

## About the TJC:

### A Nonprofit Public Interest Law Firm

For over 25 years, we have been helping low-income Tennesseans gain access to public health benefits. Specifically, we use individual client cases to identify and address systemic risks to the state's safety net programs like Medicaid. This boots-on-the-ground approach gives us unique insights into the administration of the Medicaid program known as TennCare. We combine this knowledge with legal expertise to design strategies to increase access to health coverage and alleviate the burden of medical debt for our clients.

Individual Cases: We work one on one with clients to help them access the health coverage they need to lead healthier lives without the fear of devastating medical debt.

Sharing of Information: We train health care providers, social workers, and local community groups to better understand the complex healthcare system and the laws that govern it.

System Change: We address systemic issues in the courts, work with partners to educate and inform lawmakers, and equip Tennesseans with the tools they need to make their voices heard.

## Covid-19 Pandemic

When the Public Health Emergency (PHE) went into effect, states were financially incentivized not to terminate Medicaid enrollees. Many medical services related to testing, treatment, and vaccinations for Covid-19 were also provided to the uninsured for free. However, these benefits will come to an end when the PHE is lifted. Medical debt for the uninsured will increase and the state will no longer be incentivized to keep enrollees on the TennCare Medicaid program. Without coverage, the cumulative effect will be an increase in medical debt for many Tennesseans.

*“Existing barriers to health coverage, exacerbated by the pandemic, are major factors contributing to crippling medical debt for Tennessee families. Access to public health benefits is the only true answer to this growing problem.”*

*Michele Johnson, Executive Director  
Tennessee Justice Center*

## Current Barriers to Coverage:

In 2014, the Affordable Care Act (ACA) changed the rules governing eligibility for most people applying for Medicaid, known in Tennessee as TennCare. The changes were designed to streamline the application process, but serious barriers continue to impede many TennCare applicants:

Lack of 90-Day Retroactive Coverage: Without it the earliest an eligible person can be covered is the date of application.

Lack of Medicaid Expansion: Without it, low-income applicants must be categorically and financially eligible to qualify. There are roughly 300,000 uninsured Tennesseans who would benefit from Medicaid Expansion.

Mass Disenrollment of Enrollees: A flawed annual renewal process called “Redetermination” erroneously led to 200,000 TennCare enrollees losing coverage in 2017-2018, and many remain without coverage today.

## Partnerships Are Key

In 2021 with Covid-19 infections, hospitalizations, and deaths on the rise, we believed it was important to stay as closely connected to hospitals, health clinics, and other non-profits that serve low-income Tennesseans who were more likely to be uninsured or underinsured. Through our work, we have identified and are monitoring 31 systemic problems adversely affecting TennCare and CoverKids applicants and current enrollees.

## Successful Strategies

Sharing Information & Technical Assistance: We disseminated our TennCare Enrollment Strategies Guide and provided expert technical assistance with enrollment issues including the management of appeals.

Partner Training & Education: We provided 10 virtual webinars and trained 336 attorneys, advocates, and financial counselors on TennCare rules and regulations.

Legal Representation: We provided free legal representation at administrative hearings and court proceedings for clients with complex or difficult cases.

## Systemic Issues Identified

- 34% Problematic Notices
- 15% Unreasonable Delays
- 29% Erroneous Denials
- 18% Misinformation

*Data was compiled from 87 cases that were related to a systemic issue that we were actively tracking.*

## The Results – 2021 By the Numbers

### Case Referrals

For 2021, we accepted 229 referrals for an average of 19 cases per month. Of these, 182 cases have been closed with 47 cases still pending. We identified 87 cases that were related to systemic issues. (see chart below)

229/19  
Total Cases Ave./Mo.

### Total Value to Clients

Measured by adding the value of health insurance for one year (determined by the latest TennCare actuarial report) plus medical debt eliminated.

\$2M 2021 Total Case Value

### Medical Debt

Without 90-Day Retroactive Medicaid coverage, it is very challenging to eliminate medical debt prior to the application date. However, we were successful in eight high-cost cases last year.

\$420,488

Medical Debt Eliminated in 2021