

TN - Submission Package - TN2018MS0001O - (TN-18-0004) - Eligibility

Summary Reviewable Units Versions Correspondence Log Approval Letter RAI News **Related Actions**

CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

Package Header

Package ID	TN2018MS0001O	SPA ID	TN-18-0004
Submission Type	Official	Initial Submission Date	10/15/2018
Approval Date	6/4/2020	Effective Date	10/22/2018
Superseded SPA ID	TN 14-0003		
	User-Entered		

A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Tennessee Paper Application

The paper application(s) has been uploaded.

Document Name	Date Created
TennCare Paper App 20200124 FINAL Eng	3/9/2020 8:10 AM EDT

- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

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B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Tennessee Online Application

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
Immigration Status Dropdown	3/9/2020 9:00 AM EDT	
TennCareConnect_FullApplicationScreenshots_Part08	3/9/2020 8:59 AM EDT	
TennCareConnect_FullApplicationScreenshots_Part07	3/9/2020 8:59 AM EDT	
TennCareConnect_FullApplicationScreenshots_Part06	3/9/2020 8:58 AM EDT	
TennCareConnect_FullApplicationScreenshots_Part05	3/9/2020 8:58 AM EDT	

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- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

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	User-Entered		

C. Basis Other than MAGI - Paper Application


The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

Name

Tennessee Paper Application

The paper application(s) has been uploaded.

Document Name	Date Created	
TennCare Paper App 20200124 FINAL Eng	3/9/2020 9:15 AM EDT	

- 3. One or more applications used to apply for multiple human service programs
- 4. Other alternative applications

Application

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	User-Entered		

D. Other than MAGI - Online Application






The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

Name

Tennessee Online Application

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
Immigration Status Dropdown	3/9/2020 2:52 PM EDT	
TennCareConnect_FullApplicationScreenshots_Part08	3/9/2020 2:52 PM EDT	
TennCareConnect_FullApplicationScreenshots_Part07	3/9/2020 2:51 PM EDT	
TennCareConnect_FullApplicationScreenshots_Part06	3/9/2020 2:51 PM EDT	
TennCareConnect_FullApplicationScreenshots_Part05	3/9/2020 2:50 PM EDT	

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- 3. One or more application used to apply for multiple human service programs
- 4. Other alternative applications

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E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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