

# **Attachment E**

## **Medical Hardship Criteria for MCO Changes**

The following criteria must be met to direct a hardship MCO change. If these criteria are not met, and the enrollee has ongoing concerns about their PCP or specialty care, TennCare will work with their current plan, resolve the concerns, and ensure appropriate care is provided. Deficiencies in MCO networks will be communicated to contract compliance and quality oversight units for review and assessment of appropriate sanctions or damages. An enrollee for whom a hardship MCO change is denied will be given an opportunity to file an appeal if he desires to do so.

### **Hardship Criteria:**

1. An enrollee has a medical condition that requires complex, extensive and ongoing care.
2. Enrollee's PCP and/or specialist dropped from the enrollee's current MCO network and are refusing continuation of care to the enrollee under their current MCO.
3. The ongoing medical condition of the enrollee is such that another physician or provider with appropriate expertise would be unable to take over their care without significant and negative impact on their condition.
4. Current MCO has been unable to negotiate continued care for this enrollee with current PCP and/or specialist.
5. Current provider is in network for one or more alternate MCOs.
6. Alternate MCO is available to enrolled new members (i.e. has not given notice of withdrawal from TennCare, is not in receivership, and is not at member capacity for region in question).

*Reference: See TennCare Medicaid rule 1200-13-13-.03(2)(b)2 & TennCare Standard rule 1200-13-14-.03(2)(b)2.*

### **Hardship MCO change will NOT be granted in the following situations:**

1. The enrollee is unhappy with current plan or PCP, but no hardship medical situation exists.
2. The enrollee claims lack of access to services but the plan meets the state's access standards.
3. The enrollee is unhappy with a current PCP or other providers, and has refused alternative PCP or provider choices offered by MCO.
4. The enrollee is concerned that a current provider might drop out of the plan in the future.
5. Medicare/Medicaid recipients who (with the exception of pharmacy) may utilize their choice of providers, regardless of network affiliation.

Routine MCO hardship changes will be directed or referred to the Administrative Solutions Call Center to process.

*Reference: See TennCare Medicaid rule 1200-13-13-.03(2)(b)1; TennCare Standard rule 1200-13-14-.03(2)(b)1; & STC # 41.*

### **Examples of routine MCO hardship changes allowed under TennCare rules include:**

1. MCO change requested within 45 calendar days (inclusive of mail time) of the date of the letter that provides notification of health plan assignment.
2. MCO change requested because all immediate family members were not assigned to the same plan, other than those assigned to TennCare Select.

3. When an enrollee changes place of residence, thus moving out of a plan's service area.
4. When an administrative error has occurred in assigning an enrollee to a plan not serving their Grand Division.