



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

2015 Presumptive Eligibility Desk Guide
for
Tennessee Department of Health
&
Memphis Health Center

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About Presumptive Eligibility (PE)

What it is and how it works

Presumptive eligibility (PE) is a TennCare Medicaid category of coverage for pregnant women. The presumptive eligibility option encourages early entry into prenatal care for improved health outcomes for both the mother and the baby. A pregnant woman who qualifies for presumptive eligibility can begin receiving covered services on the day that she is approved for PE. Our intent is to offer her prenatal care at the earliest possible time during her pregnancy.

Application for presumptive eligibility is made through either the county Tennessee Department of Health (TDH) or select Federally Qualified Health Centers in Tennessee.

Presumptive eligibility gives the woman TennCare coverage for a short period to allow time to apply for regular Medicaid. If no Medicaid application is filed during the Presumptive span of eligibility, then coverage could end.

Beginning January 1, 2014, for continued coverage beyond the allowable presumptive eligibility period, a pregnant woman must apply through one of the following methods:

1. Online at www.healthcare.gov. This can be done at home, at a local library, or at a computer kiosk at any TDH or Department of Human Services county office.
2. By phone at 1-800-318-2596
3. With assistance from one of the following Navigator agencies:
Get Covered TN Consumer Assistance 1-866-720-1711

Even if there are other family members in need of TennCare, only the pregnant woman in the household may be approved for presumptive eligibility. All other family members needing TennCare must apply through one of the ways outlined above.

Newborns delivered by a Medicaid TennCare-eligible member can be reported to Tennessee Health Connection at 1-855-259-0701.

Applications for prenatal care with CoverKids can be obtained at www.coverkids.com and submitted directly to the state. Applications can also be filed with the Federal Marketplace online at www.healthcare.gov or by phone by calling 1-800-318-2596.

Only one period of presumptive eligibility per pregnancy can be approved. Application for presumptive eligibility may be made “out-of-county,” or in a county other than the one in which the applicant lives. However, only one application for presumptive eligibility should be made. Presumptive eligibility cannot be approved for an individual who already has TennCare.

Who is Eligible and How

To qualify for presumptive eligibility the state will review the eligibility criteria by asking the applicant to declare the following:

1. That she is a Tennessee resident
2. That her household income is below 200% of poverty (federal poverty level, refer to Appendix A)
3. That she is pregnant
4. That she meets citizenship or immigration rules for Medicaid

Determining how these criteria are met is included in the *Completing the PE Application* section of this guide beginning on page 6.

Services covered under PE

Presumptive eligibility coverage utilizes the managed care model that other TennCare categories use. A woman who qualifies for presumptive eligibility will choose (or be assigned) a health plan, sometimes called a Managed Care Organization, or MCO. All MCOs except TennCare Select, which is not an available choice, handle all claims for physical health care, as well as claims for mental health services and alcohol and drug abuse treatment. In addition, a Pharmacy Benefits Manager, or PBM, will take care of claims for prescription medications. TennCare's current PBM is Magellan Health Services.

Pregnant women who qualify for Presumptive Eligibility receive (for the period of coverage) the benefit package of TennCare covered services listed below.

Most TennCare Medicaid adults age 21 and older have co-pays for prescription drugs. However, a pregnant woman **DOES NOT** have co-pays for prescription medicines. However, she must tell the pharmacist she is pregnant, so that the pharmacist will not charge co-pays. Any questions or concerns about health care services can be referred to the enrollee's MCO

Benefit Package B

TennCare Medicaid adults age 21 and older who do NOT have Medicare and who do not get long-term care that TennCare pays for:

“B” Covered Services	“B” Benefit Limits
Durable medical equipment (DME)	As medically necessary
Emergency air and ground ambulance	As medically necessary
Home health services	As medically necessary, with limits
Hospice care	As medically necessary
Inpatient hospital services	As medically necessary
Lab and x-ray services	As medically necessary
Medical supplies	As medically necessary
Non-emergency transportation	As medically necessary
Occupational therapy	As medically necessary
Organ transplant and donor procurement	As medically necessary, non-experimental transplants
Outpatient hospital services	As medically necessary
Pharmacy services NOTE: prescriptions over the limit are Non-Covered	5 prescriptions or refills per month (up to 2 can be brand name)
Physician services	As medically necessary
Physical exams and check-ups	As medically necessary
Physical therapy	As medically necessary
Private duty nursing	As medically necessary, with limits
Reconstructive breast surgery	As medically necessary (in acc. with TCA 56-7-2507)
Renal dialysis services	As medically necessary
Speech therapy	As medically necessary
Vision services	First pair of cataract glasses or contact lens/lenses following cataract services
Inpatient and outpatient substance abuse treatment services	As medically necessary
Mental health case management	As medically necessary
Mental health crisis services	As medically necessary
Outpatient mental health services	As medically necessary
Physician psychiatric inpatient services	As medically necessary
Psychiatric inpatient facility services	As medically necessary
Psychiatric residential treatment services	As medically necessary

“B” NON-Covered Services
Over the counter medicine (EXCEPT <u>prescribed pre-natal vitamins</u>)
Pharmacy services: <u>prescriptions over the member’s pharmacy benefit limits</u> are considered Non-Covered
Dental services
Sitter services
Convalescent care
Methadone clinic services
Chiropractic Services

Completing the Presumptive Eligibility (PE) Application

Screening Process

Before beginning the Presumptive Eligibility application, you must screen the applicant for:

- Yes** **No** Existing TennCare coverage (check system)
- Yes** **No** Existing PE application or coverage in another county (check system)
- Yes** **No** An expired period of PE for the same pregnancy (check system)

If any of the above are checked YES for the pregnant woman, do not complete the PE application.

If the pregnant woman fails to meet any of the criteria for Presumptive Eligibility, always instruct her to apply for CoverKids prenatal coverage or Medicaid TennCare through one of the ways outlined on page 3.

If all of the above are checked **NO**, continue to the next screening step.

1. Screen for Tennessee residency

- The applicant must declare that she lives in Tennessee. She may be asked for acceptable proof, such as a utility bill, bank statement, school registration, apartment lease, etc., showing current Tennessee address, but she is not required to present such proof. Migrant farm workers are eligible as long as they are currently living in Tennessee.

If an applicant under age 21 is emancipated from her parents or is married and capable of indicating intent, the state of residence is where she lives with the intention to remain permanently or for an indefinite period.

If an applicant is 21 or over, her state of residence is where she is living with the intention to remain there permanently or for an indefinite period, or where she is living and which she entered with a job commitment or to seek employment.

Source: 42 CFR § 435.403(h)

For questions or interpretation of the above statement, contact the regional PE coordinator.

2. Screen for **income** eligibility

The applicant must declare that her family income is at or below 200% of the federal poverty level. Family income requirements are based on:

- Household size (the number of people in the pregnant woman's family), and
- Household income (monthly household income before taxes).

Use the family size and income worksheets on pages 10 through 12 to help an applicant determine whether her income is at or below 200% of poverty.

3. Screen for **pregnancy**

The applicant must declare that she is pregnant. She may be requested to present documentation of her pregnancy, but she is not required to do so.

4. Screen for **citizenship**

In general, any woman who attests to being a US Citizen, US National, or qualified non-citizen meets the citizenship criteria and can qualify for prenatal presumptive eligibility. However, there is one exception to this rule:

Ineligible Alien status – Ineligible aliens are **not eligible** for regular TennCare or presumptive eligibility. Ineligible aliens are those who have no current authorization by the United States government to be present in this country or who may be here legally, but their citizenship status makes them ineligible for most medical services through Medicaid. This includes any Lawful Permanent Resident (LPR) who has had that immigration status for less than 5 years. Department of Health staff should ask any woman presenting as an LPR the length of time she has been an LPR. If less than 5 years, PE cannot be approved.

TDH/FQHC staff should ask the applicant whether she is a US citizen, a US national, or a qualified non-citizen who has been in the US for at least 5 years (or who is otherwise exempt from the five-year bar and related prohibitions). Below is a table that can help applicants understand this question and how they should answer:

Answer “YES” to citizenship/immigration question if you are a:	Answer “No” if you are a:
<ul style="list-style-type: none"> • U. S. Citizen; • U. S. national (i.e., person born in American Samoa or Swain’s Island, or born abroad to a U. S. national parent who has met U.S. residency requirements); • Lawful permanent resident or “LPR” (i.e., person with a green card) who has been in the U.S. for 5 years or more; • Immigrant who is a veteran or active duty military (or spouse, un-remarried surviving spouse, or child of such an immigrant); or • Humanitarian immigrant, which includes: <ul style="list-style-type: none"> ➤ Refugees and asylees; ➤ Vietnamese Amerasian immigrants; ➤ Cuban or Haitian entrants; ➤ Iraqi or Afghan special status immigrants; ➤ Victims of a severe form of trafficking (with a “T” visa); ➤ Abused immigrants with a VAWA petition; and 	<ul style="list-style-type: none"> • Undocumented immigrant; • Lawful permanent resident who has been in the U.S. for <u>less than</u> 5 years and who is neither a veteran nor a humanitarian immigrant; • Non-immigrant or non-resident alien (temporary residents); or • Other type of immigrant not listed in the column to the left. <p style="text-align: center;"><i>Note: Your unborn child may still be eligible for CoverKids if you answer “No”.</i></p>

Note: Coverage for Ineligible Aliens (CoverKids and Emergency Services)

Although ineligible aliens are not eligible for prenatal presumptive eligibility through TennCare, they could be eligible for prenatal care through the CoverKids program. This population should be encouraged to apply for CoverKids eligibility right away.

Another option is to file an application for Emergency Medicaid Services directly with TennCare. This coverage only provides payments to hospitals for labor and delivery, so does not include prenatal services. A pregnant woman with ineligible alien status can apply to have TennCare pay for emergency services at the hospital or women’s center or by one of the ways outlined on page 3. Payment for emergency services will begin on the date of application, if an application is filed on the date of hospital admission in the emergency room or birthing center, and will end with the date of discharge. Applications for Emergency Medical Services may also be faxed directly to TNHC at 1-855-315-0669.

Source: TennCare Policy EED 05-001 (rev. 2)

In addition to the criteria above, TDH/FQHC staff should ask whether the applicant has a valid Social Security Number.

The applicant should provide a valid Social Security Number if she is eligible to have one (for example, recent refugees may have applied for an SSN but do not yet have one), but PE coverage should not be denied if the SSN cannot be provided. The applicant may be requested to present her SSN, but she is not required to do so.

While provision of an SSN is optional, it is in the best interest of the pregnant woman to provide an SSN if she has one because it greatly facilitates the ability for providers to confirm eligibility by reducing reliance on names (which can be misspelled) and birthdates (which are sometimes entered incorrectly).

Self-Declaration

An applicant who applies for presumptive eligibility based on pregnancy is not required to submit written income verification to the TDH/FQHC at the time of application. If an applicant calls the health department prior to her visit, verifications may be requested, but cannot be required. The applicant should not be penalized if she does not have pay stubs or tax returns at the time of application.

Presumptive Pregnancy Household Composition Desk Guide

Step-by-step instructions for constructing a MAGI Household for each applicant:

1. Does the individual expect to file taxes for the current taxable year?
 - a. If no, continue to Step 2.
 - b. If yes, does the individual expect to be claimed as a tax dependent by anyone else?
 - i. If no – Use the Tax Filer Household rules.
 - ii. If yes – continue to Step 2.

2. Does the individual expect to be claimed as a tax dependent?
 - a. If no, continue to Step 3.
 - b. If yes, does the individual meet any of the Tax Dependent Exceptions?
 - i. If no – Use the Tax Filer Household rules.
 - ii. If yes – continue to Step 3.

3. For individuals who do not expect to file a tax return or are not claimed as a tax dependent, as well as individuals who meet any of the Tax Dependent Exceptions, use the Non-Filer Household rules.

This guide is only intended to determine household size for the pregnant woman. It does not determine eligibility for other family members.

Tax Filer Household	Tax Dependent Exceptions	Non-Filer Household
<p>Pregnant individual expects to file taxes:</p> <ul style="list-style-type: none"> • Pregnant individual; and • Pregnant individual’s number of unborn children (Count a single unborn child as 1, confirmed twins as 2, or confirmed triplets as 3); and • Her spouse (filing jointly or separately); and • All persons whom the pregnant individual expects to claim as a tax dependent <p>Pregnant individual expects to be claimed as a tax dependent:</p> <ul style="list-style-type: none"> • Pregnant individual; and • Pregnant individual’s number of unborn children (Count a single unborn child as 1, confirmed twins as 2, or confirmed triplets as 3); and • Person(s) who claim the individual as a tax dependent (tax filer); and • All other persons whom the tax filer expects to claim as tax dependents. 	<ol style="list-style-type: none"> 1. The pregnant individual expects to be claimed as a tax dependent by someone other than a spouse; or a biological, adopted or step parent. 2. The pregnant individual is a child (under age 19, or 21 if a full-time student) living with both parents, but the parents do not expect to file a joint tax return. 3. The pregnant individual is a child (under 19, or 21 if a full-time student) who expects to be claimed by a non-custodial parent. <p>If the pregnant individual meets an exception, use Non-Filer Household Composition Rules.</p>	<p>If the pregnant individual does not expect to file taxes or meets a tax dependent exception, include:</p> <ul style="list-style-type: none"> • Pregnant individual; and • Pregnant individual’s number of unborn children (Count a single unborn child as 1, confirmed twins as 2, or confirmed triplets as 3); and • Pregnant individual’s spouse, if living with the individual; • Pregnant individual’s natural, adopted and step children under the age 19, or 21 if full-time student; and • For pregnant individual’s under age 19, or 21 if full-time student, the individual’s natural, adopted or step parents, and natural, adopted and step siblings under age 19, or 21 if full-time student.

Not all family members can be included in determining family size for prenatal presumptive eligibility purposes. Use the guide above to determine the applicant’s family size. Start by asking the applicant if she plans to file federal taxes during the next tax season. That response will drive the household composition. The minimum family size will be two: the pregnant woman and a single unborn child.

Determining Family Income with Modified Adjusted Gross Income (MAGI) Methodology
 Count the MAGI income of everyone included in the household.

DO NOT INCLUDE:

- Child support received
- Veteran’s payments
- Supplemental Security Income (SSI)
- Money that dependent children earn from work if the amount is such that the child is not required to file taxes (under \$10,000 in 2014).

Use the worksheet below to determine monthly household income using MAGI methodology. Self-declaration is acceptable.

Determining Household Income for Presumptive Eligibility purposes using MAGI Methodology	
Types of Income	Monthly Income
Money earned from work such as wages, tips, etc. This should be the amount before taxes are taken out. <i>weekly amount X 52 weeks and then divided by 12 months</i> <i>OR every two weeks X 26 and then divided by 12 months</i>	
Self-Employment Net Income <i>ex. annual income divided by 12 months</i>	
Social Security benefits	
Pension	
Other income such as alimony, interest and dividends, unemployment, and gambling, prizes or awards	
Total Monthly Household Income:	
Deductions: Deduct the following from the Total Monthly Household Income	-
Alimony Paid	-
Student Loan Interest	-
Other, deductions an individual takes on their 1040 (Do not include items that were deducted for any net income above.)	-
Monthly MAGI Income	

Federal Poverty Guidelines

Using the totals from the Family Size and Income Worksheets on pages 10 and 11, refer to the Federal Poverty Level (FPL) Chart in Appendix A to determine the applicant's income eligibility by following the steps below:

1. Find the correct family size in the first column.
2. Then read across to the monthly 200% FPL guidelines for that family size.

The 5 Percent FPL Disregard for MAGI

If the applicant is over the specified income, then allow the following amounts to be added to the 195% threshold for her household size.

5% Disregard Amounts for 2015

HH Size	5%
-	-
2	66.38
3	83.71
4	101.05
5	118.38
6	135.71
7	153.05
8	170.38
9	187.71
10	205.05
11	222.38
12	239.71

If the applicant reports that her monthly household income is above this figure, **do not complete the PE application.**

If the pregnant woman fails to meet any of the criteria for presumptive eligibility, always instruct her to apply for TennCare or CoverKids through one of the ways outlined on page 3.

If the applicant reports that monthly gross family income is at or below the monthly poverty level, and the applicant has met the other screening criteria, **continue to the Presumptive Eligibility Application Instructions.**

Presumptive Eligibility Application Instructions

If the applicant has qualified through the five screening steps on pages 6 and 7, complete the Presumptive Eligibility Application sections as noted below:

Pregnancy Information

Record the Estimated Date of Conception and Date of Delivery – enter numerical month, day, year. Ex. 01-03-

A signature and title of authorized clinic personnel who is verifying the pregnancy may be requested but not required. If the applicant brings in a verification of pregnancy from her physician, record clinic’s name and verifying physician on the form and keep a copy of the verification for your files. Even if there is no clinical verification, you must enter the estimated date of delivery on the PE form.

Pregnancy Information	
Est. Date of Conception: ___ - ___ - _____ Est. Date of Delivery: ___ - ___ - _____	
Signed: _____	
Name of Clinic Personnel	Title

Income Information

Use the information from the family size and income worksheets on pages 10 & 11 and FPL guidelines in Appendix A to complete the income information.

Income Information	
1. _____	# of people in household (include pregnant woman fetus(s) spouse and dependent children under 21 with no income).
2. _____	Total monthly income for pregnant woman and spouse (if applicable).
----- <i>(You may cut here to protect personal income information.)</i>	

Client Information

Assign the Medicaid Number as follows:
First two digits = county code. Refer to Appendix C.
Third digit = 5 (Preprinted on application)
Next two digits = site number
Last six digits = patient’s chart record number. (Note: Do not recycle or reuse chart numbers.)

Client Information		
5	Eligibility Begins	Eligibility Ends
____ - ____	____ - ____	____ - ____
Medicaid Number		

Application Processing Error

If an error message occurs during processing, review the Medicaid Number created for potential errors with the site number or chart number. Refer to the sections below:

Changing the Site Number

When processing a Presumptive Eligibility (PE) application you may receive the following message, “This ID belongs to another person.” When you receive this message, you must verify that the Recipient ID# belongs to the PE applicant. Follow the steps below:

Enter the Presumptive ID# in the Recipient ID# field on the Request Eligibility Lookup screen.

If the member in the system is not the same as the applicant you are entering, you must assign the applying applicant a different chart number. Follow Regional policy on chart assignment.

If the member in the system is the same member as the one you are attempting to key, you must change the site number. This is the 4th & 5th digit of the PE ID#.

Follow the steps below to change the site number:

Step 1: Use the table (Appendix D) to identify your county.

Step 2: In the “Code” column corresponding to your county, record the two (2)-digit number. This number reflects the “new” site number for the PE ID#.

Step 3: Rekey the PE application with the new PE ID#.

Duplicate Chart Numbers

Do not recycle or reuse chart numbers. When a previously used chart number is reused for another patient who is being placed on PE it causes an error message in the TennCare system as the number already exists for the previous PE patient. Each patient should have her own chart number assigned individually.

Eligibility Begin / End Dates

Begin Date – Enter the date the applicant is screened and determined eligible.

End Date – This field will calculate the 45th day based on the Began Date.

When keying the Update/Add screen, ensure the Eligibility Begin Date recorded on the PE application is the same date as that reflected on the Update/Add screen. The End Date will automatically update to reflect the number of days of coverage.

Client Name

Enter the last name, first name, and middle initial.

List your two digit county code. See Appendix C.

Enter the Social Security Number (if provided by the applicant) and Date of Birth.

Enter the appropriate Race from the listing below. Use Race Code when keying into the system.

Asian or Pacific Islander = A

Caucasian = C

Black (non-Hispanic) = N

Other = E

Hispanic = H

American Indian or Alaskan Native = I

Enter the Address: Street, City and Zip Code.

Enter the Phone Number: Primary and Alternate Phone Number when available.

Client Name: _____ CO: ____
<i>Last</i> <i>First</i> <i>MI</i>
SSN: ____ - ____ - ____ DOB: ____ - ____ - ____ Race: _____
Address: _____ TN _____
<i>Street</i> <i>City</i> <i>St</i> <i>Zip Code</i>
Phone Number: ____ - ____ - ____ Alternate Phone Number: ____ - ____ - ____

Other Insurance

Ask applicant if she has other insurance. Her eligibility for PE will not be affected if she does not provide this information. If Yes, record the name of other insurance, policy number, and effective date. (Note: The applicant can have other insurance and still get TennCare Medicaid. However, claims must be submitted to the other insurance first, and then to TennCare. The applicant is not presumptively eligible if she is receiving Medicaid benefits from another State.)

Other Insurance? Yes [] No [] If yes, Name of Other Insurance: _____
Policy Number: _____ Effective Date: ____ / ____ / ____

MCO Selection

Ask applicant to select a Health Plan for their region. Record the Health Plan name and the three-digit code for the selected Health Plan.

Use MCO codes for applicant’s selection:

BlueCare – East TN	027
BlueCare – West TN	028
BlueCare - Middle TN	046
UnitedHealthcare – East TN	029
UnitedHealthcare – West TN	030
UnitedHealthcare – Middle TN	031
AmeriGroup Community Care - East TN	047
AmeriGroup Community Care - West TN	048
AmeriGroup Community Care – Middle TN	032

MCO Reassignment

If a TennCare member loses her eligibility and is reenrolled within 62 days, the individual will be reassigned to the previously assigned MCO by the Bureau of TennCare. However, the member will receive an MCO change ballot along with her TennCare approval letter, which allows the member to change their MCO.

Inform the applicant that, if she makes no selection, she will be assigned to an MCO by TennCare, and will have 45 days to request an MCO change if she desires.

Signature

Remember: The applicant must sign and date the PE application.

The staff member completing the form must sign, list their job title, the date, and enter their phone number.

I wish to apply for Medicaid based on presumptive eligibility rules. I certify that the information on this page is true and correct to the best of my knowledge. I understand that my TennCare will automatically end 45 days from today if I do not meet the financial rules for Medicaid. If I am not presumed eligible, I understand that I may still qualify for Medicaid under a different category. I understand that I should complete an application online at www.healthcare.gov. I understand that the Department of Human Services office has a computer I can use if I don't have one.

_____	_____	()
Signature of Applicant	Date	
_____	_____	_____
Reviewer Signature / Title	Date	Reviewer’s Phone
(Person completing form)		

The reviewer’s signature certifies that the above named person is presumptively eligible for Medicaid and is thereby entitled to all Medicaid covered services.

Application Review

ALWAYS DOUBLE-CHECK THE APPLICATION!

Information on the Presumptive Eligibility Application and in the TennCare System must be double-checked for accuracy. An incorrect or incomplete PE application or data keyed into the TennCare System will delay eligibility from being loaded in the TennCare Eligibility System.

Remember:

1. Double check the *Client Information Section* on the PE application. The Medicaid Number that you assign to each applicant **MUST** be correct for the application to process. If an error message occurs after attempting to finalize the application, review the *Client Information Section* in the PE Application Instructions.
2. All PE applications must be keyed into the TennCare System on the same day the application is completed and signed. After the PE application is finalized in the system, be sure to screen print the page with the message at the bottom that states "Data Accepted As Entered". This screen print is to be kept in the chart.
3. If a keying error has occurred during the data entry of the application, those corrections can be made that same day. If the PE data that has been loaded into the TennCare Eligibility System needs correcting, you must contact the Regional PE Coordinator.
4. Verification of TennCare eligibility must be checked on the next business day following the keying of the PE application. If eligibility cannot be verified using the TennCare Eligibility System, you must contact the Regional PE Coordinator.
5. If an application is returned for correction, make sure that ALL copies of the returned application are corrected – this includes the applicant's copy as well. If the applicant has used her Presumptive Eligibility coverage with another provider, that provider must be made aware of the correction as well.

Processing the Presumptive Eligibility (PE) Application

The Presumptive Eligibility application is a single page application and is to be copied as needed.

- 1. The application is to be completed by staff based on information provided by the applicant.**
- 2. The application must be signed by the applicant and staff member who completed the form.**
- 3. Copy the signed and dated original application. Give the original application to the member .**
- 4. Retain a copy for the patient's file.**

Inform her to use the lower part of the page as a temporary TennCare ID card. (She can cut off the top portion of the page to keep income information confidential.)

- Advise her of her period of coverage and of her covered benefits.
- Advise her of the need to complete the full Medicaid TennCare application process as outlined on page 3 in order to keep TennCare coverage.
- If she does not apply timely or if she does not provide the information requested, her TennCare will end on the 45th day and she will not have coverage for the remainder of the pregnancy, the delivery, or postpartum care unless she acquires Medicaid after her PE period has ended.
- Give her a copy of the PE handout and emphasize with her the importance of applying for Medicaid TennCare using one of the options listed on the handout.

5. If you are a County Health Department, key the Presumptive Eligibility into the Health Department's system.

- The TennCare InterChange system will be updated overnight with the eligibility information, and the applicant's Presumptive Eligibility coverage should show in the TennCare system on the next business day.

6. If you are a Federally Qualified Health Clinic, fax the application to the fax number below upon approval of Presumptive Eligibility to:

Mark Spears/Prenatal PE Coordinator
(615) 532-8669
State of Tennessee
Department of Health
710 James Robertson Parkway
Nashville, TN37243

Record Retention

File the application with the applicant's medical record. If kept with the medical records, the application should be kept on file for 10 years. If the application is not kept with the medical records, it must be kept for at least 3years.

Submitting Claims

Claims should be sent to the MCO selected by the applicant, UNLESS the applicant has reported having other insurance. Any other insurance is considered primary, and claims should be submitted to the primary insurance first. If any part of the claim is denied by the primary insurance, the claim can then be sent to the TennCare MCO.

**APPENDIX A
2015 FEDERAL POVERTY LEVEL GUIDELINES**

Family Size	Annual 195% Poverty Level	Monthly 195% Poverty Level ¹	5% Disregard Amounts (200% Poverty Level)²
	-	-	-
2	31,068	2,589	66.38 (2655.38)
3	39,180	3,265	83.71 (3348.71)
4	47,292	3,941	101.05 (4042.05)
5	55,404	4,617	118.38 (4735.38)
6	63,516	5,293	135.71 (5428.71)
7	71,628	5,969	153.05 (6122.05)
8	79,740	6,645	170.38 (6812.38)
9	87,852	7,321	187.71 (7508.71)
10	95,964	7,997	205.05 (8202.05)
11	104,076	8,673	222.38 (8895.38)
12	112,188	9,349	239.71 (9588.71)

¹Federal Poverty Guidelines are updated in the first part of each year to be effective March 1st each year. This means that the 2015 Federal Poverty Guidelines will be effective from March and up to the date in 2016 that new guidelines are implemented. The Bureau of TennCare will send updated FPL Guidelines as they are available.

²If an applicant is over the specified income for 195%, then allow a 5% Disregard (200% of FPL) using the monthly income total noted in parentheses.

APPENDIX B

TENNESSEE DEPARTMENT OF HEALTH COUNTY CODES

COUNTY	CODE	COUNTY	CODE	COUNTY	CODE	COUNTY	CODE
Anderson	01	Fentress	25	Lauderdale	49	Roane	73
Bedford	02	Franklin	26	Lawrence	50	Robertson	74
Benton	03	Gibson	27	Lewis	51	Rutherford	75
Bledsoe	04	Giles	28	Lincoln	52	Scott	76
Blount	05	Grainger	29	Loudon	53	Sequatchie	77
Bradley	06	Greene	30	McMinn	54	Sevier	78
Campbell	07	Grundy	31	McNairy	55	Shelby	79
Canon	08	Hamblen	32	Macon	56	Smith	80
Carroll	09	Hamilton	33	Madison	57	Stewart	81
Carter	10	Hancock	34	Marion	58	Sullivan	82
Cheatham	11	Hardeman	35	Marshall	59	Sumner	83
Chester	12	Hardin	36	Maury	60	Tipton	84
Claiborne	13	Hawkins	37	Meigs	61	Trousdale	85
Clay	14	Haywood	38	Monroe	62	Unicoi	86
Cocke	15	Henderson	39	Montgomery	63	Union	87
Coffee	16	Henry	40	Moore	64	Van Buren	88
Crockett	17	Hickman	41	Morgan	65	Warren	89
Cumberland	18	Houston	42	Obion	66	Washington	90
Davidson	19	Humphreys	43	Overton	67	Wayne	91
Decatur	20	Jackson	44	Perry	68	Weakley	92
DeKalb	21	Jefferson	45	Pickett	69	White	93
Dickson	22	Johnson	46	Polk	70	Williamson	94
Dyer	23	Knox	47	Putnam	71	Wilson	95
Fayette	24	Lake	48	Rhea	72		

APPENDIX C

SITE NUMBER REASSIGNMENT CODES FOR PRESUMPTIVE ELIGIBILITY ID NUMBER

COUNTY	CODE	COUNTY	CODE	COUNTY	CODE	COUNTY	CODE
Anderson	02	Fentress	02	Lauderdale	02	Roane	02
Bedford	02	Franklin	02	Lawrence	02	Robertson	03
Benton	02	Gibson	04	Lewis	02	Rutherford	03
Bledsoe	02	Giles	02	Lincoln	02	Scott	02
Blount	02	Grainger	02	Loudon	02	Sequatchie	02
Bradley	02	Greene	02	McMinn	02	Sevier	02
Campbell	02	Grundy	02	McNairy	02	Shelby	81
Canon	02	Hamblen	02	Macon	02	Smith	02
Carroll	02	Hamilton	02	Madison	02	Stewart	02
Carter	02	Hancock	02	Marion	02	Sullivan	03
Cheatham	02	Hardeman	02	Marshall	02	Sumner	04
Chester	02	Hardin	02	Maury	02	Tipton	02
Claiborne	02	Hawkins	03	Meigs	02	Trousdale	02
Clay	02	Haywood	02	Monroe	02	Unicoi	02
Cocke	02	Henderson	02	Montgomery	03	Union	02
Coffee	03	Henry	02	Moore	02	Van Buren	02
Crockett	02	Hickman	02	Morgan	02	Warren	02
Cumberland	02	Houston	02	Obion	02	Washington	02
Davidson	04	Humphreys	02	Overton	02	Wayne	02
Decatur	02	Jackson	02	Perry	02	Weakley	02
DeKalb	02	Jefferson	02	Pickett	02	White	02
Dickson	02	Johnson	02	Polk	03	Williamson	03
Dyer	02	Knox	02	Putnam	02	Wilson	02
Fayette	02	Lake	02	Rhea	02		

APPENDIX D

Patient Advocate Activity

- TDH has contractual obligation to:
 - Provide information to our patients about TennCare enrollment process
 - Provide information to our patients about the appeal process
- **Medical appeals**, including MCO issues (e.g. change MCO), go through TennCare Solutions Unit 1-800-878-259-0701
- **Eligibility appeals** can be filed with TennCare Health Connection - 1-855-259-0701