

TennCare

In July 1994, TennCare replaced the state Medicaid program with a system of managed health care. TennCare services are offered through managed care organizations (MCOs) and behavioral health organizations (BHOs) under contract with the state. Enrollees have a choice of MCOs from those available in their geographic area. BHOs are in partnership with the MCOs, so the MCO choice determines the BHO.

TennCare services, as determined medically necessary by the MCO, cover inpatient and outpatient hospital care, physician services, prescription drugs, lab and X-ray services, medical supplies, home health care, hospice care, and ambulance transportation.

As of April 1, 1998, Tennessee had 507,726 children under the age of 18 enrolled in TennCare, representing 40.3 percent of the total TennCare enrollment.

In an effort to expand coverage to more of Tennessee's uninsured children, the Bureau of TennCare opened enrollment on January 1, 1998. Enrollment was expanded to teens under the age of 19 who met the TennCare criteria as uninsured. The Bureau of TennCare eliminated deductibles and limited co-payments to 2 percent for this newly eligible population and all uninsured children under 18 years of age enrolled in TennCare during previous open enrollment periods.

As of September 1998, 1,285,485 individuals were enrolled in TennCare, representing 23.9 percent of the total population in the state.

As TennCare enrollment has increased, a gradual move away from public health services into the private sector is occurring.

A 1997 survey of 24-month-old children indicated that, as the move to private health care providers occurs for TennCare recipients, the immunization rates for children have decreased. Conclusions drawn from the survey results indicated: 1) Children being seen by private providers are less well immunized compared with other population subsets; 2) Specific activities, such as the TennCare registry data exchange and targeting certain high risk TennCare patients, will be crucial to increasing immunization rates for this group; and 3) Identifying children at higher risk for incomplete immunization and providing intensified follow-up to assure they are immunized is imperative (Tennessee Department of Health 1997).

