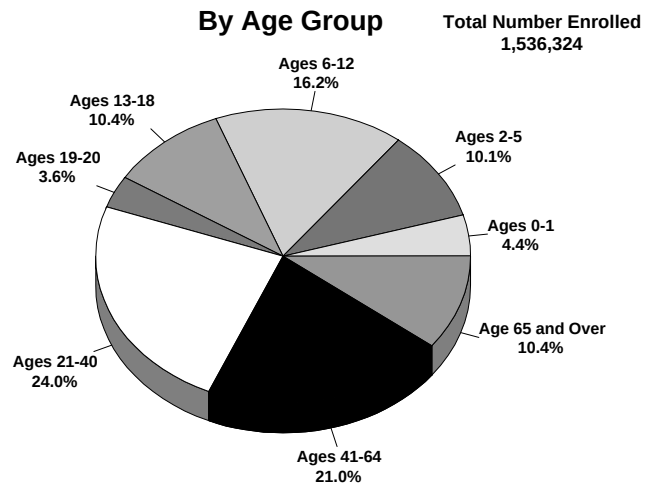
TennCare

TennCare, Tennessee's expanded Medicaid program, has improved health care and access to health care in Tennessee since it began in 1994. The *2002 National KIDS COUNT Data Book* reported that Tennessee's rate of uninsured children in 1999, 8 percent, was the lowest in the nation (KIDS COUNT, 2002). According to the TennCare Bureau, 6 percent of Tennesseans were uninsured in 2001, down from 9 percent in 1993. According to a survey to evaluate TennCare, only 3.9 percent of children were without health insurance in 2002 (Lyons & Fox, 2002).

Tenncare Enrollees as of December 2001



Source: Bureau of TennCare.

TennCare has altered health care behavior, according to the survey. In only 5 percent of cases was a hospital the initial point of entry into medical care for children seeking care in 2002. Prior to the introduction of TennCare, 13 percent of all health care began at the hospital, a much more expensive form of treatment sought by low-income people who believed they would be more likely to receive treatment at a hospital or who had delayed seeking treatment until the health condition reached a crisis level. The percentage of children now on TennCare who see the doctor only rarely has dropped from 15 percent in 1993 to nine percent in 2002. Among heads of households receiving TennCare, 28 percent said their children received excellent care, and 48 percent said the care was good (Lyons & Fox, 2002).

Research on TennCare continues to show improved health care and outcomes for recipients, including recent studies finding more outpatient visits, fewer emergency room visits, and fewer hospitalizations after TennCare than before (UT CHSR Research Briefs, Center for Health Services Research at University of Tennessee, 2002).

An evaluation of state managed-care Medicaid programs found that through 1998 TennCare reduced the rate of uninsured significantly. Expanding the program reduced barriers to medical services, increased the use of preventive services, and reduced unmet needs for services (Health Care Financing Administration, 2002). Seventy-four percent of those without health insurance and 90 percent of those with incomes between $10,000-$14,499 said they couldn't afford insurance (Lyons & Fox, 2002).

Although the state covers a larger percentage of its low-income citizens than any other state, in the last analysis done, Tennessee spent less per recipient than any other state in the nation (Martin, A; Whittle, L.; Levit, K; Won, G.; Hinman, L, 2002). Only 12 states, and only two Southeastern states, had average yearly Medicaid growth rates lower than Tennessee's 2.9 percent. From 2000 to 2001 TennCare's costs per recipient increased by almost exactly the same as the increase in employer-provided health care insurance premiums, or nearly 11 percent (Tennessee Comptroller of the Treasury, 2001).

In June 2002, the Federal Centers for Medicare and Medicaid Services, formerly the Health Care Financing Administration, approved changes in the TennCare program dividing TennCare into two groups: TennCare Medicaid and TennCare Standard.