In September, a survey conducted by the University of Tennessee Center for Business and Economic Research (CBER) reported that 92 percent of TennCare enrollees were either "satisfied" or "very satisfied" with their healthcare coverage. I'm pleased with these results because my number-one responsibility as director of TennCare is to provide high quality, cost-effective healthcare to those who qualify for the program.

It's no secret that TennCare has had a somewhat checkered reputation during its 15 years of existence, but I'm confident those days are now behind us. The advancements of the past several years, including this most recent satisfaction survey, clearly demonstrate the strides this program has made.

The program Governor Bredesen inherited in 2002 was more costly than Tennesseans could afford, and those costs were increasing substantially each year. McKinsey & Company, a consulting firm hired to evaluate the program in 2003, estimated that TennCare's budget, without reform, would reach $11.8 billion by 2008. The governor and the General Assembly went to work to fix the program, and because of the reforms they enacted, TennCare's actual budget for 2008 was $7.4 billion, a savings of more than $4 billion taxpayer dollars.

And that's not all the good news. This past year, TennCare requested no additional state dollars, marking the first time in TennCare's history that no new dollars were needed to maintain the program. Additionally, since 2005, the program's reserves have increased twofold, giving both TennCare and the state greater financial security, and thereby reducing the effects of these tough economic times.

In addition to stabilizing TennCare's finances, we've also focused on improving the program's operations. In 2002, the State Comptroller identified 38 audit findings. Since then, we've worked hard and, in 2008, we eliminated all audit findings, including some that had been around for years. Getting the program on a sound fiscal administrative footing is clearly a major achievement, and I believe this goes back to buckling down and making necessary changes to improve the program every year.

When managing a program that deals directly with individuals' health care, quality is the number-one concern. This is why we require our managed care organizations (MCOs), the insurance companies that provide care to our enrollees, to be accredited by the National Committee on Quality Assurance (NCQA), and we hold their feet to the fire by tracking their performance and comparing it to national benchmarks. Today, the MCOs serving TennCare enrollees are well-capitalized, experienced, professional organizations that are key players in the national managed-care marketplace.

While I am happy to report the progress that has been made in the program, we are not content to rest on our laurels. I can assure you that we will continue to work every day to ensure efficient use of taxpayer dollars and provide quality care to the Tennesseans who depend on us.

Darin Gordon is the director of the TennCare Bureau and Deputy Commissioner of the Department of Finance and Administration.