p>
<p>Part 3: <i>Questions about income</i></p>	<p>Be sure CHOICES resident answers questions 6-9.</p> <p>If the CHOICES resident is receiving a Social Security check, if they lost Medicare due to returning to work and making more money than the Social Security limit, or receiving any of the listed types of income, they will need to tell us more about it within the table provided. If their answer has changed since the last time they qualified for Medicaid, they must send proof. Do not send originals. Send a copy.</p> <p>Question 9: If the CHOICES resident is receiving SSI payments, they will not have to send proof of this income. We will get it for them.</p>
<p>Part 4: <i>Tell us if you pay for child care or care for a disabled adult</i></p>	<p>The CHOICES resident needs to answer questions 10 & 11 and complete the tables provided. The CHOICES resident must send proof that shows who gives the care and how much they pay them. This proof must be signed by the person that gives the care. Be sure they include how much they pay and how often.</p>

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Eligibility Renewal Packet for CHOICES members in a NF

<p>Part 5: <i>Changes in your income</i></p>	<p>The CHOICES resident will need to answer question 12 regarding changes in their income and be sure to include proof of the change such as check stubs or bank statements, an insurance settlement, back pay Social Security, or a lottery prize. If no change occurred, proof is not needed.</p>
<p>Part 6: <i>Changes in your resources</i></p>	<p>The CHOICES resident will need to answer question 13 and complete the table provided regarding how their resources have changed, what it is worth now, and how much they owe on it. The table will provide the kind of proof needed if a change has occurred. If no changes occurred, no proof is needed.</p> <p>Also the CHOICES resident will need to let TennCare know if they have a life insurance policy or not.</p>
<p>Part 7: <i>ONLY fill out this part if:</i></p>	<p>This will only be filled out if the CHOICES resident lives in the nursing home and wants Medicaid to help pay for their care, OR If they think they qualify for care in the nursing home, but would like to get care at home, OR If they have gotten both an SSI check and a Social Security check in the same month at least once since April 1977, and they <u>still</u> get a Social Security check.</p> <p>If any of the above items apply to the CHOICES resident, they will need to answer questions 14 & 15 and complete the provided tables.</p>
<p>Part 8: <i>Changes in Health Coverage</i></p>	<p>The CHOICES resident needs to answer question 16 regarding changes in their healthcare.</p>
<p>Part 9: <i>Helping Completing this Renewal Packet</i></p>	<p>This section gives information to the CHOICES resident regarding how to contact you for assistance with their renewal packet. The CHOICES resident can indicate here if they would like to choose an authorized representative. If so, they will complete the demographic section within this section.</p>
<p>Part 10: <i>Signing this Renewal Packet</i></p>	<p>The CHOICES resident must sign this renewal packet. The signature page is on page 8 of Appendix A. Be sure to remind the CHOICES resident they must send proof of any changes with their signed renewal packet submission.</p>

The completed renewal packet & proof of changes must be mailed to:

Tennessee Health Connection
 P.O. Box 20201
 Nashville, TN 37202-0201

Keep a copy of the renewal packet and any proof that is mailed.

Or the completed renewal packet & proof of changes can be faxed to:

1-877-430-0843

Keep a copy of your fax confirmation sheet with the fax date,
along with the renewal packet and any proof that was faxed.