

TennCare Inventory Contents

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Tennessee's Managed Medicaid Program

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information	
Tennessee's Managed Medicaid Program <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		TennCare is the state of Tennessee's managed Medicaid program. The program is a partnership between the state and federal government. TennCare contracts with statewide managed care organizations to provide healthcare to mostly low-income pregnant women, parents or caretakers of a minor child, children, and individuals who are elderly or have a disability. To get Medicaid, you must meet the income and resource limits.	
Delivery Setting		Target Population	
Organizations/Businesses/Local Governments		Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families	

Logic Model	Outputs	Outcome(s)
If we contract with statewide managed care organizations to provide healthcare to mostly low-income pregnant women, parents or caretakers of a minor child, children and individuals who are elderly or have a disability, then we will promote the health of all Tennesseans and increase the cost-effectiveness of health care spending.	1. Average percentage across managed care organizations (MCOs) of compliance with contract deliverables	1. Percent of Healthcare Effectiveness Data and Information Set (HEDIS) quality measures scoring higher than the national average
	2. Average percentage across MCOs of compliance with provider network adequacy requirements	2. The Medicaid share of the state dollar budget
	3. Percentage of TennCare members who are satisfied with the services they've received	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
National Institutes of Health	Effects of Health Insurance on Health	Systematic review of several rigorous studies	

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Population Health



Outcomes

Program/Intervention Name	Description/Additional Information
Population Health <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	Population Health is the state of Tennessee’s care coordination effort to support TennCare Medicaid and Children’s Health Insurance Program (CHIP) populations. The program contracts with statewide managed care organizations to improve healthcare outcomes such as increasing child vaccinations, reducing preterm births, and enhancing behavioral health services for adults with substance use disorder. To advance those goals, the program uses evidence-based approaches, such as text message interventions, chronic disease management, and patient-centered medical homes.
Delivery Setting	Target Population
Organizations/Businesses/Local Governments	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families

Logic Model	Outputs	Outcome(s)
If we contract with statewide managed care organizations to improve clinical health outcomes of defined groups of individuals through improved evidence-based approaches to care coordination and patient engagement, including appropriate financial and care models, then we will promote the health of and improve the quality of life of all TennCare members and increase the cost-effectiveness of health care spending.	1. Percentage of members who received a care plan	1. Rate of postpartum care adherence
	2. Percentage of pregnant women engaged in maternal health case management	2. Percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older that resulted in follow-up care with a mental health provider within 7 days
	3. Percentage of high-risk maternity members who received a Comprehensive Health Risk Assessment	

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Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

 Evidence

Program/Intervention Name		Description/Additional Information
Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		<p>The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. The program uses evidence-based approaches including primary care, preventive care visits, and vision screening. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.</p>
Delivery Setting		Target Population
Organizations/Businesses/Local Governments		Infancy/Early Childhood, Children, Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
<p>If we provide a comprehensive preventive health care benefit to children under 21 enrolled in Medicaid, including for preventive, dental, mental health, developmental, and specialty services, then we will improve rates of evidence-based well-child preventive care visits and increase early identification and treatment of physical, developmental, and behavioral health concerns and, in doing so, improve health outcomes for children.</p>	1. Number of well child visits	1. Rate of total number of well child visits provided compared to the expected number of visits (TN's EPSDT Screening Ratio)
	2. Required number of TennCare EPSDT outreach activities to member by MCO	2. Rate of TennCare members under 21 receiving at least one well child visit (TN's Participant Ratio)
	3. Number of EPSDT trainings for providers by MCO	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
*Multiple Sources	There are multiple sources of evidence for each type of program administered; those evidence sources are available upon request.	

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CHOICES

 Pending Panel Review

Program/Intervention Name	Description/Additional Information
CHOICES <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:	<p>TennCare CHOICES is for adults aged 21 and older with a physical disability as well as seniors aged 65 and older. CHOICES offers Home and Community Based Services (HCBS) in the home, on the job, or in the community to assist with daily living activities and allow people to work and be actively involved in their local community. CHOICES also provides care in a nursing home if this is needed. Through improved coordination of care and use of more cost-effective home and community-based alternatives, CHOICES expands access to home and community-based services for persons who are “at risk” of needing nursing facility services, thereby delaying or preventing the need for more expensive institutional care.</p>
Delivery Setting	Target Population
Organizations/Businesses/Local Governments	Adults, Persons with Disability, Aging Adults

Logic Model	Outputs	Outcome(s)
<p>If we provide seniors and adults with physical disabilities with Home and Community Based Services (HCBS), including coordination of care and supports to help them with daily living activities, work, and community involvement, then we will help those individuals remain engaged in communities and delay or prevent the need for more expensive institutional care.</p>	<p>1. Percent of older adults and adults with physical disabilities receiving Home and Community Based Services as compared to nursing facility care</p>	<p>1. Number of older adults and adults with physical disabilities actively receiving Home and Community Based Services over the course of each demonstration year compared to the year prior to implementation</p>
	<p>2. Number of older adults and adults with physical disabilities receiving services in nursing facilities who are able to transition back to the community with Home and Community Based Services</p>	<p>2. Number of persons who transitioned from nursing facilities to Home and Community Based Services during each demonstration year compared to the year prior to implementation</p>

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Employment and Community First (ECF) CHOICES

 Pending Panel Review

Program/Intervention Name		Description/Additional Information
Employment and Community First (ECF) CHOICES <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		Employment and Community First (ECF) CHOICES is for people of all ages who have an intellectual or developmental disability (I/DD). It provides a range of supports and services to help the person with I/DD become as independent as possible including support to explore the possibility of working. It also includes support to be involved in their communities outside of work opportunities, helping them stay healthy, and build self-confidence. Supported employment, a major component of ECF CHOICES, is evidence-based.
Delivery Setting		Target Population
Organizations/Businesses/Local Governments		Children, Adolescents/Young Adults, Adults, Persons with Disability

Logic Model	Outputs	Outcome(s)
If we provide access to high-quality home and community-based services to individuals with I/DD, including learning skills for work, finding and keeping a job, and becoming more active in the community, then they will become more integrated into the community, be more likely to gain employment, be as independent as possible, and improve their overall quality of life.	1. Number of individuals with I/DD actively receiving ECF CHOICES over the course of each demonstration year compared to the year prior to implementation.	1. Number and percentage of working age adults with I/DD enrolled in ECF CHOICES who are employed in an integrated setting earning at or above the minimum wage
	2. Number and percentage of working age adults with I/DD enrolled in ECF CHOICES programs who are employed in an integrated setting earning at or above the minimum wage during each demonstration year compared to the baseline year.	

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Katie Beckett Program (Part A)

 Pending Panel Review

Program/Intervention Name		Description/Additional Information
Katie Beckett Part A <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		<p>The TennCare Katie Beckett Program is for children under age 18 with disabilities or complex medical needs who are not Medicaid eligible because of their parent’s income or assets. It helps to provide care for the child’s medical needs or disability that private insurance does not cover. Katie Beckett Part A (or “Part A” for short) is for children who would qualify for care in a medical institution—like a hospital, nursing home or ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities)—but who want care at home instead.</p>
Delivery Setting		Target Population
Organizations/Businesses/Local Governments		Infancy/Early Childhood, Children, Persons with Disability

Logic Model	Outputs	Outcome(s)
<p>If children with severe disabilities or complex medical needs who are not Medicaid eligible and who qualify for care in a medical institution are instead provided with home and community-based supports, including supportive home care, respite, enabling technology, and community integration support services, then they will have a higher quality of life and will reduce health care expenditures by reducing the use of higher cost institutional care.</p>	<p>1. Number of children enrolled in the Katie Beckett Part A program</p>	

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Episodes of Care

 **Strong Evidence**

Program/Intervention Name		Description/Additional Information
Episodes of Care <input checked="" type="checkbox"/> Program <input type="checkbox"/> Intervention within Program:		<p>Episodes of Care is a state-wide value-based payment program incentivizing high-quality, cost-effective care for specific acute or specialized services over a specific time period, which is called an “episode”. The program includes 48 episodes. The program assigns a single principal accountable provider who has the most impact on the overall cost and quality of a patient’s relevant services within an episode and measures the quality and cost performance. Episodes of Care is primarily a cost-focused program, with a strong quality component.</p>
Delivery Setting		Target Population
Organizations/Businesses/Local Governments		Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
<p>If we run a state-wide value-based payment program incentivizing high-quality, cost-effective care for patients requiring specific acute or specialized services over a specific time period, then the cost trend of care for those conditions will be maintained or reduced and the quality of care will be maintained or improved.</p>	1. Percent of satisfied attendees at annual feedback session	1. Percentage of quality metrics tied to financial accountability with maintained or improved provider performance
	2. Percent of quarterly provider performance reports released on time	2. Percentage of episode types that have a lower actual cost than projected cost
	3. Number of instances in which Managed Care Organizations (MCOs) engaged with health care providers to support their successful participation in the Episodes of Care program	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
County Health Rankings & Roadmaps	Value-based purchasing	Some evidence

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