



**Toolkit for
TennCare
and the
Affordable Care Act**

Updated on 5/9/2020: Please check our website for updates at
www.tnjustice.org

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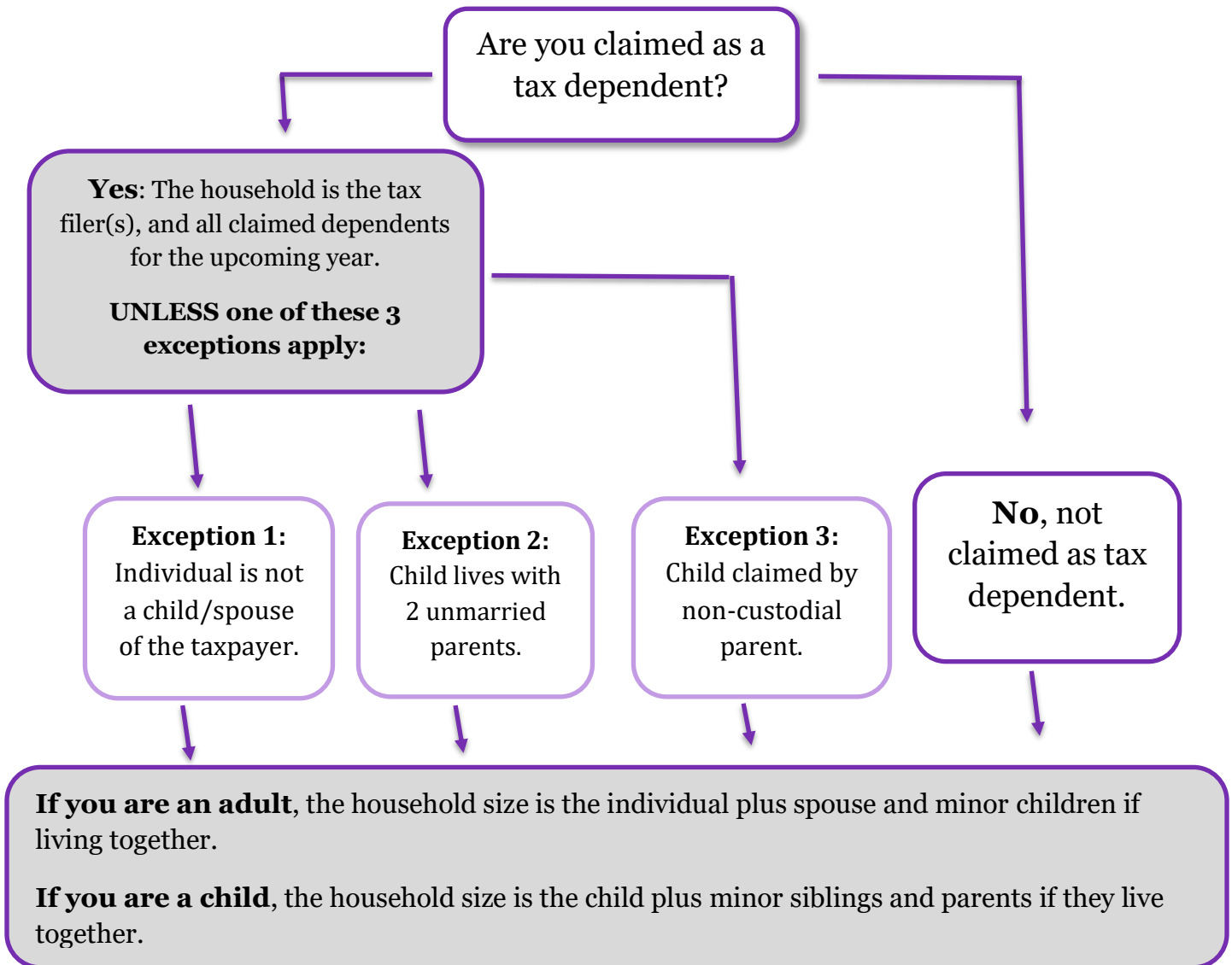
Counting Household Size for TennCare

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:



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 for household counting purposes only.

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:

Adjusted Gross Income

Include:

- 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
- Rental real estate, royalties, partnerships, trusts, etc.
- Taxable refunds or credits
- Other income

Deduct:

- Self-employment expenses
- Student loan interest deduction
- IRA deductions
- Penalty on early withdrawal of savings
- Health savings account deductions
- 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 2020 federal poverty level guidelines were published in the spring of 2020. FPL guidelines will change each spring.

Federal Poverty Level Guidelines 2020 (Monthly Income)

| Potential Coverage Categories | FPL | Household size of... | 2 | 3 | 4 | 5 | 6 | 7 |
|---|------|----------------------|------|------|------|--------|--------|--------|
| Parent/Caretaker Relatives* | n/a | \$1070 | 1399 | 1699 | 1974 | 2227 | 2464 | 2686 |
| Minimum Income to Qualify for Premium Tax Credits | 100% | \$1064 | 1437 | 1810 | 2184 | 2557 | 2930 | 3304 |
| Child age 6-18** | 138% | \$1467 | 1983 | 2498 | 3013 | 3528 | 4043 | 4559 |
| Child age 1-5** | 147% | \$1563 | 2112 | 2661 | 3210 | 3758 | 4307 | 4856 |
| Cost-Sharing Reductions at 94% | 150% | \$1562 | 2114 | 2666 | 3219 | 3771 | 4323 | 4877 |
| Pregnant, Child <1**; Cost Sharing Reductions at 87% | 200% | \$2127 | 2874 | 3620 | 4367 | 5114 | 5860 | 6607 |
| Cost Sharing Reductions at 73% | 250% | \$2659 | 3592 | 4525 | 5459 | 6392 | 7325 | 8259 |
| CoverKids** | 255% | \$2712 | 3664 | 4616 | 5568 | 6520 | 7472 | 8424 |
| Maximum Income for Premium Tax Credits | 400% | \$4254 | 5748 | 7240 | 8734 | 10,228 | 11,720 | 13,214 |

*The values in this guide are based on information provided by TennCare. Since TennCare uses the Federal Marketplace to process applications, there can be rounding differences between the values reported by the state and the values used to screen applicants on the Marketplace. If an applicant is close to these values, encourage them to apply anyway.

**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 5/9/2020: Income and some resource limits will change at different times for different programs in 2020

| 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 or 18 and a full-time student | <i>Use MAGI</i> (Family of 1) \$1,070 (Family of 2) \$1,399 (Family of 3) \$1,699 (Family of 4) \$1,974 (Family of 5) \$2,227 | 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. | TennCare Connect (tenncareconnect.tn.gov or phone 1-855-259-0701 or fax 1-855-315-0669) |
| TennCare for Children | Children under age 19 | <i>Use MAGI</i> 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: \$2127 for family of 1 \$4367 for family of 4 147% FPL: \$1563 for family of 1 \$3210 for family of 4 138% FPL: \$1467 for family of 1 \$3013 for family of 4 | TennCare Connect (tenncareconnect.tn.gov or phone 1-855-259-0701 or fax 1-855-315-0669) |
| TennCare for Pregnant Women | Low income pregnant women | <i>Use MAGI</i> 200% FPL (includes 5% FPL disregard) | None | 200% FPL: \$2874 for family of 2 \$4367 for family of 4 (household includes unborn child) | Go to your county's health department to apply* for presumptive eligibility immediately. |
| 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 usually a car | See MNSD section on page 20 for more information | TennCare Connect (tenncareconnect.tn.gov or phone 1-855-259-0701 or fax 1-855-315-0669) |

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 | \$803 (single-includes \$20 disregard) \$1,195 (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 | TennCare. You may need to appeal. |
| 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 (\$803 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. | TennCare. You may need to appeal. |
| 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. | TennCare. You may need to appeal. |
| 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 2020, the annual income limit is \$41,003*. *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 & they should help you apply.* |
| Institutionalized individuals | Persons in hospital, residential treatment center, nursing facility, or intermediate care facility for intellectual disabilities for more than 30 days | \$2,349 (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 | \$2,349* (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. | \$2,349 (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 | 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 TennCare Connect. |

Medicare Savings Programs

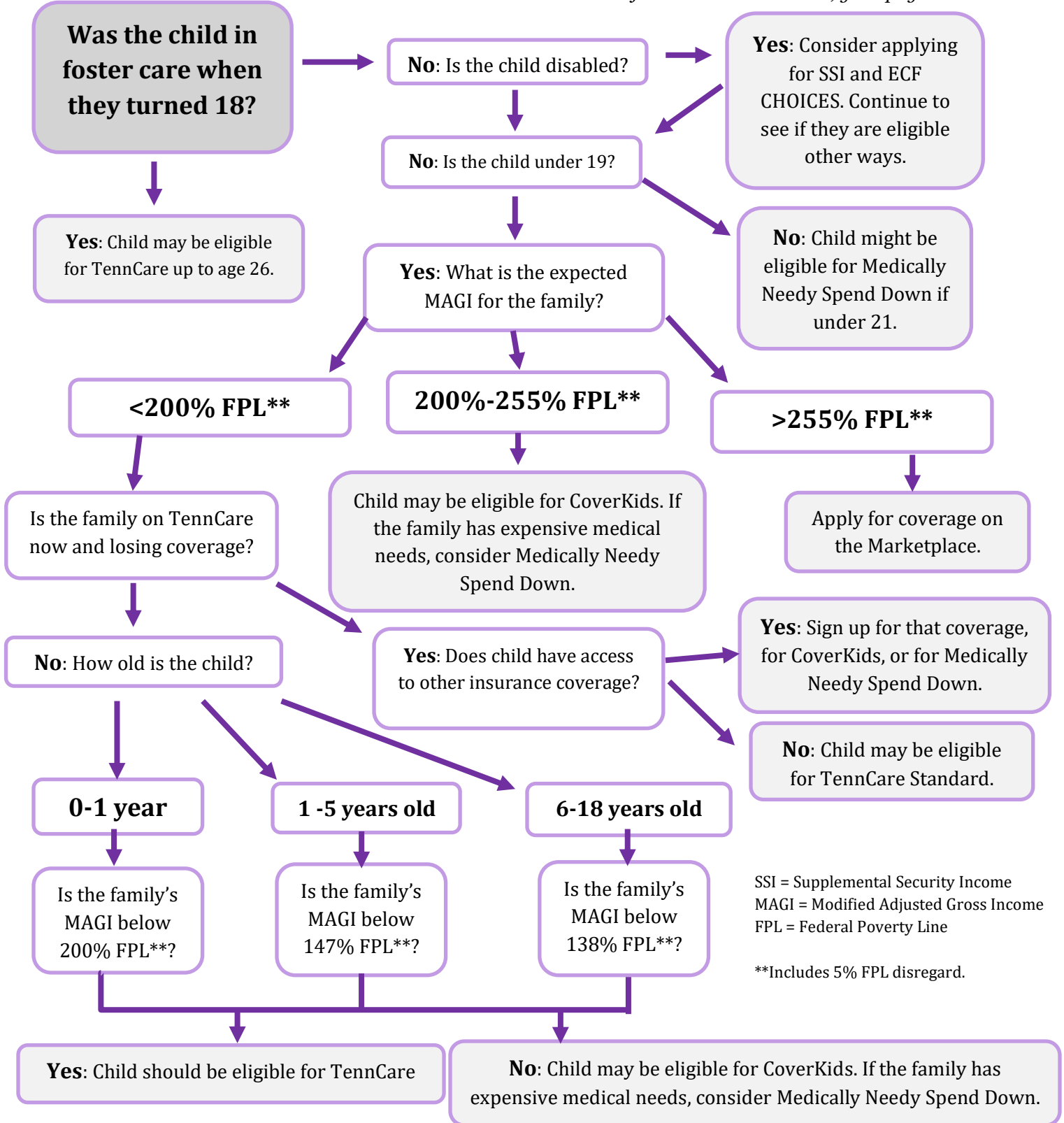
(Information based on POMS HI00815 Medicare Savings Program Income Limits)

| 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) \$1083/single \$1,457/couple | Family of 1 \$7,860 Family of 2 \$11,800 | <ul style="list-style-type: none"> Part A, B premiums Part A, B deductibles Full extra help for Part D 20% coinsurance Cost-share for Medicare Advantage | TennCare Connect (tenncareconnect.tn.gov or phone 1-855-259-0701 or fax 1-855-315-0669) |
| SLMB (Special Low Income Medicare Beneficiaries) | Low income Medicare beneficiaries | 120% FPL or lower (with \$20 disregard applied) \$1,295/single \$1,744/couple | Family of 1 \$7,860 Family of 2 \$11,800 | <ul style="list-style-type: none"> Part B premium Full extra help for Part D | TennCare Connect (tenncareconnect.tn.gov or phone 1-855-259-0701 or fax 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) \$1,455/single \$1,959/couple | Family of 1 \$7,860 Family of 2 \$11,800 | <ul style="list-style-type: none"> Part B premium Full extra help for Part D <u>Qualifying Individuals cannot be enrolled in Medicaid/TennCare.</u> | TennCare Connect (tenncareconnect.tn.gov or phone 1-855-259-0701 or fax 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) \$2,146/ single \$2,894/ couple | Family of 1 \$4,000 Family of 2 \$6,000 | Part A premium | TennCare Connect (tenncareconnect.tn.gov or phone 1-855-259-0701 or fax 1-855-315-0669) |

TennCare Eligibility Flow Charts

Children (Ages 0*-21)

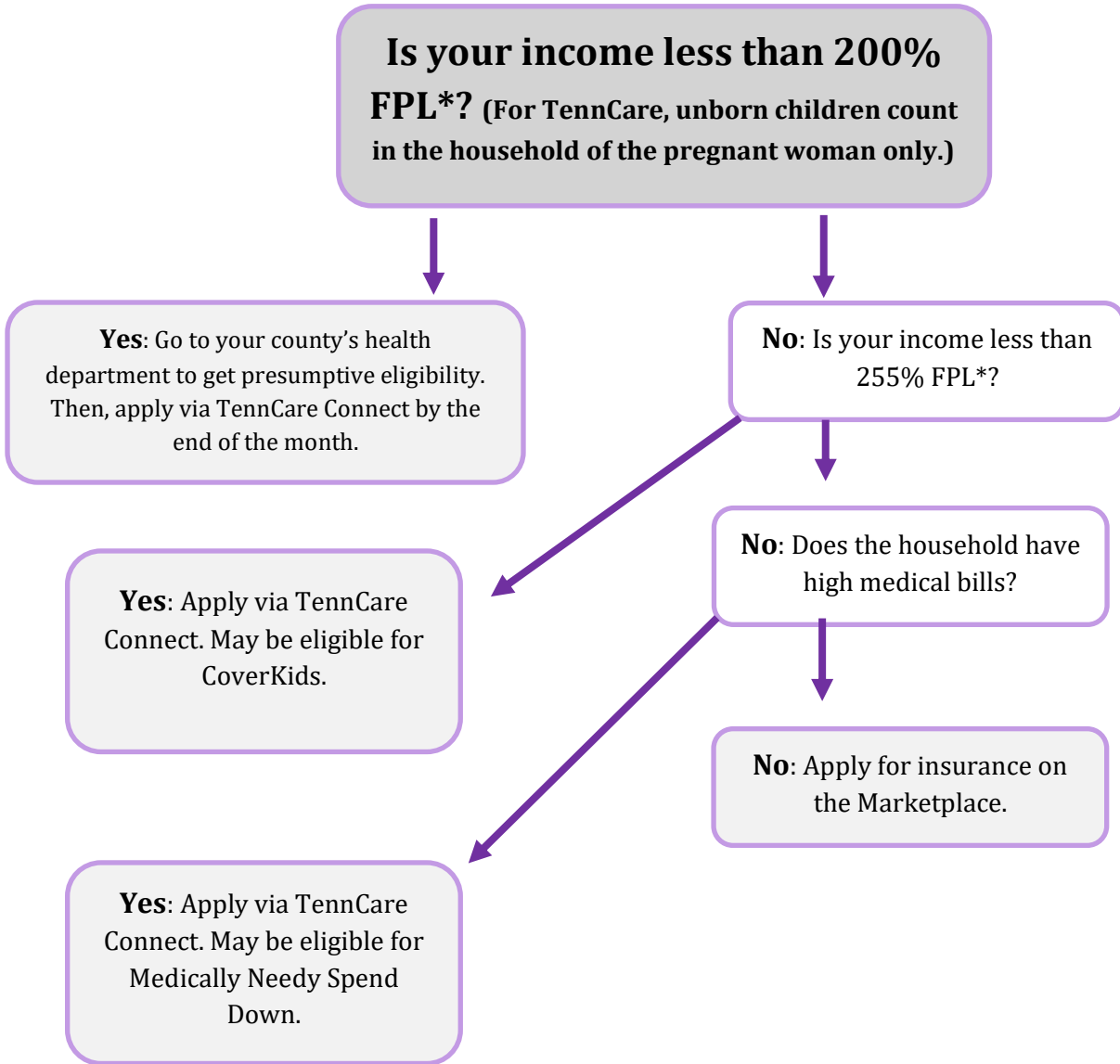
*For more information on newborns, go to page 21.



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

**Includes 5% FPL disregard.

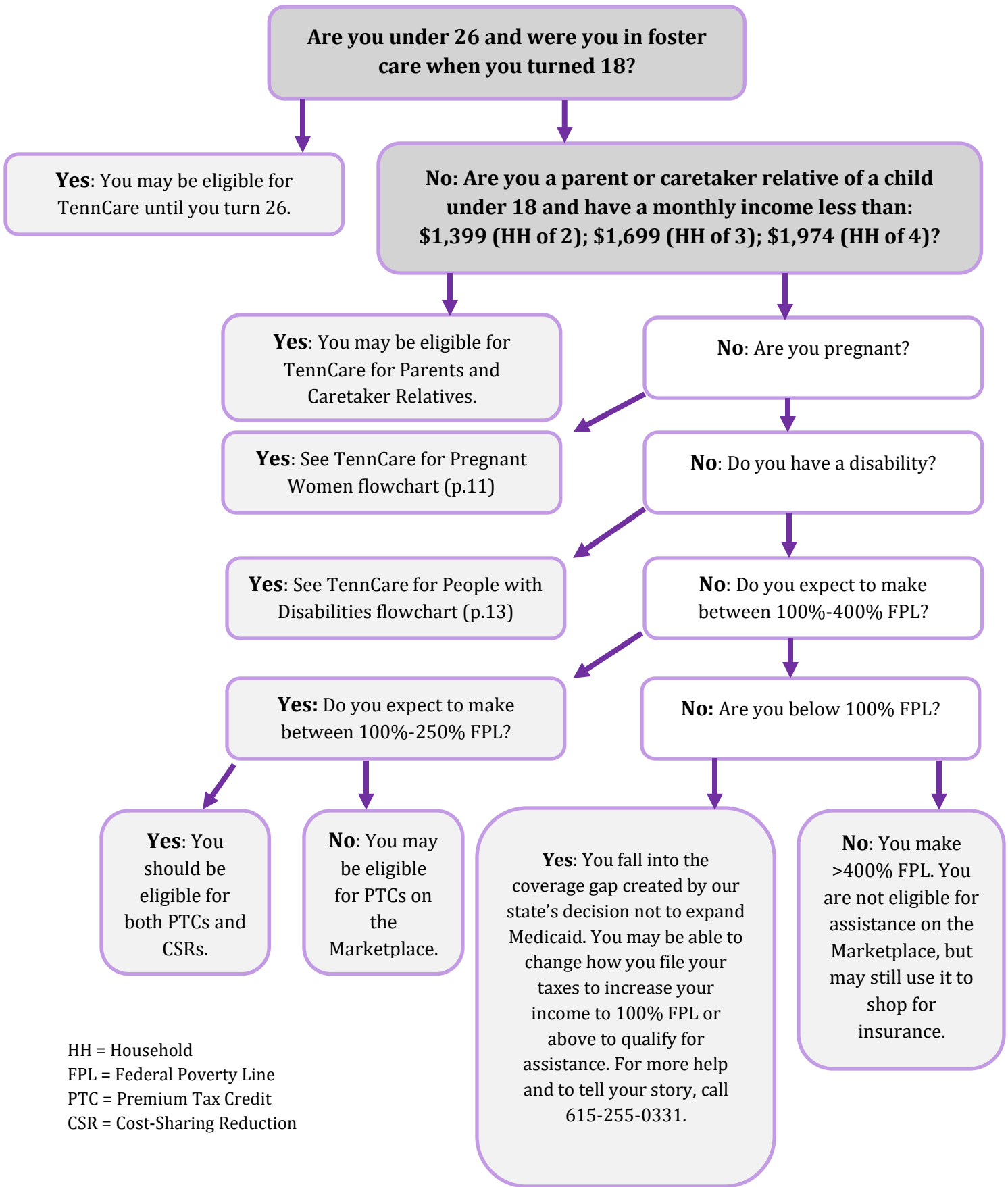
Pregnant Women



FPL = Federal Poverty Line

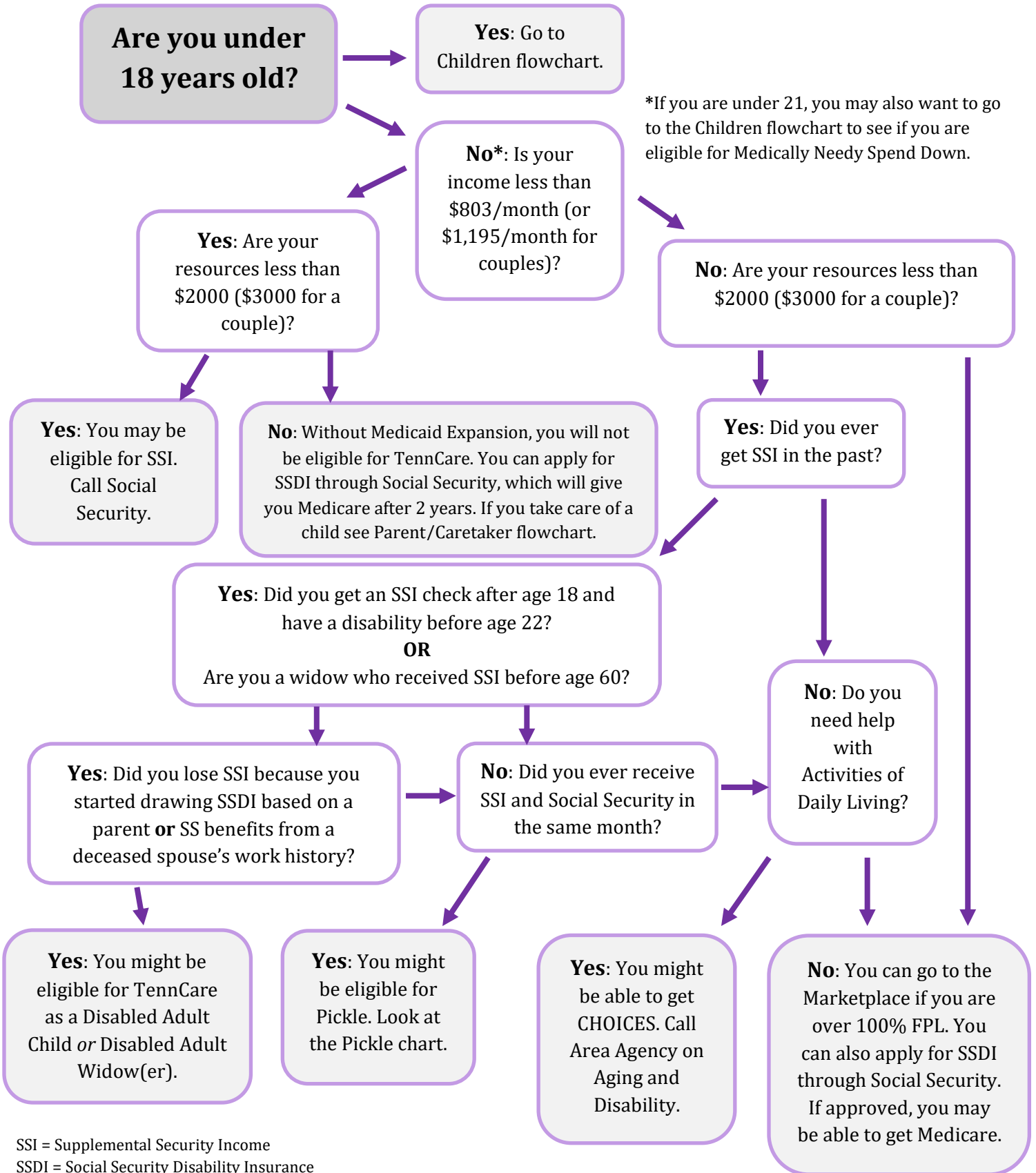
*Includes 5% FPL disregard.

Adults



HH = Household
 FPL = Federal Poverty Line
 PTC = Premium Tax Credit
 CSR = Cost-Sharing Reduction

People with Disabilities or Significant Health Needs



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?

Most people looking for health insurance are 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% | \$800 | \$1,600 |
| At least 300% but less than 400% | \$1,325 | \$2,650 |
| 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 \$4,200 in 2019.

Enrollment

Enrollment on the federal marketplace is limited to an Open Enrollment (OE) period each fall, generally lasting from November 1 through December 15. 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.

***SEPs for marriage or permanent move now have a prior coverage requirement. At least one spouse must have had coverage 1 day in 60 days before marriage. Applicant must have had coverage at least 1 day in 60 days before permanent move to get the SEP.**

Tennessee Justice Center Healthcare Advocacy

Overview of TJC's Healthcare Advocacy

What we do:

- Speak out against policy proposals that would cut TennCare, like the TennCare “block grant” bill, or that would make it more difficult to access TennCare, like the TennCare work reporting requirements proposal.
- Advocate for the TN state legislature to expand TennCare to provide health coverage to 300,000 Tennesseans who are unable to access insurance.

Refer Individuals to TJC to Share Their Story

One of the most effective ways to advocate for protecting and expanding TennCare is to **raise the voices of people who would be directly impacted by policies**. We help people share their stories about the healthcare issues that affect them and their families.

If you know someone who might share their healthcare story, please refer them to TJC!

We want to hear about experiences being uninsured, receiving TennCare, CoverKids, or ACA Marketplace coverage, or facing high medical bills. They can contact us at **615-846-4711** or outreach@tnjustice.org.

You can assure them that we will never share their story without their permission.

If someone contacts us to share their story, we will:

- Ask them about their own healthcare experiences
- Tell them more about healthcare policy proposals that would directly impact them
- Help them get involved at whatever level they are comfortable with (e.g. receiving email updates, sending letters to TN legislators, submitting a letter to the editor to their local newspaper, talking to the media, etc.)

Sign the petition!

If you think Tennessee's lawmakers need to address TN's urgent healthcare issues (e.g. rural hospital closures, the rising number of uninsured Tennesseans, the addiction epidemic), **sign the petition!**

www.tnjustice.org/petition/

On the petition, you can choose to receive updates from TJC about these issues.

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 TennCare Connect.
 - 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 TennCare Connect 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 with TennCare** before the end of the following month.
 - If the family completes a TennCare 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 TennCare 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.tenncareservices.com/pregnant-women-eligibility/>

Phone Numbers:

TennCare Connect – 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 \$1,461 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 \$1,761 monthly.

In 2020, the income limit for SSI (taking into account a \$20 general income disregard) is \$803 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

Pickle Amendment continued

factor (.243). You multiply Ms. Gherkin's current Social Security benefit of \$1,461 by that factor, to determine her current countable "Pickle" income.

\$1,461 multiplied by .243 = \$355 ("Pickled" Social Security income, rounded downward)

\$355 countable Social Security income + \$300 private pension = \$655 total countable "Pickle" income.

Since \$655 is less than the current SSI income limit (including the standard \$20 disregard) of \$803, Ms. Gherkin is eligible for Medicaid, even though she is ineligible for SSI.

Reduction Factors for Calculating Medicaid Eligibility Under the Pickle Amendment During 2019

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.

| <i>If SSI was terminated during this period:</i> | <i>Multiply 2018 OASDI income by:</i> | <i>If SSI was terminated during this period:</i> | <i>Multiply 2018 OASDI income by:</i> | <i>If SSI was terminated during this period:</i> | <i>Multiply 2018 OASDI income by:</i> |
|---|---------------------------------------|---|---------------------------------------|---|---------------------------------------|
| May - June 1977 | 0.229 | Jan 1990 - Dec 1990 | 0.493 | Jan 2003 - Dec 2003 | 0.705 |
| July 1977 - June 1978 | 0.243 | Jan 1991 - Dec 1991 | 0.519 | Jan 2004 - Dec 2004 | 0.720 |
| July 1978 - June 1979 | 0.259 | Jan 1992 - Dec 1992 | 0.539 | Jan 2005 - Dec 2005 | 0.739 |
| July 1979 - June 1980 | 0.284 | Jan 1993 - Dec 1993 | 0.555 | Jan 2006 - Dec 2006 | 0.770 |
| July 1980 - June 1981 | 0.325 | Jan 1994 - Dec 1994 | 0.569 | Jan 2007 - Dec 2007 | 0.795 |
| July 1981 - June 1982 | 0.361 | Jan 1995 - Dec 1995 | 0.585 | Jan 2008 - Dec 2008 | 0.813 |
| July 1982 - Dec 1983 | 0.388 | Jan 1996 - Dec 1996 | 0.600 | Jan 2009 - Dec 2011 | 0.860 |
| Jan 1984 - Dec 1984 | 0.402 | Jan 1997 - Dec 1997 | 0.618 | Jan 2012 - Dec 2012 | 0.891 |
| Jan 1985 - Dec 1985 | 0.416 | Jan 1998 - Dec 1998 | 0.631 | Jan 2013 - Dec 2013 | 0.907 |
| Jan 1986 - Dec 1986 | 0.429 | Jan 1999 - Dec 1999 | 0.639 | Jan 2014 - Dec 2014 | 0.920 |
| Jan 1987 - Dec 1987 | 0.434 | Jan 2000 - Dec 2000 | 0.655 | Jan 2015 - Dec 2016 | 0.936 |
| Jan 1988 - Dec 1988 | 0.453 | Jan 2001 - Dec 2001 | 0.678 | Jan 2017 - Dec 2017 | 0.939 |
| Jan 1989 - Dec 1989 | 0.471 | Jan 2002 - Dec 2002 | 0.695 | Jan 2018 - Dec 2018 | 0.957 |
| | | | | Jan 2019 - Dec 2019 | 0.984 |

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. **IMPORTANT:** when renewing coverage, parents will need to apply by filing a new application for the children not included in the renewal packet.

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
- Medical 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 - 2020

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 don't pay a monthly Part A premium because they or a spouse has at least 40 quarters (about 10 years) of Medicare-covered employment. People with 30-39 quarters of employment history pay \$252 per month. People with less than 30 quarters of employment history have to pay \$458 per month. The state should pay the Part A premium for people who are a Qualified Medicare Beneficiary (QMB).

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 - 2020

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 \$144.60. There are some exceptions. If your monthly income is *above* \$7,250 (individual) or \$14,500 (couple), then your monthly premium may be higher than \$144.60. If your monthly income is *lower* than \$1,456 (individual) or \$1,960 (couple) *and* your resources are below \$7,860 (individual) or \$11,800 (couple), then the state might pay your Part B premium. (See page 9 of the toolkit for more information on Medicare Savings Programs.)

Does Part B have cost-sharing?

Yes. Part B has a \$198 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 for 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. Extra Help is available for people with income below \$19,140 for individual or \$25,860 for a couple. Resource limits are \$14,610 for an individual and \$29,160 for a couple.

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 state resolves almost all delay appeals without having to go to a hearing. This means that they attempt to determine whether or not someone is eligible before the hearing happens, so that the hearing will be unnecessary.

If a hearing is necessary, a judge will decide whether TennCare had a good reason for the delay and, if so, how much time TennCare gets to make a decision.

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 TennCare Connect 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 TennCare Connect 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 | |
| TennCare Connect 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.

TennCare Connect
P.O. Box 305240
Nashville, TN 37230-5240
Fax: 1-855-315-0669

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