Executive Summary

- The Update to the HealthCare Safety Net Report is required per TCA 68-1-123. Prepared by the Tennessee Department of Health in coordination with the Tennessee Department of Mental Health and the Department of Finance and Administration.
- Focuses on an assessment of the Tennessee’s healthcare safety net during the 2010-11 state fiscal year, including the array of services, adequacy of services and access to care.
- Developed and presented annually to the Speakers of the Senate and House of Representatives for use by the General Assembly. Other users include healthcare providers, stakeholders and the general public.
Quick Facts

The Number of Uninsured in Tennessee

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>% No</th>
<th>Rank</th>
<th>State</th>
<th>% No</th>
<th>Rank</th>
<th>State</th>
<th>% No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Massachusetts</td>
<td>4.3</td>
<td>18</td>
<td>Virginia</td>
<td>12.2</td>
<td>35</td>
<td>Kentucky</td>
<td>16.9</td>
</tr>
<tr>
<td>2</td>
<td>Hawaii</td>
<td>6.8</td>
<td>19</td>
<td>Rhode Island</td>
<td>12.3</td>
<td>36</td>
<td>Florida</td>
<td>17.0</td>
</tr>
<tr>
<td>3</td>
<td>Vermont</td>
<td>8.4</td>
<td>20</td>
<td>Kansas</td>
<td>12.5</td>
<td>37</td>
<td>West Virginia</td>
<td>17.3</td>
</tr>
<tr>
<td>4</td>
<td>Minnesota</td>
<td>9.0</td>
<td>21</td>
<td>Ohio</td>
<td>12.8</td>
<td>38</td>
<td>Alaska</td>
<td>17.6</td>
</tr>
<tr>
<td>5</td>
<td>Connecticut</td>
<td>9.8</td>
<td>22</td>
<td>Illinois</td>
<td>13.1</td>
<td>39</td>
<td>California</td>
<td>17.8</td>
</tr>
<tr>
<td>6</td>
<td>Delaware</td>
<td>10.0</td>
<td>23</td>
<td>Nebraska</td>
<td>13.7</td>
<td>40</td>
<td>Montana</td>
<td>18.4</td>
</tr>
<tr>
<td>7</td>
<td>Iowa</td>
<td>10.4</td>
<td>24</td>
<td>Michigan</td>
<td>13.9</td>
<td>41</td>
<td>South Carolina</td>
<td>18.8</td>
</tr>
<tr>
<td>8</td>
<td>Arizona</td>
<td>10.5</td>
<td>25</td>
<td>Indiana</td>
<td>13.9</td>
<td>42</td>
<td>North Carolina</td>
<td>19.0</td>
</tr>
<tr>
<td>9</td>
<td>South Dakota</td>
<td>10.6</td>
<td>26</td>
<td>Missouri</td>
<td>13.9</td>
<td>43</td>
<td>Idaho</td>
<td>19.1</td>
</tr>
<tr>
<td>10</td>
<td>Wisconsin</td>
<td>10.7</td>
<td>27</td>
<td>Washington</td>
<td>13.9</td>
<td>44</td>
<td>New Mexico</td>
<td>19.1</td>
</tr>
<tr>
<td>11</td>
<td>Maryland</td>
<td>10.9</td>
<td>28</td>
<td>Utah</td>
<td>13.9</td>
<td>45</td>
<td>Oklahoma</td>
<td>19.2</td>
</tr>
<tr>
<td>12</td>
<td>North Dakota</td>
<td>11.1</td>
<td>29</td>
<td>Alabama</td>
<td>13.9</td>
<td>46</td>
<td>Nevada</td>
<td>19.7</td>
</tr>
<tr>
<td>13</td>
<td>New Hampshire</td>
<td>11.3</td>
<td>30</td>
<td>Georgia</td>
<td>13.9</td>
<td>47</td>
<td>Louisiana</td>
<td>20.8</td>
</tr>
<tr>
<td>14</td>
<td>New York</td>
<td>11.4</td>
<td>31</td>
<td>Colorado</td>
<td>13.9</td>
<td>48</td>
<td>Arkansas</td>
<td>21.3</td>
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<tr>
<td>15</td>
<td>New Jersey</td>
<td>11.5</td>
<td>32</td>
<td>Oregon</td>
<td>13.9</td>
<td>49</td>
<td>Mississippi</td>
<td>21.6</td>
</tr>
<tr>
<td>16</td>
<td>Pennsylvania</td>
<td>11.5</td>
<td>32</td>
<td>Tennessee</td>
<td>13.9</td>
<td>50</td>
<td>Texas</td>
<td>21.7</td>
</tr>
<tr>
<td>17</td>
<td>Maine</td>
<td>12.0</td>
<td>32</td>
<td>Wyoming</td>
<td>13.9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*National Average*

Source: TN Behavioral Risk Factor Surveillance System

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Quick Facts

Population vs Uninsured Adults 18 - 64, Fiscal Year 2010-11

- Total Population
- 18 to 64 years (Uninsured)
Quick Facts

- 200,000 dis-enrolled from TennCare in 2005
- Uninsured residents seeking medical care in hospital Emergency Departments (EDs)
- No statewide medical network focusing on health services for uninsured

Quick Facts

- State Law TCA 75-5-148
  - Tennessee's HealthCare Safety Net program was created under TCA 71-5-148 in response to state reform of TennCare.
  - The Department of Health in coordination with the Department of Finance and Administration and the Department of Mental Health is charged with the responsibility to provide uninsured residents access to primary care, emergency dental, behavioral health and insurance options.
- Access through provider network of care supported through state funding appropriations.
Quick Facts

- **Array of services focusing on:**
  - Primary care services (FQHCs, TDH clinics, Community/Faith Based clinics)
    - Note: Federally Funded Community Health Centers – also known as FQHCs are public and private non-profit clinics that meet certain criteria under the Medicare and Medicaid programs and receive federal grant funds under the Health Center Program, established at Section 330 of the Public Health Service Act (PHSA). The program is managed by the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services.
  - TDMH Behavioral Health Safety Net Services
  - Emergency & Adult Dental Services (TDH dental clinics, Community/Faith Based Clinics)
  - Case management and referral coordination services
  - Special populations (Ryan White HIV/AIDS)
  - Insurance options (CoverTN, AccessTN, CoverKids, CoverRx)

Quick Facts

<table>
<thead>
<tr>
<th>Region</th>
<th>Primary Care</th>
<th>Behavioral Health</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total of Regions</td>
<td>160</td>
<td>114</td>
<td>71</td>
</tr>
<tr>
<td>Total of Metros</td>
<td>53</td>
<td>37</td>
<td>5</td>
</tr>
<tr>
<td>Grand Total</td>
<td>213</td>
<td>151</td>
<td>76</td>
</tr>
</tbody>
</table>
### Quick Facts

<table>
<thead>
<tr>
<th>Safety Net Programs</th>
<th>State Funding, FY2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>$5,100,000</td>
</tr>
<tr>
<td>Section 330 funded FQHCs-Primary Care</td>
<td>$5,100,000</td>
</tr>
<tr>
<td><strong>Subtotal-Primary Care Services</strong></td>
<td><strong>$10,200,000</strong></td>
</tr>
<tr>
<td>TDH Ryan White-HIV</td>
<td>$4,200,000</td>
</tr>
<tr>
<td>Other Ryan White-HIV</td>
<td>Included in TDH Ryan White appropriations</td>
</tr>
<tr>
<td><strong>Subtotal- Ryan White HIV services</strong></td>
<td><strong>$4,200,000</strong></td>
</tr>
<tr>
<td>TDMH Behavioral Health services</td>
<td>$21,500,000</td>
</tr>
<tr>
<td><strong>Total – Direct Provider Safety Net Services</strong></td>
<td><strong>$35,900,000</strong></td>
</tr>
</tbody>
</table>

**PRIMARY CARE**

Jeff Grimm

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7/16/2012
Quick Facts

**Primary Care Safety Net, FY2010-11**

- 213 provider clinics. Includes federally funded community health centers, Department of Health primary care clinics and Community/Faith Based primary care clinics.
- Focus on patient centered medical home models.
  - Comprehensive primary & preventative care coordination
  - Systems to track referrals, tests and follow-up results
  - Integration with behavioral health services
  - Connecting uninsured adults to community resources
  - Maintaining clinical data in electronic or paper format
- Approximately 30 states using primary care medical home models under the State Medicaid payment system (National Academy for State Health Policy, July 2011).

Quick Facts

**Primary Care Safety Net, FY2010-11 (continued)**

- Approximately 3 million uninsured adult primary care visits in 5 years.

**Uninsured Adult Primary Care Visits in Local Health Departments and Safety Net Provider Sites FY07-FY11**

![Graph showing uninsured adult primary care visits from FY06-07 to FY10-11]
Quick Facts

Primary Care Safety Net, FY2010-11 (continued)

- Must provide services on sliding fee or discounted basis or at no charge, regardless of ability to pay.
- 50 Community/Faith Based primary care providers and 4 case management agency grantees referred approximately 68,000 uninsured adults to specialists, hospitals and other providers for diagnosis and treatment in FY2010-11. Case Management programs provided uninsured adults access to approximately 2,200 primary care physicians, specialists and physician extenders during the grant period.

### Referral Coordination by Community/Faith Based Health Centers and Case Management Agencies Participating, FY2010-11

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Uninsured Adult Referrals to Primary Care Providers</th>
<th>Uninsured Adult Referrals to Specialists, Hospitals and others</th>
<th>Total Uninsured Adult Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Health Centers</td>
<td>Not applicable (grants awarded for direct care services)</td>
<td>29,381</td>
<td>29,381</td>
</tr>
<tr>
<td>Case Management Agencies</td>
<td>8,717</td>
<td>30,026</td>
<td>38,743</td>
</tr>
</tbody>
</table>

### Uninsured Adult Referrals to PCPs, Specialists and Others by Community Faith-Based Safety Net Grantees, FY 2010-11

Source: Safety Net Grant Records FY 2010-11
Quick Facts

- Federal funding for Health Centers is legislatively authorized through Section 330 of the Public Health Service Act (42 USCS § 254b). Tennessee FQHCs received approximately $41 million of Section 330 funding in FY2010-11. Of the $41 million, $2.1 million was awarded to the Department of Health FQHCs.

- Combined service areas covered approximately 88 of 95 counties in Tennessee, including counties with the highest number of uninsured individuals.

TDOH Primary Care Clinics and Health Professional Shortage Areas as of December 2011

### Quick Facts

**Primary Care Sites in Rural and Metro Areas of Tennessee**

<table>
<thead>
<tr>
<th>Uninsured Adult Primary Care Safety Net Providers</th>
<th>Grant Awards (FY2010-11)</th>
<th>Sites in Metros (6 counties)</th>
<th>Sites in Rural Regions (89 counties)</th>
<th>Total Sites FY2010-11 Uninsured Adult Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FQHC clinics</td>
<td>23</td>
<td>30 sites in 6 counties</td>
<td>69 sites in 40 counties</td>
<td>99 sites in 46 counties</td>
</tr>
<tr>
<td>Community/Faith-Based clinics</td>
<td>65</td>
<td>23 sites in 6 counties</td>
<td>35 sites in 26 counties</td>
<td>58 sites in 32 counties</td>
</tr>
<tr>
<td>Department of Health FQHC clinics</td>
<td>not applicable</td>
<td>none</td>
<td>15 sites in 15 counties</td>
<td>15 sites in 15 counties</td>
</tr>
<tr>
<td>LHD primary care clinics</td>
<td>not applicable</td>
<td>none</td>
<td>41 sites in 36 counties ^</td>
<td>41 sites in 36 counties</td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>53 sites</td>
<td>160 sites</td>
<td>213 safety net sites in TN</td>
</tr>
</tbody>
</table>

^ Note: The 213 primary care sites are located in 88 "unduplicated counties". There is more than 1 Safety Net site in approximately 29 of the 88.
### Quick Facts

#### Rural and HPSA Status of Primary Care Safety Net Sites

<table>
<thead>
<tr>
<th>Provider</th>
<th>Total # Sites in Safety Net Program</th>
<th># Sites in Counties with 40,000 residents or less</th>
<th># sites in Current Primary Care HPSA or designated as an Auto-Facility HPSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>FQHC</td>
<td>99</td>
<td>53</td>
<td>99</td>
</tr>
<tr>
<td>TDOH FQHCs</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>TDOH Clinics</td>
<td>41</td>
<td>17</td>
<td>12 (whole county HPSAs)</td>
</tr>
<tr>
<td>Community and Faith Based Clinics</td>
<td>58</td>
<td>16</td>
<td>20 (whole county or partial HPSAs)</td>
</tr>
<tr>
<td><strong>Total Clinics</strong></td>
<td>213*</td>
<td>101*</td>
<td>146</td>
</tr>
</tbody>
</table>

* Note: This amount includes TDOH Clinics, FQHC Clinics and Community/Faith Based Clinics. The 213 total safety net sites are located in 88 of Tennessee's 95 counties. Of the 213 total safety net sites, 101 sites were located in 49 of Tennessee's 54 rural counties with a population of 40,000 or less residents.

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#### Quick Facts

- Department of Health clinics provided primary care services in counties with the largest number of uninsured residents.

#### Safety Net Primary Care Sites in Counties with the Largest Number of Uninsured Individuals

<table>
<thead>
<tr>
<th>Region</th>
<th>County/Region</th>
<th># Uninsured Adults</th>
<th>% of All Adults in County</th>
<th>LHD Sites</th>
<th>Other Primary Care Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>Crockett</td>
<td>2,800</td>
<td>23%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>UC</td>
<td>Pickett</td>
<td>900</td>
<td>23%</td>
<td>1-FQHC</td>
<td>0</td>
</tr>
<tr>
<td>UC</td>
<td>Fentress</td>
<td>3,500</td>
<td>22%</td>
<td>1-FQHC</td>
<td>0</td>
</tr>
<tr>
<td>SC</td>
<td>Bedford</td>
<td>8,600</td>
<td>22%</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>MC</td>
<td>Houston</td>
<td>1,500</td>
<td>21%</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>UC</td>
<td>Jackson</td>
<td>2,000</td>
<td>21%</td>
<td>1-FQHC</td>
<td>0</td>
</tr>
<tr>
<td>UC</td>
<td>Warren</td>
<td>7,000</td>
<td>21%</td>
<td>1-FQHC</td>
<td>0</td>
</tr>
<tr>
<td>UC</td>
<td>Putnam</td>
<td>11,800</td>
<td>20%</td>
<td>1-FQHC</td>
<td>1</td>
</tr>
<tr>
<td>West</td>
<td>Fayette</td>
<td>6,600</td>
<td>20%</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>UC</td>
<td>Cumberland</td>
<td>7,900</td>
<td>19%</td>
<td>1-FQHC</td>
<td>1</td>
</tr>
</tbody>
</table>
Lessons Learned

- Collaboration between state government, public and private provider organizations and other stakeholders such as the Tennessee Primary Care Association is key to the success of the HealthCare Safety Net.
- Case Management programs are a means to expand the patient service areas in contiguous and outlying counties of the state.
- The patient centered medical home model of care improves continuity and uninsured adult access to other service.
- County health department primary care clinics had the highest uninsured adult patient case loads in FY2010-11 and prior periods.
- With 56 primary care clinics in 51 counties, the Department continues to face significant challenges in meeting patient demand due to recruitment and retention of physicians and APNs.
- Primary Care Safety Net providers in all rural counties and federal shortage areas are critical to ensuring access to care by uninsured adults in underserved areas of Tennessee.

Considerations and Recommendations

- **Challenges:**
  - Continued state funding support
  - Sufficient healthcare workforce to meet demand
  - Provider network operating at capacity
  - Impact of federal health care reform under the Affordable Care Act of 2010

- **What remains to be done:**
  - Secure funding in future periods for current primary care provider network, subject to new insurance options for the uninsured under federal health reform beginning in January 2014.
  - Enroll new providers in targeted rural and underserved areas, including counties where access by uninsured adults is limited due to the absence of primary care health centers.
  - Expand coverage to more uninsured adults across the state from current levels (approximately 25% of Tennessee's 850,000 uninsured adults during FY2010-11).
Tennessee Department of Health dental clinics are part of Tennessee's dental safety net for the underserved which also includes faith based, community centers, and FQHCs.

Oral Health Services provides data for the *Annual Update on the HealthCare Safety Net* concerning emergency dental services for adults in rural and metro regions.

55 dental clinics located in 54 rural counties open 1-5 days per week.

Scope of Services-comprehensive care to children (0-20 years of age) and emergency dental care to adults.

5 of 6 metros have dental clinics.
### Safety Net Dental Clinics FY11

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Visits (Ages 21 and over)</th>
<th>Unduplicated Adults (Ages 21 and over)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson County Government - Emory Valley Dental Clinic</td>
<td>3,194</td>
<td>5,490</td>
</tr>
<tr>
<td>Anderson County Government Health Department Dental Clinic</td>
<td>6,594</td>
<td>9,451</td>
</tr>
<tr>
<td>Bellevue Baptist Church dba Christian Mobile Dental Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chattanooga-Hamilton County Health Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church Health Center of Memphis, Incorporated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free Medical Clinic of America, Incorporated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends In Need Health Care Center, Incorporated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healing Hands Health Center, Incorporated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interfaith Dental Clinic of Nashville, Incorporated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interfaith Health Clinic, Incorporated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keystone Dental Care, Incorporated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mountain Hope Good Shepherd Clinic, Incorporated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reelfoot Rural Ministries, Incorporated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Government of Knox County dba Knox County Health Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trinity Health Ministries, Incorporated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer Ministry Center, Incorporated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Quick Facts**
Lessons Learned

- Recruitment and retention of dental staff is challenging.
- The need for adult dental services exceeds public health resources.

Ryan White Part B Program
Jeance Seals
Executive Summary – Ryan White Part B Program

**Purpose**
- The Ryan White HIV/AIDS Program provides HIV-related services in Tennessee for those who do not have sufficient health insurance coverage or financial resources for coping with HIV disease. The program fills gaps in care not met by other payors.
- Eligibility criteria are:
  - Diagnosis of HIV,
  - Resident of Tennessee, and
  - Household income of less than or equal to 300% of the currently established Federal Poverty Level Guidelines.

**Background**
- The federal funding source is the Ryan White Part B grant. There is a 1:2 required match for federal funds. Other funds include State and drug rebate dollars.
- The Ryan White Program funds
  - Direct Services programs: AIDS Centers of Excellence (includes clinics, consultation services, and case management), Oral Health Services, and services provided under the Medical Services Fee Schedule.
  - HIV/AIDS Drug Assistance Program (HDAP) and Insurance Assistance Program (IAP).
- Safety Net funds appropriated in 2006 funded the enrollment into the Ryan White Program of 1,100 HIV positive patients who lost TennCare coverage during the restructuring process.
Quick Facts – Ryan White Part B Program

- **Numbers Infected** - As of December 31, 2010, there were 18,195 persons living in Tennessee with HIV disease (13,352 males and 4,653 females). Of this total, African-Americans represented 55%, whites 40%, and persons of Hispanic origin 3%.

- **Continuum of Care** – The Part B Program works to address the needs of those persons living with HIV/AIDS (PLWHAs) that experience disparities in accessing medical services by funding strategically located Centers of Excellence clinics and community based organizations across the state.

- **AIDS Centers of Excellence Clinics (COEs)** – Fourteen Ryan White funded centers are spread geographically across the state (the majority of COE clinics are located in the two areas of the state most affected by HIV disease – Memphis and Nashville). All COEs agree to accept all clients, including TennCare, Medicare, private insurance clients, and Ryan White clients.
**AIDS Drug Assistance Program**

- **HIV/AIDS Drug Assistance Program (HDAP)**—provides medications to patients across the state through a mail order pharmacy.
  - HDAP formulary contains 29 antiretrovirals (ARVs), 21 medications to prevent and treat opportunistic infections, and 15 medications to treat miscellaneous medical conditions.
  - 3,172 individuals received HDAP services during Federal Grant Year (FGY) 2010–11, a 19% increase over the previous year.
  - During the 4/1/2010- 3/31/2011 grant year, HDAP furnished over 52,000 prescriptions to clients.

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**Quick Facts – Ryan White Part B Program**

**AIDS Drug Assistance Program**

- **Insurance Assistance Program (IAP)**—covers the cost of premiums, co-pays and deductibles for PLWHA who have creditable insurance coverage.
  - During FGY 2010–11, a total of 1,647 individuals received insurance assistance.
  - The insurance assistance provided can cost no more than the cost of serving clients on HDAP and the formulary provided by the policy must equal all the drugs on the HDAP formulary.
Lessons Learned – Ryan White Part B Program

- The Ryan White Part B Program has experienced growth at a rate of more than 10% for the past five years. The program has to continuously monitor enrollment and implement cost containment measures (as applicable) to accommodate the ever-growing demand for services.
- Collaboration with all providers and other community partners is essential to ensuring that patients have access to a continuum of quality HIV care.
- The program must continue its outreach efforts to encourage rural providers to become a part of the Ryan White care network.

Considerations and Recommendations – Ryan White Part B Program

**Challenges:**
- Uncertainty about continued state and federal funding
- In the face of increasing demand and level state and federal funding, the AIDS Drug Assistance Program (ADAP) is at imminent risk of having a waiting list
- Lack of providers (physicians, dentists, specialists) in rural regions

**What remains to be done:**
- Increase outreach efforts, targeting providers in rural areas
- Continue to stretch the limited resources to serve as many persons as possible
Behavioral Health Safety Net of TN
Debbie Shahla, MA

Quick Facts

- The BHSN of TN (formally known as the Mental Health Safety Net) was developed in 2005 to provide essential mental health benefits to the 21,000 persons identified as severely and/or persistently mentally ill who were dis-enrolled from TennCare.

- In July 2005, $11.5 million was appropriated to fund the program, also referred to as Clinical Therapeutics and Recovery (CTR).

- On January 1, 2009, TDMH assumed full responsibility for the State Only program, the outpatient portion of the TennCare Partners initiative. Approximately 12,000 low income Tennesseans diagnosed the severe and persistent mental illness began receiving services through the MHSN. The name was changed to the Behavioral Health Safety Net of TN, and an additional $10 million was appropriated to cover the expanded enrollment base.

- Beginning July 1, 2009, TDMH started offering three BHSN of TN services to Daniels Class Dis-enrollees with Medicare, and original MHSN individuals with Medicare who meet all other eligibility criteria except the age limit, over 64. Presently, they are offered 2 services, Case Management and Medication Training and Support.

- Services offered through the BHSN of TN include assessment, evaluation, diagnostic and therapeutic sessions; case management, psychiatric medication management, lab services related to medication management; and pharmacy assistance and coordination. In addition to these services, funds are allocated to assist service recipients in applying for Cover Rx and Pharmaceutical Drug Manufacturer’s Patient Assistance Programs.
Quick Facts

- TDMH is the lead agency responsible for determining eligibility and contracting for services rendered through the BHSN of TN. Presently, TDMH contracts with 18 Community Mental Health Agencies to deliver covered services and pharmacy coordination assistance to persons who qualify for BHSN services.

BHSN of TN ELIGIBILITY REQUIREMENTS:

- Be a resident of Tennessee;
- Be a U.S. Citizen, or legal resident alien;
- Family income must be at or below one hundred percent (100%) of the Federal Poverty Level (FPL);
- Not have Medicare coverage, with the exception of the Daniels Class Dis-enrollees with Medicare and MHSN/CTR 2005 Dis-enrollees with Medicare;
- Be determined to have a Primary Mental Health Diagnosis based on the criteria in the most current edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-9) and included in the list of eligible diagnosis as posted on the TDMH’s BHSN of TN database website;
- Be determined to have no behavioral health insurance coverage or all behavioral health benefits have been exhausted, including TennCare and VA;

Quick Facts

- Must not be an inmate or incarcerated;
- Must not be in a long term in-patient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home;
- Must be nineteen to sixty-four (19 to 64) years of age with the exception of the Daniels Class Dis-enrollees with Medicare and the MHSN/CTR Disenrollees with Medicare (may be 65 or older).

BHSN Statistics (FY 2011)

- 32,054 total served in the BHSN of TN
- 577,634 services delivered
- $22 million appropriated for services
- Top 3 services utilized were: case management, pharmacological management; and individual therapy
- 18 Community Mental Health Agencies at 151 sites provided the BHSN of TN services
- The BHSN of TN is a fee-for-service program
• There is a growing need for BHSN services for individuals who are uninsured or underinsured state-wide. In FY 11, the program served 32,054 individuals, and FY 12 year to date totals (February 2012) reveals that over 25,000 individuals have already received services. Therefore, it is projected that the number of persons served this year will surpass FY 11.

• There continues to be a great need for psychiatric medications. Therefore, in March 2010, Pharmacy Assistance and Coordination was added to the BHSN as a covered service. This service assists the individual in securing medications at a reduced price, or no cost, through the CoverRx program or Pharmaceutical Drug Manufacturer’s Patient Assistance Programs.

• Early access to BHSN services is needed for persons in the Regional Mental Health Institutes (RMHIs) and private In-patient psychiatric hospitals who were being discharged to the community.

• Partnerships and collaborations with other state departments and providers are necessary to adequately address issues and problems, and to maintain an efficient system of service delivery.

Lessons Learned
Considerations and Recommendations

Request for BHSN of TN services have greatly increased, probably due, partially, to the economic downturn that the state and nation has experienced. Therefore, some providers of BHSN of TN services have been exceeding funding limits. To assist in reducing the impact of this problem, the provider’s spend rate and numbers served are reviewed in the third quarter of the fiscal year, and funding is re-allocated in the program as needed. Re-allocation of funding increases the number of individuals served or services rendered, which will help ensure that all appropriations are utilized.

Going forward, Health Care Reform may have an impact on the BHSN of TN as mental health parity is required, and more individuals will be enrolled in TennCare, be enrolled in group insurance plans through their employer or purchase private health insurance policies. TDMH projects a need for BHSN of TN services after Health Care Reform to support individuals who need assistance with mental health services. However, at this time it is difficult to determine what services will be needed and to what extent. TDMH will continue to assess the BHSN of TN to ensure that the service package covers essential mental health services.

Cover Tennessee
Bo Irvin
Affordable health insurance for kids, small business, the working uninsured, and the uninsurable.

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What is Cover Tennessee?
Diverse family of programs serving uninsured Tennesseans

• CoverTN
• CoverKids
• CoverRx
• AccessTN
Affordable, basic health insurance for small business, individuals and the self-employed.

CoverTN has currently suspended enrollment.

Enrollment as of 12/31/2011
Self-Employed – 2,740  Participating Employers – 2,977
Total Covered – 17,125

Since launching in April 2007, CoverTN has provided an affordable, limited benefit – health insurance option to small businesses and their employees, the self-employed, working individuals and those between jobs who lack coverage. The health coverage is administered by BlueCross BlueShield of Tennessee and offers two plan options for members.

Members experienced no premium increase in 2012, which marked five (5) full years without a rate increase. The average member pays $63 per month for their one-third share, which is matched by the state and the employer.

CoverTN suspended new enrollment effective December 31, 2009. This change had no impact on the program’s current members and their spouse. This enables the program to continue to operate within its financial means. The closure remains in effect at this time.

CoverTN had 17,125 members as of December 31, 2011.
Offers comprehensive health coverage to uninsured children in Tennessee, age 18 and under, and pregnant women.

Enrollment as of 12/31/2011

Children – 49,071  Pregnant Women – 3,793

Since 2007, qualifying families in Tennessee have been able to receive comprehensive health insurance through CoverKids, which serves children in families who do not qualify for TennCare and cannot afford private health coverage.

Administered by BlueCross BlueShield of Tennessee, the program covers children whose families earn within 250% of the Federal Poverty Level (FPL), which is $57,625 per year for a family of four (4) in 2012. Families earning more than 250% of the FPL continue to have the option of buying into the plan for a per-child-per-month premium.

CoverKids had 52,864 members as of December 31, 2011.
CoverRx is the state’s pharmacy assistance program for Tennesseans who do not have prescription drug coverage. With a formulary of more than two hundred fifty (250) generic medications, as well as brand name insulin and diabetic supplies, including flu shots, CoverRx provides affordable medications to those who may otherwise be unable to fill prescriptions.

Qualifying CoverRx members pay no monthly premiums, and only low income-based co-pays for 30- and 90-day supplies of medications. Co-pays are based on household income and each member has a five prescription-per-month limit.

CoverRx has always included members of the Mental Health Safety Net population, who receive a supply of mental health medications in addition to the formulary.

CoverRx had 53,008 members as of December 31, 2011.
Provides a comprehensive health insurance plan for seriously ill adults and children who have been turned down by insurance companies.

Enrollment as of 12/31/2011
Total Members – 3,265
Enrolled in Premium Assistance – 2,651

AccessTN provides comprehensive coverage for Tennesseans who are chronically ill and uninsurable because of their health status. While modeled after the state employee health plan, AccessTN has changed the benefit to accommodate the unique illness burden of its members. For example, AccessTN has a 50% medical benefit for pre-existing conditions for six (6) months before full benefits are paid, while all other state high risk pools exclude coverage for pre-existing conditions for periods up to twelve (12) months.

Total monthly premiums in 2012 for the program range from $284 to $1,225, depending on the plan option selected, and the member’s age, weight, and tobacco use. There are no income limits and no asset tests. In 2010, AccessTN closed the premium assistance option for new members. Current members who utilized premium assistance continue to do so and have an annual certification of current income and any changes. In 2010, the newly created and federally funded Pre-Existing Condition Insurance Plan (PCIP) became available to Tennesseans. As of December 31, 2011, 798 have enrolled in this plan.
Tennesseans who lack health insurance and cannot access private coverage because of pre-existing conditions may be eligible for coverage through the PCIP. PCIP is administered by the United States Department of Health and Human Services. The program provides coverage to those who document a pre-existing medical condition with a denial letter from a private insurer stating they have been uninsured for at least six months. PCIP offers comprehensive coverage with a no pre-existing condition exclusion and a no annual or lifetime benefit limit. Like AccessTN, PCIP members are responsible for paying monthly premiums that may vary from $133 to $571 per month, depending on the individual’s age.

AccessTN had 3,265 members as of December 31, 2011.