



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

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Commissioner

April 29, 2005
NO. 17

BULLETIN

MA-05-02

TO: ALL DISTRICT, COUNTY AND AREA OFFICES

FROM: VIRGINIA T. LODGE, COMMISSIONER

SUBJECT: CLOSED ENROLLMENT FOR CERTAIN MEDICAID AND TENNCARE CATEGORIES

Effective 4:30 PM, April 29, 2005, enrollment is closed for certain TennCare Medicaid and TennCare Standard categories. The Centers for Medicaid and Medicare Services (CMS) approved TennCare's modified waiver allowing the state to close enrollment to all applicants for TennCare Standard and to close enrollment for non-pregnant Medically Needy adults age 21 and older. This means adult applicants who apply for Medicaid after 4:30 PM, April 29, 2005, and who would only qualify if eligible as Medically Needy may not be approved. This also means that no applicant, adult or child, who applies after 4:30 PM, April 29, 2005, may be approved for TennCare Standard.

Medically Needy Closed Enrollment

Enrollment is closed for non-pregnant adults age 21 and older in Medically Needy Medicaid categories. Medically Needy Medicaid, both spenddown and exceptionally needy, continues to be an open category only for children under age 21 and pregnant women. **Applications for Medicaid will continue to be accepted from anyone requesting to apply.** DHS must test each individual or family group for Medicaid eligibility in all possible categories. However, non-pregnant adults cannot be approved in a Medically Needy category, whether exceptionally needy (including institutionalized individuals) or spenddown.

Budgeting for MN families has not changed. Parental income and needs continue to be budgeted and compared to the Medically Needy Income Standard (MNIS) for the number of mandatory household members. However, only children under age 21 and pregnant women may be eligible for coverage when the application date is after 4:30 PM, April 29, 2005. Other caretaker relatives, such as grandparents, may no longer be eligible in a medically needy category as an eligible member with an otherwise eligible child.

Adults will continue to group in medically needy categories (MA A, B, D, and T) however, ACCENT will not allow the adult to be opened when the application was received after 4:30 PM, April 29, 2005. **For purposes of ACCENT processing, when an application is received after 4:30 PM, April 29, 2005 and the only Medicaid group that forms for a non-pregnant adult is a Medically Needy group, you must enter an application date of April 30, 2005 as the application date.** This will ensure that the individual receives the correct notice indicating he/she is not eligible in any open group of Medicaid. There are reminders and edits in ACCENT to assist in processing adults. Notices produced for adults who group for MN will indicate that the individual does not qualify in an open category of Medicaid. ACCENT Implementation Alert, AIA-05-06 includes specific instructions on processing Medically Needy adults based on closed enrollment.

Processing Pending Medically Needy Applications

Applications including adults received and dated prior to 4:30 PM April 29, 2005, may be processed for Medically Needy and approved for the adult only if the eligibility begin date is prior to the date of closed enrollment. For example, if an adult applied in March of 2005, and provides bills for spenddown, but medical expenses were incurred after 4:30 PM April 29, 2005, these expenses may not be used for an adult to meet spenddown. Many of these pending applications will be those awaiting a DDS decision.

When approved, these adults will be given 12 months of coverage on the TennCare system and will be selected for disenrollment based on their existing end date.

Processing Changes based on Closed Enrollment for Medically Needy Adults

When a change is reported that makes an individual or family ineligible, such as moving out of State, you may close the case. However, other changes may have special considerations.

- Individuals may have existing spenddown coverage dates on the TennCare system but have a closed Medicaid AG on ACCENT. Unless the individual is changing categories, do not enter a sign date on AEFPY. These individuals will be selected for the disenrollment process by TennCare.
- Exceptionally needy MN adults have open cases on ACCENT. If a case is being processed for another benefit, such as Food Stamps, the sign date may be updated to reflect the new benefit period for the FS case. Because the adult is already open on ACCENT, this will not affect existing eligibility on the TennCare system.
- Any **adult** losing Medicaid eligibility is **no longer eligible as a Medicaid rollover**. Only children under age 19 can rollover and possibly qualify for TennCare Standard if otherwise eligible.
- All children under age 19 losing Medicaid eligibility should be processed for TennCare Standard, even if not eligible. They must receive a notice (and associated appeal rights) indicating the specific reason they do not qualify, such as 'access to insurance'.

TennCare Standard Closed Enrollment

Enrollment for new applicants for TennCare Standard is closed effective 4:30 PM, April 29, 2005. All individuals applying for medical assistance but failing Medicaid will no longer be processed to determine TennCare Standard eligibility even if they are under the Federal Poverty Level (FPL) and do not have insurance nor access to insurance. This includes ending Medicaid rollover determination for adults age 19 or older. **TennCare Standard enrollment is closed except for:**

- ◆ Children under age 19 losing Medicaid eligibility may continue to "rollover" to TennCare Standard as uninsured when income is under 200% FPL or into ME as uninsurable when income is at or above 200% FPL.

◆ **NOTE:** All children rolling over to TCS must be processed in a TCS group, even when they do not meet the requirements for TCS. A denial is required using the appropriate reason code in order for a notice and appeal rights to be produced in the TennCare Standard category. This is only applicable to Medicaid rollover children.

- ◆ Children under age 19 currently eligible for TennCare Standard as uninsured whose family income goes over 200% of the FPL, but do not have access to insurance, may still qualify as ME. Effective with closed enrollment, this action must be taken immediately, at the time the income change is reported.

We must still process applications for Medicaid for anyone applying. If an individual or family is not Medicaid eligible, processing will end with the Medicaid denial, or for those who do not group for Medicaid, at AEWAA. No TennCare Standard group should be created for applicants after 4:30 PM, April 29, 2005. It is only appropriate to continue to TennCare Standard processing if there is a child under age 19 whose Medicaid is ending and is being processed as a Medicaid Rollover. When this occurs, grouping and budgeting for TCS remains the same. Adults who are mandatory members must be selected as 'other' members whose income is counted, rather than 'target' members.

Processing Pending TennCare Standard Applications

Applications dated prior to 4:30 PM, April 29, 2005 and currently being processed for ME, must be completed as usual. If an alert is received indicating ME approval from TennCare, authorization will be allowed if the application date on the DHS application form is prior to 4:30 PM, April 29, 2005. Adults approved for ME after enrollment closes will be subject to disenrollment from TennCare Standard.

Both ACCENT and Interchange have edits to prevent approval of new applicants for TennCare Standard if the application date is after 4:30 PM April 29, 2005. There should be no TennCare Standard groups formed when the application date is on or after this date. Remember, do not process for TCS when an applicant is not Medicaid eligible.

Processing Changes Based on Closed Enrollment for TennCare Standard Adults

Any change actions affecting eligibility for open TennCare Standard adults should be suspended as of 4:30 PM, April 29, 2005. **No adult should be closed, moved from uninsured to uninsurable, or processed for renewal.** Income changes and demographic changes may be processed. All other changes for adults will be taken into consideration as the RFI is processed.

Changes for TCS children may be processed, even those ending eligibility, such as moving out of state, having insurance or access to insurance etc.

Open Medicaid Categories for Adults as of 4:30 PM, April 29, 2005

Adults age 21 and older may still receive Medicaid in one of the categories listed below:

- ◆ Families and Children eligible for Families First cash grant and its companion Medicaid (FF-MAC).
- ◆ Families and Children who would be eligible for AFDC based on rules prior to July 1996 (AFDC-MO).
- ◆ Families and Children who fail Families First due to sibling income (MA S).
- ◆ Pregnant women with no other children in their first two trimesters of pregnancy using FF income level (MA P).
- ◆ Pregnant women whose income is under 185% of the FPL (PLIS, MAJ).
- ◆ Medically Needy is available for pregnant women and children who do not qualify for PLIS (MA T).
- ◆ Adults confined to a long-term-care setting (nursing homes and HCBS) whose income is under the Medicaid Income Cap, which is currently \$1737 (MA A, B, D).
- ◆ Women who are under age 65 and have been diagnosed by CDC as having breast and/or cervical cancer or a pre-cancerous condition (MA Z).
- ◆ Former SSI recipient whose cash payment stopped due to initial entitlement to or increase in Social Security benefits, or other increase in income and for at least one month, received both SSI and SSA payments for the same month (MA K)
- ◆ SSI recipients receiving cash payments in are automatically eligible for Medicaid in Tennessee.
- ◆ SSI recipients whose cash payments stopped in November of 1987 or later while a resident in Tennessee will remain eligible under the Cluster/Daniels lawsuit.

VTL:MAR:MT:DT:bb