

**State Demonstrations to Integrate Care for Dual Eligible Individuals
Design Contracts
Summary of State's Initial Design Concepts
May 2011**

State: Tennessee

<p>Overview of Proposed Approach</p>	<p>The TennCare managed care program has been in existence for 17 years. In recent years the program has successfully integrated medical and behavioral health services for all enrollees and long-term care services for those enrollees who are elderly or have disabilities. The long-term care program is called "CHOICES." Almost all TennCare services, with the exception of dental care and prescription drugs, are furnished by TennCare Managed Care Organizations (MCOs). Enrollees in every part of the State have their choice of two MCOs.</p> <p>Full benefit dual eligibles currently receive all TennCare covered services that are not covered by Medicare through their MCO. They receive Medicare Part A and Part B services through Original Medicare or, for some, through Special Needs Plans (SNPs) and/or Medicaid Advantage Plans (MAPs).</p> <p>TennCare proposes to expand its managed care service package to include Medicare Part A and Part B services, in order to offer improved continuity of care for full benefit dual eligibles. In the process, TennCare hopes to reduce the inefficiencies and fragmentation that are inevitable when two major payers are involved in delivering health care to a vulnerable population.</p> <p>By integrating Medicare Part A and Part B services with TennCare services, Tennessee expects to be able to generate program savings for Medicare and, to a lesser extent, Medicaid. Tennessee proposes to request sharing in those savings in order to add a care coordination component for all full benefit dual eligibles.</p>
<p>Target Population (All duals/full duals/subset/etc.)</p>	<p>All full benefit dual eligibles.</p>
<p>Estimated Enrollment (in 2012 and at full implementation)</p>	<p>~137,000.</p>
<p>Planned Geographic Service Area (Statewide or listing of pilot service areas)</p>	<p>Statewide</p>
<p>Planned Stakeholder Process</p>	<p>TennCare will build on work already done with stakeholders as part of the planning and development of the TennCare CHOICES program (the program that integrates long-term care for elderly and individuals with disabilities into the TennCare managed care program). TennCare will focus on stakeholder groups with particular interest and expertise in Medicare, including Medicare beneficiaries.</p>
<p>Proposed Implementation Date and Related Milestones (Any implementation milestones)</p>	<p>Program design will begin within one month of contract execution.</p> <p>Selected milestones:</p>

<p>are pending CMS Approval)</p>	<ul style="list-style-type: none"> • Month 1: Review consultant contracts. • Month 3: Develop plan for engaging internal and external stakeholders. Identify waivers that will be required to implement the proposal. • Month 6: Complete description of the benefit package. Determine any changes needed to the State infrastructure to be able to implement and monitor the proposal. • Month 9: Identify key performance metrics and develop a proposed evaluation plan. Determine methodology for blended Medicaid and Medicare funding. • Month 12: Finalize the plan for integrating Medicare Part A and Part B services with TennCare services and assess, in consultation with CMS and State stakeholders, the feasibility of developing the plan into a proposed amendment to the TennCare demonstration.
<p>State Contact Person and Email Address</p>	<p>Susie Baird Susie.Baird@tn.gov</p>