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Advocates for Families in Need

Toolkit for TennCare and the Affordable Care Act

Updated on 5/10/2018: Please check our website for updates at
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Counting Household Size for TennCare

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 **tax filing unit.**
2. If they are a tax dependent, check to see if they fall into any of the **exceptions**.
3. If they are a non-filer, follow the **non-filer rule**.

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:

Are you claimed as a tax dependent?

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.

Note:

- Unborn children are included **ONLY** in the pregnant woman's household
- "Children" for MAGI Medicaid categories are under age 19, or full-time students up to age 21.

Income: MAGI

For certain TennCare categories income is calculated as Modified Adjusted Gross Income. This income counting rule is used for Parents, Caretaker Relatives, Pregnant Women, and Children applying for TennCare. MAGI calculations are done as follows:

	Include:	Deduct:
Adjusted Gross Income	• Wages, salaries, tips • Taxable interest • Taxable amount of annuity, IRA, or pension distributions and Social Security benefits • Business income, farm income, capital gains • Unemployment compensation • Ordinary dividends • Alimony received • Rental real estate, royalties, partnerships, trusts, etc. • Taxable refunds or credits • Other income	• Self-employment expenses • Student loan interest deduction • IRA deductions • Moving expenses • Penalty on early withdrawal of savings • Health savings account deductions • Alimony paid • Domestic production activities deducted • Certain business expenses

Add back certain income

- Non-taxable Social Security benefits
- Tax-exempt interest
- Foreign earned income and housing expenses for Americans abroad

Exclude from income

- Scholarships, awards, or grants used for education and not living expenses
- Certain American Indian and Alaska Native income
- An amount received as a lump sum is counted in the month received

For more information on income counting rules please see IRS Publication 17.

Coverage Cheat Sheet

Note: The 2018 federal poverty level guidelines were published in the spring of 2018. FPL guidelines will change each spring.

Federal Poverty Level Guidelines 2018 (Monthly Income)

Potential Coverage Categories	FPL	Household size of… 1	2	3	4	5	6	7
Parent/Caretaker Relatives*	n/a	$1042	1413	1784	2154	2525	2896	3267
Minimum Income to Qualify for Premium Tax Credits	**100%**	$1012	1372	1732	2092	2452	2811	3171
Child age 6-18**	**138%**	$1396	1893	2390	2887	3383	3880	4377
Child age 1-5**	**147%**	$1487	2016	2546	3075	3604	4133	4662
Cost-Sharing Reductions at 94%	**150%**	$1518	2058	2598	3138	3678	4218	4758
Pregnant, Child <1;** **Cost Sharing Reductions at 87%**	**200%**	$2023	2743	3463	4183	4903	5623	6343
Cost Sharing Reductions at 73%	**250%**	$2529	3429	4329	5229	6129	7029	7929
CoverKids**	**255%**	$2580	3498	4416	5334	6252	7170	8088
Maximum Income for Premium Tax Credits	**400%**	$4047	5487	6927	8367	9807	11,247	12,687

*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**

When are income changes updated?

January 1:

- SS/SSI
- Medicare Premiums/Resources MSP
- Spousal/Dependent Income Allowance
- Spousal Resource Standard
- Institutionalized Income Cap (CHOICES)

March:

- TennCare/Poverty Level Income
- Medicare Savings Programs

Coverage Categories Chart

Current as of 4/16/2018: Income and some resource limits will change at different times for different programs in 2018

Major Medicaid Eligibility Categories					
Category	**Who Qualifies**	**Monthly Income Limit**	**Resource Limit**	**Comments**	**Where to Apply?**
TennCare for Parents and Caretaker Relatives	Low income families with child(ren) under age 18	*Use MAGI* (Family of 1) $1,042 (Family of 2) $1,413 (Family of 3) $1,784 (Family of 4) $2,154 (Family of 5) $2,525	None	A caretaker relative is a relative with whom the child lives, assumes primary responsibility for the child's care, and is the child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.	Marketplace
TennCare for Children	Children under age 19	*Use MAGI* Infants aged 0-1: 200% FPL* Children aged 1-5: 147% FPL* Children aged 6-18: 138% FPL* *includes 5% FPL disregard	None	200% FPL: $2023 for family of 1 $4183 for family of 4 147% FPL: $1487 for family of 1 $3075 for family of 4 138% FPL: $1396 for family of 1 $2887 for family of 4	Marketplace
TennCare for Pregnant Women	Low income pregnant women	*Use MAGI* 200% FPL (includes 5% FPL disregard)	None	200% FPL: $2023 for family of 2 $4183 for family of 4 (household includes unborn child)	Go to your county's health department to get presumptive eligibility immediately. Then, apply on the Marketplace.
Medically Needy Spend Down	Low income pregnant woman or child under age 21	Individual must either have countable income less than the figures below OR must have sufficient medical expenses to "spend down" to these income limits, depending upon family size: (Family of 1) $241 (Family of 2) $258 (Family of 3) $317 (Family of 4) $325 Spend Down Formula: Total HH Countable Income – Medical Expenses	Family of 1 $2,000; Family of 2 $3,000; Add $100 per additional individual; Exclude homestead and car	See MNSD section on page 20 for more information	Marketplace and appeal; Tennessee Health Connection (855-259-0701)

Disability Medicaid Categories					
Category	**Who Qualifies**	**Monthly Income Limit**	**Resource Limit**	**Comments**	**Where to Apply?**
SSI (Supplemental Security Income)	Low income aged, blind, and/or disabled individuals	$770 (single-includes $20 disregard) $1,145 (couple-includes $20 disregard)	Family of 1 $2,000; Family of 2 $3,000; Exclude homestead and one car	Social Security Administration (SSA) determines eligibility. SSA provides monthly cash assistance.	Social Security Administration
Pickle Amendment	Received SSI and SS income in same month after April 1977 & currently getting SS but not eligible for SSI	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	Family of 1 $2,000; Family of 2 $3,000; Exclude homestead and one car	See TJC's Pickle Eligibility Chart on page 18	Marketplace and appeal; Tennessee Health Connection (855-259-0701)
Disabled Adult Widow/ Widower (DAW)	Lost SSI as result of turning age 50 and becoming eligible for Title II benefits (Social Security widow(er) benefits).	Income without Social Security (Title II) benefits must be below SSI limit ($770 including $20 disregard) or if SSI is lost as result of COLAs, disregard COLA	Family of 1 $2,000; Family of 2 $3,000; Exclude homestead and one car	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.	Marketplace and appeal; Tennessee Health Connection (855-259-0701)
Disabled Adult Child (DAC)	Would be eligible for SSI but for eligibility for SSD based on a parent's work history.	Below SSI/FBR limit excluding total SS benefits based on a parent's work history which caused loss of SSI.	Family of 1 $2,000; Family of 2 $3,000; Exclude homestead and one car (Same as SSI)	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.	Marketplace and appeal; Tennessee Health Connection (855-259-0701)
1619(b)	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.	In 2017, the annual income limit is $39,851*. *Could be even higher, depending on impairment-related work expenses.	Family of 1 $2,000; Family of 2 $3,000; Exclude homestead and one car	Call SSA if losing SSI and TennCare coverage due to work income, or if want to work but afraid will lose TennCare coverage.	Social Security Administration

Other Medicaid Categories

Category	Who Qualifies	Monthly Income Limit	Resource Limit	Comments	Where to Apply?
Women with breast or cervical cancer	Uninsured Tennessee women under 65 who have been determined through the county's health department to need treatment for breast or cervical cancer.	Women with incomes below 250% of the federal poverty level can obtain free screening from the health department.	None	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.	Screened at local health department then enroll on the Marketplace
Institutionalized individuals	Persons in hospital, residential treatment center, nursing facility, or intermediate care facility for intellectual disabilities for more than 30 days	$2,250 (300% of SSI/ full Federal Benefit Rate) Only the applicant's income counts and applicant's share of resources.	$2,000 Exclude car and usually homestead	See also CHOICES and/or ECF CHOICES.	See also CHOICES and/or ECF CHOICES.
CHOICES	Persons who require care in nursing facility or who face institutionalization without home and community based services	$2,250* (300% of SSI/ full Federal Benefit Rate) Only the applicant's income counts and applicant's share of resources. *Applicants with income over this amount may be eligible with a Qualified Income Trust (QIT)	$2,000 Exclude car and usually homestead	Enrollment in CHOICES includes Medicaid/TennCare enrollment.	Area Agency on Aging and Disability if not on TennCare; if already on TennCare, call MCO
Employment and Community First (ECF) CHOICES	Persons with intellectual/ developmental disability who need specialized services, such as employment and vocational training.	$2,250 (300% of SSI/ full Federal Benefit Rate) It is unclear when family members' income counts for the applicant and when it does not	$2,000 Exclude car and usually homestead	2400 applicants will be enrolled this year based on priority and reserve capacity; remaining applicants will be placed on a referral list.	If enrolled in TennCare call MCO. If not enrolled in TennCare call DIDD: West Tennessee (866) 372-5709 Middle Tennessee (800) 654-4839 East Tennessee (888) 531-9876

TennCare Standard - Non-Medicaid TennCare Eligibility Category					
Category	**Who Qualifies**	**Monthly Income Limit**	**Resource Limit**	**Comments**	**Where to Apply?**
TennCare Standard: Uninsured & Medically Eligible	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.	Family income must be at or below 211% of the Federal Poverty Line (FPL), including an additional 5% FPL disregard. If the child has a qualifying medical condition, the family income can be above 211% FPL. Uses MAGI Household & Income Counting Rules.	None	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.	Children should be automatically rolled over into this category—you cannot apply for it. If child not rolled over, contact Tennessee Health Connection.

Medicare Savings Programs (Information based on POMS HI00815.023 Medicare Savings Program Income Limits)					
Category	**Brief Description**	**Monthly Income Limit**	**Resource Limit**	**What It Pays**	**How to Apply?**
QMB (Qualified Medicare Beneficiaries)	Low income Medicare beneficiaries	100% FPL or lower (with $20 disregard applied) $1032/single $1,392/couple	Family of 1 $7,390 Family of 2 $11,090	• Part A, B premiums • Part A, B deductibles • Full extra help for Part D • 20% coinsurance • Cost-share for Medicare Advantage	Fill out LTSS form and fax to Tennessee Health Connection (fax number 1-855-315-0669)
SLMB (Special Low Income Medicare Beneficiaries)	Low income Medicare beneficiaries	120% FPL or lower (with $20 disregard applied) $1,234/single $1,666/couple	Family of 1 $7,390 Family of 2 $11,090	• Part B premium • Full extra help for Part D	Fill out LTSS form and fax to Tennessee Health Connection (fax number 1-855-315-0669)
QI (Qualifying Individuals)	Low income Medicare beneficiaries, block grant so can run out of funds	135% FPL or lower (with $20 disregard applied) $1,386/single $1,872/couple	Family of 1 $7,390 Family of 2 $11,090	• Part B premium • Full extra help for Part D Qualifying Individuals cannot be enrolled in Medicaid/TennCare.	Fill out LTSS form and fax to Tennessee Health Connection (fax number 1-855-315-0669)
QDWI (Qualified Disabled and Working Individuals)	Low income Medicare Beneficiaries who are disabled and working	200% FPL or lower (with $20 disregard applied) $2,044/ single $2,764/ couple	Family of 1 $4,000 Family of 2 $6,000	Part A premium	Fill out LTSS form and fax to Tennessee Health Connection (fax number 1-855-315-0669)

TennCare Eligibility Flow Charts

Children (Ages 0-21)*

For more information on newborns, go to page 21.

Was the child in foster care when they turned 18?

Yes: Child may be eligible for TennCare up to age 26.

No: Is the child disabled?

Yes: Consider applying for SSI and ECF CHOICES. Continue to see if they are eligible other ways.

No: Is the child under 19?

No: Child might be eligible for Medically Needy Spend Down.

Yes: What is the expected MAGI for the family?

<200% FPL**

Is the family on TennCare now and losing coverage?

Yes: Does child have access to other insurance coverage?

Yes: Sign up for that coverage, for CoverKids, or for Medically Needy Spend Down.

No: Child may be eligible for TennCare Standard.

No: How old is the child?

0-1 year

Is the family's MAGI below 200% FPL**?

1 -5 years old

Is the family's MAGI below 147% FPL**?

6-18 years old

Is the family's MAGI below 138% FPL**?

Yes: Child should be eligible for TennCare

No: Child may be eligible for CoverKids. If the family has expensive medical needs, consider Medically Needy Spend Down.

200%-255% FPL**

Child may be eligible for CoverKids. If the family has expensive medical needs, consider Medically Needy Spend Down.

>255% FPL**

Apply for coverage on the Marketplace.

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

**Includes 5% FPL disregard.

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 health 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.

No: Are you below 100% FPL?

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, 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?

*If you are under 21, you may also want to go to the Children flowchart to see if you are eligible for Medically Needy Spend Down.

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 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 eligible for Pickle. Look at the Pickle chart.

No: Do you need help with Activities of Daily Living?

Yes: You might be able to get CHOICES. Call Area Agency on Aging and Disability.

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.

SSI = Supplemental Security Income
SSDI = Social Security Disability Insurance
SS = Social Security

Buying Plans on the Marketplace

ACA Cheat Sheet

ACA Overview

The Affordable Care Act (ACA) created an insurance marketplace where eligible people can buy their own health insurance. Depending on the income level of the applicant, there are several cost saving measures to make the coverage more affordable.

Who is eligible?

Anyone who is looking for health insurance is eligible to buy a plan on the health insurance marketplace. To receive a cost saving benefit, you must have, or expect to have by tax filing, an annual income between 100% and 400% of the federal poverty line.

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.

Plan Tier	Actuarial Value
Platinum	90%
Gold	80%
Silver	70%
Bronze	60%

Financial

Applicants are eligible for a premium tax credit (PTC) based on their income, and a cost sharing reduction (CSR) if they sign up for a **silver plan.** To calculate the estimated cost to the applicant, please use the calculator on the Federal Marketplace website at https://www.healthcare.gov/lower-costs/

On Average, the Insurance Company Will Pay This Percentage:				
	Standard Silver – No CSR	CSR Plan up to 150% FPL	CSR Plan for 151-200% FPL	CSR Plan for 201-250% FPL
Actuarial Value	70%	94%	87%	73%

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

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

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.

Enrollment

Enrollment on the federal marketplace is limited to an Open Enrollment (OE) period each fall, generally lasting from some time in October or November through December. During this time, anyone can apply on Healthcare.gov or can call 800-318-2596.

If you are looking for coverage outside this window, you need to see if you qualify for a Special Enrollment Period (SEP). Any qualifying event makes you eligible to apply for 60 days, so it is important to put in an application as soon as possible. The SEP is also eligible 60 days before the event, so if you know a life change is coming up you can apply for a plan to start on the event. For more information please visit https://www.healthcare.gov/screener/

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 PTCs.
- delayed Medicaid or CHIP denial: Applies to consumers who don't receive Medicaid denials until after open enrollment.

BRING IT HOME
DOLLARS. JOBS. HEALTHCARE.

The Bring It Home campaign is a non-partisan effort by organizations and individuals to educate Tennesseans and policy makers about the need to make full use of federal Medicaid funding to address Tennessee's pressing health care needs. The state legislature passed a law in 2014 that bars the governor from accepting federal funds to expand Medicaid coverage to uninsured working families. It's time to repeal that law and put Tennesseans' own federal tax dollars to good use. An April 2018 poll shows registered voters favor Medicaid expansion by three to one.[1]

The state law preventing Tennessee from using the federal funds has been costly in numerous ways. Repeal of the law is urgently needed for the following reasons:

- By the legislature's own estimate, Tennessee has lost – and continues to lose – $1.4 billion annually ($3.8 million/day) in federal health care funding.[2] These are Tennesseans federal tax dollars that are being sent to Washington rather than being used here at home.
- That money would have generated 15,000 jobs, according to the University of Tennessee's Center for Business and Economic Research.[3]
- That funding could sustain Tennessee's hard-pressed hospitals.[4] Though many hospitals are profitable, safety net facilities are in trouble. This includes Nashville General Hospital and more than two dozen rural hospitals that are losing money and are in danger of closing.[5] Tennessee has lost eight hospitals since 2010[6], and has lost more hospitals for its size than any other state. A national study of states[7] that accept the federal health funds shows that our legislature's bar on the use of those funds makes it six times more likely that a Tennessee hospital will be forced to close. The closing of a community's only hospital reduces access to care for everyone in that community, means the loss of a major employer and makes it impossible to recruit new businesses to the area.
- The federal funding would support services to prevent and treat opiate addiction, which has reached crisis proportions across the state. In 2016, a legislative task force recommended changing the law to allow use of the federal funds to cover uninsured Tennesseans with mental health and addiction problems, but the legislature never acted on the recommendation.
- The failure to use federal health funds makes health insurance premiums more costly for everyone.[8]
- The federal health funding would provide health insurance to 280,000 working Tennesseans, affording them the financial security and access to affordable health care that is only available to those with coverage.[9]

Learn more and sign up for email updates about how you can get involved at https://www.tnjustice.org/bring-it-home-tennessee/.

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[1] https://www.tennessean.com/story/news/2018/05/07/medicaid-expansion-poll-tennessee-support/586006002/
[2] http://www.capitol.tn.gov/Bills/109/Fiscal/SJR0094.pdf.
[3] http://cber.haslam.utk.edu/pubs/bfox304.pdf.
[4] https://apps.health.tn.gov/publicjars/default.aspx.
[5] https://www.tnjustice.org/wp-content/uploads/2017/04/2ca2a10d50e6dcea65da325b186b8b32.pdf.
[6] https://www.beckershospitalreview.com/finance/state-by-state-breakdown-of-83-rural-hospital-closures.html
[7] https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0976.
[8] http://familiesusa.org/sites/default/files/product_documents/hidden-health-tax.pdf.
[9] http://www.capitol.tn.gov/Bills/109/Fiscal/SJR0094.pdf.

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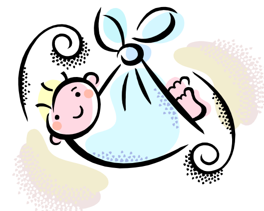
Appendix A: More Information on TennCare Categories

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.tenncaretopics.com/pregnant-women-eligibility/

Phone Numbers:
Tennessee Health Connection – 1-855-259-0701
CoverKids – 1-866-620-8864

Pickle Amendment

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

Ms. 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 $1,404 per month, which happens to be the average monthly benefit for retired workers. Her private pension is $300 a month, giving her a total of $1,704 monthly.

In 2018, the income limit for SSI (taking into account a $20 general income disregard) is $770 for an individual. Thus, Ms. 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 Ms. 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 (.254). You multiply Ms. Gherkin's current Social Security benefit of $1,404 by that factor, to determine her current countable "Pickle" income.

$1,404 multiplied by .254 = $356 ("Pickled" Social Security income, rounded downward)

$356 countable Social Security income + $300 private pension = $656 total countable "Pickle" income.

Since $656 is less than the current SSI income limit (including the standard $20 disregard) of $770, Ms. Gherkin is eligible for Medicaid, even though she is ineligible for SSI.

Reduction Factors for Calculating Medicaid Eligibility Under the Pickle Amendment During 2018

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.

*If SSI was terminated during **this period**:*	*Multiply 2018 OASDI income by:*		*If SSI was terminated during **this period**:*	*Multiply 2018 OASDI income by:*		*If SSI was terminated during **this period**:*	*Multiply 2018 OASDI income by:*
May - June 1977	0.240		Jan 1990 - Dec 1990	0.515		Jan 2003 - Dec 2003	0.736
July 1977 - June 1978	0.254		Jan 1991 - Dec 1991	0.542		Jan 2004 - Dec 2004	0.752
July 1978 - June 1979	0.270		Jan 1992 - Dec 1992	0.562		Jan 2005 - Dec 2005	0.772
July 1979 - June 1980	0.297		Jan 1993 - Dec 1993	0.579		Jan 2006 - Dec 2006	0.804
July 1980 - June 1981	0.339		Jan 1994 - Dec 1994	0.594		Jan 2007 - Dec 2007	0.830
July 1981 - June 1982	0.377		Jan 1995 - Dec 1995	0.611		Jan 2008 - Dec 2008	0.849
July 1982 - Dec 1983	0.405		Jan 1996 - Dec 1996	0.627		Jan 2009 - Dec 2011	0.899
Jan 1984 - Dec 1984	0.420		Jan 1997 - Dec 1997	0.645		Jan 2012 - Dec 2012	0.931
Jan 1985 - Dec 1985	0.434		Jan 1998 - Dec 1998	0.659		Jan 2013 - Dec 2013	0.947
Jan 1986 - Dec 1986	0.448		Jan 1999 - Dec 1999	0.667		Jan 2014 - Dec 2014	0.961
Jan 1987 - Dec 1987	0.454		Jan 2000 - Dec 2000	0.684		Jan 2015 - Dec 2016	0.977
Jan 1988 - Dec 1988	0.473		Jan 2001 - Dec 2001	0.708		Jan 2017 - Dec 2017	0.980
Jan 1989 - Dec 1989	0.492		Jan 2002 - Dec 2002	0.726			

Medically Needy Spend Down

MNSD is a program available for kids up to age 21 (not inclusive) who have high medical expenses. It takes the family's income, medical bills, and resources into consideration. Since bills from the entire family count, this is a great way to get multiple children covered. If one kid is eligible their siblings under 21 should be as well.

What you need to know:

Income: income from the month of application only. Non-MAGI Category so non-MAGI household and income counting rules apply.

Bills: Bills accrued during the month of application and the previous three months, as well as any bills paid during the month of application. Bills from the entire family count, not just the applicant.

What expenses count?

- Mileage to and from doctor visits at $0.47/mile
- Copays
- Insurance premiums
- Dental/vision/hearing aid supplies
- Out of pocket medical expenses
- Medial equipment/supplies
- This list is not comprehensive, please contact TJC if you have questions

Resources: Resource limits are $2000 for 1 person, $3000 for 2 people, and another $100 per person after 2. Resources exclude 1 home and 1 car. Only equity value of items counts (value of item – amount owed).

What to do if someone is over resources?

- If they are only slightly over consider upgrading the home. Buy a new fridge, redo the roof, anything to put money into the homestead which is excluded.
- If they are significantly over resources contact TJC for help.

How to calculate eligibility

Take your income and subtract qualified medical expenses. That number must be below the spend down limits in the table below. Families do not have to actually spend down their income, just show that they have bills that they could pay.

Household Size	**Limit**
1	$241
2	$258
3	$317
4	$325
5	$392
6	$408
7	$467

Appendix B: 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 - 2018

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 $232 per month. People with less than 30 quarters of employment history have to pay $422 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 - 2018

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 $1,386 (individual) or $1,872 (couple) *and* your resources are below $7,390 (individual) or $11,090(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: TennCare Delays

What's the problem?

TennCare has historically processed applications slowly, which has resulted in difficulty for many applicants. 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?

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 can still appeal 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 these applicants?

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.

What can I do to help applicants?

Once you have identified someone with a delayed application, 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. **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.

Appendix D: Helpful Phone Numbers & Addresses

Organization	Phone	Fax
Area Agencies on Aging and Disabilities (AAAD)	1-866-836-6678	Each office has its own
AmeriGroup	1-800-600-4441	
BlueCare	1-800-468-9698	
Blue Cross Blue Shield TN	1-800-565-9140	
Cigna	1-800-997-1654	
Community Health Alliance	1-800-580-8574	
CoverKids	1-866-620-8864	
CoverRx	1-800-424-5815	
Department of Intellectual & Developmental Disabilities	1-615-532-6530	
Family Assistance Service Center	1-615-743-2000	
Get Covered Hotline	1-844-644-5443	
Health Assist	1-800-269-4038	
Humana	1-615-221-2155	
Marketplace Hotline	1-800-318-2596	
Medicare	1-800-633-4227	
Mental Health Crisis Line (Statewide)	1-855-274-7471	
QMB (Qualified Medicare Beneficiary) Hotline	1-800-624-5547	
State Health Insurance Assistance Program (SHIP)	1-877-801-0044	
Social Security Administration	1-800-772-1213	
TennCare Bureau	1-800-342-3145	
TennCare Advocacy Program	1-800-758-1638	
TennCare Fraud and Abuse Line (TennCarefraud@state.tn.us)	1-800-433-3982	615-256-3852
TennCare Long-Term Care and Services	1-877-224-0219	
TennCare Select	1-800-263-5479	
TennCare Solutions Unit (TSU)	1-800-878-3192	
TennCare Spanish-speaking Information Line	1-800-254-7568	
TennCare TTY for persons with speech and hearing impairments	1-800-779-3101 or 615-313-9240	
Tennessee Health Connection Hotline	1-855-259-0701	1-855-315-0669
Tennessee Justice Center	615-255-0331	615-255-0354
United HealthCare Community Plan	1-800-414-9025	

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