

# Tennessee

**Total Medicaid Enrollment:** 1,206,167 (September 2007)

Source: Bureau of TennCare. News and Information, TennCare Statistics. Expenditures by County. September 2007. <http://www.state.tn.us/tenncare/news/Stats/expendcounty.htm>

**Total Population:** 683,478 (July 2007)

Source: Source: Population Division, U.S. Census Bureau  
<http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>

For Tennessee specific information, visit Tennessee's Medicaid Website:

<http://www.state.tn.us/tenncare/>.

## Medicaid Eligibility

Maximum Income Limits for Populations Applying for Medicaid as a Percentage of Federal Poverty Guidelines, 2008	
Population Segment	%
Infants (Ages 0 – 1) <sup>1, 2</sup>	185
Children (Ages 1 – 5) <sup>1, 2</sup>	133
Children (Ages 6 – 19) <sup>1, 2</sup>	100
Working Parents <sup>3</sup>	80
Non-Working Parents <sup>3</sup>	69
Pregnant Women	185
Aged and Disabled (OBRA '86), 2001 <sup>4</sup>	NA
Supplemental Security Income, 2000	74
Medicaid expansion group (1115 waiver):	
Children who were receiving TennCare Medicaid <sup>5</sup>	200%

Source: [www.statehealthfacts.org](http://www.statehealthfacts.org)

## State Children's Health Insurance Program (SCHIP)

SCHIP coverage applies to uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum SCHIP income limits.

**Total SCHIP Enrollment:** 1,713 ("point-in-time" monthly enrollment counts, June 2007)

Source: <http://www.statehealthfacts.org>

Structure of SCHIP As of August 21, 2007		
Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/SCHIPStatePlanActivityMap.pdf>

<b>Maximum Income Limits for Children's Separate SCHIP Program as a Percentage of Federal Poverty Guidelines, 2008</b>	
<b>Population Segment</b>	<b>%</b>
Income Eligibility – Separate SCHIP Program <sup>6</sup>	250

Source: [www.statehealthfacts.org](http://www.statehealthfacts.org)

### *Services Covered*

For information about the services covered by Medicaid, visit the Kaiser Family Foundation's Medicaid Benefits Online Database: [www.kff.org/medicaid/benefits](http://www.kff.org/medicaid/benefits).

### *Delivery System Description*

<b>Medicaid Enrollment by Delivery System Type, as of June 30, 2006</b>		
<b>Delivery System</b>	<b>#</b>	<b>%</b>
Fee-for-Service	0	0
Managed Care	1,190,407	100
<b>Total</b>	<b>1,190,407</b>	<b>100</b>

Source: [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04\\_MdManCrEnrllRep.asp](http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp)

<b>Medicaid Enrollment by Managed Care Program Type, as of June 30, 2006</b>	
<b>Managed Care Program</b>	<b>#</b>
Commercial MCO <sup>7</sup>	390,611
Medicaid-only MCO <sup>8</sup>	799,796
Health Insuring Organization <sup>9</sup>	0
Primary Care Case Management <sup>10</sup>	0
Prepaid Inpatient Health Plan <sup>11</sup>	1,190,407
Prepaid Ambulatory Health Plan <sup>12</sup>	0
PACE <sup>13</sup>	296
Other <sup>14</sup>	1,856,468

Source: [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04\\_MdManCrEnrllRep.asp](http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp)

Notes: Individuals can fall within more than one type of managed care program type.

### *Federal Matching Rate (FMAP)*

<b>FMAP<sup>15</sup> for Medicaid and Multiplier<sup>16</sup> FY 2008</b>
63.71%

Source: [www.statehealthfacts.org](http://www.statehealthfacts.org)

## Rural Information

The information below defines “Urban” as residing in a metropolitan county and “Rural” as residing in a non-metropolitan county.

<b>Current Population Survey Data</b>		
<b>Percent of Residents Enrolled in Medicaid, by Age and Rurality</b>		
<b>Age</b>	<b>Urban % on Medicaid</b>	<b>Rural % on Medicaid</b>
0 – 18	27.5	40.6
19 – 64	9.4	12.5
65 and Over	8.0	8.3

Source: Current Population Survey, 2005 - 2006

<b>State Website Data</b>		
<b>Medicaid Data, Urban and Rural</b>		
	<b>Urban</b>	<b>Rural</b>
I. Total Eligibles (July 2007)	800,621	381,081
II. Eligibles per Population	18.2%	23.2%
III. Dollars Spent	NA	NA
IV. Dollars Spent per Eligible	NA	NA

For county level data on the above information, visit:

I: Source: Bureau of TennCare. News and Information, TennCare Statistics. Enrollment Data. July 2007. <http://www.state.tn.us/tenncare/news-statistics.html>.

II: Calculation based on Total Eligibles/Total Population. Total Population based upon Bureau of the Census data updated by information from the Office of Management and Budget.

Bureau of the Census, (US). Metropolitan And Micropolitan Statistical Areas And Components, December 2006, With Codes: Department of Commerce; 2007. Available from: [http://www.census.gov/population/estimates/metro\\_general/List1.txt](http://www.census.gov/population/estimates/metro_general/List1.txt).

Executive Office of the President; Office of Management and Budget; OMB BULLETIN NO. 08-01: Update of Statistical Area Definitions and Guidance on Their Uses. Available from: <http://www.whitehouse.gov/omb/bulletins/fy2008/b08-01.pdf>.

## Critical Access Hospitals (CAH)

	<b>Yes</b>	<b>No</b>
CAH Cost Base for Medicaid Patients?		X

Source: Angie Allen, Tennessee Flex Coordinator, 2008.

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<sup>1</sup> In Tennessee, enrollment under the state's waiver program, called TennCare Standard, is closed to new applicants. The only children currently receiving TennCare Standard are children losing Medicaid who have no access to insurance and have income below 200 percent of federal poverty line, or who are medically eligible (have a health problem that prevents them from getting health insurance). In 2007 the state created a separate SCHIP program for children in families with income up to 250 percent of the federal poverty line. Eligible children may have access to health insurance but must be uninsured.

<sup>2</sup> For Tennessee, the Medicaid figures shown represent the income eligibility guidelines under "regular" Medicaid. Enrollment under the state's waiver program is closed to new applicants; some children losing Medicaid can enroll. In 2007 the state created a separate SCHIP program for children in families with income up to 250 percent of the federal poverty line. Children not eligible for regular Medicaid and children closed out of TennCare Standard who meet the SCHIP income guidelines can enroll in the separate SCHIP program.

<sup>3</sup> Parents' eligibility levels are based upon the income threshold applied to a working parent in a family of three.

<sup>4</sup> This Section 209b states exercise an option that allows states to use their 1972 financial and non-financial standards instead of the federal SSI standards to determine eligibility for the disabled. If a state uses its more restrictive 1972 financial eligibility standards, it must also allow disabled individuals to "spend down" into Medicaid eligibility by deducting incurred medical expenses from income.

<sup>5</sup> TennCare Standard is available for children under age 19 who were receiving Medicaid, under the age of 19, lack access to group health insurance through their own job or their parent's job, and have family incomes of less than 200% FPG. For more information:

<http://www.state.tn.us/tenncare/members/standard1.htm>

<sup>6</sup> For Tennessee, the Medicaid figures shown represent the income eligibility guidelines under "regular" Medicaid. Enrollment under the state's waiver program is closed to new applicants; some children losing Medicaid can enroll. In 2007 the state created a separate SCHIP program for children in families with income up to 250 percent of the federal poverty line. Children not eligible for regular Medicaid and children closed out of TennCare Standard who meet the SCHIP income guidelines can enroll in the separate SCHIP program.

<sup>7</sup> A commercial managed care organization (MCO) provides comprehensive services to Medicaid and commercial and/or Medicare populations.

<sup>8</sup> A Medicaid MCO provides comprehensive services to only Medicaid beneficiaries, not to commercial or Medicare populations.

<sup>9</sup> CMS defines a Health Insuring Organization (HIO) as "a managed care entity which, by law, is exempt from certain rules governing MCO program operation such as the requirement for beneficiaries to have a choice of at least two managed care entities in mandatory programs."

<sup>10</sup> CMS defines a Primary Care Case Management (PCCM) provider as: "a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants who contracts directly with the State to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category also includes those PIHPs that contract with the State as "primary care case managers."

<sup>11</sup> CMS defines a Prepaid Inpatient Health Plan (PIHP) as a plan that "provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and provides, arranges for, or otherwise have responsibility for provision of any inpatient hospital institutional services." States can offer PIHPs for medical services, mental health, substance abuse disorders, or long-term care services.

<sup>12</sup> CMS defines a Prepaid Ambulatory Health Plans (PAHP) as a plan that "provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and does not provide, arrange for, or otherwise have responsibility for provision of any inpatient hospital or institutional services." States may offer PAHPs for medical services, mental health, substance abuse disorders, dental, transportation or disease management.

<sup>13</sup> CMS defines the Program for All-inclusive Care for the Elderly (PACE) as a "program that provides prepaid, capitated comprehensive, health care services to the frail elderly."

<sup>14</sup> CMS categories managed care organizations as "other" if it is "not considered a PCCM, PIHP, PAHP, Commercial MCO, Medicaid-only MCO, HIO or PACE."

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<sup>15</sup> The Federal Medical Assistance Percentage (FMAP) is computed from a formula that takes into account the average per capita income for each State relative to the national average. By law, the FMAP cannot be less than 50%.

<sup>16</sup> The multiplier is based on the FMAP. For every dollar the state spends on Medicaid, the federal government matches at a rate that varies year to year.