

TN - Submission Package - TN2019MS00030 - (TN-19-0003) - 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

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | TN2019MS00030 | TN-19-0003

Package Header

Package ID	TN2019MS00030	SPA ID	TN-19-0003
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	12/19/2019	Effective Date	3/18/2019
Superseded SPA ID	N/A		
	User-Entered		

The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining, verifying and renewing eligibility, and furnishing Medicaid.

A. Submission of Application

1. The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person. These modes of submission are available to all individuals applying for coverage, including those who may be eligible based on the applicable Modified Adjusted Gross Income (MAGI) standard and those who may be eligible on a basis other than MAGI.

2. The agency also accepts applications by other electronic means:

Yes No

3. The agency ensures that any application or supplemental form is accessible to persons who are limited English proficient and persons who have disabilities, consistent with 42 CFR 435.905(b).

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | TN2019MS0003O | TN-19-0003

Package Header

Package ID	TN2019MS0003O	SPA ID	TN-19-0003
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	12/19/2019	Effective Date	3/18/2019
Superseded SPA ID	N/A		
	User-Entered		

B. Establishment of Outstation Locations

The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals:

1. Parents and Other Caretaker Relatives,
2. Pregnant Women, and
3. Infants and Children under Age 19.

C. MAGI Renewals

Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Once every 12 months
2. Without requiring an in-person interview
3. Without requiring information from the individual if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency
4. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:
 - a. Provides the individual with a pre-populated renewal form containing the information available to the agency (including information gathered from electronic data sources).
 - b. Provides the individual with a reasonable period of time from the date of the prepopulated renewal form to respond and provide any necessary information. The time period used by the state is:
 - i. 30 days
 - ii. More than 30 daysThe number of days is:
40
 - c. Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form via the internet website described in 42 CFR 435.1200(f) (d), by telephone, via mail, and in person.
 - d. Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956
 - e. Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:
 - i. 90 days
 - ii. More than 90 days.

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | TN2019MS0003O | TN-19-0003

Package Header

Package ID	TN2019MS0003O	SPA ID	TN-19-0003
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	12/19/2019	Effective Date	3/18/2019
Superseded SPA ID	N/A		
	User-Entered		

D. Renewals on a Basis Other than MAGI

Redeterminations of eligibility for individuals whose financial eligibility is not based on the MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Frequency:

- a. Once every 12 months
- b. Once every 6 months
- c. Other, more frequent than once every 12 months

2. Without requiring information from the individual, if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency.

3. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:

- a. Provides the individual with a renewal form

i. The renewal form is pre-populated with information available to the agency (including information gathered from electronic data sources).

- Yes No

ii. As part of this process, the agency:

(1) Provides the individual with a reasonable period of time from the date of the renewal form to respond and provide any necessary information. The time period used by the state is:

- (a) 30 days
- (b) More than 30 days

The number of days is: 40

(2) Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form using the following methods:

- (a) Via the internet website described in 42 CFR 435.1200(f)
- (b) By telephone
- (c) Via mail
- (d) In person
- (e) By other means

Description: By fax

(3) Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956

(4) Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:

- Yes No

- (a) 90 days
- (b) Other

- b. Utilizes an alternative process to redetermine eligibility.

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | TN2019MS00030 | TN-19-0003

Package Header

Package ID	TN2019MS00030	SPA ID	TN-19-0003
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	12/19/2019	Effective Date	3/18/2019
Superseded SPA ID	N/A		
	User-Entered		

E. Determination of Ineligibility

- 1. Prior to making a determination of ineligibility, the agency considers all bases of eligibility, consistent with 42 CFR 435.911
- 2. For individuals determined ineligible for Medicaid, the agency determines potential eligibility for other insurance affordability programs and complies with the procedures set forth in 42 CFR 435.1200(e)

F. Assistance with Application and Renewal

- The agency provides assistance to any individual seeking help with the application or renewal process in person, over the telephone, and online, and in a manner that is accessible to individuals with disabilities and those who are limited English proficient, consistent with 42 CFR 435.905(b)

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | TN2019MS00030 | TN-19-0003

Package Header

Package ID	TN2019MS00030	SPA ID	TN-19-0003
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	12/19/2019	Effective Date	3/18/2019
Superseded SPA ID	N/A		
	User-Entered		

G. Notices

- 1. The agency provides individuals with a choice to receive notices and information in an electronic format or by regular mail, in accordance with 42 CFR 435.918.
- 2. The agency provides applicants with timely and accurate notice of any approval or disapproval of Medicaid eligibility, which includes, but is not limited to: the basis and effective date of eligibility, the circumstances and procedures for reporting a change that may impact eligibility, the level of benefits and services approved, any applicable premiums or cost sharing, appeal rights, and if applicable, the amount of medical expenses which must be incurred to establish eligibility.
- 3. The agency makes notices, as well as cards evidencing eligibility for medical assistance, available to an individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

Notices and cards are made available through the following method(s) If an individual does not have a residence address, they can enter a mailing address, such as a PO box, or can choose to receive materials electronically. If an individual is homeless, they are not required to provide a residence address. The mailing address they can enter can be the shelter where they sometimes reside, their local DHS office, or any place where they could access mail. If they have no way to access mail, then the address that will be input for them will be the TennCare address.

- 4. The agency provides beneficiaries with timely and adequate notice of proposed adverse action to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid, and sends corresponding notice(s) to the individual at least 10 days prior to the action's effective date, as described in 42 CFR 431.211.
- 5. All notices provided by the agency are written in plain language. To ensure that notices are clear and understandable to consumer, the agency:
 - a. Utilizes an in-house readability and plain language review process
 - b. Contracts with an outside entity to complete a readability and plain language review
 - c. Other

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | TN2019MS0003O | TN-19-0003

Package Header

Package ID	TN2019MS0003O	SPA ID	TN-19-0003
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	12/19/2019	Effective Date	3/18/2019
Superseded SPA ID	N/A		
	User-Entered		

H. Authorized Representatives

- 1. The agency permits applicants and beneficiaries to designate an individual or organization to act responsibly on their behalf in assisting with individuals' application and renewal of eligibility and other ongoing communications with the agency.
- 2. The agency requires that, as a condition of serving as an authorized representative, a provider or staff member or volunteer of an organization affirms that he or she will adhere to the regulations in 42 CFR 431, subpart F and at 45 CFR 155.260(f) (relating to confidentiality of information), §447.10 of this chapter (relating to the prohibition against reassignment of provider claims as appropriate for a facility or an organization acting on the facility's behalf), as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information.
- 3. Designations of authorized representatives are accepted through all of the modalities described in 42 CFR 435.907(a) and are permitted at application and at other times. The agency accepts electronic, including telephonically recorded, signatures and handwritten signatures transmitted by facsimile or other electronic transmission.

I. Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

J. 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.

This view was generated on 3/30/2022 11:16 AM EDT