Toolkit for

TennCare

and the

Affordable Care Act

Updated on 4/28/2017: Please check our website for updates at

www.tnjustice.org/trainings

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## Counting Household Size for TennCare

### TennCare Household Size Chart

**How do you read this chart?**

Determine who the person is: tax filer, tax dependent, or neither?

1. If they are a tax filer, their household is their **filing unit**.
2. If they are a tax dependent, check to see if they fall into any of the **exceptions**.
   - If they do fall into an exception, follow **non-filer rule**.
   - If they do not fall into an exception, their household is their **filing unit**.
3. If they are a non-filer, follow the **non-filer rule**.

**Notes:**
- A child counted in the household for MAGI Medicaid if under age 19, or up to age 21 if a full-time student.
- Not everyone counted as a household member will be categorically eligible for Medicaid.

### How are Households Determined in MAGI Medicaid?

<table>
<thead>
<tr>
<th>If an individual expects to be a:</th>
<th>Tax Dependent</th>
<th>Non-Filer/ Non-Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual's household is...</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax filer and all persons whom taxpayer expects to claim as a tax dependent</td>
<td>The household of the tax filer claiming individual as a dependent</td>
<td>For adults: Household is the individual plus, if living with individual, spouse and minor children</td>
</tr>
<tr>
<td><strong>Exceptions and special rules:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For married couples filing jointly, each spouse is considered a tax filer.</td>
<td>Apply the rule for non-filers for: 1. Tax dependents not a child or spouse of the taxpayer 2. Children living with both parents not expected to file a joint return 3. Children claimed as tax dependent by non-custodial parents</td>
<td>For children: Household is the child plus minor siblings and parents (including step-parents and step-siblings) living with child</td>
</tr>
<tr>
<td>Married couples living together are always in each other's household regardless of how they file.</td>
<td>Note: “Children” for MAGI Medicaid categories are under age 19, or full-time students up to age 21.</td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- A pregnant woman’s household includes the unborn child(ren).

Or, use the **flow chart** on the next page.
TennCare Household Size Flow Chart

This is the same information as the previous page, but can be easier to work through. Remember that not everyone counted as a household member will be categorically eligible for TennCare.

If you are a **tax filer not claimed as a dependent**, then your household is **you, your spouse, and all claimed dependents for the upcoming year**. If you are not a tax filer, follow the flow chart:

- **Yes**: The household is the tax filer(s), and all claimed dependents for the upcoming year.
  - **UNLESS** one of these 3 exceptions apply:
    - **Exception 1**: Individual is not a child/spouse of the taxpayer.
    - **Exception 2**: Child lives with 2 unmarried parents.
    - **Exception 3**: Child claimed by non-custodial parent.

- **No**: not claimed as tax dependent.

**If you are an adult**, the household size is the individual plus spouse and minor children if living together.

**If you are a child**, the household size is the child plus minor siblings and parents if they live together.

- Married couples living together are always in each other’s household, regardless of how they file.
- “Children” for MAGI Medicaid categories are under age 19, or full-time students under age 21.
- A pregnant woman’s household includes the unborn child(ren).
Income: MAGI

Modified Adjusted Gross Income under the Affordable Care Act
July 2014

Under the Affordable Care Act, eligibility for income-based Medicaid and subsidized health insurance through the Marketplaces is calculated using a household’s Modified Adjusted Gross Income (MAGI). The Affordable Care Act definition of MAGI under the Internal Revenue Code and federal Medicaid regulations is shown below. For most individuals who apply for health coverage under the Affordable Care Act, MAGI is equal to Adjusted Gross Income. This document summarizes relevant federal regulations; it is not personalized tax or legal advice. Consult the Health Insurance Marketplace for your state, your local Medicaid agency, or a legal or tax advisor for assistance in determining your MAGI.

Modified Adjusted Gross Income (MAGI) =

<table>
<thead>
<tr>
<th>Include:</th>
<th>Deduct:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Wages, salaries, tips, etc.</td>
<td>• Certain self-employed expenses(^5)</td>
</tr>
<tr>
<td>• Taxable interest</td>
<td>• Student loan interest deduction</td>
</tr>
<tr>
<td>• Taxable amount of pension, annuity or IRA distributions and Social Security benefits(^4)</td>
<td>• IRA deduction (traditional IRAs)</td>
</tr>
<tr>
<td>• Business income, farm income, capital gain, other gains (or loss)</td>
<td>• Moving expenses</td>
</tr>
<tr>
<td>• Unemployment compensation</td>
<td>• Penalty on early withdrawal of savings</td>
</tr>
<tr>
<td>• Ordinary dividends</td>
<td>• Health savings account deduction</td>
</tr>
<tr>
<td>• Alimony received</td>
<td>• Alimony paid</td>
</tr>
<tr>
<td>• Rental real estate, royalties, partnerships, S corporations, trusts, etc.</td>
<td>• Domestic production activities deduction</td>
</tr>
<tr>
<td>• Taxable refunds, credits, or offsets of state and local income taxes</td>
<td>• Certain business expenses of reservists, performing artists, and fee-basis government officials</td>
</tr>
<tr>
<td>• Other income</td>
<td></td>
</tr>
</tbody>
</table>

Note: Check the IRS website for detailed requirements for the income and deduction categories above. Do not include Veterans’ disability payments, workers’ compensation or child support received. Pretax contributions, such as those for child care, commuting, employer-sponsored health insurance, flexible spending accounts and retirement plans such as 401(k) and 403(b), are not included in AGI but are not listed above because they are already subtracted out of W-2 wages and salaries.

Add back certain income

• Non-taxable Social Security benefits\(^6\) (Line 20a minus 20b on a Form 1040)
• Tax-exempt interest (Line 8b on a Form 1040)
• Foreign earned income & housing expenses for Americans living abroad (Form 2555)

Exclude from income

• Scholarships, awards, or fellowship grants used for education purposes and not for living expenses
• Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance
• An amount received as a lump sum is counted as income only in the month received

\(^1\)Medicaid eligibility is generally based on MAGI for parents and childless adults under age 65, children and pregnant women, but not for individuals eligible on the basis of being aged, blind, or disabled.
\(^2\)26 CFR 1.368-1(e)(42)
\(^3\)42 CFR 435.503(e)
\(^4\)“Social Security benefits” includes disability payments (SSDI), but does not include Supplemental Security Income (SSI), which should be excluded.
\(^5\)Deductible part of self-employment tax: SEP, SIMPLE, and qualified plans; health insurance deduction. Note that the IRS states that “if you purchase coverage in the individual Marketplace and claim the premium tax credit or your tax return, the amount of the premium reimbursed by the credit may not also be deductible.”

Center for Labor Research and Education, University of California, Berkeley • laborcenter.berkeley.edu
Note: The 2017 federal poverty level guidelines were published in the spring of 2017.

### Federal Poverty Level Guidelines 2017 (Monthly Income)

<table>
<thead>
<tr>
<th>Potential Coverage Categories</th>
<th>FPL</th>
<th>Household size of...</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Caretaker Relatives*</td>
<td>n/a</td>
<td>$1018</td>
<td>1329</td>
<td>1611</td>
<td>1867</td>
<td>2102</td>
<td>2320</td>
<td>2524</td>
</tr>
<tr>
<td>Minimum Income to Qualify for Premium Tax Credits</td>
<td>100%</td>
<td>$1005</td>
<td>1353</td>
<td>1702</td>
<td>2050</td>
<td>2398</td>
<td>2747</td>
<td>3095</td>
</tr>
<tr>
<td>Child age 6-18**</td>
<td>138%</td>
<td>$1387</td>
<td>1868</td>
<td>2348</td>
<td>2829</td>
<td>3310</td>
<td>3790</td>
<td>4271</td>
</tr>
<tr>
<td>Child age 1-5**</td>
<td>147%</td>
<td>$1477</td>
<td>1989</td>
<td>2501</td>
<td>3014</td>
<td>3526</td>
<td>4038</td>
<td>4550</td>
</tr>
<tr>
<td>Cost-Sharing Reductions at 94%</td>
<td>150%</td>
<td>$1508</td>
<td>2030</td>
<td>2553</td>
<td>3075</td>
<td>3598</td>
<td>4120</td>
<td>4643</td>
</tr>
<tr>
<td>Pregnant, Child &lt;1**; Cost Sharing Reductions at 87%</td>
<td>200%</td>
<td>$2010</td>
<td>2707</td>
<td>3403</td>
<td>4100</td>
<td>4797</td>
<td>5493</td>
<td>6190</td>
</tr>
<tr>
<td>Cost Sharing Reductions at 73%</td>
<td>250%</td>
<td>$2513</td>
<td>3383</td>
<td>4254</td>
<td>5125</td>
<td>5996</td>
<td>6867</td>
<td>7738</td>
</tr>
<tr>
<td>CoverKids**</td>
<td>255%</td>
<td>$2563</td>
<td>3451</td>
<td>4339</td>
<td>5228</td>
<td>6116</td>
<td>7004</td>
<td>7892</td>
</tr>
<tr>
<td>Maximum Income for Premium Tax Credits</td>
<td>400%</td>
<td>$4020</td>
<td>5413</td>
<td>6807</td>
<td>8200</td>
<td>9593</td>
<td>10,989</td>
<td>12,380</td>
</tr>
</tbody>
</table>

*According to TennCare, the Federally Facilitated Marketplace (FFM) could not program TennCare Caretaker Relative dollar figure thresholds into its eligibility processing functionality. The numbers above are contained within the TennCare State Plan. While applications are being processed through the FFM, the income standard for Caretaker Relatives is 103% of the Federal Poverty Level, beginning April 1st, 2017, until the income standard is revised in 2018.

**Includes 5% FPL disregard.

**Note on who is a “child”:** to qualify for TennCare as a...
- Parent/Caretaker Relative, the child being cared for must be under 18 OR 18 and a full-time student living in the house with the parent/caretaker-relative.
- Child (through TennCare MAGI categories, TennCare Standard, or CoverKids) the child must be under 19
- Child through Medically Needy Spend Down, the child must be under 21

### Medicare Savings Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Income Limit</th>
<th>Assets</th>
<th>What It Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QMB (Qualified Medicare Beneficiary)</strong></td>
<td>100% FPL or lower (with $20 disregard) $1,025/single $1,373/couple</td>
<td>$7,390/single $11,090/couple</td>
<td>• Part A, B premiums&lt;br&gt;• Part A, B deductibles&lt;br&gt;• Full extra help for Part D&lt;br&gt;• 20% coinsurance&lt;br&gt;• Cost-share for Medicare Advantage</td>
</tr>
<tr>
<td><strong>SLMB (Specified Low-Income Medicare Beneficiary)</strong></td>
<td>120% FPL or lower (with $20 disregard) $1,226/single $1,644/couple</td>
<td>$7,390/single $11,090/couple</td>
<td>• Part B premium&lt;br&gt;• Full extra help for Part D</td>
</tr>
<tr>
<td><strong>QI (Qualified Individual)</strong></td>
<td>135% FPL or lower (with $20 disregard) $1,377/single $1,847/couple</td>
<td>$7,390/single $11,090/couple</td>
<td>• Part B premium&lt;br&gt;• Full extra help for Part D</td>
</tr>
<tr>
<td><strong>QDWI (Qualified Disabled and Working Individual)</strong></td>
<td>200% FPL or lower (with $20 disregard) $2,030/single $2,727/couple</td>
<td>$4,000/single $6,000/couple</td>
<td>• Part A premium</td>
</tr>
</tbody>
</table>
## Coverage Categories Chart

*Current as of 3/30/17: Income and some resource limits will change at different times for different programs in 2017*

<table>
<thead>
<tr>
<th>Category</th>
<th>Brief Description</th>
<th>Monthly Income Limit</th>
<th>Resource Limit</th>
<th>Comments</th>
<th>Where to Apply?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TennCare for Parents and Caretaker Relatives</strong></td>
<td>Low income families with child(ren) under age 18</td>
<td>Use MAGI (Family of 1) $1,018 (Family of 2) $1,329 (Family of 3) $1,611 (Family of 4) $1,867 (Family of 5) $2,102</td>
<td>None</td>
<td>A caretaker relative is a relative to the 5th degree of the child who makes the day-to-day decisions for the child, and with whom the child lives.</td>
<td>Marketplace</td>
</tr>
<tr>
<td><strong>TennCare for Children</strong></td>
<td>Children under age 19</td>
<td>Use MAGI Infants aged 0-1: 200% FPL* Children aged 1-5: 147% FPL* Children aged 6-18: 138% FPL*</td>
<td>None</td>
<td>200% FPL: $2010 for family of 1 $4100 for family of 4 147% FPL: $1477 for family of 1 $3014 for family of 4 138% FPL: $1387 for family of 1 $2829 for family of 4</td>
<td>Marketplace</td>
</tr>
<tr>
<td><strong>TennCare for Pregnant Women</strong></td>
<td>Low income pregnant women</td>
<td>Use MAGI 200% FPL (includes 5% FPL disregard)</td>
<td>None</td>
<td>200% FPL: $2010 for family of 2 $4100 for family of 4 (household includes unborn child)</td>
<td>Marketplace; Go to your county’s health department to get presumptive eligibility immediately. Then, apply on the Marketplace.</td>
</tr>
<tr>
<td><strong>SSI (Supplemental Security Income)</strong></td>
<td>Low income aged, blind, and/or disabled individuals</td>
<td>$755 (single-includes $20 disregard) $1,123 (couple-includes $20 disregard)</td>
<td>Family of 1 $2,000; Family of 2 $3,000; Exclude homestead and one car</td>
<td>Social Security Administration (SSA) determines eligibility. SSA provides monthly cash assistance.</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td><strong>Pickle or Pickle Amendment</strong></td>
<td>Received SSI and SS income in same month after April 1977 &amp; currently getting SS but not eligible for SSI</td>
<td>If income would qualify one for SSI after deducting all SS cost of living adjustments (COLA) received since last eligible for both SS and SSI in same month</td>
<td>Family of 1 $2,000; Family of 2 $3,000; Exclude homestead and one car</td>
<td>See TJC’s Pickle Eligibility Chart with table of figures for quick screening and calculation of Pickle eligibility. <a href="http://www.tnjustice.org/help/pickle">www.tnjustice.org/help/pickle</a></td>
<td>Marketplace and appeal; Tennessee Health Connection (855-259-0701)</td>
</tr>
<tr>
<td><strong>Disabled Adult Widow/ Widower (DAW)</strong></td>
<td>Lost SSI as result of turning age 60 and becoming eligible for Title II benefits (Social Security widow(er) benefits).</td>
<td>Income without Social Security (Title II) benefits must be below SSI limit ($755 including $20 disregard) or if SSI is lost as result of COLAs, disregard COLA</td>
<td>Family of 1 $2,000; Family of 2 $3,000; Exclude homestead and one car</td>
<td>Will remain eligible in this category as long as the reason for not receiving SSI is result of getting SS benefits and not yet entitled to Medicare Part A.</td>
<td>Marketplace and appeal; Tennessee Health Connection (855-259-0701)</td>
</tr>
<tr>
<td>Category</td>
<td>Brief Description</td>
<td>Monthly Income Limit</td>
<td>Resource Limit</td>
<td>Comments</td>
<td>Where to Apply?</td>
</tr>
<tr>
<td>----------</td>
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<td>----------------------</td>
<td>----------------</td>
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<td>----------------</td>
</tr>
<tr>
<td>Disabled Adult Child (DAC)</td>
<td>Would be eligible for SSI but for eligibility for SSD based on a parent’s work history.</td>
<td>Below SSI/FBR limit excluding total SS benefits based on a parent’s work history.</td>
<td>Family of 1 $2,000; Family of 2 $3,000; Exclude homestead and one car (Same as SSI)</td>
<td>Must be at least 18 years old with blindness or disability that began before age 22. DAC can remain eligible for Medicaid/TennCare upon marriage if married to a SS beneficiary who is also eligible for DAC.</td>
<td>Marketplace and appeal; Tennessee Health Connection (855-259-0701)</td>
</tr>
<tr>
<td>Women with breast or cervical cancer</td>
<td>Uninsured Tennessee women under 65 who have been determined through the county’s health department to need treatment for breast or cervical cancer.</td>
<td>Women with incomes below 250% of the federal poverty level can obtain free screening from the health department.</td>
<td>None</td>
<td>Offers coverage to individuals who have no other insurance coverage, including Medicare, or whose insurance does not cover treatment for breast or cervical cancer. Applicants must be screened by the health department.</td>
<td>Screened at local health department then enroll on the Marketplace</td>
</tr>
<tr>
<td>Institutionalized individuals</td>
<td>Persons in hospital, residential treatment center, nursing facility, or intermediate care facility for intellectual disabilities for more than 30 days</td>
<td>$2,205 (300% of SSI/ full Federal Benefit Rate) Only the applicant’s income counts and applicant’s share of resources.</td>
<td>$2,000 Exclude car and usually homestead</td>
<td>See also CHOICES and/or ECF CHOICES.</td>
<td>See also CHOICES and/or ECF CHOICES.</td>
</tr>
<tr>
<td>CHOICES</td>
<td>Persons who require care in nursing facility or who face institutionalization without home and community based services</td>
<td>$2,205* (300% of SSI/ full Federal Benefit Rate) Only the applicant’s income counts and applicant’s share of resources.</td>
<td>$2,000 Exclude car and usually homestead</td>
<td>Enrollment in CHOICES includes Medicaid/TennCare enrollment.</td>
<td>Area Agency on Aging and Disability if not on TennCare; if already on TennCare, your MCO</td>
</tr>
<tr>
<td>1619(b)</td>
<td>Some individuals who meet Social Security disability criteria, are losing SSI, but have medical need such that they need TennCare to be able to work.</td>
<td>In 2017, the income limit is $39,851*. *Could be even higher, depending on impairment-related work expenses.</td>
<td>Family of 1 $2,000; Family of 2 $3,000; Exclude homestead and one car</td>
<td>Call SSA if losing SSI and TennCare coverage due to work income, or if want to work but afraid will lose TennCare coverage.</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>Category</td>
<td>Brief Description</td>
<td>Monthly Income Limit</td>
<td>Resource Limit</td>
<td>Comments</td>
<td>Where to Apply</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Employment and Community First (ECF) CHOICES</td>
<td>Persons with intellectual/developmental disability who need specialized services, such as employment and vocational training.</td>
<td>$2,205 (300% of SSI/full Federal Benefit Rate)</td>
<td>$2,000</td>
<td>1700 applicants will be enrolled this year based on priority criteria; remaining applicants will be placed on a waiting list.</td>
<td>If already enrolled in TennCare Amerigroup 866-840-4991 or BlueCare 888-747-8955. If not enrolled in TennCare or a United MCO member, call DIDD: West Tennessee Regional Office (866) 372-5709 Middle Tennessee Regional Office (800) 654-4839 East Tennessee Regional Office (888) 531-9876</td>
</tr>
<tr>
<td>Medically Needy Spend Down</td>
<td>Low income pregnant woman or child under age 21</td>
<td>$241; Family of 2 $258; Family of 3 $317; Family of 4 $325</td>
<td>$2,000</td>
<td>Can use medical expenses incurred in the 3 months prior to application (paid or unpaid). Can use any medical bill actually paid in the application month (no matter how old). Can use medical bills incurred in application month. Can use medical expenses incurred by any household member. Medical expenses can include such things as: health insurance premiums, doctor, hospital, pharmacy, medical supply bills, eye glasses, dental bills, hearing aids, transportation costs to get medical care @ 47¢ per mile. Over the Counter Medications: can use up to $10/month per household member for OTC meds without receipt.</td>
<td>Marketplace and appeal; Tennessee Health Connection (855-259-0701)</td>
</tr>
</tbody>
</table>

*Note: A person can have insurance and/or access to health insurance and still qualify in any Medicaid category.*
### TennCare Standard - Non-Medicaid TennCare Eligibility Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Brief Description</th>
<th>Monthly Income Limit</th>
<th>Resource Limit</th>
<th>Comments</th>
<th>Where to Apply?</th>
</tr>
</thead>
<tbody>
<tr>
<td>TennCare Standard: Uninsured &amp; Medically Eligible</td>
<td>Children under the age of 19 who are losing TennCare Medicaid eligibility can be screened for TennCare Standard as “Medicaid Rollovers.” Children already enrolled in TennCare Standard can reenroll if they remain eligible. If the family’s income is above 211% of poverty, the child must be medically eligible to receive TennCare Standard.</td>
<td>Family income must be at or below 211% of the Federal Poverty Line (FPL). There is an additional 5% FPL disregard. If the child has a qualifying medical condition, the family income can be above 211% FPL. Uses MAGI Household &amp; Income Counting Rules.</td>
<td>None</td>
<td>Eligible children cannot have other health insurance nor can they have access to an employer’s health plan (access exception for children grandfathered in in 2005). Children must be recertified annually.</td>
<td>Children should be automatically rolled over into this category—you cannot apply for it. If child not rolled over, contact Tennessee Health Connection.</td>
</tr>
</tbody>
</table>

### Medicare Savings Programs

(Information based on POMS HI00815.023 Medicare Savings Program Income Limits)

<table>
<thead>
<tr>
<th>Category</th>
<th>Brief Description</th>
<th>Monthly Income Limit</th>
<th>Resource Limit</th>
<th>Comments</th>
<th>How to Apply?</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMB (Qualified Medicare Beneficiaries)</td>
<td>Low income Medicare beneficiaries</td>
<td>To qualify, income at or below 100% of poverty*</td>
<td>Family of 1 $7,390 Family of 2 $11,090</td>
<td>The state is required to pay Medicare Part A and B premiums, deductibles, and coinsurance for these individuals.</td>
<td>Fill out LTSS form and fax to Tennessee Health Connection (fax number 1-855-315-0669)</td>
</tr>
<tr>
<td>SLMB (Special Low Income Medicare Beneficiaries)</td>
<td>Low income Medicare beneficiaries</td>
<td>Between 100% and 120% poverty*</td>
<td>Family of 1 $7,390 Family of 2 $11,090</td>
<td>The state is required to pay Medicare Part B premiums for these individuals.</td>
<td>Fill out LTSS form and fax to Tennessee Health Connection (fax number 1-855-315-0669)</td>
</tr>
<tr>
<td>QI (Qualifying Individuals)</td>
<td>Low income Medicare beneficiaries</td>
<td>Between 120% and 135% poverty*</td>
<td>Family of 1 $7,390 Family of 2 $11,090</td>
<td>The state is required to pay Medicare Part B premiums for these individuals, as long as federal funds are available. Qualifying Individuals cannot be enrolled in Medicaid/TennCare.</td>
<td>Fill out LTSS form and fax to Tennessee Health Connection (fax number 1-855-315-0669)</td>
</tr>
<tr>
<td>QDWI (Qualified Disabled and Working Individuals)</td>
<td>Low income Medicare Beneficiaries who are disabled and working</td>
<td>Below 200% poverty*</td>
<td>Family of 1 $4,000 Family of 2 $6,000</td>
<td>The state is required to pay Medicare Part A premiums for these individuals.</td>
<td>Fill out LTSS form and fax to Tennessee Health Connection (fax number 1-855-315-0669)</td>
</tr>
</tbody>
</table>

*There is a $20 disregard. There is also an earned income deduction of $65 plus 50% of the remaining earned income. Reminder: QMB, SLMB and QI beneficiaries should receive full extra help for Part D.*
### Marketplace Eligibility

<table>
<thead>
<tr>
<th>Program</th>
<th>Eligibility</th>
<th>Benefits</th>
<th>Pricing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketplace</td>
<td>Individuals can purchase insurance on the Marketplace by going to <a href="http://www.healthcare.gov">http://www.healthcare.gov</a> or calling 1-800-318-2596. If they want help applying, they can go to <a href="https://localhelp.healthcare.gov/">https://localhelp.healthcare.gov/</a>.</td>
<td>No pre-existing exclusion; no annual benefit limit, no lifetime benefit limit. Premium assistance for many individuals between 100-400% FPL. Cost-sharing reductions for individuals between 100% and 250% FPL who choose silver plan.</td>
<td>Premiums can only vary based on age, whether person smokes, geographic area, and family size. See <a href="http://www.healthcare.gov">http://www.healthcare.gov</a> for premium information.</td>
</tr>
</tbody>
</table>

### Cover Tennessee Plans

<table>
<thead>
<tr>
<th>Program</th>
<th>Eligibility</th>
<th>Benefits</th>
<th>Pricing</th>
<th>How to Apply?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CoverKids</strong></td>
<td>Children under 19, pregnant women and infants who are at or below 255% of the FPL (includes 5% FPL disregard).</td>
<td>Provides comprehensive coverage modeled on the state employee health plan. There are no pre-existing condition clauses. Not a Medicaid program. No Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) protections.</td>
<td>No premiums but does have co-pays, many as low as $5.</td>
<td>Children: Marketplace. Pregnant women: Local Health Department, the Marketplace, or paper application here: <a href="http://www.tn.gov/coverkids/topic/coverkids-application">http://www.tn.gov/coverkids/topic/coverkids-application</a></td>
</tr>
<tr>
<td><strong>CoverRx</strong></td>
<td>Individuals who are under 100% FPL and who have no other health insurance can get prescription drug coverage through CoverRx.</td>
<td>Offers prescription drug coverage.</td>
<td>No premiums, but copayment of $2-$5 per prescription drug.</td>
<td>Application here: <a href="https://www.tn.gov/hcfa/topic/coverrx-application">https://www.tn.gov/hcfa/topic/coverrx-application</a></td>
</tr>
</tbody>
</table>
TennCare Eligibility Flow Charts

*For more information on newborns, go to page 21.

**Includes 5% FPL disregard.

SSI = Supplemental Security Income
MAGI = Modified Adjusted Gross Income
FPL = Federal Poverty Line
Pregnant Women

Is your income less than 200% FPL*? (For TennCare, unborn children count in the household of the pregnant woman only.)

Yes: Go to your county’s health department to get presumptive eligibility. Then, apply for TennCare on the Marketplace. You must apply promptly.

No: Is your income less than 255% FPL*?

Yes: Apply for CoverKids. If your family has expensive medical needs, continue with the flowchart to look at Medically Needy Spend Down as an option.

No: Are your resources below $3000 (if household of two)? (Add $100 per additional individual in household. Exclude homestead and car.)

Yes: Does the household have high medical bills?

No: Apply for insurance on the Marketplace.

Yes: Apply for Medically Needy Spend Down.

No: Does the family need medical or mental services?

Yes: If you incur medical bills, you may be eligible for Medically Needy Spend Down.

No: Apply for insurance on the Marketplace.

FPL = Federal Poverty Line

*Includes 5% FPL disregard.
**Adults**

Are you under 26 and were in foster care when you turned 18?

Yes: You may be eligible for TennCare until you turn 26.

No: Are you a parent or caretaker relative of a child under 18 and have a monthly income less than: $1329 (HH of 2); $1611 (HH of 3); $1867 (HH of 4)?

Yes: You may be eligible for TennCare for Parents and Caretaker Relatives.

No: Are you pregnant?

Yes: See TennCare for Pregnant Women flowchart

No: Do you have a disability?

Yes: See TennCare for People with Disabilities flowchart

No: Do you expect to make between 100%-400% FPL?

Yes: Do you expect to make between 100%-250% FPL?

Yes: You should be eligible for both PTCs and CSRs.

No: You may be eligible for PTCs on the Marketplace.

Yes: You fall into the coverage gap created by our state's decision not to expand Medicaid. You may be able to change how you file your taxes to increase your income to 100% FPL or above to qualify for assistance. For more help and to tell your story, visit: [www.tnjustice.org/gap](http://www.tnjustice.org/gap), or call 615-900-GAP3 to tell your story.

No: You make >400% FPL. You are not eligible for assistance on the Marketplace, but may still use it to shop for insurance.

---

HH = Household  
FPL = Federal Poverty Line  
PTC = Premium Tax Credit  
CSR = Cost-Sharing Reduction
**People with Disabilities or Significant Health Needs**

**Are you under 18 years old?**
- **Yes**: Go to Children flowchart.
- **No**: Is your income less than $753/month?
  - **Yes**: Are your resources less than $2000 ($3000 for a couple)?
    - **Yes**: You may be eligible for SSI. Call Social Security.
    - **No**: Without Medicaid Expansion, you will not be eligible for TennCare. You can apply for SSDI through Social Security, which will give you Medicare after 2 years.
  - **No**: Are your resources less than $2000 ($3000 for a couple)?
    - **Yes**: Did you get an SSI check after age 18 and have a disability before age 22? **OR** Are you a widow who received SSI before age 60?
      - **Yes**: Did you lose SSI because you started drawing SSDI based on a parent or SS benefits from a deceased spouse’s work history?
        - **Yes**: You might be eligible for TennCare as a Disabled Adult Child or Disabled Adult Widow(er).
        - **No**: Did you ever receive SSI and Social Security in the same month?
          - **Yes**: You might be able to get CHOICES. Call Area Agency on Aging and Disability.
          - **No**: Do you need help with Activities of Daily Living?
            - **Yes**: You can go to the Marketplace if you are over 100% FPL. You can also apply for SSDI through Social Security. If approved, you may be able to get Medicare.
            - **No**: You can go to the Marketplace if you are over 100% FPL. You can also apply for SSDI through Social Security. If approved, you may be able to get Medicare.
    - **No**: Without Medicaid Expansion, you will not be eligible for TennCare. You can apply for SSDI through Social Security, which will give you Medicare after 2 years.

**No**: Is your income less than $753/month?
- **Yes**: Are your resources less than $2000 ($3000 for a couple)?
  - **Yes**: Did you ever get SSI in the past?
    - **Yes**: Did you get an SSI check after age 18 and have a disability before age 22? **OR** Are you a widow who received SSI before age 60?
      - **Yes**: Did you lose SSI because you started drawing SSDI based on a parent or SS benefits from a deceased spouse’s work history?
        - **Yes**: You might be eligible for TennCare as a Disabled Adult Child or Disabled Adult Widow(er).
        - **No**: Did you ever receive SSI and Social Security in the same month?
          - **Yes**: You might be able to get CHOICES. Call Area Agency on Aging and Disability.
          - **No**: Do you need help with Activities of Daily Living?
            - **Yes**: You can go to the Marketplace if you are over 100% FPL. You can also apply for SSDI through Social Security. If approved, you may be able to get Medicare.
            - **No**: You can go to the Marketplace if you are over 100% FPL. You can also apply for SSDI through Social Security. If approved, you may be able to get Medicare.
    - **No**: Without Medicaid Expansion, you will not be eligible for TennCare. You can apply for SSDI through Social Security, which will give you Medicare after 2 years.

---

SSI = Supplemental Security Income  
SSDI = Social Security Disability Insurance  
SS = Social Security
Buying Plans on the Marketplace

ACA Cheat Sheet

**Premium Tax Credits**
Tax credits are calculated using an applicant’s benchmark plan costs and expected premium contribution.
- **Applicant’s benchmark plan** = Second lowest cost silver plan that covers applicant (and family, if applicable).
- **Applicant’s expected premium contribution** = See table below.

Note: The expected premium contribution may not be the actual amount of the individual’s tax credit, or the individual’s premium.

<table>
<thead>
<tr>
<th>FPL</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>% of income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>300-400%</strong></td>
<td>288</td>
<td>388</td>
<td>488</td>
<td>588</td>
<td>688</td>
<td>788</td>
<td>888</td>
<td>9.56%</td>
</tr>
<tr>
<td><strong>250-300%</strong></td>
<td>204</td>
<td>274</td>
<td>345</td>
<td>415</td>
<td>486</td>
<td>556</td>
<td>627</td>
<td>8.1-9.56%</td>
</tr>
<tr>
<td><strong>200-250%</strong></td>
<td>127</td>
<td>172</td>
<td>216</td>
<td>260</td>
<td>304</td>
<td>348</td>
<td>392</td>
<td>6.34-8.1%</td>
</tr>
<tr>
<td><strong>150-200%</strong></td>
<td>61</td>
<td>82</td>
<td>103</td>
<td>124</td>
<td>145</td>
<td>166</td>
<td>187</td>
<td>4.02-6.34%</td>
</tr>
<tr>
<td><strong>133-150%</strong></td>
<td>40</td>
<td>54</td>
<td>68</td>
<td>82</td>
<td>96</td>
<td>110</td>
<td>124</td>
<td>3.01-4.02%</td>
</tr>
<tr>
<td><strong>&lt;133%</strong></td>
<td>&lt;27</td>
<td>&lt;36</td>
<td>&lt;45</td>
<td>&lt;55</td>
<td>&lt;64</td>
<td>&lt;73</td>
<td>&lt;83</td>
<td>2.01%</td>
</tr>
</tbody>
</table>

**Calculating Premium Tax Credit Amount**

- **Step 1**: Find the cost of the benchmark plan on the Marketplace (i.e., second cheapest silver plan).
- **Step 2**: Determine the applicant’s expected premium contribution.
- **Step 3**: Subtract the applicant’s expected premium contribution from the cost of the benchmark plan to find the tax credit amount.

Tax credit amount = cost of benchmark plan MINUS applicant’s expected premium contribution

Example: Joe is a 29 year-old single adult earning $1,507 per month (150% FPL). On the Marketplace, his second cheapest silver plan option costs $351 per month; this is his benchmark plan. His expected premium contribution is $61 (see table above). To find his premium tax credit amount, subtract his expected premium contribution from the benchmark plan cost ($351-$61= $290). His premium tax credit amount is $290 per month.

**Offers of Employer Coverage**
Many people with offers of employer coverage cannot get premium tax credits. But, if the coverage is unaffordable or inadequate, then the employee does not have minimum essential coverage and is eligible for PTC, if income is between 100-400% FPL.
- **Unaffordable**: Coverage is unaffordable if employee contribution for self-only coverage is > 9.56% of household income.
- **Inadequate**: Plan is inadequate if its minimum value is determined by the Marketplace to be below a certain threshold. (The majority of employer plans are adequate.)
  - The application has an appendix for applicant and employer to complete. Based on this appendix, the Marketplace will then determine whether the plan is adequate.
**Metal Tiers**
Marketplace plans are in tiers based on *actuarial value* (AV). AV tells you what percentage of a typical population’s costs the plan pays; AV does not tell you what the plan will pay for any particular individual.

<table>
<thead>
<tr>
<th>Plan Tier</th>
<th>Actuarial Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>90%</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
</tr>
<tr>
<td>Bronze</td>
<td>60%</td>
</tr>
</tbody>
</table>

**Cost-sharing reductions**
People below 250% of FPL eligible for cost-sharing reductions (CSR) **ONLY if they buy a silver plan.**

<table>
<thead>
<tr>
<th>On Average, the Insurance Company Will Pay This Percentage:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actuarial Value</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Platinum</td>
</tr>
<tr>
<td>Gold</td>
</tr>
<tr>
<td>Silver</td>
</tr>
<tr>
<td>Bronze</td>
</tr>
</tbody>
</table>

**Caps on Repayment of Advanced Premium Tax Credits**
At the end of the year, there is a cap to how much people may have to pay.

<table>
<thead>
<tr>
<th>Income as Percentage of Federal Poverty Level</th>
<th>Cap for Single Taxpayer</th>
<th>Cap for Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 200% FPL</td>
<td>$300</td>
<td>$600</td>
</tr>
<tr>
<td>At least 200% but less than 300%</td>
<td>$750</td>
<td>$1,500</td>
</tr>
<tr>
<td>At least 300% but less than 400%</td>
<td>$1,275</td>
<td>$2,550</td>
</tr>
<tr>
<td>400% and above</td>
<td>Full repayment of APTC</td>
<td>Full repayment of APTC</td>
</tr>
</tbody>
</table>

**Household Size Rules for Purpose of Premium Tax Credits**
When counting household for the purpose of buying health insurance and getting PTCs, the household size is the **tax unit**.

Filer + Spouse +Qualifying Children** + Qualifying Relatives**

*Medicaid household counting exceptions do **not** apply.
**US Citizen or resident of US, Canada, or Mexico; lives with filer for more than half the year; under 19 at end of year or under 21 if a student; child doesn’t provide more than half of his or her own support.
***US Citizen or resident of US, Canada, or Mexico; filer provides more than half of his or her support; must be related to the filer OR live in the home all year; earned less than $4,050 in 2016.
### Federal Poverty Level Yearly Amounts

*For monthly income amounts, refer to TJC Coverage Cheat Sheet.*

#### 2017 Federal Poverty Level Guidelines

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>$12,060</td>
<td>$16,240</td>
<td>$20,420</td>
<td>$24,600</td>
<td>$28,780</td>
<td>$32,960</td>
<td>$37,140</td>
<td>$41,320</td>
</tr>
<tr>
<td>138% (Insure TN limit)</td>
<td>$16,643</td>
<td>$22,411</td>
<td>$28,180</td>
<td>$33,948</td>
<td>$39,716</td>
<td>$45,485</td>
<td>$51,253</td>
<td>$57,022</td>
</tr>
<tr>
<td>150%</td>
<td>$18,090</td>
<td>$24,360</td>
<td>$30,630</td>
<td>$36,900</td>
<td>$43,170</td>
<td>$49,440</td>
<td>$55,710</td>
<td>$61,980</td>
</tr>
<tr>
<td>200%</td>
<td>$24,120</td>
<td>$32,480</td>
<td>$40,840</td>
<td>$49,200</td>
<td>$57,560</td>
<td>$65,920</td>
<td>$74,280</td>
<td>$82,640</td>
</tr>
<tr>
<td>250%</td>
<td>$20,150</td>
<td>$40,600</td>
<td>$51,050</td>
<td>$61,500</td>
<td>$71,950</td>
<td>$82,400</td>
<td>$92,850</td>
<td>$103,300</td>
</tr>
<tr>
<td>400%</td>
<td>$48,240</td>
<td>$64,960</td>
<td>$81,680</td>
<td>$98,400</td>
<td>$115,120</td>
<td>$131,840</td>
<td>$148,560</td>
<td>$165,280</td>
</tr>
</tbody>
</table>

The creation of this document was supported by Funding Opportunity Number CA-NAV-13-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the Tennessee Primary Care Association and do not necessarily represent the official views of HHS or any of its agencies. Prepared by: Tennessee Primary Care Association, February 2014
Closing the Health Care Coverage Gap:
Helping Our Neighbors, Our Economy, and Our Health Care System

Tennessee currently has over 280,000 Tennesseans in the coverage gap. People who are in the coverage gap can’t get affordable health insurance. They don’t fall into a TennCare category, and they don’t make enough money to buy health insurance through Obamacare on healthcare.gov.

Governor Haslam proposed Insure Tennessee as a way to solve this problem, but the legislature failed to pass it. Now, a task force has come up with the Three Star Healthy Plan, which would potentially close the gap in 2018. Closing the gap is about even more than helping our neighbors. Truly closing the gap would bring our federal tax dollars home, boost our economy, and keep our health care system healthy.

### Closing the Gap Helps our Neighbors

- **280,000 Tennesseans are in the coverage gap, including 24,000 veterans.**
- More than 1/2 of these Tennesseans are working: they are servers, cooks, janitors, maintenance workers, and other service workers.
- Others have had to leave the workforce because they are sick or injured, and they need health care coverage to get better.

### Closing the Gap Helps our Economy

- Closing the gap would bring over $1 billion of our federal tax dollars back to our state.
- We’ve already paid the taxes, but right now, our money is staying in DC instead of coming back down to our state.
- A plan to close the gap can be fully paid for by the federal government and the hospitals, and would not cost Tennessee taxpayers an extra dime. It would create about 15,000 jobs, and prevent lay-offs in hospitals across the state.

### Closing the Gap Helps our Hospitals

- Without closing the gap, our hospitals are at risk of closing or cutting their services because of high rates of uncompensated care.
- Since 2014, 7 rural hospitals have already closed, leaving 4 counties without a hospital.
- Across the state, 31% of patients in 2013 were admitted to a hospital that was at risk of closing or cutting their services.

### What can we do?

Right now, there are two vital things that you can do:

- **Call your legislators.** Your state senator and state representative need to hear from you, and they need to know that you support closing the coverage gap as soon as possible, and expect them to support it, too. **You can connect with your legislators by calling 615-763-4773:** enter your zip code, and you’ll be connected with your senator and representative.

- **Talk to your community.** Help get the word out! Our legislators need to hear from all of us, and you can help make that happen. Find resources and more information at [www.tnjustice.org/gap](http://www.tnjustice.org/gap), and bring handouts to your church, your garden club, the rotary club – or anywhere else you have the opportunity to spread information.

Together, we can ensure that all Tennesseans have access to health care coverage – but it will take all of us. Take action now to help close the coverage gap!
Appendix A: More Information on TennCare Categories

Newborns

There are some options for newborns that could help them get coverage right away.

• **If the mother was on TennCare at the time of birth**, have the parents call Tennessee Health Connection.
  - The newborn will be covered for one year from the date of birth.
  - The newborn’s coverage dates back to date of birth.
  - Typically, TennCare will assign the newborn to the same MCO (Managed Care Organization) as the mother.

• **If the mother was on CoverKids at the time of birth**, have the parents call CoverKids. CoverKids will determine whether the baby is eligible for TennCare or CoverKids and will facilitate the newborn’s enrollment in either of these programs.
  - If the newborn is determined eligible for CoverKids, he/she will receive one year of coverage starting from when the mom got on CoverKids (during pregnancy).
  - If the newborn is determined eligible for TennCare, he/she will receive one year of coverage starting on the date of birth.
  - For both cases, coverage will date back to date of birth.

• **If the mother had private insurance or was uninsured at the time of birth**, but would have been income-eligible for TennCare, call Tennessee Health Connection and ask to apply for Newborn Presumptive Eligibility (NPE). **Or**, contact a participating hospital to file a Newborn Presumptive Eligibility (NPE) application.
  - The newborn’s coverage will date back to the date of NPE application.
  - Babies enrolled through NPE must complete an application on the Marketplace before the end of the following month.
    - If the family completes a Marketplace application within this time, the baby’s NPE will not end until he/she receives a full Medicaid determination. If the family does not complete a Marketplace application by the end of the following month, the baby’s NPE will end.

See the FAQs on Newborn Presumptive Eligibility for more information, and to stay updated as changes happen. The FAQs can be found at [http://www.tennarettopics.com/pregnant-women-eligibility/](http://www.tennarettopics.com/pregnant-women-eligibility/)

Phone Numbers:
Tennessee Health Connection – 1-855-259-0701
CoverKids – 1-866-620-8864
A Quick and Easy Method of Screening for Medicaid Eligibility under the Pickle Amendment

The Pickle Amendment requires that an individual is to be deemed an SSI recipient (which in most states means automatic Medicaid eligibility) if he or she:

1. Was simultaneously entitled to receive both Social Security [Old Age, Survivors or Disability Insurance (OASDI)] and Supplemental Security Income (SSI) in some month after April 1977;

2. Is currently eligible for and receiving OASDI;

3. Is currently ineligible for SSI; and

4. Receives income that would qualify him for SSI after deducting all OASDI cost-of-living adjustments (COLA) received since the last month in which he was eligible for both OASDI and SSI.

Screening for Medicaid eligibility under the Pickle Amendment is quick and simple. The screening process will eliminate the great majority of those who are not eligible without the necessity of performing any mathematical calculations. For those who survive the initial screening and for whom mathematical calculations are required, the table below provides a simple formula for performing the necessary calculations.

The screening process is as follows:

Step 1: Ask the person, “Are you now receiving a Social Security check?” If the answer is no, the person cannot be Pickle eligible. If the answer is yes, go on to the next step.

Step 2: Ask the person, “After April 1977, did you ever get an SSI check at the same time that you got Social Security, or did you get SSI in the month just before your Social Security started?” If the answer is no, the person cannot be Pickle eligible. If the answer is yes, go on to step 3.

Step 3: Ask the person, “What is the last month in which you received SSI?”

Step 4: Look up the month in which the person last received SSI in the following table. Find the percentage that applies to that month. Multiply the present amount of the person’s (and/or spouse’s) Social Security (OASDI) benefits by the applicable percentage.

Step 5: You have just calculated the person’s countable Social Security income under the Pickle Amendment. Add the figure that you have just calculated to any other countable income the person may have. If the resulting total is less than the current SSI income criteria in your state, the person is Pickle eligible, from the standpoint of income, for Medicaid benefits. (The person must still satisfy separate Medicaid resource and non-financial requirements.)

Example

Mrs. Ima Gherkin received both Social Security and SSI checks in 1976-78. However, her SSI was terminated in March 1978 because she started receiving a private pension that, added to her Social Security benefits, raised her income to an amount above the 1978 SSI income limits. There have been gradual increases in her income since 1978. She now receives a Social Security benefit of $1,328 per month, which happens to be the average monthly benefit for retired workers. Her private pension is $275 a month, giving her a total of $1,603 monthly.

In 2016, the income limit for SSI (taking into account a $20 general income disregard) is $753 for an individual. Thus, Mrs. Gherkin’s income is over twice the SSI income limit, which her state has adopted as the Medicaid limit for persons who are aged, blind or disabled.

You screen Mrs. Gherkin for Pickle eligibility as outlined above. Determining that the last month in which she received both Social Security and SSI was March 1978, you look up that time period in the following table and find the corresponding reduction factor (.260). You multiply Mrs. Gherkin’s current Social Security benefit of $1,328 by that factor, to determine her current countable “Pickle” income.

$$1,328 \times .260 = 3345 \text{ ("Pickleled" Social Security income, rounded downward)}$$

$$345 \text{ countable Social Security income } + 275 \text{ private pension } = 620 \text{ total countable "Pickle" income}$$

Since $620 is less than the current SSI income limit (including the standard $20 disregard) of $753, Mrs. Gherkin is eligible for Medicaid, even though she is ineligible for SSI.
Reduction Factors for Calculating Medicaid Eligibility under the Pickle Amendment During 2017

If the last month a person received SSI while, or immediately prior to, receiving Social Security (OASDI) was in any of the periods below, multiply the present amount of her Social Security by the corresponding factor.

<table>
<thead>
<tr>
<th>If SSI was terminated during this period:</th>
<th>Multiply 2017 OASDI income by:</th>
<th>If SSI was terminated during this period:</th>
<th>Multiply 2017 OASDI income by:</th>
<th>If SSI was terminated during this period:</th>
<th>Multiply 2017 OASDI income by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>May - June 1977</td>
<td>0.244</td>
<td>Jan 1990 - Dec 1990</td>
<td>0.525</td>
<td>Jan 2003 - Dec 2003</td>
<td>0.751</td>
</tr>
<tr>
<td>July 1977 - June 1978</td>
<td>0.239</td>
<td>Jan 1991 - Dec 1991</td>
<td>0.553</td>
<td>Jan 2004 - Dec 2004</td>
<td>0.767</td>
</tr>
<tr>
<td>July 1978 - June 1979</td>
<td>0.276</td>
<td>Jan 1992 - Dec 1992</td>
<td>0.574</td>
<td>Jan 2005 - Dec 2005</td>
<td>0.788</td>
</tr>
<tr>
<td>July 1979 - June 1980</td>
<td>0.303</td>
<td>Jan 1993 - Dec 1993</td>
<td>0.591</td>
<td>Jan 2006 - Dec 2006</td>
<td>0.820</td>
</tr>
<tr>
<td>July 1980 - June 1981</td>
<td>0.346</td>
<td>Jan 1994 - Dec 1994</td>
<td>0.606</td>
<td>Jan 2007 - Dec 2007</td>
<td>0.847</td>
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<tr>
<td>July 1981 - June 1982</td>
<td>0.385</td>
<td>Jan 1995 - Dec 1995</td>
<td>0.623</td>
<td>Jan 2008 - Dec 2008</td>
<td>0.866</td>
</tr>
<tr>
<td>July 1982 - Dec 1983</td>
<td>0.414</td>
<td>Jan 1996 - Dec 1996</td>
<td>0.639</td>
<td>Jan 2009 - Dec 2011</td>
<td>0.917</td>
</tr>
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<td>Jan 1984 - Dec 1984</td>
<td>0.428</td>
<td>Jan 1997 - Dec 1997</td>
<td>0.658</td>
<td>Jan 2012 - Dec 2012</td>
<td>0.950</td>
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<tr>
<td>Jan 1985 - Dec 1985</td>
<td>0.443</td>
<td>Jan 1998 - Dec 1998</td>
<td>0.672</td>
<td>Jan 2013 - Dec 2013</td>
<td>0.966</td>
</tr>
<tr>
<td>Jan 1986 - Dec 1986</td>
<td>0.457</td>
<td>Jan 1999 - Dec 1999</td>
<td>0.681</td>
<td>Jan 2014 - Dec 2014</td>
<td>0.980</td>
</tr>
<tr>
<td>Jan 1987 - Dec 1987</td>
<td>0.463</td>
<td>Jan 2000 - Dec 2000</td>
<td>0.698</td>
<td>Jan 2015 - Dec 2016</td>
<td>0.997</td>
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<td>Jan 1988 - Dec 1988</td>
<td>0.482</td>
<td>Jan 2001 - Dec 2001</td>
<td>0.722</td>
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<tr>
<td>Jan 1989 - Dec 1989</td>
<td>0.501</td>
<td>Jan 2002 - Dec 2002</td>
<td>0.741</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 In 11 states, known as 209(b) states, SSI eligibility does not automatically confer Medicaid eligibility: CT, HI, IL, IN, MN, MO, NH, ND, OH, OK, and VA. See Nelson v. Shakala. 12 F.3d 258 (D.C. Cir. 1994).

2 The person need not literally receive both SSI and OASDI checks in the same month, but need only be entitled to both for the same month. There is a one-month lag in OASDI payments, which are not disbursed until the month after entitlement, while SSI payments are paid in the month of entitlement. It is common for a person to receive SSI while awaiting receipt of OASDI payments. Once her monthly OASDI begins, if it exceeds the SSI rate, she receives just OASDI thereafter. In such circumstances, even though the person never actually received simultaneous payments from both programs in a single month, she meets the first Pickle requirement. This is true even if income from a retroactive OASDI payment exceeds the SSI benefit level for all months in which SSI was received. For this reason, you should ask not just if the person received both SSI and OASDI in the same month, but did she receive SSI immediately before his OASDI payments began. See 42 C.F.R. §435.155 and 51 Fed. Reg. 12326 (April 10, 1986). For more information, see “Medicaid Eligibility in a Time Warp”, 22 Clearinghouse Review 120 (June 1988).

Medically Needy Spend Down

Note: Very few medical costs can be used for a child who is on TennCare. TennCare is supposed to pay for all medically necessary care for a child enrolled in TennCare, including many over the counter drugs.

Remember: You can use only the part of medical costs that you will owe. You cannot use the part that insurance covers. Do not count the part of the insurance premium paid by an employer.

Keep a list of any medical costs that don’t seem to fit in the chart—or ones you're just not sure about. Maybe they will still help you meet Spend Down.
<table>
<thead>
<tr>
<th>Medical Costs for all family members</th>
<th>Incurred Application Month</th>
<th>Incurred Last Calendar Month (from application month)</th>
<th>Incurred 2 Months ago (from application month)</th>
<th>Incurred 3 Months ago (from application month)</th>
<th>Old bill, amount paid in application month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance monthly premium</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Over the counter (non-prescription) drugs, including up to $10/month per household member without a receipt Ex: vitamins, cold drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs doctor ordered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental costs (includes braces dentures, and orthodontia)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyeglasses, contact lenses, hearing aids &amp; walking aids (not a complete list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Costs for all family members</td>
<td>Incurred Application Month</td>
<td>Incurred Last Calendar Month (from application month)</td>
<td>Incurred 2 Months ago (from application month)</td>
<td>Incurred 3 Months ago (from application month)</td>
<td>Old bill, amount paid in application month</td>
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<td>-------------------------------------</td>
<td>-----------------------------</td>
<td>--------------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>-------------------------------------------</td>
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<tr>
<td>Guide dogs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School fees for medical care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing home costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthetic devices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special education costs for mentally and/or physically handicapped child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation for medical/remedial care: to and from doctors’ offices and drug store to get medicines (47 cents/mile - include parking fees and tolls)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organ transplant expenses (including kidney)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acupuncture services</td>
<td></td>
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</tr>
<tr>
<td>Bed hold at long-term care facility</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>TOTALS</td>
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</tr>
</tbody>
</table>

*Calendar month means the full month. For example, it would mean the month of April or July, not March 15 to April 15 or June 22 to July 22.*
Appendix B: More Information on Medicare

- **Who is eligible for Medicare?**
  Medicare is health insurance for people 65 and older. People under 65 with certain disabilities might also be eligible for Medicare. People with End-Stage Renal Disease are eligible for Medicare if they are already receiving SS or railroad benefits, have worked long enough to be eligible for benefits (how long depends upon age) or are a spouse or dependent child of someone who is eligible for Medicare. You must be a citizen or lawfully present in the U.S. to be eligible for Medicare.

For information on Medicare open enrollment periods and other questions, call SHIP at 1-877-801-0044.

### Medicare Part A

- **What is Part A?**
  Medicare Part A is your hospital insurance. Part A helps cover inpatient care in hospitals, inpatient care in a skilled nursing facility (not custodial or long-term care), hospice care, home health care, and inpatient care in a religious nonmedical health care institution.

- **How much does Part A cost?**
  Most people do not pay a monthly Part A premium, because they or a spouse has at least 40 quarters (or about 10 years) of Medicare-covered employment. People with 30-39 quarters of employment history have to pay $227 per month. People with less than 30 quarters of employment history have to pay $413 per month.

- **Does Part A have cost-sharing?**
  Yes, you may have copayments, coinsurance, or deductibles for Part A services. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) for cost information.

### Medicare Part B

- **What is Part B?**
  Medicare Part B is your medical insurance. Part B helps cover medically necessary doctors’ services, outpatient care, home health services, durable medical equipment, and other medical services. Part B also covers many preventive services. To see if Medicare covers a service visit Medicare.gov/coverage or call 1-800-MEDICARE.

- **How much does Part B cost?**
  For most people, the monthly Part B premium is $134. There are some exceptions. If your monthly income is above $7,084 (individual) or $14,167 (couple), then your monthly premium may be higher than $134. If your monthly income is lower than $1,377 (individual) or $1,847 (couple) and your resources are below $7,280 (individual) or $10,930 (couple), then the state might pay your Part B premium. (See page 12 of the toolkit for more information on Medicare Savings Programs.)

- **Does Part B have cost-sharing?**
  Yes. Part B has a $183 yearly deductible. You must pay all costs until you meet the deductible before Medicare begins to pay its share. After you meet the deductible, you typically pay 20% of the amount of the service. For most preventive services, you pay nothing, as long as your doctor accepts Medicare. You may have to pay a deductible, coinsurance, or both for some preventive services.
**Medicare Part C**

- **What is Part C?**

Medicare Part C is also called an Advantage Plan. It is another way to get your Medicare coverage. Part C is offered by private insurance companies that Medicare approves. Through an Advantage Plan, you get Medicare parts A and B. Part C usually includes Medicare prescription drug coverage (Part D) as part of the plan, too. It may also offer extra coverage, like vision, hearing, dental, and other health and wellness programs.

- **How much does Part C cost?**

You still have to pay your Part B premium when you have Part C. In addition, you might have to pay another monthly premium for Part C. It depends on the Advantage Plan you choose.

- **Does Part C have cost-sharing?**

Yes. Your out-of-pocket costs depend on your plan. If you want information about a specific Advantage Plan, call the plan provider and request a summary of benefits. Contact SHIP for help comparing plans at 1-877-801-0044.

**Medicare Part D**

- **What is Part D?**

Medicare Part D is your prescription drug coverage. Part D is offered to everyone with Medicare. To get Part D, you must join a plan run by an insurance company or other private company approved by Medicare.

- **How much does Part D cost?**

Each Part D plan can vary in cost, cost-sharing, and specific drugs covered.
Appendix C: Special Enrollment FAQs

What triggers a Special Enrollment Period (SEP)?
An SEP can be triggered for anyone by:

- **life changes**: marriage, birth, adoption, placement in foster care, becoming a citizen, release from incarceration, or a permanent move
- **involuntary loss of minimum essential coverage**: employer coverage, kids covered by parents who turn 26, TennCare/CoverKids, or COBRA if it runs out
- **special circumstances**: error, misrepresentation or inaction by the Marketplace or by enrollment assisters; misconduct by a broker or application assister; QHP significantly violates their contract; or other hardships that prevented participation in enrollment

An SEP can also be triggered for someone not currently enrolled in a qualified health plan due to:

- **increased income**: Applies to consumers in Medicaid non-expansion states whose incomes rise to or above 100% FPL making them newly eligible for APTCs. Effective on April 28, 2015.
- **tax penalty**: Applies to individuals and families who did not have health coverage in 2014, did not know about or understand the individual mandate, and had to pay a fine when they filed their 2014 taxes. Effective from March 15, 2015 to April 30, 2015.
- **delayed Medicaid or CHIP denial**: Applies to consumers who don’t receive Medicaid denials until after open enrollment.

What do I do once I think I should have an SEP?
If you want to apply online, go to healthcare.gov, create an account, and go through the application. Your eligibility letter will tell you if you have an SEP. You can also apply over the phone, and your eligibility results will be read to you and will let you know if you have an SEP.

How long is the SEP?
The SEP is 60 days from the qualifying event. So if you get married or lose your job, you have 60 days to go on the Marketplace.

When will my coverage start once I enroll?
For most cases, it will be the same as it was during open enrollment. If you sign up for coverage between the 1st-15th, your coverage will start on the 1st of the next month. If you sign up between the 16th and the last day of the month, your coverage will start on the 1st of the month following the next month (so if you apply on June 20th, your coverage will start August 1st).

The exceptions to this schedule are **life changes** (birth, marriage, adoption, becoming a citizen, or permanent move). For these, the coverage will default to start on the 1st day of the next month, but you have the option to make it retroactive to the day of event.

For example: Roxanne gets married on July 20th, and has 60 days to choose a plan on the Marketplace. She chooses a plan on August 25th. That plan will start on September 1st. Roxanne now has two options: she can either have her plan start on September 1st, or she can have it **backdate to July 20th**. If she chooses to backdate it, she will have to pay those back premiums, but she will be able to bill her new insurance company for any bills incurred in that time.
If I know I am going to have an SEP coming up because I am quitting my job or getting married, can I choose a plan before that happens?

Yes. You can start your SEP up to 60 days before the qualifying event, and have your insurance set up to start the day you need it to avoid a longer gap in coverage.

If I switch my health plan, will the money I’ve already paid towards my deductible roll over?

No. Unfortunately, the money that you have paid towards your deductible in your old plan will not roll over, and you will have to start from scratch with your new plan.

If I get above 100% of the federal poverty line and I am newly eligible for premium tax credits, will I be able to enroll?

Yes. If you were previously ineligible for APTCs solely due to income below 100% FPL and you experience an increase in income at or above 100% FPL, then you could be newly eligible for APTCs and a SEP. This SEP applies only to consumers who live in Medicaid non-expansion states.

To get this SEP, you must call the Marketplace at 1-800-318-2596. All you have to do is attest that you were previously ineligible for Medicaid. If you qualify for the SEP, you will then have 60 days to enroll in a qualified health plan.

Do I have to try to enroll to qualify for the hardship to avoid paying the penalty?

If you are below the tax filing threshold ($10,150 for a single individual in 2015), then you are automatically exempt from paying the penalty, even if you file for taxes anyway.

But, if you are between the tax filing threshold and 138% federal poverty level, you have to apply for coverage and get a hardship exemption, in order to be exempt from the penalty.

How else could I be exempt from the penalty?

A full list of exemptions can be found at https://www.healthcare.gov/exemptions/.

What if I need help figuring out if I qualify for a SEP?

CMS’s SEP screening tool can be found at https://www.healthcare.gov/screener/.
Appendix D: TennCare Delays

Note: this information changes very often. Please keep checking our website for updates: www.tnjustice.org/tenncare-suit/

What’s the problem?

Since January 2014, many Tennesseans who have tried applying for TennCare have not heard back about whether or not they are eligible. Newborns, pregnant women, children, parents, and people with disabilities have been waiting for months for TennCare to tell them whether they can get health insurance. Hospitals have been unable to obtain Emergency Medicaid to pay for emergency treatment provided to immigrants.

On July 23, 2014, three non-profit law firms filed Wilson v. Gordon against TennCare for these delays.

On September 2, 2014, a judge ruled that everyone who has been waiting for a decision from TennCare for more than 45 days (or 90 days for CHOICES applications) has the right to a fair hearing within 45 days (or 90 days for CHOICES) of asking for one.

Who has the right to a hearing?

All class members have a right to a fair hearing. A class member is anyone who:

- Applied for TennCare or a Medicare Savings Program (QMB, SLMB, or QI) and has been waiting more than 45 days for a decision, OR
- Applied for CHOICES (TennCare’s long-term care program) and has been waiting more than 90 days for a decision.

Even if someone is not eligible for these programs, they are still a class member if they have applied and are waiting beyond the 45/90 days. The delay in getting a denial from TennCare may be preventing them from qualifying for a premium tax credit or CoverKids.

What will this hearing get for the class members?

The court indicated that the purpose of the hearing process is to help people get a prompt decision on their application.

The state has said that they hope to resolve most cases without having to go to a hearing. This means that they will attempt to determine whether or not someone is eligible before the hearing happens, so that the hearing will be unnecessary. Please check www.tnjustice.org/tenncare-suit for updates.

What can I do to help class members?

Once you have identified someone as a class member, take these steps to help him/her:

1. Explain that he/she has a right to appeal. Call Tennessee Health Connection at 1-855-259-0701, and ask for an appeal over the phone. Be sure to write down the date and time of the phone call, and who you spoke to. OR fax TennCare’s Request for Processing Delay Hearing form with proof of application to Tennessee Health Connection at 1-855-315-0669. Save a copy of the fax receipt.

2. TennCare may be able to determine someone’s eligibility without needing more information. However, they may send a letter asking either for proof of application date, or for proof of income. They will ask the class member to send this information within 10
days. Try to have this information ready to be sent, so that the class member can do it immediately, if they do get that letter.

- An applicant can prove their application date with any written correspondence from the Marketplace that shows the date of application.
  - Note: If the class member applied on the Marketplace by phone, they may be able to create an account online, and gain access to their eligibility letter with their application number.

3. Have the class member call their local Legal Aid office if they are in Middle or East Tennessee to ask if they can get help with their appeal.

4. **Be encouraging!** We don’t want anyone to be intimidated by the process. TennCare has indicated that they hope to resolve most cases before they go to a hearing, so it is possible that many people will not have to actually have a hearing.

### Fast Enrollment Options (Presumptive Eligibility)

There are some people that might be able to get coverage right away. These groups should always file an application through the Marketplace in addition to filing for Presumptive Eligibility:

- **Pregnant woman**, tell her to go to her local health department to get presumptive eligibility, which will give her TennCare. As long as the class member then promptly files a regular TennCare application through the Marketplace, her presumptive eligibility should not end while that application is pending. If a pregnant woman loses her presumptive eligibility because she did not apply on the Marketplace, she cannot get another presumptive eligibility for that pregnancy.

- **Newborn, and...**
  - **the mother was on** TennCare at the time of birth, have the parents call Tennessee Health Connection (1-855-259-0701) to get the newborn covered for one year from the date of birth. The newborn’s coverage dates back to date of birth.
  - **the mother was on CoverKids at the time of birth**, have the parents call CoverKids (1-866-620-8864) to get the newborn on CoverKids for one year from when the mom got on CoverKids. The newborn’s coverage also dates back to date of birth. CoverKids will determine whether the child should be on TennCare or CoverKids, and will facilitate the enrollment in either category.
  - **the mother had private insurance or was uninsured at the time of birth, but would have been eligible for TennCare**, contact a participating hospital to file a Presumptive Eligibility for Newborns application. The newborn’s coverage will date back to the date of application. Or, call Tennessee Health Connection and ask to get Newborn Presumptive Eligibility.

- **Breast or cervical cancer**, tell the class member to go to their local health department to file a Presumptive Eligibility for a Breast/Cervical Cancer screening to get presumptive eligibility. If she then promptly files a regular TennCare application through the Marketplace, her presumptive eligibility should not end while that application is pending.
### Appendix E: Helpful Phone Numbers & Addresses

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Agencies on Aging and Disabilities (AAAD)</td>
<td>1-866-836-6678</td>
</tr>
<tr>
<td>AmeriGroup</td>
<td>1-800-600-4441</td>
</tr>
<tr>
<td>BlueCare</td>
<td>1-800-468-9698</td>
</tr>
<tr>
<td>Blue Cross Blue Shield TN</td>
<td>1-877-942-2144</td>
</tr>
<tr>
<td>Cigna</td>
<td>1-800-997-1654</td>
</tr>
<tr>
<td>Community Health Alliance</td>
<td>1-888-415-3332</td>
</tr>
<tr>
<td>CoverKids</td>
<td>1-866-620-8864</td>
</tr>
<tr>
<td>CoverRx</td>
<td>1-800-424-5815</td>
</tr>
<tr>
<td>Department of Intellectual &amp; Developmental Disabilities</td>
<td>1-615-532-6530</td>
</tr>
<tr>
<td><strong>Family Assistance Service Center</strong></td>
<td>1-866-311-4287 or 615-743-2000</td>
</tr>
<tr>
<td><strong>Get Covered Hotline</strong></td>
<td></td>
</tr>
<tr>
<td>Health Assist</td>
<td>1-800-269-4038</td>
</tr>
<tr>
<td>Humana</td>
<td>1-615-221-2155</td>
</tr>
<tr>
<td><strong>Marketplace Hotline</strong></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>1-800-633-4227</td>
</tr>
<tr>
<td>Mental Health Crisis Line (Statewide)</td>
<td>1-800-809-9957</td>
</tr>
<tr>
<td>QMB (Qualified Medicare Beneficiary) Hotline</td>
<td>1-800-624-5547</td>
</tr>
<tr>
<td>SHIP (State Health Insurance Assistance Program)</td>
<td>1-877-801-0044 or 1-866-836-7677</td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>1-800-772-1213</td>
</tr>
<tr>
<td>TennCare Bureau</td>
<td>1-800-342-3145 or 615-507-6000</td>
</tr>
<tr>
<td><strong>TennCare Advocacy Program</strong></td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>TennCare Fraud and Abuse Line (<a href="mailto:TennCarefraud@state.tn.us">TennCarefraud@state.tn.us</a>)</td>
<td>1-800-433-3982 or 615-256-3852</td>
</tr>
<tr>
<td>TennCare Long-Term Care and Services</td>
<td>1-877-224-0219</td>
</tr>
<tr>
<td>TennCare Select</td>
<td>1-800-263-5479</td>
</tr>
<tr>
<td><strong>TennCare Solutions Unit (TSU)</strong></td>
<td>1-800-878-3192</td>
</tr>
<tr>
<td>TennCare Spanish-speaking Information Line</td>
<td>1-800-254-7568</td>
</tr>
<tr>
<td>TennCare TTY for persons with speech and hearing impairments</td>
<td>1-800-779-3101 or 615-313-9240</td>
</tr>
<tr>
<td><strong>Tennessee Health Connection Hotline</strong></td>
<td>1-855-259-0701</td>
</tr>
<tr>
<td>Tennessee Justice Center</td>
<td>1-877-608-1009 or 615-255-0331</td>
</tr>
<tr>
<td>United HealthCare Community Plan</td>
<td>1-800-414-9025</td>
</tr>
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**HCFA (Eligibility Delay Appeals)**
P.O. Box 23650, Nashville, TN 37202-3650.
Fax: 1-844-563-1728.

**Health Insurance Marketplace**
465 Industrial Blvd.
London, KY 40750-0061

**Tennessee Health Connections**
P.O. Box 305240
Nashville, TN 37230-5240
Fax: 1-855-315-0669
Appendix F: CHOICES Appeal

Did TennCare say you can’t get CHOICES?
You Can Appeal!

TO APPEAL: You can fill out this form and answer the questions on the back. OR you can write a letter that has the information they ask for on your denial letter. Attach copies of any documents you have that show your need for care with the form/letter.

Mail the form/letter and documents to:

TennCare Long-Term Services and Supports
c/o CHOICES Appeals
310 Great Circle Road
Nashville, TN 37243

OR Fax the form/letter and documents to: 1-615-734-5411

Keep a copy of your appeal and (if you faxed it) the page saying the fax went through.

Who is appealing? Fill this section out with the information of the person who wants to appeal.

Full Name: __________________________________________ Date of Birth: ___/___/____

Social Security Number: ______ - _____ - ________

PAE Number (Find this at the top of page 1 of your denial letter): __________________________

Telephone Number: (______)_______ - ____________

Current Mailing Address: ________________________________________________________________

City:________________________________ State:_____________ Zip: ____________

Who filled out this form? Fill this section out only if you are helping someone file the appeal.

Name: ______________________ Daytime phone number: (_____) ______ - ____________

Are you a: ___ Parent, relative or friend ___ Advocate or attorney ____ Doctor or health care provider

Why are you appealing? Tell us what decision by CHOICES you are appealing.

____ I was told I cannot get CHOICES at all.
____ I was told I can only get CHOICES 3, but I need more help at home or care in a nursing home.
____ I was on CHOICES but they are ending my coverage.
____ I am on CHOICES but my services are being reduced.
____ I was told my PAE has only been approved for less than a year.

Why should you be on CHOICES? Tell us why you think you should be on CHOICES. Include any mistakes you think TennCare made. Send copies of any papers or records you have that will help show your problem and your medical need for CHOICES. If you have more you want to say simply write it on another sheet of paper and attach it to this one!

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

NEXT: You can (but you don’t have to) answer the questions on the next page about your health and daily living. You must sign and date on the other side of this page at the bottom.
OPTIONAL - PLEASE ANSWER THE QUESTIONS BELOW ABOUT YOUR HEALTH AND DAILY LIVING:

Do you ever have trouble walking or moving around? YES / NO
If Yes please explain the problems you have:________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Do you ever have problems eating by yourself? YES / NO
If Yes please explain the problems you have:________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Do you ever have trouble using the toilet or cleaning up after toileting accidents? YES / NO
If Yes please explain the problems you have:________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Do you ever lose your sense of direction or don’t know where you are? YES / NO
If Yes please write a little about this:____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Do you struggle to tell other people your needs? Do you find people can’t understand you when you
tell them your needs and feelings? YES / NO
If Yes please write a little about this:____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Do you have medicines that you need but can’t take by yourself? YES / NO
If Yes please explain the problems you have:________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Are your family and loved ones concerned about how you act? Do they have to take care of you when
you act in strange or upsetting ways? YES / NO
If Yes please explain the problems you have:________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Signature: ___________________________________ Date: ____________________________
(Person appealing or authorized person who signs for them).