TennCare – A 5010/D.0 Success Story

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TennCare Overview

1. TennCare is the Tennessee Medicaid program.

2. TennCare covers approximately 1.2 millions lives.

3. TennCare is almost 100% managed care.

4. TennCare processes about 5 million claims/encounters per month.

5. TennCare implemented 5010/D.0 changes on November 27, 2011.

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5010/D.0 Project Process

1. TennCare reached out to our statewide provider support groups and worked closely with our Managed Care Contractors (MCCs).

2. Maps, guidelines, edit rules were documented and shared early in the project process.

3. Frequent status meetings were held. Questions and open dialogue were encouraged.

4. Over 40 million transactions with over 20 million claims mostly via step-up processing activities were tested.

5. Implementation was coordinated with our MCCs.

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5010/D.0 Issues Overcome

1. Making adjustments to provider selection logic related to 4010 provider fields that are no longer part of 5010.

2. Adjusting to physical address requirements and zip+4.

3. Working with providers that were behind the conversion curve.

4. Coordinating a release schedule.

5. External communications that sometimes conflicted with TennCare's project plan.

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5010/D.0 Recommendations

1. The project team held a lessons learned session after this project . The lessons are benefiting current projects.

2. Realistic enforcement dates should be published and followed unless there are major issues. The multiple changes in implementation and enforcement dates by CMS impacted provider efforts negatively.

3. Usage of step-up processing is good but must be limited to a set timeframe.

4. Continued usage of workgroups, town hall meetings, Webex, etc. on all future large conversion/implementation projects.

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