

# Bureau of *TennCare*

*Fiscal Year 2009-2010 Annual Report*





**State of Tennessee  
Department of Finance and Administration  
Bureau of TennCare  
310 Great Circle Road  
Nashville, TN 37243**

Dear Tennesseans:

Once again, I am pleased to share with you the accomplishments of the Bureau of TennCare in this annual report for the State Fiscal Year of 2009-2010.

TennCare continues to play a critical role in providing health care to Tennessee's most vulnerable population. Our improved operational stability is creating new ways for the Bureau to meet our members needs as effectively as possible.

Continuing to create more long-term care options for the state's elderly and adults with physical disabilities, full integration of medical and behavioral health services across the state, and completing the re-verification of the Daniels class are just a few of the ongoing accomplishments at the Bureau of TennCare.

Looking ahead, the Bureau will continue to analyze the details of the Affordable Care Act and the impacts health reform will have on the program. The Bureau will also begin development of programs which will provide more cost-effective non-emergency medical transportation options to members. As always, our dedicated staff will continue to pursue opportunities to improve administrative operations and quality of care for our members.

In the following pages, we will provide a more in-depth review of the Bureau of TennCare's achievements and our continued plans for success. I hope you will find this annual report useful in reflecting on the progress made in Fiscal Year 2009-2010.

Sincerely,

Darin Gordon  
Deputy Commissioner

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### EXECUTIVE STAFF

**Darin Gordon**  
Deputy Commissioner

**Wendy Long, M.D.**  
Deputy Director/Chief of Staff

**Vaughn Frigon, M.D.**  
Chief Medical Officer

**Casey Dungan**  
Chief Financial Officer

**Patti Killingsworth**  
Chief of Long-Term Services  
and Supports

**Tracy Purcell**  
Director of Member Services

**Keith Gaither**  
Director of Managed Care  
Operations

**Susie Baird**  
Director of Policy

**Gabe Roberts**  
General Counsel

**Mike Cole**  
Director of Operations

**Brooks Daverman**  
Director of Strategic Planning  
and Innovation

**Kelly Gunderson**  
Director of Communications

**Max Arnold**  
Interim Chief Information Officer

## FY 10 Expenditures by Category

Medical and Behavioral Services <sup>1</sup>	\$4,132,822,100
Pharmacy	725,743,800
Dental Services & Administration	168,025,700
CHOICES Capitation <sup>2</sup>	200,704,600
Nursing facilities <sup>3</sup>	793,836,800
HCBS and PACE Programs <sup>4</sup>	115,891,800
Intellectual Disability Services (ICF/IID and HCBS)	854,587,500
Other (DCS, DOH Payments)	259,178,800
Medicare Cost-Sharing <sup>5</sup>	440,717,800
Supplemental Payments	258,823,300
Administration <sup>6</sup>	230,411,500
Gov.'s Office of Children's Care Coordination	616,100
<b>Total</b>	<b>\$8,181,364,800</b>

<sup>1</sup>This represents the capitation payments for persons not enrolled in CHOICES during the reporting period. The capitation payment is inclusive of all physical and behavioral health received by non-CHOICES members. Additional payments for physical and behavioral health services are encompassed within CHOICES Capitation expenditures above.

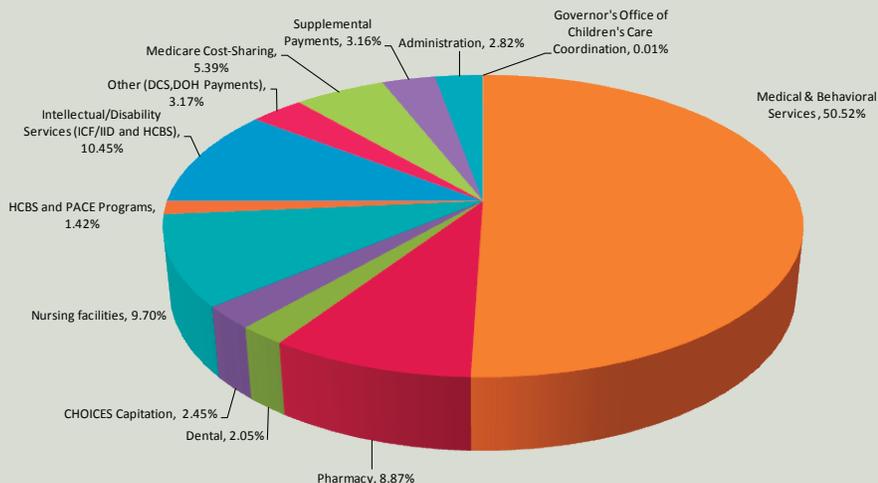
<sup>2</sup>As of March 2010, Nursing Facility services and Home and Community Based Services (HCBS) for seniors and adults with physical disabilities were integrated into the managed care program. This represents the CHOICES capitation payments for individuals receiving NF or HCBS in Middle Tennessee from March – June 2010. The capitation payment is inclusive of all physical and behavioral health and LTSS (NF and HCBS) received by CHOICES participants.

<sup>3</sup>This includes Nursing Facility services delivered through the fee-for-service system through February 2010 in Middle Tennessee and for the entire fiscal year in East and West Tennessee. Additional payments for NF services (as well as HCBS) are encompassed within CHOICES Capitation expenditures above.

<sup>4</sup>This includes HCBS delivered through the fee-for-service Section 1915(c) HCBS waiver for seniors and adults with physical disabilities through February 2010 in Middle Tennessee and for the entire fiscal year in East and West Tennessee, as well as capitation payments for the Program of All-inclusive Care for the Elderly (PACE). Additional payments for HCBS services (as well as NF) are encompassed within CHOICES Capitation expenditures above.

<sup>5</sup>Includes Medicare Part D clawback. These items are not in the Service Listing table on Page 3.

<sup>6</sup>Administration includes funding for eligibility determination by DHS in all county offices.



# *Service Delivery Network*

TennCare’s service delivery network is the managed care contractor framework by which we deliver care to our members. The network comprises physical health, behavioral health, pharmacy benefits and dental benefits. Beginning in March 2010 in Middle TN, LTSS services are also delivered through this network.

## *Managed Care Organization Enrollment*

MCO/Region	East	Middle	West	Out of State	Grand Total <sup>1</sup>	MCO Distribution
AmeriChoice-East	174,142				174,142	14.54%
AmeriChoice-Middle		188,491			188,491	15.74%
AmeriChoice-West			160,623		160,623	13.41%
Amerigroup		190,847			190,847	15.93%
Blue Care-East	233,143				233,143	19.47%
Blue Care-West			184,720		184,720	15.42%
TennCare SELECT High	19,635	20,400	20,443	5,284	65,762	5.49%
Grand Total	426,920	399,738	365,786	5,284	1,197,728	100%
Regional Distribution	35.64%	33.38%	30.54%	0.44%	100%	

<sup>1</sup>Individuals in counties bordering Grand Regions might show up differently when segregating between regions by MCO & BHO assignment. Enrollees might live out-of-state for several reasons, such as attending an out-of-state college while maintaining Tennessee residency; residents temporarily out of the state; or residing in an out-of-state medical institution for a prolonged period. Enrollment is as of January 1, 2010

In the TennCare program, Managed Care Organizations (MCOs) coordinate health care delivery to our members. This chart depicts enrollment as of January 1, 2010. Health plans operating in each of Tennessee’s three grand divisions were selected via a competitive bid process and provide both physical and behavioral health care under full-risk contracts with the state. In September 2009, behavioral health services were integrated with physical health services under TennCare Select which operates under a partial risk arrangement.

TennCare Select serves as the state’s backup health plan, available to receive enrollment in the event the state determines it necessary to transfer enrollees from another MCO. It also provides services to certain special populations that the state has identifies including children in state custody, children receiving SSI benefits and individuals with intellectual disabilities.

For an enrollee to receive services, the services must be medically necessary.

As of June 30, 2010, TennCare covered the following services:

- Community health services
- Dental services for enrollees under 21; for enrollees 21 and older, services are limited to the completion of certain orthodontic treatments initiated before enrollees turn 21
- Durable medical equipment
- Emergency ambulance transportation – air and ground
- EPSDT services for Medicaid enrollees under 21; preventive, diagnostic and treatment services for TennCare Standard enrollees under 21
- Home and Community Based Services (HCBS) for certain persons with intellectual disabilities or sessions and adults with physical disabilities\*
- Home health care
- Hospice care
- Inpatient and outpatient substance abuse benefits
- Inpatient hospital services
- Lab and X-ray services
- Medical supplies
- Mental health case management services
- Mental health crisis services
- Non-emergency transportation
- Nursing facility services and ICF/IID services\*
- Occupational therapy
- Organ-and tissue-transplant services and donor organ/tissue-procurement services
- Outpatient hospital services
- Outpatient mental health services
- Pharmacy services
- Physical therapy
- Physician services
- Private duty nursing
- Psychiatric inpatient services
- Psychiatric rehabilitation services
- Psychiatric residential treatment services
- Reconstructive breast surgery
- Rehabilitation services
- Renal dialysis clinic services
- Speech therapy
- Vision services for enrollees under 21

\*TennCare began integrating HCBS and nursing facility services for seniors and adults with physical disabilities into the managed care program in Middle TN in March 2010. Intellectual Disability services, including ICF/IID and HCBS, continue to be provided outside the managed care program.

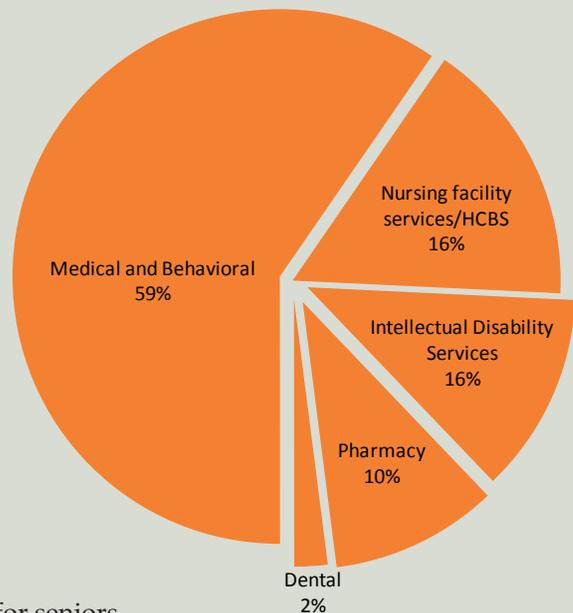
## Service Listing

**FY 10 Expenditures by Service Category**

Program	\$ Amount
Medical and Behavioral Services	\$4,132,822,100
Nursing Facilities/HCBS	\$1,110,433,200
Intellectual Disability Services	\$854,587,500
Pharmacy <sup>1</sup>	\$725,743,800
Dental	\$168,025,700
<b>Total Selected Programs</b>	<b>\$6,991,612,300</b>

<sup>1</sup>Does not include Medicare cost sharing.

## Service By Category



# Enrollment

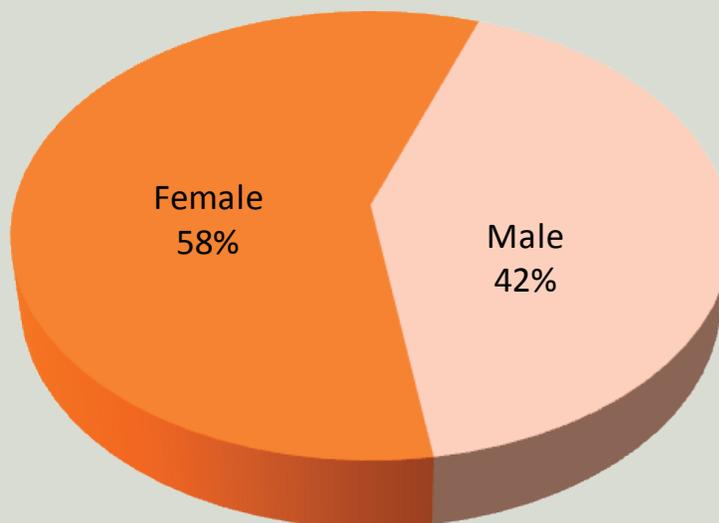
**Enrollment by Eligibility Category and Race/Ethnicity**

RACE	Expansion	Mandatory	Optional	Grand Total
Black	4,941	350,284	13,315	368,540
Hispanic	2,309	56,935	811	60,055
Other	848	60,951	574	62,373
White	22,154	660,745	23,861	706,760
Grand Total	30,252	1,128,916	38,561	1,197,728

**Enrollment by Eligibility Category and Age**

Category	0 to 20	21 to 64	65+	Grand Total
Standard Expansion Population	30,229	23		30,252
Mandatory Medicaid	664,945	392,271	71,699	1,128,915
Optional Medicaid	18,037	20,242	282	38,561
Grand Total	713,211	412,536	71,981	1,197,728

**TennCare Beneficiaries by Gender  
(on Jan. 1, 2010)**



**Top Five Diagnoses by Cost<sup>1</sup>**

**Medical Services**

**Inpatient Hospital**

1. Liveborn	18.08%
2. Short gestation; low birth weight; and fetal growth retardation	3.59%
3. Other perinatal conditions	3.53%
4. Septicemia (except in labor)	3.31%
5. Respiratory failure; insufficiency; arrest (adult)	3.27%
Percentage of all Inpatient Expenditures	31.78%

**Outpatient**

1. Abdominal pain	3.89%
2. Spondylosis; intervertebral disc disorders; other back problems	3.78%
3. Other upper respiratory infections	3.12%
4. Chronic renal failure	3.07%
5. Nonspecific chest pain	3.00%
Percentage of All Outpatient Expenditures	16.87%

**Physician<sup>2</sup>**

1. Spondylosis; intervertebral disc disorders; other back problems	5.67%
2. Normal pregnancy and/or delivery	3.86%
3. Residual codes; unclassified	3.81%
4. Other upper respiratory infections	3.30%
5. Abdominal pain	2.00%
Percentage of All Physician Expenditures	18.65%

<sup>1</sup> Does not include behavioral health expenditures

<sup>2</sup> Administrative related diagnosis consisted of \$61,801,866 in expenditures or 5.6% of total expenditures but is not a diagnosis and is not included as a top 5 diagnosis but expenditures are included in total expenditures.

- Inpatient hospitalization rate was 129 admissions per 1,000 enrollees
- Average inpatient length of stay was 4.17 days per admission
- Emergency room utilization was 833 visits per 1,000 enrollees
- 87% of all TennCare enrollees visited a physician at least once during the year

**MCO Medical Expenditure by Category of Service (Selected Services)**

Category of Service	Providers with Paid Claims	FY 10 Recipients	Expenditures Per Recipient	FY 09-10 Actual No. <sup>1</sup>
Hospital Facilities (Including care provided through hospitals (both Inpatient and Outpatient), Federally Qualified Health Centers (FQHC), Ambulatory Surgical Centers, etc.)	3,012	732,123	\$2,591.35	\$1,897,186,800
Physician	22,842	1,051,433	\$1,196.63	\$1,258,179,900
Home Health	170	11,163	\$21,924.42	\$244,742,300
Durable Medical Equipment	2,170	91,863	\$1,294.99	\$118,961,800
Other Services <sup>2</sup>	1,354	489,963	\$382.72	\$187,519,400

<sup>1</sup> Total expenditure includes the total of administration fees paid to contracted MCO's, based on the allocated proportion of total Medical and behavioral Health expenditure incurred in SFY10.

<sup>2</sup> Other consists of Transportation, Lab and Hospice.

TennCare utilizes a preferred drug list to manage the pharmacy benefit. Some drugs require prior approval. During fiscal year 2009-2010, 75% of TennCare-reimbursed prescriptions were generic and 25% were a brand name.

Brand name drugs account for 75% of pharmacy expenditures, with an average cost per prescription of \$189 for a brand name prescription, compared with \$18 for a generic prescription.

TennCare enrollees who utilized pharmacy services averaged 14 prescriptions during FY 09-10.

## Pharmacy Services

Services Delivered through Pharmacy Benefits Manager (PBM)

Providers with Paid Claims	FY 10 Recipients	Expenditures Per Recipient	FY 10 Expenditures
8,679	922,004	\$787.14	\$725,743,800

Note: Figures represent enrollees who utilize pharmacy services.

### Top Five Drugs by Cost

Brand Name	Generic Name	Drug Type	Expenditures
Seroquel®	Quetiapine Fumarate	Antipsychotic	\$31,177,056.08
Singulair®	Montelukast	Asthma	\$28,054,960.09
Abilify®	Aripiprazole	Antipsychotic	\$25,838,450.27
Adderall®	Dextroamphetamine and Amphetamine	Attention Deficit Hyperactivity Disorder	\$20,388,652.37
Nexium®	Esomeprazole	Proton Pump Inhibitors	\$17,938,210.12

### Top Five Drugs By Number of Claims

Brand Name	Generic Name	Drug Type	Number of Prescriptions
Lortab®, Vicodin®, Anexsia®	Hydrocodone Bitartrate and Acetaminophen	Narcotic	700,654
Amoxil®, Trimox®, Augmentin®	Amoxicillin	Antibiotics	512,523
Accuneb®, Proair HFA®, Proventil® HFA, Ventolin HFA®	albuterol sulfate	Bronchodilators	375,611
Zithromax®	Azithromycin	Antibiotics	300,901
Singulair®	Montelukast	Asthma	239,106

## Dental Services

Services Delivered through the Dental Benefits Manager (DBM)

During FY 09-10, medically necessary dental services were covered for enrollees under 21. For TennCare-eligible children age 3 and over, 61% percent received at least one dental service.

### Dental Services

Providers with Paid Claims	FY 10 Recipients	Expenditures Per Recipient	FY 10 Expenditures <sup>1</sup>
982	374,239	\$435.28	\$168,025,700

<sup>1</sup>Amount includes administrative costs but does not include Health Department Dental Program cost of \$5,383,300 which is included on page 1 in the Other (DCS, DOH Payment) category.

# Behavioral Health Services

- 63.9% of enrollees receiving mental health care are either adults with serious and/or persistent mental illness (SPMI) or children with a serious emotional disturbance (SED)
- Approximately 8.2% of the entire TennCare population are SPMI/SED members
- 73% of dollars spent on mental health is for persons with SPMI/SED

## Mental Health Clinics and Institutional Services

Providers with Paid Claims	Recipients	Expenditures Per Recipient	Expenditures <sup>1,2</sup>
2,400	154,399	\$2,760.59	\$426,231,900

<sup>1</sup>Excludes case management services, transportation and other community services where payment to provider was a capitated arrangement.

<sup>2</sup>Total expenditure includes the total of administration fees paid to contracted MCOs, based on the allocated proportion of total medical and behavioral health expenditure incurred in FY 10.

## Top Five Mental Health Diagnoses by Cost

### Inpatient Hospital

1. Episodic Mood Disorders	35.0%
2. Schizophrenic Disorders	25.7%
3. Drug Dependence	11.5%
4. Other Non-organic Psychoses	3.6%
5. Sexual and Gender Identity Disorders	2.9%
% of all Inpatient Expenditures	78.7%

### Outpatient

1. Drug Dependence	31.5%
2. Episodic Mood Disorders	16.4%
3. Nondependent Abuse of Drugs	6.9%
4. Anxiety Dissociative & Somatoform Disorder	6.7%
5. Depressive Disorders	5.4%
% of All Outpatient Expenditures	66.9%

### Physician

1. Adjustment Reaction	56.2%
2. Episodic Mood Disorders	13.5%
3. Schizophrenic Disorders	12.4%
4. Hyperkinetic Syndrome of Childhood	5.3%
5. Anxiety Dissociative and Somatoform Disorders	2.3%
% of All Physician Expenditures	89.6%

## Long-Term Services and Supports\*

Category of Services	Number of Providers***	Number of Recipients**	Average Expenditures Per Recipient	Total Expenditures
HCBS-ID	3	7,506	\$76,948.73	\$577,577,200
HCBS Seniors/PD	393	4,908	\$20,339.08	\$99,824,200
ICF/IID	87	1,059	\$211,129.93	\$223,586,600
Nursing Facility Services (level 1)	304	20,429	\$38,165.67	\$779,686,400
Nursing Facility Services (level 2)	245	1,851	\$55,184.05	\$102,145,700

\* The table reflects only the number of billing entities, i.e., Regional Offices of the Division of Intellectual Disability Services, rather than the actual "Number of Providers" delivering services.

\*\*"Number of Recipients" reflects the number of people receiving services as of June 30, 2010.

\*\*\*Nursing Facilities that are contracted for Level 1 and Level 2 reimbursement are counted in "Number of Providers" for both facility types.

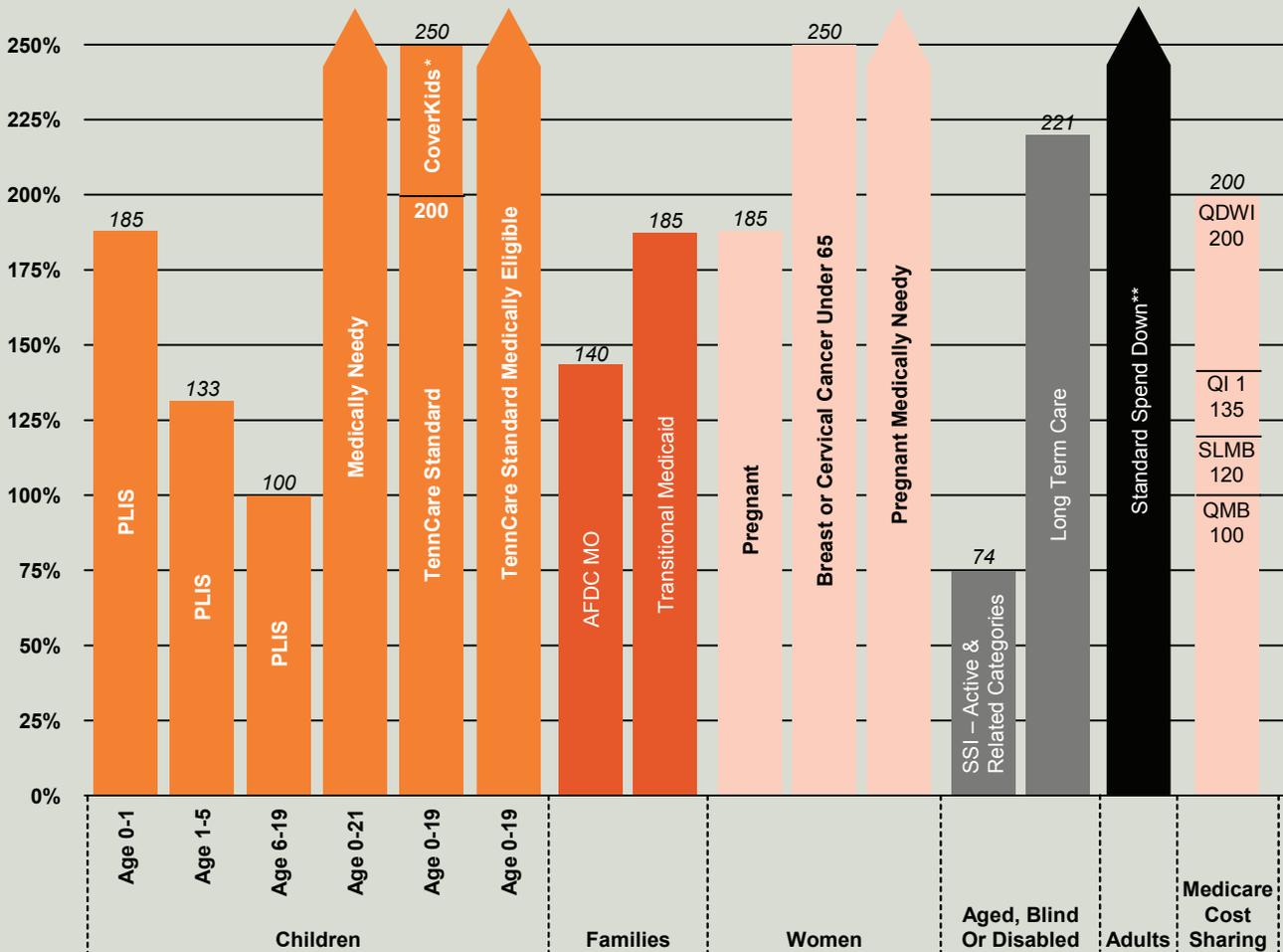
## TennCare Eligibility Chart Annual and Monthly Income in Dollars

These two charts set forth the income and resource levels that applicants must meet before they can be determined eligible for TennCare.

Family Size		65%	75%	100%	120%	133%	135%	185%	200%	250%
1	Mo	\$563	\$650	\$867	\$1,040	\$1,153	\$1,170	\$1,603	\$1,733	\$2,167
	Yr	6,760	7,800	10,400	12,480	13,832	14,040	19,240	20,800	26,000
2	Mo	758	875	1,167	1,400	1,552	1,575	2,158	2,333	2,917
	Yr	9,100	10,500	14,000	16,800	18,620	18,900	25,900	28,000	35,000
3	Mo	953	1,100	1,467	1,760	1,951	1,980	2,713	2,933	3,677
	Yr	11,440	13,200	17,600	21,120	23,408	23,760	32,560	35,200	44,000
4	Mo	1,148	1,325	1,767	2,120	2,350	2,385	3,268	3,533	4,417
	Yr	13,780	15,900	21,200	25,440	28,196	28,620	39,220	42,400	53,000
5	Mo	1,343	1,550	2,067	2,480	2,749	2,790	3,823	4,133	5,167
	Yr	16,120	18,600	24,800	29,760	32,984	33,480	45,880	49,600	62,000
6	Mo	1,538	1,775	2,367	2,840	3,148	3,195	4,378	4,733	5,917
	Yr	18,460	21,300	28,400	34,080	37,772	38,340	52,540	56,800	71,000
7	Mo	1,733	2,000	2,667	3,200	3,547	3,600	4,933	5,333	6,667
	Yr	20,800	24,000	32,000	38,400	42,560	43,200	59,200	64,000	80,000
8	Mo	1,928	2,225	2,967	3,560	3,946	4,005	5,488	5,933	7,417
	Yr	23,140	26,700	35,600	42,720	47,348	48,060	65,860	71,200	89,000

Note: For each additional person add \$3,600 annually or \$300 monthly

### Tennessee Medicaid Coverage Groups and Eligibility Requirements



## TennCare Eligibility Categories

Category	Program	Description	Income Limit
Children	PLIS (Poverty Level Income Standard)	Low income children age 0 up to 1st birthday	185% of poverty - No resource test
		Low income children age 1 to 6th birthday	133% of poverty - No resource test
		Low income children age 6 to 19th birthday	100% of poverty - No resource test
	Medically Needy	Children up to age 21. Must either have low income or have sufficient unreimbursed medical bills to spend down to requisite income limits.	Monthly spend-down levels of \$241 (1), \$258 (2), \$317 (3), \$325 (4), \$392 (5), \$408 (6), or \$467 (7), depending upon family size - Resource: \$2,000 (1), \$3,000 (2), add \$100 per additional individual ***
	Standard Rollover	Children under age 19 who do not have access to insurance. Category is only open to children who lose Medicaid eligibility and rollover into Standard.	Below 200% of poverty - No resource test
Standard Medically Eligible	Children under age 19 who do not have access to insurance and who have health conditions that make the child uninsurable. Category is only open to children who lose Medicaid eligibility and rollover into Standard.	No income or resource test	
	AFDC MO	Individuals who meet basic Families First criteria for Title XIX, but do not qualify for certain technical components of Families First.	Monthly income levels of \$1217 (1), \$1574 (2), \$1837 (3), \$2011 (4), \$2257 (5), \$2379 (6), or \$2518 (7) depending upon family size, subject to disregards - Resource: \$2,000 (1)
	Transitional Medicaid	Individuals who lose Families First due to earned income or increased work hours may receive 12 months of Medicaid.	185% of poverty during months 7 - 12
Women	Pregnant	Low income pregnant women. NOTE: Newborns born to Medicaid –eligible women are deemed eligible for one year.	185% of poverty - No resource test
	Breast or Cervical Cancer	Women under 65 who are not eligible for any other category of Medicaid and have been diagnosed as the result of a screening at a Centers for Disease Control and Prevention (CDC) site with breast or cervical cancer, including pre-cancerous conditions and who are in need of treatment for the cancer.	250% of poverty - No resource test
	Pregnant Medically Needy	Pregnant women. Must have sufficient unreimbursed medical bills to spend down to requisite income limits.	Monthly spend-down levels of \$241 (1), \$258 (2), \$317 (3), \$325 (4), \$392 (5), \$408 (6), or \$467 (7), depending upon family size - Resource: \$2,000 (1), \$3,000 (2), add \$100 per additional individual
Aged, Blind & Disabled	SSI (Supplemental Security Income)	Active: Low income aged, blind, or disabled recipients of federal SSI cash payments as determined by SSA	74% of poverty  Resource: \$2,000 (1), \$3,000 (2)
	Long-Term Care	Low income individuals who require care in a nursing facility or intermediate care facility for the mentally retarded or who receive Home and Community Based Services in their home	\$2,022/month (300% of the SSI benefit rate) - Resource: \$2,000
Adults	Standard Spend Down	Non-pregnant adults who are aged, blind, disabled or caretaker relatives and who have too much income and have sufficient unreimbursed medical bills to spend down to requisite income limits. This category is not currently open to new enrollees.	Monthly spend-down levels of \$241 (1), \$258 (2), \$317 (3), \$325 (4), \$392 (5), \$408 (6), or \$467 (7), depending upon family size - Resource: \$2,000 (1), \$3,000 (2), add \$100 per additional individual
Medicare Cost Sharing	QMB	<b>Qualified Medicare Beneficiary</b> - TennCare pays Medicare premiums, deductibles and co-insurance for those eligible for Medicare Part A	100% of poverty - Resource: \$4,000 (1), \$6,000 (2)
	SLMB	<b>Specified Low Income Medicare Beneficiaries</b> - TennCare pays Medicare Part B premiums only	Between 100% and 120% of poverty - Resource: \$4,000 (1), \$6,000 (2)
	QI 1	<b>Qualified Individuals</b> - TennCare pays Medicare Part B premiums only	Between 120% and 135% of poverty - Resource: \$4,000 (1), \$6,000 (2)
	QDWI	<b>Qualified Disabled Working Individual</b> - TennCare pays Medicare Part A buy-in for non-aged individuals who lost SSI disability benefits and premium free Part A	200% of poverty - Resource: \$2,000 (1), \$3,000 (2)

\* CoverKids is a state of Tennessee SCHIP program managed by Cover Tennessee and is not part of the Medicaid TennCare program.

\*\* (aged, blind, disabled & caretaker relatives) not currently open to new enrollees.

\*\*\* Numbers in parentheses refer to the number of members within a family.

## TennCare Expenditures and Recipients by County

County	Enrollment on 1-Jan-10	Estimated 2010 Population	% of County on TennCare	Total Service Expenditure <sup>1</sup>	Expenditure Per Member	% County Expenditure	% County Enrollment	% County Population
Anderson	14,001	74,257	18.9%	\$88,394,300	\$5,433	1.3%	1.2%	1.2%
Bedford	10,330	44,172	23.1%	\$53,078,364	\$4,118	0.7%	0.9%	0.7%
Benton	3,520	16,456	21.7%	\$22,087,305	\$5,694	0.3%	0.3%	0.3%
Bledsoe	2,907	12,946	22.1%	\$14,366,645	\$3,836	0.2%	0.2%	0.2%
Blount	17,916	121,140	14.7%	\$112,784,052	\$5,263	1.6%	1.5%	2.0%
Bradley	17,785	97,192	18.4%	\$108,846,165	\$5,059	1.6%	1.5%	1.6%
Campbell	12,224	40,623	29.9%	\$70,522,707	\$4,600	1.0%	1.0%	0.7%
Cannon	2,788	13,631	20.2%	\$16,855,780	\$5,039	0.2%	0.2%	0.2%
Carroll	6,513	28,644	22.7%	\$45,540,240	\$6,029	0.7%	0.5%	0.5%
Carter	11,354	57,710	19.1%	\$67,695,940	\$4,753	0.9%	0.9%	1.0%
Cheatham	5,694	38,809	14.5%	\$32,651,600	\$4,716	0.5%	0.5%	0.6%
Chester	3,358	16,793	20.6%	\$19,217,924	\$4,576	0.3%	0.3%	0.3%
Claiborne	8,278	31,901	26.3%	\$47,631,720	\$4,633	0.7%	0.7%	0.5%
Clay	1,990	7,888	25.5%	\$11,122,909	\$4,336	0.1%	0.2%	0.1%
Cocke	9,821	35,473	27.5%	\$52,534,112	\$4,239	0.7%	0.8%	0.6%
Coffee	10,960	52,344	21.0%	\$62,542,087	\$4,693	0.9%	0.9%	0.8%
Crockett	3,403	14,524	24.0%	\$21,560,565	\$5,084	0.3%	0.3%	0.2%
Cumberland	10,111	54,977	18.9%	\$60,837,368	\$4,906	0.9%	0.8%	0.9%
Davidson	111,827	612,884	17.9%	\$669,153,836	\$4,946	9.6%	9.3%	10.1%
Decatur	2,579	11,716	22.8%	\$17,747,613	\$5,672	0.3%	0.2%	0.2%
DeKalb	4,250	18,569	22.7%	\$24,718,232	\$4,769	0.4%	0.4%	0.3%
Dickson	8,937	48,712	18.7%	\$54,096,280	\$5,070	0.8%	0.7%	0.8%
Dyer	9,533	38,174	25.4%	\$53,832,368	\$4,471	0.7%	0.8%	0.6%
Fayette	5,482	37,458	14.4%	\$31,136,130	\$4,559	0.4%	0.5%	0.6%
Fentress	5,867	17,777	33.2%	\$34,060,873	\$4,597	0.5%	0.5%	0.3%
Franklin	6,644	41,054	16.1%	\$39,256,105	\$4,861	0.6%	0.6%	0.7%
Gibson	11,153	49,015	22.6%	\$83,760,194	\$6,416	1.2%	0.9%	0.8%
Giles	5,445	29,558	18.7%	\$31,215,325	\$4,607	0.4%	0.5%	0.5%
Grainger	4,974	22,419	21.9%	\$26,503,919	\$4,191	0.4%	0.4%	0.4%
Greene <sup>2</sup>	13,096	68,172	19.8%	\$174,129,388	\$12,269	2.8%	1.1%	1.1%
Grundy	4,854	13,910	34.1%	\$28,307,078	\$4,693	0.4%	0.4%	0.2%
Hamblen	12,732	61,857	20.5%	\$76,246,282	\$4,923	1.1%	1.1%	1.0%
Hamilton	53,755	328,960	16.2%	\$344,318,823	\$5,361	5.0%	4.5%	5.4%
Hancock	2,275	6,782	34.0%	\$12,542,411	\$4,250	0.2%	0.2%	0.1%
Hardeman	6,431	27,655	23.1%	\$43,013,742	\$5,751	0.6%	0.5%	0.4%
Hardin	6,453	25,995	24.6%	\$41,244,101	\$5,195	0.6%	0.5%	0.4%
Hawkins	11,913	56,562	20.7%	\$63,134,512	\$4,149	0.9%	1.0%	0.9%
Haywood	5,181	19,010	27.2%	\$27,853,465	\$4,227	0.4%	0.4%	0.3%
Henderson	6,080	27,518	22.6%	\$35,324,155	\$4,676	0.5%	0.5%	0.4%
Henry	6,932	32,042	21.8%	\$40,760,372	\$4,786	0.6%	0.6%	0.5%
Hickman	5,274	24,506	22.1%	\$28,535,566	\$4,363	0.4%	0.4%	0.4%
Houston	1,855	8,286	22.8%	\$11,488,524	\$5,021	0.2%	0.2%	0.1%
Humphreys	3,697	18,416	20.4%	\$21,836,613	\$4,807	0.3%	0.3%	0.3%
Jackson	2,558	11,491	23.6%	\$15,096,451	\$4,791	0.2%	0.2%	0.2%
Jefferson	10,348	50,600	20.3%	\$60,465,796	\$4,756	0.9%	0.9%	0.8%
Johnson	3,989	18,190	22.0%	\$20,257,828	\$3,859	0.3%	0.3%	0.3%
Knox	60,956	423,748	14.2%	\$376,571,990	\$5,207	5.5%	5.1%	6.9%
Lake	1,968	7,827	26.9%	\$12,923,541	\$5,307	0.2%	0.2%	0.1%
Lauderdale	7,049	27,745	26.4%	\$38,037,733	\$4,231	0.5%	0.6%	0.4%
Lawrence	8,403	41,319	20.5%	\$52,476,357	\$5,231	0.8%	0.7%	0.7%
Lewis	2,753	12,003	23.8%	\$17,028,297	\$4,980	0.2%	0.2%	0.2%

County	Enrollment on 1-Jan-10	Estimated 2010 Population	% of County on TennCare	Total Service Expenditure <sup>1</sup>	Expenditure Per Member	% County Expenditure	% County Enrollment	% County Population
Lincoln	6,371	32,885	19.2%	\$35,002,265	\$4,363	0.5%	0.5%	0.5%
Loudon	6,909	47,102	14.9%	\$47,354,102	\$5,756	0.7%	0.6%	0.7%
Macon	5,594	21,934	25.6%	\$30,626,062	\$4,330	0.4%	0.5%	0.4%
Madison	21,025	97,378	21.8%	\$135,607,759	\$5,408	2.0%	1.8%	1.6%
Marion	6,272	28,123	22.2%	\$38,519,674	\$4,938	0.5%	0.5%	0.5%
Marshall	5,341	29,902	18.0%	\$28,306,456	\$4,223	0.4%	0.4%	0.5%
Maury	14,800	79,029	18.1%	\$98,412,878	\$5,676	1.5%	1.2%	1.3%
McMinn	10,655	52,075	20.3%	\$55,966,138	\$3,971	0.7%	0.9%	0.8%
McNairy	6,850	25,760	26.6%	\$43,991,184	\$5,387	0.6%	0.6%	0.4%
Meigs	2,867	11,581	24.3%	\$26,349,149	\$9,843	0.5%	0.2%	0.2%
Monroe	10,034	44,015	22.0%	\$47,158,970	\$3,368	0.6%	0.8%	0.7%
Montgomery	21,835	163,603	14.1%	\$102,526,052	\$3,384	1.3%	1.8%	2.5%
Moore	889	6,266	14.4%	\$14,560,356	\$17,885	0.3%	0.1%	0.1%
Morgan	4,385	21,664	21.5%	\$28,226,612	\$5,369	0.4%	0.4%	0.3%
Obion	6,408	31,905	20.4%	\$36,465,492	\$4,591	0.5%	0.5%	0.5%
Overton	4,600	21,777	21.9%	\$24,792,699	\$4,253	0.3%	0.4%	0.3%
Perry	1,702	7,778	22.0%	\$10,494,077	\$5,071	0.1%	0.1%	0.1%
Pickett	1,035	5,072	21.6%	\$6,741,897	\$5,288	0.1%	0.1%	0.1%
Polk	3,599	16,690	23.0%	\$18,983,594	\$4,073	0.3%	0.3%	0.3%
Putnam	13,768	70,570	19.3%	\$86,432,284	\$5,208	1.2%	1.1%	1.1%
Rhea	7,776	31,215	25.3%	\$46,420,791	\$4,795	0.6%	0.6%	0.5%
Roane	9,770	54,156	18.3%	\$71,941,306	\$6,274	1.1%	0.8%	0.9%
Robertson	10,922	64,347	16.8%	\$63,777,695	\$4,707	0.9%	0.9%	1.0%
Rutherford	34,677	250,517	13.9%	\$202,898,588	\$4,694	2.8%	2.9%	4.0%
Scott	7,217	22,171	32.7%	\$45,107,464	\$5,101	0.6%	0.6%	0.4%
Sequatchie	3,458	13,814	25.5%	\$19,430,582	\$4,422	0.3%	0.3%	0.2%
Sevier	15,005	87,507	17.7%	\$77,808,898	\$4,106	1.1%	1.3%	1.4%
Shelby	224,339	922,696	24.7%	\$1,199,362,418	\$4,205	16.3%	18.7%	14.6%
Smith	3,859	19,035	20.2%	\$21,358,231	\$4,391	0.3%	0.3%	0.3%
Stewart	2,410	13,133	18.2%	\$12,740,879	\$4,168	0.2%	0.2%	0.2%
Sullivan	27,080	155,815	17.6%	\$157,487,042	\$4,740	2.2%	2.3%	2.5%
Sumner	21,584	155,592	13.9%	\$121,671,217	\$4,549	1.7%	1.8%	2.5%
Tipton	11,505	59,689	19.6%	\$60,280,074	\$4,072	0.8%	1.0%	0.9%
Trousdale	1,677	7,751	21.4%	\$9,556,016	\$4,497	0.1%	0.1%	0.1%
Unicoi	3,684	18,257	20.8%	\$23,860,227	\$5,349	0.3%	0.3%	0.3%
Union	4,516	19,088	23.8%	\$24,346,033	\$4,266	0.3%	0.4%	0.3%
Van Buren	1,286	5,503	23.5%	\$8,094,484	\$6,336	0.1%	0.1%	0.1%
Warren	9,471	39,539	23.8%	\$54,754,779	\$5,023	0.8%	0.8%	0.6%
Washington	18,832	119,768	15.9%	\$129,105,924	\$5,799	1.9%	1.6%	1.9%
Wayne	2,945	17,016	17.7%	\$21,690,454	\$6,215	0.3%	0.2%	0.3%
Weakley	6,168	34,557	18.5%	\$38,433,747	\$5,341	0.6%	0.5%	0.5%
White	5,638	25,460	22.4%	\$35,246,881	\$5,140	0.5%	0.5%	0.4%
Williamson	8,705	174,260	5.1%	\$52,922,878	\$4,997	0.8%	0.7%	2.8%
Wilson	13,518	109,563	12.3%	\$81,244,646	\$5,065	1.2%	1.1%	1.8%
Other <sup>3</sup>	18,551			\$62,118,964	\$2,888	0.9%	1.5%	0.0%
Total	1,197,728	6,234,968	19%	\$7,073,521,600	\$5,906	100.0%	100.0%	100.0%

<sup>1</sup>Service Expenditures include Medical, Pharmacy, LTC, Dental, Behavioral Health Services, MCO administrative costs and Part D payments on behalf of Dual eligible members. Payments on behalf of Dual eligible members for Part D drug coverage totaled \$81,909,300. ASO administration and Part D payments were allocated across counties relative to the county's proportion of total expenditure.

<sup>3</sup>Greene County expenditures include costs associated with the Greene Valley Developmental Center, causing the per-member cost to appear higher when comparing it with those of the other counties.

<sup>4</sup>This category reflects recipients who are Tennessee residents for which their domicile is temporarily located outside of the state.

# Milestones

## *Always Striving for Quality Care and Operational Excellence*

### **CHOICES Program Approved by Federal Government and Launched in Middle TN**

TennCare received federal approval to move forward with the new TennCare CHOICES in Long-Term Care program in July 2009. The approval of TennCare Waiver Amendment #7 allowed the Bureau to begin restructuring the long-term care system in Tennessee. The goal of CHOICES is to improve quality and coordination of care, expand the availability of home and community based services that could be used to prevent or delay the need for higher levels of care, and over time, to help create a more “balanced,” sustainable long term care system.

On March 1, 2010, TennCare launched the CHOICES program in Middle, TN. The CHOICES program offers more home-based options for meeting the long-term care needs of the state’s elderly and adults with physical disabilities, reducing reliance on more costly nursing facility care. It also offers a simpler process for accessing these services more economically.

In CHOICES, members can receive care in the home and community, as long as their needs can be met safely, and the total cost of those services does not exceed the cost of comparable nursing home care. Typically, in-home care costs significantly less because it wraps around existing family caregiver supports to help sustain them over time. So, CHOICES is able to stretch existing funding further in order to serve more people.

“This is a key component in ensuring that care is provided

to more people in the right place at the right time,” said TennCare Director Darin Gordon. “In many cases we can safely care for people at home where they feel most comfortable, and this care is actually less expensive than nursing home care. The approval of this program will benefit our enrollees, their families and taxpayers.”



CHOICES services include help doing everyday activities that people may no longer be able to do for themselves as they grow older or if they have a physical disability – activities such as bathing, dressing, preparing meals or doing household chores. These services can also include care in a nursing home. To be eligible for CHOICES an individual must need the level of care provided in a nursing home and qualify for Medicaid long-term care. For those receiving care in the home, the total cost of that care must be equal to or less than the cost of care in a nursing home.

It has long been a goal for the Bureau to deliver a more balanced, sustainable long-term care system structured on the needs and preferences of the people receiving those services, allowing limited dollars to be stretched further while serving more people. TennCare has seen more members choose Home and Community Based Services (HCBS) since the CHOICES program was launched and that trend is expected to continue. CHOICES implementation in East and West Tennessee is scheduled for the fall of 2010.

## **TennCare Completes Daniels Re-Verification Process**

In January 2009, TennCare received approval from the federal courts to begin re-verifying the eligibility of approximately 147,000 members in the Daniels class. The Daniels class refers to enrollees who once received Supplemental Security Income (SSI) but no longer do.

For 21 years, a court injunction prevented TennCare from checking the eligibility of these enrollees. This meant some people remained on the program even though they were actually not eligible for the program. TennCare checks the eligibility of its 1.1 million other enrollees every year, and federal statute requires that Medicaid agencies re-determine eligibility at least once a year.

The lifting of the injunction will allow the Bureau to comply with federal requirements and ensure that it treats all of its enrollees equally.

TennCare mailed requests for information (RFIs) from May 2009 to December 2009. These RFIs were sent to enrollees in the Daniels class in order to find out more information about these individuals. Due to the court injunction, in some cases the information the state had for some in the Daniels class was more than 20 years old. Those who provided information that verified they were eligible to receive TennCare benefits remained on the program. In all, approximately 100,000 individuals were determined ineligible. Of those who no longer qualified for TennCare, more than 65 percent continued to have health coverage through Medicare.

## **TennCare Completes Statewide Medical and Behavioral Health Integration**

TennCare announced in September 2009 that BlueCross BlueShield of Tennessee (BCBST) would begin managing behavioral health care for enrollees receiving services through TennCare Select. This transition to a single managed care entity to provide all of the physical and behavioral health care an enrollee needs marks TennCare's completion of the shift to a fully-integrated service delivery model.

"We're pleased to take this next step in further strengthening the TennCare program as we continue to improve the quality of care our members receive," said Darin Gordon, TennCare Director. "By integrating behavioral health and physical health coverage, we are better able to coordinate care for all enrollees and provide services that meet the needs of the whole person."

The Bureau began integrating behavioral and medical health care delivery for Middle Tennessee members in 2007 through two new managed care organizations

(MCOs). TennCare continued the process with the execution of new MCO contracts in West Tennessee in November 2008 and East Tennessee January 2009.

TennCare Select, which is operated by BlueCross BlueShield of Tennessee, serves approximately 71,733 TennCare enrollees statewide including foster children, children receiving SSI benefits and nursing facility or ICF-IID residents under age 21. It also serves as the state's back-up MCO should there be capacity problems with any of the other MCOs and maintains a statewide provider network.

## **TennCare Implements SelectCommunity**

In June 2010, TennCare implemented a new program called SelectCommunity. The new program is administered by BlueCross BlueShield of Tennessee as part of the TennCare Select managed care organization.

SelectCommunity is for individuals with intellectual disabilities who are members of the Arlington Class (as determined by *United States vs. the State of Tennessee*). Subsequent phases will expand the program to include all individuals with intellectual disabilities enrolled in the Section 1915(c) home and community based services (HCBS) waiver program.

SelectCommunity includes a Primary Care Network which is comprised of primary care providers (PCPs) who have qualifications, capabilities and resources to work with persons with intellectual disabilities. When joining the SelectCommunity Primary Care Network, a provider agrees to certain roles and responsibilities. SelectCommunity providers are responsible for continuous, comprehensive primary care and coordination of medical information and specialized physical and behavioral health care services, including specialty referrals.

Eligible individuals who elect to enroll in SelectCommunity are assigned a Nurse Care Manager who works with the member to develop an individualized plan of care and assist them in coordinating needed physical and behavioral health services across service delivery settings, including HCBS. For persons enrolled in an HCBS waiver program, Nurse Care Managers work closely with the person's Independent Support Coordinator (or case manager) as well as the PCP to help ensure that the person's physical and behavioral health needs are met.

In addition, for members in SelectCommunity who receive TennCare-reimbursed home health or private duty nursing services, enhanced monitoring of those services is provided using an Electronic Visit Verification system. Services are scheduled based on the member's needs.

Home health agency staff delivering these services must log in and out at each visit. This allows SelectCommunity administrators to quickly identify and address potential gaps in care and to ensure that members are receiving these benefits in accordance with their plans of care.

### **Health Plan Open Enrollment Dates Change**

In January 2010 the “open enrollment” period which allows enrollees the opportunity to change health plans was modified to allow only one month of the year for enrollees to make such requests. The open enrollment dates available to enrollees depend on which grand regions within the state they reside. For TennCare members living in West Tennessee changes to health plans can occur during the month of March. For Middle Tennessee enrollees can elect to change health plans in May and for East Tennessee only during the month of July. Enrollees have until the end of month that corresponds with their regions to make changes.

### **National Health Reform**

On March 23, 2010, President Obama signed the Affordable Care Act into law. This act will reform national health care and change many aspects of health care including Medicaid programs like TennCare.

In order to be as prepared as possible for the changes ahead, TennCare continues to analyze how reform will affect the program with the details that are currently available and by communicating with federal officials and officials from other states. All Medicaid programs will have to wait on policies and guidelines to be handed down from the federal government before they have a complete picture of how national health care reform will change Medicaid.

Though there are many aspects of the bill that will start taking effect within the next couple of years, most of the significant changes to Medicaid programs will not begin until 2014.

### **Senate Unanimously Approves Critical Adult Care Homes Bill**

Nearly one year to the day after Gov. Phil Bredesen signed into law the Long-Term Care Community Choices Act, the Tennessee Legislature sent him a bill that created a new housing option for certain TennCare members who receive long-term care services.

The bill originally would have allowed adult care homes to serve anyone who qualifies to receive care in a nursing home in a small, homelike residence in the community. However, upon passage by the legislature the bill ultimately serves adults who are ventilator-dependent or who have traumatic brain injury in small homelike

residences in the community.

### **TennCare Extension**

The three-year extension of the TennCare waiver, called “TennCare II,” expired on June 30, 2010. On June 15, 2009, Governor Bredesen wrote a letter to Kathleen Sebelius, Secretary of the United States Department of Health and Human Services, to request another three-year extension of the waiver. The new extension began July 1, 2010, and continues through June 30, 2013. On December 15, 2009, Cindy Mann, Director of the Center for Medicaid and State Operations (CMSO) in the Centers for Medicare and Medicaid Services (CMS), wrote to the state approving the request for an extension. The new extension is provided under the authority of Section 1115(e) of the Social Security Act.

### **TennCare Receives Federal Approval for Hospital Assessment Fee**

Federal officials approved Tennessee’s proposal to draw federal matching dollars in association with a new hospital assessment. As a result, TennCare avoided benefit changes for enrollees and reductions in provider reimbursement rates that would have otherwise been required as a result of decreased state tax collections associated with the recession. The assessment was approved by the General Assembly in May 2010.

“The approval of the hospital assessment provides the Bureau with the financial resources to continue providing the same level of benefits to our enrollees,” said TennCare Director Darin Gordon. “I am pleased that the Centers for Medicare and Medicaid Services (CMS) acted quickly to approve Tennessee’s request, which allows us to implement a fiscally sound budget plan, and supports the continued financial stability of our program. This fee will generate revenue that enables the state to avoid a series of difficult TennCare reductions that would otherwise have been necessary.”

The creation of the hospital assessment was a collaborative effort among several stakeholder groups, including health care-related professional organizations, providers, state officials and members of the General Assembly. Under the arrangement, private hospitals will pay a 3.52 percent fee on their annual coverage assessment base that will be matched by federal dollars. These funds will allow the state to maintain enrollee benefits at current levels and avoid across the board provider rate reductions during the FY 2010-2011 budget year. With this approval, Tennessee joins more than 25 other states that have similar plans in place.

## Amendments Submitted and Approved by CMS

### Amendment #7

On July 22, 2009, the Centers for Medicaid and Medicare Services (CMS) approved Amendment #7 to the TennCare demonstration. This approval permitted the implementation of the CHOICES program outlined by the Long-term Care and Community Choices Act of 2008. Under Amendment #7, the state provides new community alternatives to people who would otherwise require Medicaid-reimbursed care in a nursing facility. Tennessee is now one of the few states in the country to deliver managed Medicaid long-term care and the only state to do so in a manner that has also integrated physical and behavioral health services while not requiring members to change their Managed Care Organization (MCO).

Major operational changes were required in order to ensure that the CHOICES program could be smoothly integrated into the existing managed care structure. MCO contract amendments had to be approved, training materials prepared, systems changes made, contracts executed with Nursing Facilities and Home and Community Based Services (HCBS) providers, an electronic visit verification system put in place, and numerous protocols covering all aspects of the program written. The first phase of the CHOICES program was successfully implemented in Middle Tennessee on March 1, 2010.

### Amendment #8

The Bureau of TennCare solicited input from the TennCare Oversight Committee and the general public regarding a proposed Amendment #8 to the TennCare waiver. Waiver Amendment #8 was submitted to CMS on September 28, 2009. Its purpose was to ensure compliance with the Mental Health Parity requirements of the Emergency Economic and Stabilization Act of 2008, by removing, effective January 1, 2010, the limits then in effect on inpatient and outpatient substance abuse treatment benefits for adults. CMS approved this Amendment on December 15, 2009, and TennCare implemented a rule change to reflect the discontinuance of limits on these services.

### Amendment #9

To address the state's significant revenue shortfalls, Governor Bredesen required departments and agencies throughout the state to reduce their individual budgets. In response to this request, TennCare submitted Amendment #9 to CMS on February 3, 2010. The requested benefit reductions and eliminations included, among other things, limits on inpatient hospital costs;

limiting lab and x-ray procedures to eight per year; limiting provider office visits and outpatient hospital visits to eight per year each; eliminating speech, occupational and physical therapy; and imposing a co-pay on non-emergency transportation. These limits would not affect children, and pregnant women were to be exempt from limits on pregnancy-related services.

Amendment #10 was proposed after Amendment #9 but before CMS approved Amendment #9. The approval of Amendment #10 forestalled the need for the reductions proposed in Amendment #9.

### Amendment #10

On May 5, 2010, the Tennessee General Assembly passed the Annual Coverage Assessment Act of 2010. This act was signed into law as Public Chapter Number 909 on May 13, 2010, and provided an important new source of revenue to the state to be generated by an annual coverage assessment on hospitals. Use of this hospital assessment enabled the state to postpone the benefit reductions and eliminations requested in Amendment #9 and also permitted the state to enroll a certain number of new applicants in the "Standard Spend Down" demonstration category.

CMS approved Amendment #10 on June 30, 2010, and added two new hospital funding pools: an unreimbursed hospital cost (UHC) pool for private hospitals to offset losses incurred in providing services to TennCare enrollees and a public hospital supplemental payment (PHSP) pool for selected public hospitals.

### Amendment #11

On June 21, 2010, the Bureau of TennCare notified the members of the General Assembly of its intent to file Amendment #11 to the TennCare demonstration. This amendment would permit the state to accept a \$5 million intergovernmental transfer (IGT) from the Metropolitan Government of Nashville and Davidson County to use as the non-federal share in a supplemental payment to Nashville General Hospital to address critical care needs, subject to CMS approval.

### **TennCare Staff Receive TAMHO's 2009 President's Award**



In January 2010, the Tennessee Association of Mental Health Organizations (TAMHO) presented TennCare staff with the President's Award, which was given at the discretion of the TAMHO President, during the TAMHO 2009 Annual Awards and Recognition Ceremony in Nashville.

This award expresses appreciation on behalf of the TAMHO membership, for the extraordinary efforts made by the Bureau of TennCare staff, particularly Keith Gaither, Mary Shelton and Andrea Thaler. Over the year, they worked with providers to improve the system of care for the TennCare population, which has led to better access to behavioral health services for all Tennesseans.

### **Gordon Selected as Fellow for the 2011 Medicaid Leadership Institute**

TennCare Director and Deputy Commissioner of the Tennessee Department of Finance and Administration, Darin Gordon, was selected in June 2010 to participate in the 2011 class of the Medicaid Leadership Institute. This is a national initiative managed by the Center for Health Care Strategies (CHCS). Gordon was one of six Medicaid directors chosen to be part of this initiative designed to enhance the leadership capacity of Medicaid directors to help their programs serve as national models for high-quality, cost-effective care.