

# TennCare/Medicaid Eligibility and Enrollment Facts

- TennCare is one of the best managed Medicaid programs in the country providing high-quality cost effective health care to those receiving benefits through TennCare or CoverKids.
- Each year, TennCare is **required by state and federal law** to ensure every individual receiving Medicaid and CHIP benefits meets the eligibility standards set by law.
- TennCare has a responsibility to the state, federal government and taxpayers to ensure Medicaid services are provided only to those who meet the qualifications established by law.
- As we have communicated over the past few years, TennCare and CoverKids enrollment was inflated for a period of time due to the federally-approved decision to suspend the annual eligibility redetermination process while the State worked to implement the myriad of new requirements within the newly enacted Affordable Care Act (ACA). In fact, nearly every state suspended eligibility redeterminations during this time. The result of this pause was that very few members came off the program for more than two years.
- Prior to the implementation of the ACA, TennCare served approximately 1.2 million Tennesseans. This enrollment remained steady for about a decade. After implementation of the ACA, TennCare saw an increase in enrollment to nearly 1.6 million members – **a more than 30% increase**. This was due primarily to the pause in the eligibility redetermination process.
- Today, TennCare and CoverKids combined enrollment is approximately 1.4 million. While the restart of the required redetermination process as well as an improved economy have resulted in a decrease in the record high level of enrollment, **TennCare and CoverKids enrollment today is still approximately 198,000 members more than it was prior to the ACA. And enrollment includes approximately 68,000 more children than pre-ACA levels.**
- The state of Tennessee is serving more people, meeting a critical need in providing high-quality health care. This includes health care to pregnant women, children, individuals with disabilities, older adults and those with certain cancer diagnoses.
- Historically approximately equal numbers of members leave and join TennCare each month. When the redeterminations were paused, more members were joining than leaving, and, as expected, enrollment grew significantly. When redeterminations restarted, individuals that no longer qualified for TennCare were removed from the program.

- TennCare has consistently communicated through various channels that the end of the pause in the required redetermination process would lead to an atypical decrease in enrollment since members who no longer meet eligibility criteria – many of whom would have been deemed ineligible absent the pause in redetermination – would be terminated from the programs.
- Before the redetermination process restarted, TennCare launched a significant outreach effort to encourage members to participate in the redetermination process and provide TennCare with all required information, including any address changes. We worked with our state partners, health plans, and the advocacy community to get the message out through publications, in-person assistance, and a quick easy-to-share [video](#). We also included information on [our website](#) about the process, which included an [instruction guide](#), and information on how to get [in-person assistance](#). TennCare and its MCO partners also conducted outreach through phone calls and text messages when redetermination packets were not returned.
- With the recent launch of TennCare Connect, renewing coverage is easier for our members. Members can upload documents through the TennCare Connect website or mobile app. They can also complete the annual renewal process online or by phone. And, as we continue to collect information by interfacing with multiple state and federal systems, we will soon be able to renew many members automatically, or simply send them a pre-printed renewal packet asking to confirm if the information we have is correct.
- TennCare members and applicants can engage and communicate with TennCare in more ways today than ever before. Through the TennCare Connect website, mobile application, call center as well as free kiosks in all Department of Human Services and Department of Health offices, people can contact TennCare to submit an application for a near real time eligibility decision. In addition, uninsured individuals seeking medical care in a hospital can receive TennCare application assistance at more than 60 area hospitals.
- Even with recent improvements and advancements, of those individuals who received a renewal packet in March 2019, 21% have been removed from the program for failure to return the packet or have failed to return requested verifications the state asked for during the renewal review. It is critical that members respond to inquiries from TennCare and engage with us to maintain their benefits.
- TennCare has a robust appeals process for anyone deemed ineligible for benefits and stands ready to assist eligible individuals and families in re-enrolling in the program. Anyone who needs such assistance, has a question or is interested in submitting an application for enrollment may contact TennCare at 1-855-259-0701.