

2016 CoverKids Member Handbook

Do you need help in these languages: العربية (Arabic); Bosanski (Bosnian); كوردی - بادینانی (Kurdish-Badinani); كوردی - سۆرانی (Kurdish- Sorani); Soomali (Somali); Español (Spanish); Người Việt (Vietnamese)? CoverKids language and member services are free at 1-888-325-8386, Monday-Friday, 8 a.m. to 6 p.m. ET. For TDD/ TTY help call 1-866-591-2908. Federal and State laws protect your rights. They do not allow anyone to be treated in a different way because of: race, language, national origin, religion, sex, age, color, disability or other groups protected by the civil rights laws. Need help? Call CoverKids Member Services for free at 1-888-325-8386.

FREE Phone Numbers to call for help	
CoverKids Member Services call about your healthcare	888-325-8386 TTY/TDD Line: 866-591-2908
Nurse Help Line	866-904-7477
DentaQuest call about dental (teeth) care for children under age 19	888-291-3766
Audio Health Library call for taped messages on health topics	800-999-1658
BlueCard call when you are in an area where BCBST Network Providers are not available and you need emergency healthcare services	800-810-BLUE (2583)
Fraud Hotline call to report CoverKids fraud or abuse	888-343-4221
Care Management	888-416-3025
CareSmart® Disease Management	888-416-3025
CaringStart for Moms-To-Be	888-416-3025
CoverKids Eligibility Services call for questions about eligibility	866-620-8864

CoverKids and your health plan, BlueCare Tennessee

Member Handbook 2016

¿Necesita un manual de CoverKids en español? Para conseguir un manual en español, llame al 888-325-8386.

Your Right to Privacy

There are laws that protect your privacy. They say we can't tell others certain facts about you. Read more about your privacy rights in Part 6 of this handbook.

Important!

Even if you don't use your CoverKids, the state still pays for you to have it. If you don't need your CoverKids anymore, please call CoverKids for free at **866-620-8864**.

We do not allow unfair treatment in CoverKids.

No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. Read more about your right to fair treatment in Part 7 of this handbook.

**This page tells you who to call for help with
CoverKids if you do not speak English.**

Do you need help in another language?

العربية (Arabic);

Bosanski (Bosnian); كوردی — بادینانی (Kurdish-Badinani);

سۆرانی — كوردی (Kurdish- Sorani); Soomaali (Somali);

Español (Spanish); (Vietnamese) Người Việt

Language help is free at **800-758-1638**

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Welcome to CoverKids and your health plan, BlueCare Tennessee

CoverKids

This is your CoverKids member handbook. This handbook tells you how to use CoverKids to get care. CoverKids is managed by the State of Tennessee's Division of Health Care Finance and Administration. CoverKids provides health insurance to some children under age 19 and pregnant women.

Having other insurance, even Medicare, is not allowed for anyone who has CoverKids.

Why is it important to know about your CoverKids?

Because it helps you know about the kind of healthcare benefits CoverKids covers. It also helps you know if you must pay co-pays for CoverKids benefits. We'll tell you more about your CoverKids benefits and co-pays later in this handbook.

CoverKids sent you a letter to tell you that you have CoverKids and what day your CoverKids started. If you have questions or problems about your CoverKids dates, you can call CoverKids Eligibility Services for free at **866-620-8864**.

Important! State law says you must tell CoverKids about any changes that may affect your coverage. You **must** report these changes within 10 days of the change. And, you must give CoverKids the proof they need to make the change. Call CoverKids Eligibility Services right away if:

- You move**
- You change jobs.
- The number of people in your family changes.
- Your income changes.
- You get group health insurance.

Anytime you move, you must tell CoverKids about your new address. **Why? CoverKids sends you important information about your CoverKids coverage and benefits in the mail. If they don't have your current address, you **could lose** your CoverKids. Call CoverKids Eligibility Services at **866-620-8864** to tell them about your new address.

Your CoverKids Health Plan

BlueCare Tennessee is your CoverKids health plan that helps you get **physical or behavioral healthcare (mental health, alcohol and drug abuse services)**. For questions about getting physical or behavioral healthcare, call us at **888-325-8386**. It's a free call.

Do you have questions about your health? Do you need to know what kind of doctor you should see? Call our Nurse Help Line at **866-904-7477**. It's a free call.

Pharmacy Health Plan

You have prescription coverage through CoverKids. CoverKids' pharmacy plan is called **Express Scripts**. You will not receive a separate pharmacy card. If you need a prescription filled, you can go to the pharmacy and use your CoverKids member card.

Before you go, make sure the pharmacy you use accepts CoverKids. To find out, go to the **Find a Doctor Tool** at www.bcbst.com. Then click on Find a Doctor. This will take you to Find a Pharmacy. Click Find a Pharmacy. Enter the information requested to find pharmacies near you that accept CoverKids. Or, you can call us at **888-325-8386**.

Do you need more help? Do you have questions about your card? Call CoverKids Member Services at **888-325-8386**.

Learn more about your prescription coverage in Parts 1 and 2 of this handbook.

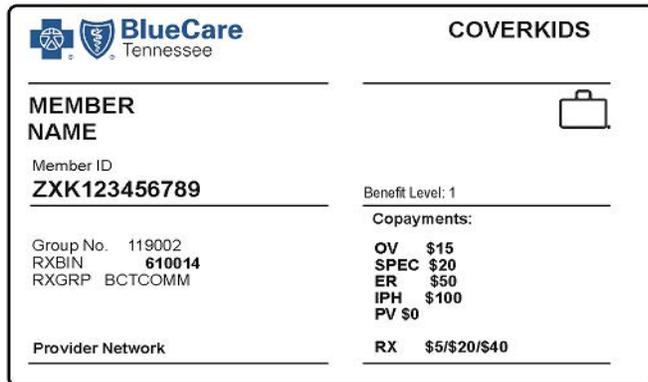
Dental Health Plan for children

CoverKids only covers dental care for children under the age of 19. CoverKids dental health plan is **DentaQuest**. They can help you if you have questions about dental care. To find a DentaQuest dentist, go to <http://www.dentaquest.com/state-plans/regions/tennessee/>. Then click **Find a Dentist**. Or you can call DentaQuest at **888-291-3766**.

Note! CoverKids does **not** cover any routine dental care, including oral surgery, if you are 19 and older.

Part 1: Using your CoverKids Health Plan

Every CoverKids member has a Member card. This is what your card looks like:



Here are some of the things that your card has on it:

- **Member Name** is the name of the person who can use this card.
- **ID Number** is the number that tells us who you are.
- **Group Number** is the number that tells us you are a CoverKids member.
- **Provider Network** is the choice of doctors, hospitals and other healthcare providers that take your CoverKids card.
- **Co-pays** are what you pay for each healthcare service. Not everyone has co-pays.
- **Benefit Indicator** is the kind of CoverKids benefit package you have. Your benefit package is the kind of services or care CoverKids covers for you.

Carry your card with you all of the time. You'll need to show it when you go to see your doctor and when you go to the hospital.

This card is only for you. Don't let anyone else use your card. If your card is lost or stolen, or if it has wrong information on it, call us at **888-325-8386** for a new card. It's a free call.

If you have questions about CoverKids, you can:

Call us at **888-325-8386** or write to us at:

CoverKids Member Services

BlueCare Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402-2555

CoverKids Providers – In Network

The doctors and other people and places who work with CoverKids are called the **Provider Network**. All of the CoverKids providers are listed in our **Provider Directory**. You can find the Provider Directory online at www.bcbst.com. Or call us at **888-325-8386** to get a list. Providers may have signed up or dropped out after the list was printed. But, the online Provider Directory is updated every week. You can also call us at **888-325-8386** to find out if a provider is in our network.

To find doctors who speak other languages, you can check the CoverKids Provider Directory online at www.bcbst.com.

You **must** go to doctors who take CoverKids so CoverKids will pay for your healthcare.

Out of Network

A doctor who is not in the Provider Network and doesn't take CoverKids is called an **Out-of-Network provider**. Most of the time if you go to a doctor who is Out-of-Network **CoverKids will not pay**.

But, sometimes, like in emergencies or to see specialists, CoverKids will pay for a doctor who is Out-of-Network. Unless it's an emergency, you must have an **OK** first. The sections **Specialists** and **Emergencies** tell you more about when you can go to someone who is Out-of-Network.

If you were already getting care or treatment when your CoverKids started, you may be able to keep getting the care without an OK or referral. Call us at 888-325-8386 to find out how.

How to get free language help at your healthcare visits

If English is not your first language, you can ask for an interpreter when you go to get your care. This is a free service for you. **Before your appointment, call us or your provider** so you can get help with language services.

You can also check in our Provider Directory to find doctors who speak other languages online at www.bcbst.com.

Doctor Visits

Your Primary Care Provider– the main person you go to for your care

You can have one main person for your healthcare. He or she can be a doctor, a nurse practitioner, or a physician's assistant. This person is called your **Primary Care Provider (PCP)**.

Most PCPs have regular office hours. But, you can call your PCP anytime. If you call after regular office hours, they will tell you how to reach the doctor. If you can't talk to someone after hours, call us at **888-325-8386**.

You should select a PCP if you do not have one. Call to get an appointment with your PCP as soon as you can. This is even more important if you've been getting care or treatment from a different doctor. We want to make sure that you keep getting the care you need. But even if you feel OK, you should call to get a check-up with your PCP.

Before you go to your first appointment with your PCP:

1. Ask your past doctor to send your medical records to your PCP. This will not cost you anything. These records are yours. They will help your PCP learn about your health.
2. Call your PCP to schedule your appointment.
3. Have your CoverKids card ready when you call.
4. Say you are a CoverKids member and give them your ID number.
5. Write down your appointment date and time. If you're a new patient, the provider may ask you to come early. Write down the time they ask you to be there.
6. Make a list of questions you want to ask your PCP. List any health problems you have.

On the day of your appointment:

1. Take all of your medicines and list of questions with you so your PCP will know how to help you.
2. Be on time for your visit. If you cannot keep your appointment, call your PCP to get a new time.
3. Take your CoverKids ID card with you. Your PCP may make a copy of it. If you have any other insurance, take that ID card with you, too.
4. Pay your co-pay if you have one. You can find out more about co-pays in Part 3 of this handbook.

Your PCP will give you **most** of your healthcare. Your PCP can find and treat health problems early. He or she will have your medical records. Your PCP can see your whole healthcare picture. Your PCP keeps track of all of the care you get.

Changing your PCP

There are many reasons why you may need to change your PCP. You may want to see a PCP whose office is closer to you. Or your PCP may stop working with us. If you do not find a new PCP, we will help find one for you so that you can keep getting your care.

To change your PCP:

1. Find a new PCP in the CoverKids network. To find a new PCP, look in our Provider Directory. Or you can go online at www.bcbst.com, or call **888-325-8386**.
2. Then call the new PCP to make sure that he or she is in the CoverKids provider network. **Be sure to ask** if he or she is taking new patients.

Need help finding a new PCP? Call us at **888-325-8386**. We'll work with you to find a new PCP who is taking new patients.

Behavioral Health Care (Mental Health, Alcohol or Drug Abuse Services)

You do **not** need to see your PCP before getting Behavioral Health services. But, you will need to get your care from someone who is in our network. If you're getting care now, ask your provider if they take CoverKids.

A Community Mental Health Agency (CMHA) is one place you can go for mental, alcohol or drug abuse services. Most CMHAs take CoverKids.

Before your first visit:

1. **Ask** your past doctor to send your records to your new provider. They will help your provider learn about your needs.
2. **Have your CoverKids card ready** when you call to schedule your appointment with your new provider.
3. Say you are a CoverKids member and give your **ID number**.
4. **Write down** your appointment date and time. If you are a new patient, the provider may ask you to come early. Write down the time they ask you to be there.
5. **Make a list** of questions you want to ask your provider. List any problems you have.

On the day of your appointment:

1. **Take** all of your medicines and list of questions with you so your provider will know how to help you.
2. **Be on time** for your visit. If you cannot keep your appointment, call your provider to get a new time.
3. **Take** your CoverKids **ID card** with you. Your provider may make a copy of it.
4. **Pay** your co-pay if you have one. You can find out more about co-pays in Part 3 of this handbook.

If you need help finding mental health, alcohol and drug abuse services, call us at **888-325-8386**. Or, if you have questions about mental health, alcohol and drug abuse services, call us at **888-325-8386**. It's a free call.

Specialist providers

A **specialist** is a doctor who gives care for a certain illness or part of the body. One kind of specialist is a cardiologist, who is a heart doctor. Another kind of specialist is an oncologist, who treats cancer. There are many kinds of specialists.

Your PCP may send you to a specialist for care. If the specialist is not in our Provider Network, your provider must get an OK from us first. If you have co-pays, your co-pay is the same even if the specialist is Out-of-Network.

You **do not** have to see your PCP first to go to a women's health doctor for well-woman checkups. A women's health doctor is called an OB/GYN. The women's health specialist must still be in our network. More information about women's healthcare is in Part 2 of this handbook.

And remember, you **do not** have to see your PCP first to see any specialist or a behavioral health provider for mental health, alcohol or substance abuse services.

Hospital Care

If you need hospital care, your network provider or behavioral health provider will set it up for you.

You must have your network provider's OK to get hospital care.

Unless it is an emergency, we will only pay for hospital care if your network provider sends you.

Emergencies – Physical Health

Always carry your CoverKids card with you. In case of an emergency, doctors will know you have CoverKids. You can get emergency healthcare any time you need it.

Emergencies are times when there could be serious danger or damage to your health if you don't get medical care right away. See Part 8 of this handbook for a full definition of an emergency.

Emergencies might be things like:

- Shortness of breath, not able to talk
- A bad cut, broken bone, or a burn
- Bleeding that cannot be stopped
- Strong chest pain that does not go away
- Strong stomach pain that doesn't stop
- Seizures that cause someone to pass out
- Not able to move your legs or arms
- A person who will not wake up
- Drug overdose

These are usually not emergencies:

- Sore throat
- Cold or flu
- Lower back pain
- Ear ache
- Stomach ache
- Small, not deep, cuts
- Bruise
- Arthritis
- Headache, unless it is very bad and like you've never had before

If you think you have an emergency, go to the nearest hospital Emergency Room (ER). In an emergency, you can go to a hospital that is not in the Provider Network. If you can't get to the ER, call 911 or your local ambulance service.

If you are not sure if it's an emergency, call your PCP. You can call your PCP anytime. Your PCP can help you get emergency care if you need it.

If you need emergency care, you don't have to get an OK from anyone before you get emergency care.

After the ER treats you for the emergency, you will also get the care the doctor says you need to keep stable. This is called post-stabilization care.

After you get emergency care, tell your PCP or specialist. Your PCP or specialist needs to know about the emergency to help you with the follow-up care later. Try to call your PCP or specialist within 24 hours of getting emergency care.

Emergencies – Mental Health

You can get help for a behavioral health emergency anytime even if you are away from home.

And you don't have to get an OK from anyone before you get emergency care.

If you have a behavioral health, alcohol or drug abuse emergency, go to the nearest mental health crisis walk in center **or** ER right away. What if you don't know where your closest mental health crisis walk in center is? Call Mental Health Crisis Services at:

855-CRISIS-1 (or 855-274-7471) right away. These calls are free.

Or, you can call your provider. Your provider can help you get emergency care if you need it. CoverKids pays for mental health emergencies even if the doctor or hospital isn't in the Provider Network.

Emergencies are times when there could be serious danger or damage to your health **or** someone else's if you don't get help right away. See Part 8 of this handbook for a full definition of an emergency.

Emergencies might be things like:

- Planning to hurt yourself
- Thinking about hurting another person

These are usually NOT emergencies:

- Needing a prescription refill

If you have this kind of emergency:

- Go to the nearest mental health crisis walk in center or ER right away or
- Call 911 or
- Call **Mental Health Crisis Services for Adults at 855-CRISIS-1 (or 855-274-7471).**
- These calls are free.

Children under age 18

If you are under 18 years old or your child is under age 18 and has a behavioral health (mental health, alcohol or drug abuse) emergency:

- Go to the nearest ER or
- Call 911 or
- Call Mental Health Crisis Services for Children and Youth at the following numbers:
 - Memphis Region at 866-791-9226
 - Rural West Tennessee at 866-791-9227
 - Rural Middle Tennessee at 866-791-9222
 - Nashville Region at 866-791-9221
 - Mental Health Co-op (Davidson County) at 865-539-2409
 - Knoxville Region – Helen Ross McNabb (Knox, Blount, Sevier, Loudon and Monroe Counties) at 865-539-2409
 - Southeast Tennessee at 866-791-9225
 - Frontier Health (Hancock, Greene, Hawkins, Washington, Unicoi, Carter, and Johnson Counties) at 877-928-9062

Youth Villages, Frontier Health, Helen Ross McNabb, and Mental Health Co-Operative offer statewide crisis services for children under age 18. If you go to the ER, someone from one of these agencies in your area may come help evaluate your child's need for care.

If you have problems reaching someone at the number listed for your area, call **888-325-8386**. We will help you. You can also call 911. These calls are free.

Always carry your CoverKids card with you. In case of an emergency, doctors will know that you have CoverKids.

After the ER treats you for the emergency, you will also get the care that the doctor says you need to keep stable. This is called post-stabilization care.

After you get emergency care, tell your provider. Your provider needs to know about the emergency to help you with follow-up care later. **Try to call your provider within 24 hours of getting emergency care.**

Emergency Care away from home

Emergency care away from home works just like you were at home. **In an emergency**, you can go to a hospital that is Out-of-Network. Go to the nearest ER, or call 911. If you have a behavioral health emergency, you can call **Mental Health Crisis Services** for free at:

855-CRISIS-1 (or **855-274-7471**).

Try to call your provider and CoverKids Member Services within 24 hours of getting the emergency care away from home.

Show your CoverKids card when you get the emergency care. Ask the ER to send the bill to CoverKids. If the ER says no, ask if they will send the bill to you at home. Or if you have to pay for the care, get a receipt.

When you get home, call us at **888-325-8386** and tell us you had to pay for your healthcare or that you have a bill for it. We will work with you and the provider to put in a claim for your care.

Part 2: Services that CoverKids pays for

Benefit Packages

You can find a list of CoverKids services on the next pages. Some of the services have limits. This means that CoverKids will pay for only a certain amount of that care. The services that are listed as **medically necessary** mean that you can have those services if your doctor, health plan, and CoverKids all agree that you need them.

If you have questions about what your physical health or behavioral health services are, call us at **888-325-8386**.

Benefits for CoverKids

All CoverKids covered services must be medically necessary, as defined in the CoverKids rules. The definition of medically necessary is in Part 8 of this handbook. For more information on Services Covered with limits, please see “Care with limits” starting on page 16.

Behavioral health crisis services (mental health, alcohol and drug abuse services)	Covered
Chiropractic services	Covered Not covered for pregnant women age 19 and older.
Community health clinic services	Covered
Dental services (non-routine)	Covered
Durable medical equipment (DME)	Covered with limits
Emergency air and ground ambulance	Covered
Home health services	Covered with limits
Hospice care	Covered
Immunizations/Vaccinations	Covered
Inpatient and outpatient substance abuse benefits	Covered
Inpatient hospital services	Covered
Lab and X-ray services	Covered
Medical supplies	Covered
Mental health case management	Covered
Non-emergency transportation	Not Covered
Occupational therapy services	Covered with limits
Organ transplant and donor procurement	Covered
Outpatient hospital services	Covered
Outpatient behavioral health services (mental health, alcohol and drug abuse services)	Covered
Pharmacy services	Covered
Physical exams and checkups, diagnostic and treatment services	Covered
Physical therapy services	Covered with limits
Physician services	Covered
Private duty nursing	Not Covered

Psychiatric inpatient facility services	Covered
Psychiatric rehabilitation services	Covered
Psychiatric residential treatment services	Covered
Reconstructive breast surgery	Covered
Renal dialysis services	Covered
Skilled Nursing Facility	Covered with limits
Speech therapy services	Covered with limits
Temporomandibular Joint (TMJ) – Non-surgical treatment	Covered
Vision services	Covered with limits Not covered for pregnant women age 19 and older

Care with limits

Benefits are covered as medically necessary. But some CoverKids benefits have limits. These kinds of care have limits:

1. **Durable Medical Equipment**
2. **Home Health Services**
3. **Occupational Therapy**
4. **Physical Therapy**
5. **Skilled Nursing Facility**
6. **Speech Therapy**
7. **Vision Services**

1. Durable Medical Equipment

Durable Medical Equipment (DME) is any equipment that provides therapeutic benefits because of certain medical conditions and/or illness. Some DME services need prior authorization (an OK).

There is a **limit** to the amount CoverKids will pay for DME. It's called the Maximum Allowable Charge. The limit depends on the kind of Durable Medical Equipment you need. What if you rent the same kind of equipment from multiple DME providers, and the **total rental charges are more than** what it would cost to buy the equipment? You will be responsible for the amount that goes over what CoverKids will pay (the Maximum Allowable Charge).

Hearing aids are **limited** to 1 hearing aid per ear each calendar year up to the age 5; then 1 hearing aid per ear every 2 years thereafter.

2. Home Health Services

There are 2 kinds of Home Healthcare: Home Health Nursing and Home Health Aide Care. Services can be part-time or off and on during a certain period of time. Only Home Health Nursing Services have limits. These services are limited to 125 visits per calendar year for care given or supervised by a registered nurse.

3. Occupational Therapy

Occupational Therapy includes medically necessary and appropriate treatment that helps people who have physical or behavioral health problems learn to do the activities of daily life as a result of an illness or injury. Services are limited to 52 visits per calendar year.

4. Physical Therapy

Physical Therapy includes medically necessary and appropriate treatment of a disease or an injury of the muscles or joints. Services are limited to 52 visits per calendar year.

5. Skilled Nursing Facility

Skilled Nursing Facility includes medically necessary and appropriate inpatient care provided to members requiring medical, rehabilitative or nursing care in a restorative setting. Services are limited to 100 days per calendar year following approved hospitalization.

6. Speech Therapy

Speech therapy by a licensed speech therapist is covered for restoration of speech after a loss or impairment; and to initiate speech due to developmental delays (as long as there is continued progress). The loss or impairment must not be caused by mental, psychoneurotic or personality disorder. Services are limited to 52 visits per calendar year.

7. Vision Services

For children under age 19, vision services are limited to one vision exam (including refractive exam and glaucoma testing) per calendar year; one set of lenses (including bi-focal, tri-focal, etc.) per calendar year; and one set of eyeglass frames every 2 calendar years.

For pregnant women age 19 and older, vision services are limited to medical evaluation and management of abnormal conditions and disorders of the eye. The first pair of cataract glasses or contact lens/lenses after cataract surgery are covered.

Other CoverKids Services

Special Services - Some services are covered by CoverKids **only in special cases**. These are services like Care Management, Hospice Care and Abortion. More about these services can be found below.

Care Management - A number of Care Management programs are available including those with low-risk health conditions, potentially complicated medical needs, chronic illness and/or catastrophic illnesses or injuries.

Lifestyle and Health Education - Lifestyle and health education is for healthy members and those with low-risk health conditions that can be self-managed with educational materials and tools. The program includes:

- (1) wellness, lifestyle and condition-specific educational materials;
- (2) an on-line resource for researching health topics; and
- (3) a toll-free number for getting information on more than 1,200 health-related topics.

Low Risk Case Management - Low risk case management, including disease management, is for members with conditions that require a daily schedule of care. Registered nurses work with health care providers, the member and primary care givers to coordinate care. Specific programs include:

- (1) pharmacy care management for special populations;
- (2) emergency services management;
- (3) transition of care program;
- (4) condition-specific care coordination program; and disease management.

Caring Start Maternity Management – Caring Start Maternity Management is a prenatal care program that helps you learn how to take care of yourself while you are pregnant. The goal is to prevent premature birth or other health problems for you and your baby.

Disease Management - Disease Management coordinates health care interventions and education for members whose medical conditions need significant self-care. Members who have a chronic (long-term) disease, like diabetes or asthma are automatically enrolled in our CareSmart Disease Management Program.

For members enrolled in CareSmart, a Disease Manager works closely with them and their providers to provide ongoing support and tools. The goal is to help improve the member's overall health and ability to manage their chronic condition.

Disease Management is a voluntary program. To speak to a CareSmart nurse or to disenroll from the CareSmart Disease Management Program, call us toll-free at **888-416-3025**.

Catastrophic Medical Management and Transplant Case Management - Members with terminal illness, severe injury, major trauma, cognitive or physical disability or those who are transplant candidates may be managed by this program.

Registered nurses work with health care providers, the member and primary caregivers to coordinate the most appropriate, cost-efficient care settings. Case managers stay in touch with members throughout their treatment, work with the clinical team and the health plan to coordinate care, and help families use resources available in their community.

Transplant Case Management is a mandatory program for members seeking Transplant Services.

Catastrophic Case Management is a voluntary program. You may enroll in Catastrophic Case Management by calling **888-416-3025**. You may also be referred to Catastrophic Case Management by your doctor or by us based on your health history. To disenroll from Catastrophic Case Management, call us at **888-416-3025**.

Services available for all children and pregnant women:

After evaluation of the Member's condition, it may be determined that alternative treatment is medically necessary and appropriate.

In that event, alternative benefits for services not otherwise specified as Covered Services may be offered to the Member. Such benefits will be offered only in accordance with a written case management or alternative treatment plan agreed to by the Member's attending physician and BlueCare Tennessee.

Emerging Health Care Programs - Care Management is always reviewing emerging (new) health care programs. These are services or technologies that show potential improvement in access to health care, quality, health care costs, efficiency and member satisfaction. When we approve an emerging health care program, services provided through that program are covered, even though they may normally be excluded under the Evidence of Coverage (EOC).

24 Hour Nurse Line – All members are provided with a 24 hour nurse line number.

Medical Policy

Medical Policy is a practice that looks at the value of new and current medical science. Its goal is to make sure that covered services are effective (meaning, they work).

Medical policies are used to determine if services are medically necessary, investigative, or cosmetic. The definition of medically necessary is as follows:

To be medically necessary, a medical item or service must satisfy each of the following criteria:

- a) It must be recommended by a licensed physician who is treating the enrollee or other licensed healthcare provider practicing within the scope of his or her license who is treating the enrollee;
- b) It must be required in order to diagnose or treat an enrollee's medical condition;
- c) It must be safe and effective;
- d) It must not be experimental or investigational; and
- e) It must be the least costly alternative course of diagnosis or treatment that is adequate for the enrollee's medical condition.

When applied to the care of the inpatient, it further means that the member's medical condition requires that services cannot be safely provided to the member as an outpatient;

As medical technologies, services, and medications change and improve, and as our members' needs change, we may change our medical policies without formal notice to you. Our current medical policies can be found at www.bcbst.com/providers/mpm.shtml.

Patient Safety

If you have a concern with the safety or your quality of care you received from a Network Provider, please call us at the number on your ID card. We will document your concern and ask that it be investigated by our Clinical Risk Management department.

Important: Care Management services, emerging health care programs and alternative treatment plans are offered to members on a case-by-case basis to address their unique needs.

Offer or confirmation of Care Management services, emerging health care programs or alternative treatment plans to address one member's unique needs does not obligate us to provide the same or similar benefits for any other member.

Hospice Care is a kind of medical care for people who are terminally ill. You must use a hospice provider in our network. For help with hospice care, call us at **888-325-8386**.

Sterilization is the medical treatment or surgery that makes you not able to have children.

To have this treatment, you must:

- Be an adult age 21 or older.
- Be mentally stable and able to make decisions about your health.
- Not be in a mental institution or in prison.
- Fill out a paper that gives your OK. This is called a Sterilization Consent Form. You can call us at **888-325-8386** to get this paper.

You must fill the paper out at least 30 days before you have the treatment. But in an emergency like premature delivery or abdominal surgery, you can fill the paper out at least 72 hours before you have the treatment. Effective June 1, 2016, the sterilization service is available to pregnant women age 21 and older.

Abortion is the medical treatment that ends a pregnancy. CoverKids pays for this treatment only if:

- You are pregnant because of rape or incest, or
- You have a life-endangering physical problem, injury, or illness that you could die from without an abortion.

Your doctor must fill out a paper called Certification of Medical Necessity for Abortion.

Hysterectomy is medical surgery that removes reproductive organs. A hysterectomy can be covered when you must have it to fix other medical problems. After a hysterectomy, you will not be able to have children. But, CoverKids **will not** pay for this treatment if you have it just so you won't have children. CoverKids pays for this treatment **only if it is medically necessary**.

You have to be told in words and in writing that having a hysterectomy means you are not able to have children. You have to sign a paper called Statement of Receipt of Information concerning Hysterectomy. Effective June 1, 2016, the hysterectomy service is available if medically necessary.

Preventive Care – care that keeps you well

CoverKids covers preventive care for children and women expecting a baby. **Preventive care** helps to keep you well and catches health problems early so they can be treated.

Note! You will **not** have co-pays for preventive care.

Some preventive care services are:

- Checkups for children
- Care for women expecting a baby
- Well baby care
- Shots and tests
- Birth control information

Pregnancy

If you are pregnant, seeing a doctor can help you to have a healthier baby. Care before your baby is born is called **prenatal care**. There are **no co-pays** for prenatal care.

You can get this kind of care from your PCP, or from a specialist called an Obstetrician/Gynecologist. This kind of specialist is sometimes called an **OB/GYN doctor**.

You **do not** have to see your PCP first to go to an OB/GYN doctor. But, the OB/GYN doctor must still be in our Provider Directory so that CoverKids will pay for the services.

If you are already more than **three months** pregnant and you are already seeing an OB/GYN doctor when you get your CoverKids, you can still see that doctor to get your care. But, he or she has to say OK to the amount that CoverKids pays. Call us at **888-325-8386** to find out if you can still see this doctor. We may ask you to change to an OB/GYN doctor who is in our Provider Directory if it is safe to change.

Go to **all** of your OB/GYN visits, even if you feel fine. Your doctor will tell you how often to have checkups while you are pregnant. After your first visit, you may see your doctor every **4 weeks**. Then, after 7 months, you may see your doctor every **2 or 3 weeks**. When it gets close to when your baby is due, you may see your doctor every week.

Do what your doctor says to take good care of you and your baby. Remember to take the vitamins that your doctor tells you to. **Don't smoke or drink alcohol while you are pregnant.**

After your baby is born, you should have follow-up care for you and your baby. Care after your baby is born is called **postnatal care**. Postnatal care includes circumcisions done by a doctor and special screenings for newborns.

Both you and your baby need follow-up care. You should see your doctor **4 to 6** weeks after you have your baby. Your doctor will check to make sure you are OK.

Important! Tell CoverKids about your baby as soon as possible so you can make sure he or she gets covered. Depending on your income, your baby may qualify for TennCare instead of CoverKids.

Here's how to make sure your baby gets on CoverKids or TennCare:

- After your baby is born, the hospital will give you papers to get a Social Security number for your baby. **Fill out those papers and mail them to the Social Security office.**
- **Tell CoverKids about your baby as soon as you can.** Call them at **866-620-8864**. Tell them that you have filled out papers for the baby's Social Security number.

It is important to do these things as soon as your baby is born.

When you get your baby's Social Security card in the mail, be sure to tell us. If your baby has TennCare, call **855-259-0701**. If your baby has CoverKids call **866-620-8864**. Give them your baby's Social Security number.

Preventive Care for Children: Healthcare for your child and teen

Check In, Check Up, and Check Back!

The CoverKids' program strives to keep children healthy. Your child and teen **need** regular health checkups, even if they **seem** healthy. These visits help your doctor **find and treat problems early**.

In CoverKids, checkups for children are **free**.

CoverKids also pays for all medically necessary care and medicine to treat problems found at the checkup. This includes medical, dental, speech, hearing, vision, and behavioral (mental health, alcohol or drug abuse problems).

If your child hasn't had a checkup lately, call your child's PCP today for an appointment. Ask for a regular health checkup. You can go to your child's PCP or the Health Department to get checkups.

And, if someone else, like your child's teacher, is worried about your child's health, you can get a checkup for your child.

Checkups may include:

- Health history
- Complete physical exam
- Laboratory tests (as needed)
- Immunizations (shots)
- Vision/hearing screening
- Developmental/behavioral screening (as needed)
- Advice on how to keep your child healthy

If your child's PCP (pediatrician) finds anything wrong, CoverKids also gives your child the medical, dental, speech, hearing, vision, and behavioral (mental health, alcohol or drug abuse) treatment that he or she needs.

Children should go to the doctor for checkups even if they are not sick. They should have checkups when they are

- at birth
- 3-5 days old
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- And then every year until age 19

The vaccination shots that children need to get, to keep from getting sick, are for:

- ✓ Diphtheria
- ✓ Tetanus
- ✓ Pertussis
- ✓ Polio
- ✓ Measles
- ✓ Mumps
- ✓ Rubella (MMR)
- ✓ HIB
- ✓ Flu (influenza)
- ✓ Hepatitis A and B
- ✓ Chicken pox (varicella)
- ✓ Pneumococcal
- ✓ Rotavirus
- ✓ Human papillomavirus (HPV)
- ✓ Meningitis

Look at the schedule of shots listed in Part 8 of this handbook. It is called Children and Teen Immunization Schedule. It will help you know when your child should get his or her shots.

Or, you can ask your child's PCP when your child should get his or her shot.

Dental care for children (for teeth)

If you are a child under the age of 19, you also have a dental plan for your teeth called **DentaQuest**. Their phone number is **888-291-3766**. You can call DentaQuest to find a dentist. Or, if you have questions about caring for your child's teeth, you can call them. It's a free call.

Children's teeth need special care. Children under age 19 should have a checkup and cleaning every six months. Children need to start seeing a dentist by age 3 or even earlier for some children.

CoverKids will pay for other dental care if it is medically necessary. Braces are covered **only** if they are medically necessary.

You do **not** need to see your PCP before you go to a dentist. But, you will need to go to a DentaQuest dentist.

This dental care is only for children under age 19. CoverKids does not pay for any routine dental care for pregnant women 19 and older.

Vision care for children (for eyes)

Children's eyes also need special care. Children under 19 years old can have their eyes checked and get eyeglass lenses and frames as medically necessary. Your CoverKids eye doctor will show you which frames you can choose from.

CoverKids will pay for other vision care if it is medically necessary. Contacts are covered instead of eyeglass lenses.

Children do **not** have to see their PCP before seeing their CoverKids eye doctor. But, the eye doctor must be in our Provider Directory.

Non-Covered Services

Here is a list of some services that are **not** covered for anyone by CoverKids. Or, you can call us at **888-325-8386** for a full list.

Some Non-Covered Services are:

1. Services that are not medically necessary. But preventive care (care you need to stay well) **is** covered.
2. Services that are experimental or investigative.
3. Surgery for your appearance. But if you had a mastectomy, reconstructive breast surgery **is** covered.
4. Reversal of sterilization.
5. Artificial insemination, in-vitro fertilization or any other treatment to create a pregnancy.
6. Treatment of impotence.
7. Autopsy or necropsy.
8. Physical exams that a new job says you need.
9. Any medical or behavioral health (mental health, alcohol or drug abuse) treatment if you are in local, state, or federal jail or prison.

10. Services that are covered by workers compensation insurance.
11. Services that you got before you had CoverKids or after your CoverKids ends.
12. Personal hygiene, luxury, or convenience items.
13. Custodial Care and Sitter Services.
14. Services mainly for convalescent care or rest cures.
15. Foot care for comfort or appearance, like flat feet, corns, calluses, toenails.
16. Transsexual surgery and any treatment connected to it.
17. Radial keratotomy or other surgery to correct a refractive error of the eye.
18. Services given to you by someone in your family or any person that lives in your household.
19. Midwife services outside a licensed healthcare facility.
20. Charges in excess of maximum allowable charge.
21. Services or supplies for orthognathic surgery.
22. Treatment and therapies for maintenance purposes.
23. Self-treatment or training.
24. Services or supplies for methadone maintenance therapy and buprenorphine maintenance therapy.
25. Telephone or email consultations or charges to complete a claim form or to provide medical records. Network providers should not bill you for missed appointments nor are the charges for missed appointments covered.
26. Any charges for handling fees.
27. Drugs and supplies available over-the-counter that do not require a prescription by Federal or State law.
28. Medicines for:
 - hair growth
 - cosmetic purposes
 - controlling your appetite
 - treatment of impotence
 - treatment of infertility
29. Medicines that the FDA (Food and Drug Administration) says are:
 - DESI – this means that research says they are not effective
 - LTE – this means that research says they are less than effective
 - IRS – this means that the medicines are identical, related, or similar to LTE medicines.

Some services are covered for children under age 19 but not for pregnant women over age 19.

These services that are **not covered for pregnant women over 19** include:

1. Routine Dental Services.
2. Chiropractic Services.
3. Eyeglasses, contact lens or eye exams. But if you had cataract surgery, your first pair of cataract glasses or contact lens/lenses is covered.

Part 3: How the CoverKids Program works for you

What you pay for your healthcare – Co-pays

Your Co-pays

Preventive care is care that helps you stay well, like checkups, shots, pregnancy care, and childbirth. This kind of care is always free. You do not have co-pays for preventive care. More information about preventive care is in Part 2.

For other care like hospital stays or sick child visits, you **may** have to pay part of the cost. Co-pays are what you pay for each healthcare service you get.

Not everyone on CoverKids has co-pays. Your CoverKids card will tell you if you have co-pays and what they are. Co-pays depend on:

- the kind of CoverKids that you have, an
- sometimes on your family's monthly income before taxes, and
- how many people in your family live with you.

You should only have to pay your co-pay for your care. You should **not** be billed for the rest of the cost of your care. If you are billed for the rest of the cost, you can appeal. See Part 4 of this handbook to find out what to do if you get a bill for your care.

None of the doctors or healthcare providers in CoverKids can **refuse** to give you medically necessary services because you don't pay your co-pays.

But, CoverKids and your providers can take steps to collect any co-pays you owe.

Your health plan cards tell you if you have co-pays.



Your CoverKids card tells you if you have co-pays for doctors, specialists, hospital and ER visits.

There are three benefit levels for co-pays in CoverKids – Level 1, 2, or 3. Your card will tell you which level you are in.

The following pages tell you more about CoverKids co-pays and where to call if you have questions.

CoverKids Co-pays

Do you pay co-pays for a PCP, Specialist, ER visit, and hospital stay? Not sure? Check your CoverKids card or call CoverKids Member Services at **888-325-8386**.

	BENEFIT LEVEL		
	1	2	3
Office/Outpatient Services			
Primary Care Visit <ul style="list-style-type: none"> Office visit with family practice, general practice, internal medicine, OB/GYN, pediatrics, and walk in clinics Includes nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider 	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
Specialist Visit and Outpatient Surgery <ul style="list-style-type: none"> Office visit with any specialty provider Outpatient surgery including invasive diagnostic services (e.g. colonoscopy) - Single co-pay per date of service 	\$20 Co-Pay	\$5 Co-Pay	No Co-Pay
Behavioral Health (Mental Health and Substance Abuse) Services <ul style="list-style-type: none"> Office visit Outpatient Mental health and substance abuse - Single co-pay per date of service 	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
Chiropractors <ul style="list-style-type: none"> Only covered for children under age 19 	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
Rehabilitation and Therapy Services <ul style="list-style-type: none"> Including Speech, Physical and Occupational Limited to 52 visits per therapy type per Calendar Year 	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay

				BENEFIT LEVEL		
				1	2	3
Pharmacy - Benefits managed by Express Scripts (ESI)						
30 and 90-Day Supply/Specialty Pharmacy Drugs	\$5 generic \$20 preferred brand \$40 non-preferred brand	\$1 generic \$3 preferred brand \$5 non-preferred brand	No Co-Pay			
Non-Emergency Care						
Emergency Room Visit deemed as NOT a True Medical Emergency <ul style="list-style-type: none"> Facility (Medical & Behavioral Health (Mental Health and Substance Abuse), including Urgent Care MUST be an In Network Provider. If Out of Network provider, CoverKids will NOT pay. 	\$50 Co-Pay	\$10 Co-Pay	No Co-Pay			
Inpatient Stays						
Inpatient Facility (Medical and Behavioral Health [Mental Health and Substance Abuse]) <ul style="list-style-type: none"> Co-Pay waived if readmitted within 48 hours of initial visit for same episode of illness or injury Rehabilitation services Mental Health and Substance Abuse Treatment 	\$100 Co-Pay per admission	\$5 Co-Pay per admission	No Co-Pay			
Vision Services- These Services are only eligible for children under age 19. When both frames and lenses are ordered at the same time, one Co-Pay is charged						
Prescription Eyeglass Lenses <ul style="list-style-type: none"> Including bifocal or trifocal Limited to one per Plan Year 	\$15 Co-Pay \$85 Max Benefit	\$5 Co-Pay \$85 Max Benefit	No Co-Pay			
Prescription Contact Lenses in lieu of Eyeglass Lenses <ul style="list-style-type: none"> Limited to one per Plan Year 	\$15 Co-Pay \$150 Max Benefit	\$5 Co-Pay \$150 Max Benefit	No Co-Pay			
Frames <ul style="list-style-type: none"> Limited to every 2 Plan Years 	\$15 Co-Pay \$100 Max Benefit	\$5 Co-Pay \$100 Max Benefit	No Co-Pay			

The following services do NOT require a Co-Pay

Preventive Care

Office Visits

- Well-baby, well-child visits
- Annual physical exam
- Annual well-woman exam including, but not limited to, family planning and pap tests
- Immunizations
- Annual hearing and vision screening
- Screenings including colonoscopy, colorectal, labs, nutritional guidance, Sexually Transmitted Disease (STD), cancer and other screenings

Office/Outpatient Services

X-Ray, Lab and Diagnostics

- Including reading, interpretation of results, dialysis, radiation, cobalt, and radioisotope therapy
- Including MRIs, cat scans and nuclear medicine

Allergy Testing and Allergy Injections

Chemotherapy and radiation therapy

Emergency Care

Emergency Room Visit Deemed as an Emergency

- Medical and Behavioral Health (Mental Health and Substance Abuse)

Services Received at an Inpatient Facility

Physician Charges (Medical and Behavioral Health [Mental Health and Substance Abuse])

Skilled Nursing Facility

- Limited to 100 days per Calendar Year following approved hospitalization

The following services do <u>NOT</u> require a Co-Pay
Maternity Services
Maternity Related Facility and Provider <ul style="list-style-type: none"> • Maternity Visits (prenatal and postpartum care) • Hospital admission for delivery
Other Services
Durable Medical Equipment (DME) <ul style="list-style-type: none"> • Including prosthetics/orthotics • Hearing aids are limited to 1 hearing aid per ear each Calendar Year up to the age 5; then 1 hearing aid per ear every 2 years thereafter
Supplies (31 day supply)
Ambulance - Land and Air <ul style="list-style-type: none"> • Emergency to the nearest facility • From the scene of an accident to the nearest facility • Facility to facility when medically appropriate
Home Health <ul style="list-style-type: none"> • Home Nursing Care limited to 125 visits per Calendar Year
Home Infusion Therapy
Hospice <ul style="list-style-type: none"> • Co-Pay waived for all services if member is under hospice care
Diabetic Self-Management Training and Education
Vision Services - These Services are only eligible for Children under 19.
Annual Vision Exam <ul style="list-style-type: none"> • Including refractive exam and annual glaucoma testing • Must go to an In-Network provider

The CoverKids program has a limit on the total amount of co-pays you will pay each calendar year. This is called out of pocket. The co-pays you pay will help you reach your out of pocket limit each calendar year.

Your family's **out of pocket limit** every calendar year is based on the income you report to CoverKids. This limit is the **most** you will pay in co-pays each calendar year. The most you'll pay in co-pays each year is 5% of your family income. Do you need to know your yearly out of pocket limit? Call CoverKids Member Services at **888-325-8386**.

If your income changes or your family size changes, your co-pays might change, too. You must report any changes in family size or income to CoverKids by calling CoverKids at **866-620-8864** within 10 days.

Do you have questions about co-pays? We can answer those questions too. Call CoverKids Member Services for free at **888-325-8386**.

Part 4: Help for problems with your CoverKids

Kinds of problems and what you can do

You can have different kinds of problems with your healthcare.

You can fix some problems just by making a phone call. If you have complaints or problems about your healthcare, call us at **888-325-8386** for help.

Some problems may take more work to fix. Here are some examples of different kinds of problems and ways that you can fix them.

Need a new CoverKids card?

If your card is lost or stolen, or if the information on your card is wrong, you can get a new one.

- For a new CoverKids card, call **888-325-8386**.

You don't have to wait for your new card to get your care or medicine. Tell your doctor or the drug store that you have CoverKids.

Need to find a doctor or change your doctor?

You can learn how to find a new doctor in Part 1 of this handbook.

Are you changing because you are unhappy with the doctor you have? Please tell us. Call us at **888-325-8386**. We want to make sure that you get good care.

Need to make a complaint about your care?

If you are not happy with the care that you are getting, call us at **888-325-8386**. Tell us that you need to make a complaint.

No one can do anything bad to you if you make a complaint. We want to help you get good care.

Need help getting your prescription medicines?

If you need help getting your prescription medicine, please call CoverKids Member Services at **888-325-8386**.

Do you need a doctor to prescribe your medicine for you?

What if you need to find a doctor or your doctor won't prescribe the medicine you need? Call us at **888-325-8386**.

Do you need an OK from CoverKids to get your medicine? It's called a "prior authorization" or PA.

If your medicine needs an OK, call your doctor. Ask your doctor to:

- Call the CoverKids Pharmacy Program to get CoverKids' OK for this medicine.
 - Or, change your prescription to one that doesn't need an OK.
-

What if your doctor asks for an OK and CoverKids says no?

You can ask your doctor to prescribe a different medicine that doesn't need an OK.

Or, if you think CoverKids made a mistake, you can appeal. You have 30 days after CoverKids says **no** to appeal. For more information on how to appeal see Part 5 of this handbook.

Need help getting your healthcare services?

Part 2 of this handbook tells you about the healthcare services that CoverKids pays for.

For problems about physical and/or behavioral health (mental health, alcohol or drug abuse) care, always call us at **888-325-8386** first.

Do you need an OK before CoverKids will pay for your healthcare? It's called a "prior authorization" or PA.

If your care needs an OK, call your doctor. Your doctor has to ask us for an OK.

Did we say no when your doctor asked for an OK for your care?

Call your doctor and/or behavioral health (mental health, alcohol or drug abuse) provider and tell him or her that we said no.

If you or your doctor thinks we made a mistake, you can appeal. You have 30 days after your health plan says **no** to appeal. For information on Appeals, go to Part 5 of this handbook.

Are you getting billed? Did you have to pay?

Did you pay for healthcare that you think CoverKids should pay for? Or, are you getting billed for healthcare that you think CoverKids should pay for? Sometimes you might get a bill if the doctor doesn't know that you have CoverKids. Every time you get care, you **must**:

- Tell the doctor or other place you get care that you have CoverKids.
- **Show** them your CoverKids card.

If you've gotten healthcare that you think CoverKids should pay for, call us at **888-325-8386**. If you're getting bills for the care, we can help you find out why. If you paid for the care, we'll see if we can pay you back.

Or you can appeal. If you're getting bills, you have 30 days from when you get your first bill to appeal. If you paid for the care, you have 30 days after you pay to appeal.

For information on Appeals, go to Part 5 of this handbook.

Ways your CoverKids could end

You can ask to end your CoverKids. You must call CoverKids at **866-620-8864**.

Other ways that your CoverKids can end:

- If something changes for you and you don't meet the rules for CoverKids anymore.
- If you **move** out of the CoverKids area.
- If you reach age 19.
- If you get other health insurance.
- If you let someone else use your CoverKids card.
- If you don't follow the rules of CoverKids.
- If you don't fill out redetermination papers for your CoverKids when you are asked to. CoverKids members must renew their CoverKids each year. When it's time to see if you still qualify for CoverKids, CoverKids will send you a letter and redetermination pages in the mail.

Before your CoverKids ends, you will get a letter in the mail. The letter will tell you why your CoverKids is ending. It also tells you how to file an appeal if you think they've made a mistake.

Part 5: CoverKids Appeals

If you are having problems with your healthcare or CoverKids, you have the right to file an appeal.

An appeal is one way to fix mistakes in CoverKids.

Your right to appeal is explained more in Part 6 of this handbook.

There are 2 different kinds of appeals: Administrative Appeals and Medical Appeals.

Administrative Appeals are for problems like getting or keeping CoverKids, disagreeing with the kind of CoverKids you have, or if you think your income or co-pay amounts are wrong. Administrative appeals go to CoverKids Eligibility Services at **866-620-8864**.

Page 34 tells you more about filing an administrative appeal.

Medical Appeals/Member Grievances are for problems with your healthcare. For problems with healthcare, always call us at **888-325-8386** first.

If you still can't get the care you need, you can file a medical appeal.

Member Grievances – How to appeal healthcare problems

You have 180 days after you find out there's a problem to appeal.

- For care or medicine you still need, you have **180 days** after CoverKids says we won't pay for the care.
 - For healthcare bills you think CoverKids should pay, you have **180 days** after you get your first bill.
 - For care you paid for, you have **180 days** after you pay for the care.
-

How to file a Member Grievance

There are 2 ways to file a Member Grievance:

Appeal **by phone** by calling CoverKids Member Services at **888-325-8386**. If you have a hearing or speech problem, you can call us on a TTY/TDD machine. CoverKids' **TTY/TDD** number is **866-591-2908**.

1. Call during business hours. Business hours are Monday through Friday from 8:00 a.m. until 6:00 p.m. Eastern Time.
2. Or, appeal **in writing**. You can write your appeal on plain paper. If you write your appeal on plain paper, be sure you include the information on the next page. Or we can mail you a form to complete and return. If you want us to send you one, call us at **888-325-8386**.

Mail your letter about your problem to:

**BlueCross BlueShield of Tennessee
Commercial Member Grievance
1 Cameron Hill Circle Suite 0019
Chattanooga, TN 37402-0019**

Keep a copy for your records. Write down the date that you mailed it.

For all Member Grievances, CoverKids needs:

- Your **name** (the name of the person who wants to appeal about their care or medicine)
- Your **Member number**. If you don't have the Member number, give your date of birth. Include the month, day and year.
- The **address** where you get your mail.
- The **name** of the person to call if CoverKids has a question about your appeal (this can be you or someone else).
- A **daytime phone number** for that person (this can be your phone number or another person's phone number).

What else does CoverKids need to work your Member Grievance?

To get a review about healthcare problems, **you must do both of these things:**

- You must give CoverKids **the facts** they need to work your appeal.
- And, you must tell CoverKids the **mistake** you think we made. It must be something that, if you're right, means that CoverKids will pay for this care.

Depending on the reason you are filing a Member Grievance, here are some other kinds of information you must tell CoverKids:

Are you appealing about **care or medicine you still need**? Tell CoverKids:

- The **kind of healthcare or medicine** you are appealing about.
- And the **reason you want to appeal**. Tell CoverKids as much about the problem as you can. Be sure you say what mistake you think CoverKids made. Send **copies** of any papers that you think may help CoverKids understand your problem.

Are you appealing for **care you've already gotten** that you think CoverKids should pay for? Tell CoverKids:

- The **date** you got the care or medicine you want CoverKids to pay for.
- The name of the **doctor or other place** that gave you the care or medicine. (If you have it, include the **address and phone number** of the **doctor or other place** that gave you the care.)

If you paid for the care or medicine, also give CoverKids a **copy of a receipt** that proves you paid. Your receipt must show:

- The **kind of care** you got that you want CoverKids to pay for
- And the name of the **person** who got the care
- And the name of the **doctor or other place** that gave you the care
- And the **date** you got the care
- And the **amount** you paid for the care

If you're getting a bill for the care or medicine, give CoverKids a **copy of a bill**. Your bill must show:

- The **kind of care** that you're being billed for
- And the name of the **person** who got the care
- And the name of the **doctor or other place** that gave you the care
- And the **date** you got the care
- And the **amount** you are being billed

What does CoverKids do when you appeal about a healthcare problem?

1. When CoverKids gets your grievance, they will meet to consider your grievance and any other information that you or others submitted.
2. If CoverKids needs more facts to work your grievance, they will call you to ask questions about what they still need. You should give CoverKids all of the facts that they ask for, as soon as possible. If you don't, your grievance may end.
3. CoverKids must decide a regular grievance in 30 days. If you have an emergency appeal, they'll try to decide your appeal in 72 hours. If they need more time to get medical records, they can take more time to finish your appeal.
4. When CoverKids makes a decision, they will send you a letter. The letter will inform you of the CoverKids decision. It will also tell you how to appeal the decision if you are not happy with the outcome.

Administrative Appeals - Getting or keeping CoverKids and other CoverKids problems

An appeal about **CoverKids** problems *other than healthcare* is called an **administrative appeal**. An administrative appeal goes to the Eligibility Appeals Unit at the Tennessee Health Connection. Why? CoverKids and TennCare are both managed by the State of Tennessee's Division of Health Care Finance and Administration (HCFA). HCFA makes eligibility decisions about CoverKids.

An administrative appeal is used for CoverKids problems like:

- You get a letter that says your CoverKids will end,
- Or, your CoverKids has ended but you didn't get a letter because you moved,
- Or, you think your CoverKids co-pays are wrong,
- Or, you think CoverKids gave you the wrong benefit level.

If you have a problem like one of those listed above, call **Tennessee Health Connection** at **855-259-0701**. They will check to see if a mistake has been made. If they decide you're right, they will fix the problem. But if they say no, and you still think a mistake has been made in your case, **you can appeal**.

How to file an Administrative Appeal

There are 2 ways to file an administrative appeal:

1. Appeal by phone by calling Tennessee Health Connection free at 855-259-0701.
2. Or, appeal **in writing**. You can write your appeal on plain paper.

To file an administrative appeal in writing you must include:

- Your **full name** (first name, middle initial, last name)
- Your **Social Security Number**
- The **names of other people who live with you** with the same problem
- Your **daytime phone number** and the best time to call
- The **specific mistake** you think was made. Tell as much about the problem as you can.
- Send **copies** of any papers that show why you think the mistake was made.

Then, mail your letter about your problem to:

**Tennessee Health Connection
Eligibility Appeals Unit
P.O. Box 23650
Nashville, TN 37202-3650**

Keep a **copy** of your appeal. Write down the date that you mailed it to Tennessee Health Connection.

Part 6: Your rights and responsibilities

Your rights and responsibilities as a CoverKids member

You have the right to:

- Be treated with respect and in a dignified way. You have a **right to privacy** and to have your medical and financial information treated with privacy.
- Ask for and get information about CoverKids, its policies, its services, its caregivers, and members' rights and duties.
- Ask for and get information about how CoverKids pays its providers, including any kind of bonus for care based on cost or quality.
- Ask for and get information about your medical records as the federal and state laws say. You can see your medical records, get copies of your medical records, and ask to correct your medical records if they are wrong.
- **Get services without being treated in a different way** because of race, color, national origin, language, sex, age, religion, disability or other groups protected by the civil rights laws. You have a right to file a written complaint if you think you have been treated in a different way because of your race, color, national origin, language, sex, age, religion, disability, or any other group protected by the civil rights laws. If you complain or appeal, you have the right to keep getting care without fear of bad treatment from providers or CoverKids.
- Get care without fear of physical restraint or seclusion used for bullying, discipline, convenience or revenge.
- Make appeals or complaints about CoverKids or your care. Part 4 of this handbook tells you how.
- Make suggestions about your rights and responsibilities or how CoverKids works.
- Choose a PCP in the CoverKids network. You can turn down care from certain providers.
- Get medically necessary care that is right for you, when you need it. This includes getting **emergency services, 24 hours a day, 7 days a week.**
- Be told in an easy-to-understand way about your care and all of the different kinds of treatment that could work for you, no matter what they cost or even if they aren't covered.
- Help to make decisions about your healthcare.
- Make a living will or advance care plan and be told about Advance Medical Directives.
- Ask CoverKids to look again at any mistake you think they make about getting on CoverKids or keeping your CoverKids or about getting your healthcare.
- End your CoverKids at any time.

- Exercise any of these rights without changing the way CoverKids or its providers treat you.

Your rights to stay with CoverKids

As a CoverKids member, you **cannot** be moved from CoverKids just because:

- Your health gets worse.
- You already have a medical problem. This is called a pre-existing condition.
- Your medical treatment is expensive.
- Of how you use your services.
- You have a behavioral health (mental health, alcohol or drug abuse) condition.
- Your special needs make you act in an uncooperative or disruptive way.

The only reasons you can be moved from CoverKids are:

- If you reach age 19.
- If you get other health insurance.
- If you **move** out of the CoverKids area.
- If you let someone else use your ID cards, or if you use your CoverKids to get medicines to sell.
- If you end your CoverKids or your CoverKids ends for other reasons.
- If you don't **renew** your CoverKids when it is time, or if you don't give CoverKids information they ask for when it is time to renew.
- If you don't let CoverKids know that you moved, and they can't find you.
- If you lie to get or keep your CoverKids.
- Upon your death.

You have the responsibility to:

- Understand the information in your member handbook and other papers that we send you
- Show your CoverKids ID card whenever you get healthcare.
- Go to your PCP for all your medical care unless:
 - Your PCP sends you to a specialist for care.
 - You are pregnant or getting well-woman checkups.
 - It is an emergency.

- Use providers who are in the provider network. But, you can see anyone if it is an emergency. And, you can see anyone who has been approved.
- Let your PCP know when you have had to go to the Emergency Room. You (or someone for you) need to let your PCP know by 24 hours of when you got care at the ER.
- Give information to CoverKids and to your healthcare providers so that they can care for you.
- Follow instructions and rules that are in the handbook about your coverage and benefits. You must also follow instructions and rules from the people who are giving you healthcare.
- Help to make the decisions about your healthcare.
- Work with your PCP so that you understand your health problems. You must also work with your PCP to come up with a treatment plan that you both say will help you.
- Treat your healthcare giver with respect and dignity.
- Keep healthcare appointments and call the office to cancel if you can't keep your appointment.
- Not let anyone else use your CoverKids ID card and let us know if it is lost or stolen.
- Tell CoverKids of any changes like:
 - If you or a family member change your name, address, or phone number.
 - If you have a change in family size.
 - If you or a family member get a job, lose your job, or change jobs.
 - If you or a family member has other health insurance or can get other health insurance.
- Pay any co-pays you need to pay.
- Let us know if you have another insurance company that should pay your medical care. The other insurance company could be insurance like auto, home, or worker's compensation.

Your right to fair treatment

We do not allow unfair treatment in CoverKids. No one is treated in a different way because of race, language, religion, birthplace, disability, sex, color, or age.

In CoverKids, unfair treatment can mean things like:

- They didn't let you take part in the same things as other people.
- You didn't get the help you needed to get your care.
- You didn't get the care that you needed.

You have the right to make a complaint if you think you are not getting fair treatment. By law, no one can get back at you for making a complaint. If your complaint is about either physical health care and/or behavioral health (mental health, alcohol or drug abuse) care, you can call us at **888-325-8386** or write to us at:

**Office of Non-Discrimination
HealthCare Finance and Administration
310 Great Circle Rd.
Nashville, TN 37243**

If you write to us, be sure to include:

- **your name**
- **your address**
- **your daytime phone number,**
- **and your Social Security number**

Tell us as much as you can about the problem. You can write on a plain piece of paper or you can use the Unfair Treatment Complaint Page in Part 7 of this handbook.

Here are some other places you can call or write if you think you have been treated unfairly:

Agency	Phone Numbers	Address
CoverKids	855-286-9085 toll-free For TTY dial 711 and ask for 855-286-9085 615-253-2917 fax	Office of Non-Discrimination HealthCare Finance and Administration 310 Great Circle Rd. Nashville, TN 37243
State of Tennessee	800-251-3589 toll free 615-253-1886 fax	Director Title VI Compliance Program Tennessee Human Rights Commission 312 Rosa Parks Blvd., 23 rd Floor Nashville, TN 37243
U.S. Dept. of Health and Human Services, Region IV Office	404-562-7859 this is not a free call 404-562-7881 this is not a free fax	U.S. DHHS/Region IV Office of Civil Rights 61 Forsyth St. SW 3 rd floor Suite 3B70 Atlanta, GA 30303
U.S. Dept. of Health and Human Services, Washington, D.C. Office	800-368-1019 toll free 800-537-7697 TDD/TTY	U.S. DHHS/Office of Civil Rights 200 Independence Ave. SW, Room 506F Washington, D.C. 20201

Your Right to Appeal Healthcare Problems in CoverKids

In CoverKids, you get your healthcare through your CoverKids health plan, BlueCare Tennessee. You have rights when an action is taken that keeps you from getting healthcare when you need it.

1. You have the right to get an answer from your health plan when you or your doctor asks for care.

For some kinds of care, your doctor must get your health plan's OK before CoverKids will pay for it. It's called a "prior authorization" or "PA." What if your doctor asks your health plan to OK care for you? Your health plan must decide in 14 days. If you can't wait 14 days for the care you need, you can ask them to decide sooner. Or, you can appeal **before** the end of the 14 days. If they take more than 21 days to decide, they **must** give you the care you asked for *unless*:

- The care you want is a kind of care that CoverKids doesn't cover.
- Or, the care you want is not safe for you.
- Or, you don't have a doctor's order for the care you want.

2. You have the right to get a letter from your CoverKids plan if:

- Your CoverKids health plan says **no** when you or your doctors ask for healthcare.
- Or, you have to wait too long to get healthcare.
- Or, your CoverKids health plan stops or changes your healthcare.

The letter must say **why** you can't get the care and **what you can do** about it.

If your **health plan** decides to change care you're getting, you should get a letter at least **10 days before** it happens. If they decide to change your **hospital** care, you should get a letter **2 business days before** it happens. What if your **doctor** decides to change care you're getting? For these kinds of care, you should get a letter **2 business days before** it happens:

- Behavioral health (mental health, alcohol or drug abuse) treatment for a priority member which includes a child with Serious Emotional Disturbance (SED) or an adult with Severe and Persistent Mental Illness (SPMI)
- Behavioral health (mental health, alcohol or drug abuse) treatment in a hospital or other place where you must stay to get the care (inpatient psychiatric or residential services)
- Care for a long-term health problem when your health plan can't give you the next kind of care you need for that problem
- Home health services

If your health plan or doctor doesn't send your letter in time, they **can't** change your care.

3. You have the right to appeal if:

- CoverKids says no when you or your doctors ask for healthcare.
- Or, CoverKids stops or changes your healthcare.
- Or, you have to wait too long to get healthcare.

- Or, you have healthcare bills you think CoverKids should have paid for, but didn't.

You **only** have **30 days** to appeal after you find out that there is a problem.

Someone who has the legal right to act for you can also file an appeal for you.

Your right to Privacy

This notice describes how medical information about you may be used and disclosed. It also tells you how you can get access to this information. Please review it carefully.

Your CoverKids is **not** changing. You don't have to do anything.

These papers tell you how we keep your health facts private. The federal government tells us we must give you these papers. These papers tell you:

1. the kinds of health information we have
2. how we share it
3. who we share it with
4. what to do if you don't want your health information shared with certain people
5. and your rights about your health information

Your Health Information is Private

We know you value the privacy of your health information or “**Protected Health Information**” (**PHI**). We call this kind of information your health facts or PHI. PHI is any information used to identify you and to record your health and medical history.

Federal law says we must follow privacy rules to keep your PHI private. This law started on April 14, 2003. Everyone who works with us and for us must also follow these privacy rules.

1. The kinds of PHI we have

When you applied for CoverKids you told us certain facts about you. Like your name, where you live, and how much money you make. We also have health facts like:

- A list of the health services and treatments you get
- Notes or records from you doctor, drug store, hospital, or other healthcare providers
- Lists of the medicine you take now or have taken before
- Results from x-rays and lab tests
- Genetic information (“genetics” are family traits like hair color or eye color. It can also be health conditions that you have in common with your blood relatives.)

2. How we share your PHI

We can only share your PHI as the law lets us. The privacy rules let us share PHI for your care, to pay your health claims, and run our program. We share your PHI to:

- Show you have CoverKids and to help you get the healthcare you need.
- Pay your health plan and healthcare providers.
- Check how CoverKids benefits are being used and to check for insurance fraud.

3. Who can we share your PHI with?

- With you. We can help you schedule checkups and send you news about health services.
- Other people involved in your care, like family members or caregivers. You can ask us not to share your PHI with certain people.

And we can share your PHI with everyone who works with CoverKids like:

- Health providers like doctors, nurses, hospitals, and clinics.
 - Your health plan or other companies that have contracts with CoverKids.
 - People helping with appeals if you file a CoverKids appeal. Your appeal may be in person or over the phone. Sometimes other people may be with you in your appeal hearing.
 - Federal, state, or local government agencies providing or checking on healthcare.
4. **Who else can we share your PHI with?** The privacy rules also say we can share PHI with people like:
- Coroners, funeral homes, or providers who work with services like organ transplants.
 - Medical researchers. They must keep your PHI private.
 - Public health agencies to update their records for births, deaths, or to track diseases.
 - The court when the law says we must or when we're ordered to.
 - The police or for other legal reasons. We can report abuse or neglect.
 - Other agencies – like for military or veterans' activities, national security, jails.

We can also share your PHI if we take out the PHI that tells who you are. **But, we can't share your PHI with everyone.** And we can't share your genetic information to make decisions about your eligibility for CoverKids.

Sometimes we'll need your OK in writing before we can share your PHI. We'll ask you to sign a paper giving us your OK if we need to use or share (disclose) any of the following information:

1. To use or share notes a therapist takes during therapy sessions (these are called psychotherapy notes);
2. To use or share PHI with companies who will use the information to try to get other people's business (for marketing purposes); and
3. Sharing (disclosures) PHI with someone else for money.

Can you take back your OK? Yes. You can take back your OK anytime. But you must tell us in writing. We can't take back the PHI we've already shared.

4. **What if you don't want all of your PHI shared?**

You must ask us in writing not to share certain facts about your health. You must tell us the PHI you don't want shared and **who** you don't want us to share your PHI with.

There are other times when we won't share your PHI if you ask us. We'll say OK if we can. But we might not say OK if you are a minor child **or** if we're allowed to share the PHI by law. If we can't say OK, we'll send you a letter that says why.

5. **Your health information Rights**

- You can take back your OK anytime but you must tell us in writing. We can't take back the PHI we've already shared.
- You can see and get copies of your records in paper or if we have them in electronic form, you can get them electronically. You must ask in writing to do so. You may have to pay money for the cost of copying and mailing your copies. If we can't give you the PHI you want, we'll send you a letter that says why.
- You can talk to CoverKids about how we share your PHI.

And you have the right to:

- Ask us in writing not to share certain facts about your health.
- Ask us to not show your PHI in certain records.
 - Ask us to change PHI that's wrong. You must ask in writing and tell us why we need to change it. If we can't make the change, we'll send a letter that says why.
 - Ask us in writing to contact you in a different way or in a different place. If writing or talking to you in place puts you in danger, tell us.
 - Ask us in writing for a list of who we've shared your PHI with.

The list will say who got your health facts for the six (6) years before the date of your request. But, it won't list the times we've shared when you've given us your OK. The privacy rules give other times that won't be on the list. Like when we use PHI:

- ✓ to help you get healthcare, or
- ✓ to help with payment for your care, or
- ✓ to run our program, or
- ✓ to give to law enforcement if we're required by law to do so.

CoverKids' Responsibility to you

CoverKids safeguards your PHI to protect its privacy and security. If your PHI is not safeguarded and it gets out, we have to notify you and federal authorities. But we only have to notify you:

- If the kind of PHI that got out would identify who you are (like your name, your Social Security Number, or your date of birth) or your treatment records,
- Depending on who the person was that used or saw your PHI,
- If anyone actually used or saw your PHI,
- What we did to lessen the risk that your PHI was used.

Requests – ask us in writing

Your requests must be in writing. Be sure you tell us what you're asking us to do. Write your name and CoverKids ID number **or** Social Security Number on your letter. Send your letter to:

**BlueCross BlueShield of Tennessee
The Privacy Office
1 Cameron Hill Circle
Chattanooga, Tennessee 37402-0001**

**Phone: 888-455-3824
Fax: 423-535-1976
E-mail: privacy_office@bcbst.com**

Keep a copy of the letter for your records. Do you have questions? Do you need help making your request? Call CoverKids Member Services at **888-325-8386** for free.

Changes in this Notice

CoverKids' policies and procedures about requests may change without notice. We'll use the policies and procedures we have in place when you make your request.

Federal privacy rules and CoverKids privacy practices may also change. If important changes are made, we'll send you the changes in writing. We have the right to apply the changes to all the health facts we have. Or only to new health facts we get.

Questions or Complaints

We do not allow different treatment in CoverKids. No one is treated in a different way because of race, language, national origin, disability, religion, sex, color, age, or other groups protected by the civil rights laws. You will not be punished if you complain or ask for help. Do you have questions? Do you think your privacy rights have been violated?

Do you think you have been treated differently? Call CoverKids Member Services at **888-325-8386** for free. Or you can write to:

BlueCross BlueShield of Tennessee
The Privacy Office
1 Cameron Hill Circle
Chattanooga, Tennessee 37402-0001
Phone: 888-455-3824

OR U.S. Department of Health and Human Services
Office for Civil Rights
Atlanta Federal Center, Suite 3 B70
61 Forsyth St. SW
Atlanta, GA 30303-8909
Phone: 404-562-7881

Your responsibility to report fraud and abuse

Most CoverKids members and providers are honest. But even a few dishonest people can hurt the CoverKids program. People who lie on purpose to get CoverKids may be fined or sent to jail.

If you find out about a case of fraud and abuse in the CoverKids program, you must tell us about it. But you don't have to tell us your name.

Fraud and abuse for **CoverKids members** can be things like:

- Lying about facts to get or keep CoverKids.
- Hiding any facts so that you can get or keep CoverKids.
- Letting someone else use your CoverKids ID card.
- Selling or giving your prescription medicines to anyone else.

Fraud and abuse for CoverKids providers can be things like:

- Billing CoverKids for services that were never given.
- Billing CoverKids twice for the same service.

To tell us about fraud and abuse, call the **BlueCross BlueShield of Tennessee Confidential Compliance Hotline for free at 888-343-4221.**

Here are some other places that you can call or write to tell us about fraud and abuse:

Agency	Phone	Address
Office of Inspector General (OIG)	800-433-3982 toll-free	Office of Inspector General P.O. Box 282368 Nashville, TN 37228
Tennessee Bureau of Investigation (TBI)	800-433-5454 toll-free	TBI Medicaid Fraud Control Unit 901 R.S. Glass Blvd. Nashville, TN 37216

You can also tell us about fraud and abuse online. Go to <http://tn.gov/tnoig>. Then click on "Report Fraud" on the left hand side of the page.

Part 7: Healthcare Papers You May Need

We do not allow unfair treatment in CoverKids. State and Federal laws protect you from unfair treatment. No one can treat you in a different way because of your:

- Race
- Birthplace
- Sex
- Disability
- Color
- Language
- Religion
- Age

In CoverKids, unfair treatment could mean many things. It could mean someone treated you differently because of one of the things listed above. For example:

- Maybe they didn't let you take part in the same things as other people.
- Maybe you did not get the help you needed to get health care.
- Maybe you did not get the health care that you needed.

Do you think you have been treated unfairly? You may contact any of the places listed below for help. You also have the right to file a complaint. By law, no one can get back at you for filing a complaint.

This is who you can contact if you are treated unfairly under CoverKids:

Is your problem with your:

- **Physical or behavioral health care?**
Then call Blue Cross Blue Shield.
- **Dental care?**
Then call DentaQuest.

The number for each plan is listed in your Member Handbook. Ask to speak with the Non-discrimination Compliance Coordinator.

Health Care Finance and Administration

You can call the Office of Non-discrimination at (615) 507-6474.
You can call the Office of Non-discrimination for free at 855-286-9085.
You can write to:
Office of Non-discrimination
Health Care Finance and Administration
310 Great Circle Road
Nashville, TN 37243

Email: hca.fairtreatment@tn.gov
Fax: (615) 253-2917
TTY/TDD: Toll Free 855-286-9085
For TTY dial 711 and ask for 855-286-9085.

THRC – Tennessee Title VI Compliance Program

You can call 800-251-3589 for free.

You can write to:

Director
312 Rosa Parks Blvd, 23rd Floor
Nashville, TN 37243
Fax: (615) 253-1886

U.S. Email: hca.fairtreatment@tn.gov

Fax: (615) 253-2917

TTY/TDD: Toll Free 855-286-9085

For TTY dial 711 and ask for 855-286-9085.

Department of Health & Human Services - Office for Civil Rights

You can call 800-368-1019 for free.

You can write to:

Regional Manager, Office for Civil Rights

U.S. DHHS

Sam Nunn Atlanta Fed. Center, Suite 16T70

61 Forsyth Street, SW

Atlanta, GA 30303-8909

Fax: (202) 619-3818

TDD: Toll Free 800-537-7679

U.S. Department of Health & Human Services - Office for Civil Rights

You can call 800-368-1019 for free.

You can write to:

U.S. DHHS – Office for Civil Rights Centralized

Case Management Operations

200 Independence Ave., SW – Suite 515F

Washington, DC 20201

Email: ocmail@hhs.gov

Fax: (202) 619-3818

TDD: Toll Free 800-537-7697

Discrimination Complaint Form

We do not allow unfair treatment in CoverKids.

Federal and State laws do not allow CoverKids to treat you differently because of your **race, color, birthplace, disability/handicap, age, sex, religion, or any other group protected by law**. Do you think you have been treated differently for these reasons? Use these pages to report a complaint to CoverKids.

The information marked with a star (*) must be answered. If you need more room to tell us what happened, use other sheets of paper and mail them with your complaint.

1.* Write your name and address.

Name: _____

Address: _____

_____ Zip: _____

Telephone Home: (____) _____ Work or Cell: (____) _____

Email Address: _____

Name of MCO/Health Plan: _____

Name of HCFA Program: _____

2.* Are you reporting this complaint for someone else? Yes ____ No ____

If Yes, who do you think was treated differently because of their **race, color, birthplace, disability/handicap, age, sex, religion, or any other group protected by law?**

Name: _____

Address: _____

_____ Zip: _____

Telephone Home: (____) _____ Work or Cell: (____) _____

How are you connected to this person (spouse, brother, friend)? _____

Name of this person's MCO/Health Plan: _____

3.* How do you think you were you treated in a different way? Was it your:

Race ____ National Origin ____ Color ____ Sex ____ Age ____

Disability ____ Religion ____ Other _____

4. What is the best time to talk to you about this complaint? _____

5.* When did this happen to you? Do you know the date?

Date it started _____ Date of the last time it happened _____

6. Complaints must be reported by 6 months from the date you think you were treated in a different way. You may have more than 6 months to report your complaint if there is a good reason (like a death in your family or an illness) why you waited. _____

7.* What happened? How and why do you think it happened? Who did it? Do you think anyone else was treated in a different way? You can write on more paper and send it in with these pages if you need more room. _____

8. Did anyone see you being treated differently or is there anyone who would have more information about what happened? If so, please tell us his/her:

Name: _____

Address: _____

Telephone: (____) _____

9. Do you have more information you want to tell us about? _____

10.* We cannot take a complaint that is not signed. Please write your name and the date on the line below. Are you the Authorized Representative of the person who thinks they were treated differently? Please sign your name below. As the Authorized Representative, you must have proof that you can act for this person. If the person is less than 18 years old, a parent or guardian should sign for the minor. **Declaration:** *I agree that the information in this complaint is true and correct and give my OK for HCFA to investigate my complaint.*

(Sign your name here if you are the person this complaint is for) (Date)

(Sign here if you are the Authorized Representative) (Date)

Are you reporting this complaint for someone else but you are **not** the person's Authorized Representative? Please sign your name below. **The person you are reporting this complaint for must sign above or must tell his/her health plan/ HCFA Contractor or HCFA that it is okay for them to sign for him/her. Declaration:** *I agree that the information in this complaint is true and correct and give my OK for HCFA to contact me about this complaint.*

(Sign here if you reporting this for someone else) (Date)

Are you a helper from HCFA or the MCO/Health Plan/Contractor assisting the person in good faith with the completion of the complaint? If so, please sign below:

(Sign here if you are either a helper from HCFA or the MCO/Health Plan/Contractor)

(Date)

It is okay to report a complaint to your MCO/Health Plan/ HCFA Contractor or HCFA. Information in this complaint is treated privately. Names or other information about people used in this complaint are shared only when needed. Please mail a signed Agreement to Release Information page with your complaint. If you are filing this complaint on behalf of someone else, have that person sign the Agreement to Release Information page and mail it with this complaint. Keep a copy of everything you send. Please mail the completed, signed Complaint and the signed Agreement to Release Information pages to:

Office of Civil Rights Compliance (OCRC)
310 Great Circle Road; Floor 4W • Nashville, TN 37243

615-507-6474 or for free at **855-857-1673**

Free ♦♦ gratis ♦♦ TRS ♦♦ Call ♦♦ llame ♦♦ 711 ♦♦ Ask ♦♦ preunte 877-779-3103

HCFA.fairtreatment@tn.gov

To get free help in another language call this number:

العربية (Arabic)	800-758-1638
Bosanski (Bosnian)	800-758-1638
كوردی - بادینانی (Kurdish-Badinani)	800-758-1638
كوردی - سورانی (Kurdish- Sorani)	800-758-1638
Soomaali (Somali)	800-758-1638
Español (Spanish)	800-758-1638
Người Việt (Vietnamese)	800-758-1638

Agreement to Release Information

To investigate your complaint, HCFA and your MCO/Health Plan or other HCFA Contractor may need to tell other persons or agencies important to this complaint your name or other information about you. HCFA is made up of these programs:

- TennCare • CoverKids • CoverRX
- Office of eHealth Initiatives • Strategic Planning and Innovation Group

To speed up the investigation of your complaint, read, sign, and mail one copy of this Agreement to Release Information with your complaint. Please keep one copy for yourself.

- I understand that during the investigation of my complaint HCFA and _____ (write name of your MCO/Health Plan or HCFA Contractor on the line) may need to tell people my name or other information about me to other persons or agencies. For example, if I report that my doctor treated me in a different way because of my color, my MCO/Health Plan may need to talk to my doctor.
- You do not have to agree to release your name or other information. It is not always needed to investigate your complaint. If you do not sign the release, we will still try to investigate your complaint. But, if you don't agree to let us use your name or other details, it may limit or stop the investigation of your complaint. And, we may have to close your case. However, before we close your case if your complaint can no longer be investigated because you did not sign the release, we may contact you to find out if you want to sign a release so the investigation can continue.

If you are filing this complaint for someone else, we need that person to sign the Agreement to Release Information. Are you signing this as an Authorized Representative? Then you must also give us a copy of the documents appointing you as the Authorized Representative.

By signing this Agreement to Release Information, I agree that I have read and understand my rights written above. I agree to HCFA telling people my name or other information about me to other persons or agencies important to this complaint during the investigation and outcome.

By signing this Agreement to Release Information, I agree that I have read and understand my rights written above. I agree to my MCO/Health Plan or HCFA Contractor telling people my name or other information about me to other persons or agencies important to this complaint during the investigation and outcome.

This Agreement to Release Information is in place until the final outcome of your complaint. You may cancel your agreement at any time by calling or writing to HCFA without canceling your complaint. If you end the Release Agreement, it only applies to the future sharing of information. This will not change information that has already been shared about you. But we will not share any more information.

Signature: _____ Date: _____

Name (Please print): _____

Address: _____

Telephone: (____) _____

Need help? Please contact or mail a completed, **signed Complaint and a signed Agreement to Release Information form**:

Office of Civil Rights Compliance (OCRC)
310 Great Circle Road; Floor 4W • Nashville, TN 37243
615-507-6474 or for free at 855-857-1673

Free ♦♦ gratis ♦♦ TRS ♦♦ Call ♦♦ llame ♦♦ 711 ♦♦ Ask ♦♦ pregunte 877-779-3103
HCFA.fairtreatment@tn.gov

If you change your mind and want to end the Release Agreement contact OCRC.

To get free help in another language call this number:

العربية (Arabic)	800-758-1638
Bosanski (Bosnian)	800-758-1638
كوردی – بادینانی (Kurdish-Badinani)	800-758-1638
كوردی – سۆرانی (Kurdish- Sorani)	800-758-1638
Soomaali (Somali)	800-758-1638
Español (Spanish)	800-758-1638
Người Việt (Vietnamese)	800-758-1638

Advance Directives

Advance Directives are your written wishes about what you want to happen, if you get too sick to be able to say.

Living Will or Advance Care Plan

Machines and medicine can keep people alive when they otherwise might die. Doctors used to decide how long someone should be kept alive. Under the Tennessee Right to Natural Death Act, you can make your own choice. **You can decide if you want to be kept alive by machines and for how long** by filling out a Living Will. In 2004, Tennessee law changed the Living Will to **Advance Care Plan**. Either one is ok to use.

A Living Will or Advance Care Plan needs to be filled out while you can still think for yourself. These papers tell your friends and family what you want to happen to you, if you get too sick to be able to say.

Your papers have to be signed, and either witnessed or notarized.

If your papers are witnessed, your papers need to be signed in front of two people who will be your witnesses. These people:

- Cannot be related to you by blood or marriage.
- Cannot receive anything you own after you die.
- Cannot be your doctor or any of the staff who work in the place where you get healthcare.

Once they are signed by everyone, it is your rule. It stays like this unless you change your mind.

Tennessee Durable Power of Attorney for Healthcare or Appointment of Healthcare Agent

The Durable Power of Attorney for Healthcare paper lets you name another person to make medical decisions for you. In 2004, Tennessee law changed the Durable Power of Attorney for Healthcare to **Appointment of Healthcare Agent**. Either one is ok to use.

This person can only make decisions if you are too sick to make your own. He or she can say your wishes for you if you can't speak for yourself. Your illness can be temporary.

These papers have to be signed, and either witnessed or notarized. Once the papers are signed by everyone, it is your rule. It stays like this unless you change your mind.

These papers will only be used if you get too sick to be able to say what you want to happen. As long as you can still think for yourself, you can decide about your healthcare **yourself**.

If you fill out these papers, make **3** copies:

- **Give** 1 copy to your PCP to put in your medical file.
- **Give** 1 copy to the person who will make a medical decision for you.
- **Keep** a copy with you to put with your important papers.

Important! You **do not** have to fill out these papers. It is your choice. You may want to talk to a lawyer or friend before you fill out these papers.

ADVANCE CARE PLAN

Instructions: Competent adults and emancipated minors may give advance instructions using this form or any form of their own choosing. To be legally binding, the Advance Care Plan must be signed and either witnessed or notarized.

I, _____, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

Agent: I want the following person to make health care decisions for me:

Name: _____ Phone #: _____ Relation: _____
 Address: _____

Alternate Agent: If the person named above is unable or unwilling to make health care decisions for me. I appoint as alternate:

Name: _____ Phone #: _____ Relation: _____
 Address: _____

Quality of Life:

I want my doctors to help me maintain an acceptable quality of life including adequate pain management. A quality of life that is unacceptable to me means when I have any of the following conditions (**you can check as many of these items as you want**):

- Permanent Unconscious Condition:** I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
- Permanent Confusion:** I become unable to remember, understand or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.
- Dependent in all Activities of Daily Living:** I am no longer able to talk clearly or move by myself. I depend on others for feeding, bathing, dressing and walking. Rehabilitation or any other restorative treatment will not help.
- End-Stage Illnesses:** I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that does not respond anymore to treatment; chronic and/or damaged heart and lungs, where oxygen needed most of the time and activities are limited due to the feeling of suffocation.

Treatment:

If my quality of life becomes unacceptable to me and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. **Checking “yes” means I WANT the treatment. Checking “no” means I DO NOT want the treatment.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>CPR (Cardiopulmonary Resuscitation):</u> To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Life Support / Other Artificial Support:</u> Continuous use of breathing machine. IV fluids, medications, and other equipment that helps the lungs, heart, kidneys and other organs to continue to work.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Treatment of New Conditions:</u> Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Tube feeding/IV fluids:</u> Use of tubes to deliver food and water to patient's stomach or use of IV fluids into a vein which would include artificially delivered nutrition and hydration.

PLEASE SIGN ON PAGE 2

Page 1 of 2

APPOINTMENT OF HEALTH CARE AGENT

(Tennessee)

I, _____, give my agent named below permission to make health care decisions for me if I cannot make decisions for myself, including any health care decision that I could have made for myself if able. If my agent is unavailable or is unable or unwilling to serve, the alternate named below will take the agent's place.

Agent:

Alternate:

Name

Name

Address

Address

City State Zip Code

City State Zip Code

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Home Phone Number

(_____) _____
Area Code Work Phone Number

(_____) _____
Area Code Work Phone Number

(_____) _____
Area Code Mobile Phone Number

(_____) _____
Area Code Mobile Phone Number

Patient's name (please print or type) Date

Signature of patient (must be at least 18 or emancipated minor)

To be legally valid, **either** block A **or** block B must be properly completed and signed.

Block A Witnesses (2 witnesses required)

1. I am a competent adult who is not named above. I witnessed the patient's signature on this form.

Signature of witness number 1

2. I am a competent adult who is not named above. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

Signature of witness number 2

Block B Notarization

STATE OF TENNESSEE
COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the "patient." The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

Signature of Notary Public

Part 8: More information

CoverKids Immunization Schedule

Under CoverKids for children under 19 we cover:

- Regular, periodic visits to the doctor to see if the child is developing normally and to see if he or she has any physical or behavioral health (mental health, alcohol or drug abuse) problems, dental, or other conditions. These visits are called “screenings” (or “screens”) and need to happen according to the American Academy of Pediatrics (AAP) Periodicity Schedule.

For example:

- Children from birth through age 30 months have the right to get 12 screens;
- Children from age 3 through age 11 have the right to get 9 screens
- Children from age 12 through age 18 have the right to get 7 screens
- *In addition, a child has a right to get a “screening” whenever the child is referred to a doctor by someone such as a teacher who notices a change in the child’s health or behavior.
- Screenings include the following:
 - A comprehensive health and development history;
 - A comprehensive, unclothed physical exam;
 - Appropriate immunizations (shots);
 - Appropriate vision and hearing tests;
 - Appropriate laboratory tests;
 - Developmental/behavioral screening (as needed)
 - Health education (advice on how to keep your child healthy)

You also get other services in addition to screening services:

- Treatment, including rehabilitation, for any health problems (physical, mental or developmental) or other conditions discovered during a “screening”. You can also get scheduling assistance for services.
- Regular visits to a dentist for checkups and treatment through DentaQuest;
- Regular, periodic tests of the child’s hearing and eyesight. Includes treatment of any problems with hearing and eyesight;
- Immunizations (shots) for diphtheria, tetanus, pertussis, polio, measles, mumps, rubella (MMR), HIB, influenza, Hepatitis A and B vaccines, varicella, Rotavirus, Human papillomavirus (HPV) and Meningitis, pneumococcal; and
- Routine lab tests. (Note a test for lead in the blood and sickle cell anemia will be done if the child is in a situation that might put him or her at risk for either or both of these things)

- If your child has a high level of lead in his or her blood, lead investigations will be done. If you think that your child has been around things that have a high lead content, such as old paint, tell your doctor; and
- Health education; and
- Other necessary healthcare, diagnostic services, treatment and other measures necessary to correct improve defects or prevent defects from worsening; if your child has physical and mental illnesses and conditions that are found in the screening process, they are treated.
- Basic health education for child and parents is part of the preventive services CoverKids gives you.

Co-payments are not required for preventive services.

Figure 1. Recommended Immunization schedule for persons aged 0 through 18 years – United States, 2016.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs	
Hepatitis B ¹ (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →					[Green bar]							
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis ³ (DTaP; <7 yrs)			1 st dose	2 nd dose	3 rd dose	[Green bar]			← 4 th dose →	[Green bar]		5 th dose					
<i>Haemophilus influenzae</i> type b ¹ (Hib)			1 st dose	2 nd dose	See footnote 4			← 3 rd or 4 th dose → See footnote 4		[Green bar]			[Purple bar]				
Pneumococcal conjugate ¹ (PCV13)			1 st dose	2 nd dose	3 rd dose	[Green bar]		← 4 th dose →		[Green bar]			[Purple bar]				
Inactivated poliovirus ⁶ (IPV; <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →					[Green bar]		4 th dose	[Green bar]				
Influenza ⁷ (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only				
Measles, mumps, rubella ⁸ (MMR)					See footnote 8		← 1 st dose →		[Green bar]			2 nd dose	[Green bar]				
Varicella ⁹ (VAR)							← 1 st dose →		[Green bar]			2 nd dose	[Green bar]				
Hepatitis A ¹⁰ (HepA)							← 2-dose series, See footnote 10 →			[Purple bar]							
Meningococcal ¹¹ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 11									[Purple bar]		1 st dose	[Green bar]	Booster	[Green bar]
Tetanus, diphtheria, & acellular pertussis ¹² (Tdap; ≥ 7 yrs)													[Green bar]	(Tdap)	[Green bar]		
Human papillomavirus ¹³ (2vHPV: females only; 4vHPV, 9vHPV: males and females)													[Purple bar]	(3-dose series)	[Green bar]		
Meningococcal B ¹⁷														See footnote 11			
Pneumococcal polysaccharide ¹ (PPSV23)												See footnote 5					

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
No recommendation

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Legal Definitions

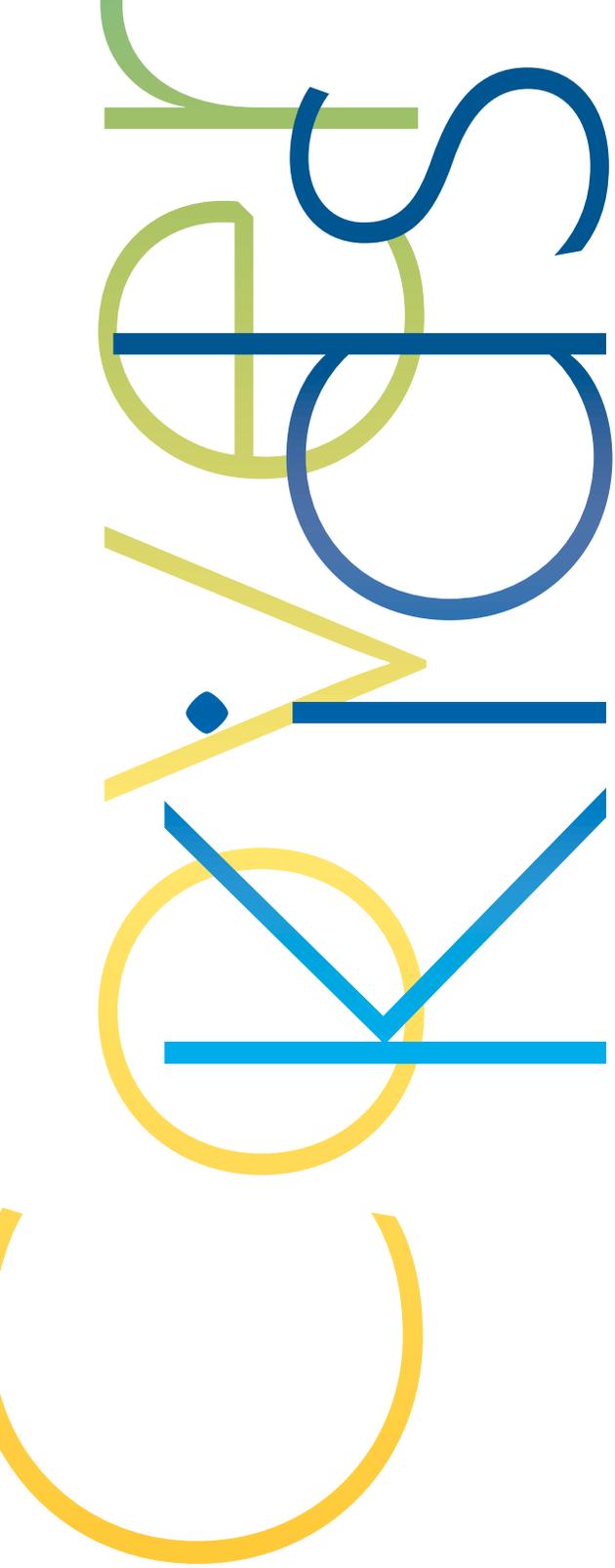
Emergency Medical Condition – a sudden beginning of a medical condition showing itself by acute symptoms of enough severity (including severe pain) so that a careful layperson, with an average knowledge of health and medicine, could reasonably expect not having immediate medical attention to result in:

- a. serious danger to the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child);
- b. serious damage to bodily functions; or
- c. serious dysfunction of any bodily organ or part.

Medically Necessary – To be medically necessary, a medical item or service must satisfy each of the following criteria:

- a. It must be recommended by a licensed physician who is treating the enrollee or other licensed healthcare provider practicing within the scope of his or her license who is treating the enrollee;
- b. It must be required in order to diagnose or treat an enrollee's medical condition;
- c. It must be safe and effective;
- d. It must not be experimental or investigational; and
- e. It must be the least costly alternative course of diagnosis or treatment that is adequate for the enrollee's medical condition.

When applied to the care of the inpatient, it further means that the enrollee's medical condition requires that services cannot be safely provided to the enrollee as an outpatient.



BlueCare Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bcbst.com

BlueCare Tennessee, an Independent Licensee of the
BlueCross BlueShield Association

CKIDS-37 (7/16)
Member Handbook

