

Losing TennCare

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ABSTRACT

Bredesen said he had to balance the budget and stabilize TennCare's growth before trying to revamp the "spend down" program that allows people whose medical bills consume most of their income to seek help from the state. Recipients should complete the paperwork - which includes a request for information that might show a change in their personal situation - so that the Department of Human Services can determine if they can continue getting TennCare coverage.

FULL TEXT

As state trims down, thousands must shape up effort to find health coverage

By AMY RITCHART

The Leaf-Chronicle

Thousands of TennCare recipients in Montgomery County will likely find themselves without health insurance by August.

About 4,470 people in Montgomery County fall into categories targeted for cuts to TennCare, which for 10 years has served many as an expanded Medicaid program.

Among them is Shirley Bell, a diabetic who hasn't been able to work since she had surgery in May. She walks twice a day and hopes to get healthy enough to get a job and medical insurance.

But that day may not come before she loses her TennCare coverage.

She - along with 675 other Montgomery County residents - received a letter at the beginning of the month from the Tenn-Care Bureau notifying her the rules have changed.

"It was straightforward," she said. "What it said was, it lets you know the people more or less who are going to stay on (Tenn-Care). If you don't fall into any of those categories, most likely you'll be taken off TennCare.

"I probably will appeal, but I don't fall under any of the categories."

Bell filled out the TennCare paperwork - a set of gray-colored papers called "brown pages" - and mailed them the next day.

Getting in line with other states

More than 322,000 people statewide could be cut from TennCare, which is an expanded Medicaid program for low income individuals and families. About 1.3 million Tennesseans are enrolled in the program.

After statewide disenrollments are complete, about 1 million will remain, said Gov. Phil Bredesen. About 100,000 could be saved if the state can gain legal approval.

"It dwarfs any other waiver system in the United States," Bredesen said Tuesday. "The categories they're in don't exist in any other state.

"The pulling back we're having to do is very painful."

Tennessee will still have a large program, moving from No. 1 in the nation for residents enrolled in a taxpayer health insurance program to No. 7.

"We are so far out of the mainstream. All we're trying to do is get on the road somewhere," he said.

Those being cut include uninsurable people who were denied coverage because of physical or mental health problems and those who used their medical bills to offset the income requirements and qualify for the program.

The TennCare cuts are a result of Bredesen's efforts to reduce the portion of the state's money allocated to TennCare. They follow years of negotiation and legal battles with those opposed to the cuts.

Leaving TennCare untouched would have required about \$650 million additional dollars, while additional state revenues came in at about \$450 million.

"TennCare just comes and takes it all," he said. "We spend more on pharmaceuticals than on higher education in Tennessee."

Bredesen said he had to balance the budget and stabilize TennCare's growth before trying to revamp the "spend down" program that allows people whose medical bills consume most of their income to seek help from the state.

The cuts will help stabilize the program in the next few years so the state will be in a position to improve and expand coverage, he said.

Keeping TennCare

To keep TennCare benefits, recipients like Bell must qualify under more stringent Medicaid guidelines, which are explained in the "brown pages" and in her termination letter.

Recipients should complete the paperwork - which includes a request for information that might show a change in their personal situation - so that the Department of Human Services can determine if they can continue getting TennCare coverage.

The "brown pages" must be returned to the Department of Human Services by July 6.

Tony Garr, executive director at the Tennessee Health Care Campaign, estimates 90 percent of those targeted for

cuts won't qualify for Medicaid.

"We're talking about thousands of people with serious medical conditions who are going to lose their medical insurance," he said. "They're not going to be eligible for Medicaid."

Garr said most TennCare recipients already have been screened several times as part of the enrollment process and did not meet Medicaid standards.

"The process that the state is using is giving false hope," he said.

'They're going to die'

Garr maintains the TennCare program failed because of mismanagement.

"It makes me mad because none of this is necessary," he said. "It's awful when you get to know these people."

Bredesen said the TennCare program began with good intentions, but failed in its execution. He hopes the cuts are the first step in a direction that will allow the state to save it and eventually expand the number of people who are helped.

"When you're faced with a brick wall the size we're faced with, it can't be fixed by fooling with the edges," he said.

Additional cuts to the program will come July 1 when the Tenn-Care Bureau will notify adult enrollees that prescription medication limits will be set at five per month - two branded and three generic. TennCare also will stop covering private duty nursing.

Garr worries people who can no longer afford all of their prescription medication, such as insulin, will skimp on their doses in an effort to stretch the medicine.

"They're going to die real quietly," he said. "They're probably not going to die within the next three to four months - but maybe in the next six or eight."

Mary Warnock, who lives in the New Providence area, says she won't be able to afford her medication or home health care and fears she will be cut from TennCare altogether.

She is filing an appeal and does not know what she'll do if her benefits are discontinued.

"I can't do this on my own," said Warnock, who uses a wheelchair and has a host of health conditions including arthritis, lupus and Parkinson's disease. "What amazes me is they say I make too much money. I don't - my medications are too expensive.

"I realize that they're having a problem with TennCare, but I'm not abusing it."

Warnock's medications cost her more than \$1,600 each month, and she has a part-time caregiver.

"I can't get out and work," she said. "That's what scares me - they're turning everybody down. It's not right."

Bell, however, is still hopeful she'll qualify to remain on Tenn-Care.

"I'm still praying that I'll be kept on," she said.

Amy Ritchart covers higher education and can be reached by telephone at 245-0247 or via e-mail at amyritchart@theleafchronicle.com.

Photo caption:

Shirley Bell hangs onto her hand weights to help strengthen muscles while walking. Greg Williamson/ The Leaf-Chronicle

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