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Comptroller's Office Reviews and Makes Recommendations Regarding TennCare Redetermination Process

The Tennessee Comptroller's Office has completed a review of TennCare's current process for redetermining Medicaid eligibility in the State of Tennessee. The review was prompted by a request from House Speaker Beth Harwell (R-Nashville), who became concerned by recent media reports surrounding the redetermination process.

Comptroller auditors examined TennCare's history with the redetermination process and how it changed to meet the requirements of the Affordable Care Act. The ACA required states to annually assess a member's Medicaid eligibility based on new income standards.

TennCare is currently developing a computer-based system to determine eligibility, but that system will not be fully online until early 2019. In the meantime, TennCare received permission from the Centers for Medicare & Medicaid Services (CMS) to use other methods for redetermining eligibility, including mailing a 98-page packet to members' homes.

Comptroller auditors reviewed a series of problems and concerns which have been raised by TennCare members. Members have identified issues with coverage being terminated without warning, lengthy call center wait times, coverage being temporarily lost when packets are returned by the due date, and other problems.

The review includes information on each of these concerns and, in several cases, a recommendation on how the concern can be addressed. For example, Comptroller auditors suggest that TennCare consider providing enrollees with a self-addressed, postage-paid envelope to return their redetermination packet.

The Comptroller's Office has submitted its review to Speaker Harwell and posted the report on the Comptroller's website.

To view the full report online, go to: <http://www.comptroller.tn.gov/sa/>.

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