

CoverKids Frequently Asked Questions

Will CoverKids cover uninsurable children and children with special health needs?

Yes. CoverKids is a guaranteed issue policy and there are no pre-existing condition exclusions for participants in CoverKids.

Why is there a requirement that the child cannot have been insured for the previous 3 months?

CoverKids is designed to provide health insurance options where they do not exist today. The 3-month requirement and other “crowd out” provisions protect the program from being used by people who drop their existing coverage and immediately enroll in CoverKids.

Newborns (up to 4 months of age) will not have a “Go Bare” requirement and will receive presumptive eligibility as of date of application.

What services are covered?

CoverKids provides comprehensive health insurance and is modeled after the insurance plan that covers state employees and their children. The coverage includes an emphasis on preventive health services and coverage for physician services, hospitals, mental health and more.

HealthyTNBabies covers the already pregnant woman from the date of application (assuming she meets all other eligibility requirements, including the 3 month Go Bare requirement) through birth and ending 60 days after the birth. Any medical treatment or physician visit related to the pregnancy or the health of the child will be covered under CoverKids/HealthyTNBabies. Once the child is born, the child can be enrolled for full, comprehensive coverage if otherwise eligible.

Does HealthyTNBabies cover services for conditions other than the pregnancy, such as mental health benefits or coverage for accidents?

No, the HealthyTNBabies ID card covers maternity benefits only, including complications of pregnancy. For example, if you break your leg while covered by HealthyTNBabies, then the broken leg would not be covered under your maternity benefit. It would be covered under any other medical coverage you may have.

If an applicant is pregnant, and has employer-sponsored health insurance but does not have maternity, are they eligible for maternity coverage under CoverKids?

Yes, HealthyTNBabies will cover pregnant women with employer-sponsored health insurance who are without a maternity benefit, but they must have a household income under 250% of the Federal Poverty Level.

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If a child has access to a parent's employer-sponsored insurance, but the family declined the coverage because it was too expensive, is the child eligible for CoverKids?

Yes. Access to coverage is not a factor in CoverKids eligibility. If all other eligibility criteria are met, it is simply a matter of whether the child is insured or uninsured. The exception is state employee insurance. Federal guidelines do not allow children with access to state employee health insurance to participate in CoverKids.

If my child has a trauma and goes to the hospital can she enroll in CoverKids at the hospital?

The child can apply at any time, but the coverage will not begin for approximately a month after the application, which is the standard for commercial insurance policies. Children should become enrolled in the CoverKids program before they become injured or ill.

Newborns (up to 4 months of age) will receive presumptive eligibility based on the date of application.

What type of preventive health services are included?

CoverKids has an emphasis on services children need most, well-baby and well-child visits, as well as age-appropriate immunizations according to the schedule endorsed by the American Academy of Pediatrics.

Does CoverKids include mental health benefits?

Yes, up to 52 visits per year on an outpatient basis, and 30 days of inpatient treatment per year.

What is the cost?

For CoverKids, participants under 250% of the Federal Poverty Level will not pay monthly premiums but will be required to make co-payments for certain services. Co-payments will vary based on income. Total annual out-of-pocket expenditures cannot exceed 5% of the family's annual household income.

Participants over 250% of the Federal Poverty Level may buy-in to the CoverKids program. There will be no federal subsidy for those over 250% FPL, so participants would be charged the full premium amount (\$208.13 a month for 2007). Co-payments are required for certain services and there is no out of pocket maximum.

For HealthyTNBabies, there is no premium for CoverTN members (regardless of income) OR for pregnant women with a household income under 250% of the Federal Poverty Level.

Participants will be required to make co-payments for certain services. Co-payments will vary based on income. Total annual out-of-pocket expenditures cannot exceed 5% of the family's annual household income.

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If an applicant would rather be on CoverKids than on TennCare, can he request this or switch from TennCare?

No. Any child that is eligible for TennCare will be covered by TennCare. In fact, every application for CoverKids will first be screened for TennCare eligibility before enrolling the child in CoverKids.

Will a child insured under CoverKids qualify for the “Vaccines for Children” program?

No. Once a child is insured, they no longer qualify for VFC, but the benefit package under CoverKids includes all vaccinations as recommended by the American Academy of Pediatrics.

Will a child insured under CoverKids have to follow the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program?

No. EPSDT is a program under Medicaid/TennCare and does not apply to CoverKids. The families will have access to the same preventive health services but will not have to follow EPSDT compliant procedures. CoverKids will follow the well-baby, well-child schedule laid out by the American Academy of Pediatrics (AAP). This includes all age appropriate immunizations that are endorsed by the AAP.

Will the child be assigned a physician?

No. Families will have a listing of participating physicians in their area and can select the health care provider they are most comfortable seeing. Families are encouraged to select a physician to be their medical care coordinator so that their children can have optimal continuity and comprehensive care.

What health care providers participate in the network?

CoverKids members, including HealthyTNBabies, have access to providers in Blue Network S, which features at least one physician, hospital and pharmacy within 30 miles of participants. To see which providers participate in Blue Network S, go to the “Find a doctor” tool on the CoverKids page or on the bcbst.com home page, and select Blue Network S.

How does someone apply?

Eligibility and enrollment for this program is handled by the CoverKids Eligibility Contractor, not BlueCross BlueShield of Tennessee. For more information, please contact CoverKids Eligibility Contractor at 1-866-620-8864. An application must be completed for each eligible child or pregnant female in the household. Applications are available for downloading on this link:

www.covertn.gov/coverkids_app.pdf. 

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What happens when a child is too old to qualify for CoverKids?

CoverKids is specifically intended for children, not adults. As a result, a child is no longer eligible for CoverKids once that individual reaches his or her 19th birthday. At that time the individual would need to purchase other health insurance -- either commercial insurance, employer-sponsored coverage, or other coverage like CoverTN or AccessTN.

When will it begin?

CoverKids is available today. The effective date of this program was 4/1/07.

How quickly will newborn ID's be assigned?

A newborn ID cannot be assigned until the application has been received by Policy Studies, Inc. (PSI). Applications are worked daily, however, the response time will depend on how quickly PSI is notified of the delivery. If a provider participates in Fast Track eligibility, PSI will approve and assign a newborn ID immediately (except when the SSN is not verifiable) prior to completing the eligibility check.

Will DHS continue to do the TennCare eligibility screenings?

During the eligibility screening by PSI, if a member is determined to be eligible for TennCare coverage, PSI will notify DHS to continue the process. As such, if DHS is contacted first by the facility and TennCare coverage cannot be approved, the facility will be notified and will need to contact PSI at that time. It is the opinion of BCBST that contacting PSI first should streamline the process and lead to a more expedient outcome.

What is FastTrack and how soon will it be available to providers?

Fast Track Eligibility is a way for the State to allow a newborn or pregnant woman to be approved for CoverKids on the same day that he or she completes the application. The State is in the process of recruiting and educating providers on how to enroll patients in CoverKids by faxing the required information to PSI on the same date the patient is seen. The mother or newborn eligibility will be effective as of the date of the application signature and eligibility verification will take place after the fact. In the event the mother/newborn is found to be ineligible for CoverKids, the mother/newborn will still be considered eligible for the period between the Fast Track eligibility approval date and the actual date they are terminated.

How does a provider sign up to participate in the FastTrack program?

The State, in conjunction with BCBST, has identified certain hospitals and physicians (Obstetrics and Pediatrics) as potential Fast Track Entities (FTE). To determine if you have been chosen as a potential FTE or to request to be added to the potential list, please contact:

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**Stephanie Dickerson
Assistant Director – CoverKids
Phone: 615-253-8572
Fax: 615-253-8556
e-mail: Stephanie.K.Dickerson@state.tn.us**

Without identifiable logos on the CoverKids member ID card, how will hospitals fulfill their reporting requirements to the State?

It is important to remember that all Cover Tennessee programs have specific Group Numbers and alpha prefixes on the ID cards. For example, CoverKids will indicate a group number of 119002. AccessTN will be indicated as 119001. The alpha prefix for CoverKids is ZXK and the alpha prefix for AccessTN is ZXW. In addition, BlueCross BlueShield of Tennessee will make available any applicable reports of your member claims history to help identify these members at your request. You may contact your local Network Manager to request a report of this nature. BCBST is also in the process of making available a registration “cheat sheet” to be located on www.bcbst.com which can be printed and displayed in your registration area.

Will CoverKids allow for separate coding/reimbursement of certain screenings such as Developmental, Hearing, and Vision?

The CoverKids program utilizes BlueNetwork S, therefore, coding/reimbursement will emulate your current Network S guidelines.

Will the CoverKids Workshops include specialized topics of interest for providers?

The CoverKids Workshops were created to allow the provider community to choose the topics of interest they would like to discuss or learn more about. A survey will be sent to all attendees of the inaugural workshop to solicit ideas for the February 2008 Workshop. BCBST is of the idea that the following topics could potentially become specialized workshops: Case Management, Front Office Training, Preventive Services, Maternity Enrollment, etc.