TennCare
Redetermination

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Agenda

• Description (5 min)
• Background (5 min)
• Process (10 min)
• Challenges (10 min)
• How to Help/How to Build a Record (10 min)
• Recap (5 min)
• Q&A (15 min)
What the law requires
Periodic Redetermination of Medicaid Eligibility

By federal law, all Medicaid (TennCare) enrollees must have their eligibility redetermined every 12 months.

42 CFR 435.916(a) and (b)
Periodic Review

Periodic renewal of Medicaid eligibility.

(a) Renewal of individuals whose Medicaid eligibility is based on modified adjusted gross income methods (MAGI). (1) Except as provided in paragraph (d) of this section, the eligibility of Medicaid beneficiaries whose financial eligibility is determined using MAGI-based income must be renewed once every 12 months, and no more frequently than once every 12 months.

42 CFR 435.916(a)
(iii) Reconsider in a timely manner the eligibility of an individual who is terminated for failure to submit the renewal form or necessary information, if the individual subsequently submits the renewal form within 90 days after the date of termination, or a longer period elected by the State, without requiring a new application.

42 CFR 435.916(a)
According to the TennCare Rules:

REDETERMINATION shall mean the process by which [DHS] evaluates the ongoing eligibility status of TennCare Medicaid and TennCare Standard enrollees. This is a periodic process that is conducted at specified intervals or when an enrollee’s circumstances change. The process is conducted in accordance with TennCare’s, or its designee’s, policies and procedures.

TennCare Rule 1200-13-13-.01
The State is Required to...

- Extend coverage for all enrollees whose current eligibility can be determined by review of records already available to the state. ("Ex parte review")
- Send to enrollees notices that are pre-populated with any information already available to the state.
- Afford enrollees an opportunity to provide any missing information or documentation.
- Provide assistance – in person & by phone.
And...

- Assess enrollees’ eligibility in all open categories of TennCare.
- If ineligible for TennCare, determine eligibility for other insurance affordability programs (CoverKids, PTCs, CSRs).
- Electronically transfer files to the Marketplace for those determined eligible for other insurance affordability programs.
- Notify enrollees of the state’s determination.
The Enrollee is Required to...

• Keep TennCare informed of any changes in contact information.
• Report changes in income &/or household composition.
• Respond to redetermination notices within 30 days.
• Provide supporting documentation, as requested by the state.
Background
TennCare Redeterminations have been delayed for up to 3 years.
Process
Process

- This year’s redetermination process will look different than in previous years.
- DHS offices are said to be helping fill out and fax renewal packets.
- Enrollees do not have a case worker they can contact.
- TNHC can help with basic questions about the Renewal Packet, but there may be lengthy wait times.
Three Phases

• Phase 1: SNAP Match
• Phase 2: Confirmation Mailing
• Phase 3: Renewal Packet
Phase 1

• In May & September the state redetermined eligibility for approximately 720,000 individuals.

• TennCare used SNAP (Supplemental Nutrition Assistance Program aka food stamps) data gathered by DHS to redetermine eligibility.

• No one lost eligibility as part of Phase 1.

• Enrollees for whom there was a SNAP match should have received a notice that their TennCare will continue.
Phase 2

• In October, November & December, TennCare sent notices to 300,000 selected enrollees.

• The notice asked individuals to sign & return the forms if their circumstances have not changed since their last eligibility review.

• Based on self-attestation.

• No immediate loss of eligibility in Phase 2.
Phase 2

• Enrollees could complete the form & fax or mail it to TennCare to complete the redetermination process.
• Every enrollee received his/her own form to fill out & send back in.
• It is especially important that all notices are returned to the address &/or fax number noted on the notice.
Phase 3

- Phase 3 started on December 14, 2015 with a pilot group of 10,000.
- This step will require enrollees to respond to extensive requests for information (RFI).
- It will affect individuals due for redetermination, whose eligibility was not redetermined in Phase 1 or 2.
- Failure to document eligibility or respond to notices will result in termination of TennCare.
Challenges in Completing Phase 3
Confirming Phase 3 Notice

Coding on Renewal Packet is TN 401 or TN 401a (upper left-hand side)

It's time to renew your TennCare!
Confirming Phase 3 Notice

Barcode on bottom, left-hand side is unique to each Renewal Packet & on every page of the Renewal Packet.
Do **NOT** make copies of the Renewal Notice to be used for members outside of the household.
These Challenges Are:

• Enrollees may not receive the Renewal Packet.
• Enrollees may not understand the Renewal Packet.
• Enrollees may fail to take timely action.
Enrollees May Not Receive the Renewal Packet

• At least one third are likely to have moved since their eligibility was last determined. http://blogs.census.gov/2012/12/10/america-a-nation-on-the-move/

• Even if they reported a change in address, they can’t be sure the new address made its way into the system.
Reporting Change of Address

• TennCare Change of Address Reporting Form
  – English:  
    http://tn.gov/assets/entities/tenncare/attachments/ChangeOfAddressForm.pdf
  – Spanish:  
    http://tn.gov/assets/entities/tenncare/attachments/ChangeOfAddressFormSP.pdf

• TJC recommends reporting changes by fax.  
  Save fax receipt.
Lost Renewal Packets

If an enrollee loses her Renewal Packet, she should call TNHC at 1-855-259-0701. TNHC will mail a new Renewal Packet to the address on file.
Enrollees May Not Understand the Renewal Packet
Challenging Areas of Renewal Packet

- Counting Household Members
- Proof of Income
- MAGI Deductions
- MAGI & Non-MAGI Categories To Be Screened
Counting Households

STEP 2 Tell us about your family.

Who do you need to include on this application?
Tell us about all the family members who live with you. If you file taxes, we need to know about everyone on your tax return. (You don’t need to file taxes to get health coverage).

DO Include:
- Yourself
- Your spouse
- Your children under 21 who live with you
- Your unmarried partner who also has coverage
- Anyone you include on your tax return, even if they don’t live with you
- Anyone else under 21 who you take care of and who lives with you

You DON’T have to include:
- Your unmarried partner who doesn’t have coverage
- Your unmarried partner’s children
- Your parents who live with you, but file their own tax return (if you’re over age 21)
- Other adult relatives who live with you but file their own tax return

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Recommended Steps

Step 1– Tax Filing

• Does the enrollee file or expects to file taxes this year?

• If yes, list everyone that will be claimed as a dependent

• If no, go to Step 2
Recommended Steps

Step 2—Identify Family Members

• These are family members living in the household.

• Exclude those members who file their own taxes AND are not claimed as a dependent on the enrollee’s return.
Why This Is Important

Non-MAGI and MAGI household counting methodologies are different.

• Non-MAGI is based on immediate family members
• MAGI is based on tax-filing unit with 3 exceptions for dependents:
  – 2 unmarried parents;
  – Someone other than the spouse or child of the tax-filer;
  – Child claimed by a non-custodial parent.
Proof of Income

Things you may need to complete this renewal packet

- Social Security Numbers (or document numbers for any legal immigrants who need insurance).
- Employer and income information for everyone in your family (for example, paystubs, W-2 forms, bank statements or wage and tax statements). Be sure to send in proof of your income too. Having this proof may help us decide faster if you can keep coverage.
- Policy numbers for any health insurance you have now.
- Information about any job related health insurance available to your family.
Sending “Proof” of Income

• Phase 3 Cover Letter references sending proof with the packet, but it doesn’t mention what the proof should be.

• TJC recommends sending proof of the most recent 8 weeks of income, if possible. (unless there’s been a change in income for the current month – attach explanation if needed)

• Eligibility is based on point-in-time income.
TJC’s Income Handout

You can download our handout to give to enrollees from our website:

MAGI Deductions
(Renewal Packet)

33. DEDUCTIONS: Check all that apply. Tell us the amount and how often you get it. If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make your income a little lower. **NOTE:** You shouldn’t include a cost that you already considered in your answer to net self-employment (question 30b).

☐ Alimony paid $_______ How often? ________
☐ Student loan interest $_______ How often? ________
☐ Other deductions Type: __________________________

$_______ How often? ________

Pages 4 of 8 (Person 1) and 6 of 8 (Person 2)
### MAGI Deductions (IRS)

**Adjusted Gross Income**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>Educator expenses</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Health savings account deduction. Attach Form 8889</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Moving expenses. Attach Form 3903</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Deductible part of self-employment tax. Attach Schedule SE</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Self-employed SEP, SIMPLE, and qualified plans</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Self-employed health insurance deduction</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Penalty on early withdrawal of savings</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Alimony paid  Recipient’s SSN ▶</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>IRA deduction</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Student loan interest deduction</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Tuition and fees. Attach Form 8917</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Domestic production activities deduction. Attach Form 8903</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Add lines 23 through 35. Add lines 23 through 35. Add lines 23 through 35. Add lines 23 through 35.</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Subtract line 36 from line 22. This is your adjusted gross income</td>
<td></td>
</tr>
</tbody>
</table>

01/13/2016
Screening for Non-MAGI Categories

13. Are you pregnant or under age 21? AND have you or anyone else in your home gotten care or medicine in the last 3 months and have bills (paid or unpaid) for that care or medicine? □ Yes ☑ No  If Yes, fill out and send in both Appendix A and this renewal packet.

Pages 3 of 8 (Person 1) and 5 of 8 (Person 2)
## Resources: Property

No designation of homestead

### Appendix A

<table>
<thead>
<tr>
<th>Do you own:</th>
<th>What’s it worth now?</th>
<th>How much do you owe on it?</th>
<th>The kind of proof we need:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property</td>
<td></td>
<td></td>
<td>Something that shows what it’s worth like a property tax statement and something that shows how much you owe like a mortgage statement</td>
</tr>
</tbody>
</table>

| Street Address:                  |                      |                           |                                                       |
| City:                            |                      |                           |                                                       |
| State:                           |                      |                           |                                                       |
| ZIP:                             |                      |                           |                                                       |

| Street Address:                  |                      |                           |                                                       |
| City:                            |                      |                           |                                                       |
| State:                           |                      |                           |                                                       |
| ZIP:                             |                      |                           |                                                       |
Enrollees May Fail to Take Timely Action
Timeframes

• 30 days to fill out and return the Renewal Packet
• 10 days to respond to request for more information
• 20 days (with continuation of benefits) before termination
• 90 days from date of termination within which to submit additional information and be reinstated.
By federal law, enrollees have **at least 30 days** from the date of the renewal form to respond and provide any necessary information through any of the **modes of acceptable submission**.

-§ 435.916(a)(3)(i)(B)
Modes of Acceptable Submission

• [Website]
• Phone
• Mail
• In-person
• Other commonly available electronic means (e.g. fax and email)
Additional Points

• Retain copies of all fax submissions *including* fax receipt.

• If terminated for failure to respond, 90 days to submit additional information to reinstate.

• If an enrollee is going through redetermination less than 12 months after he/she was determined eligible for TennCare, please refer to TJC.
Recap
Questions & Answers
Thank you for joining us today!

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

-Martin Luther King, Jr.

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