

Having problems getting health care or medicine in TennCare?

Use this page **only** to file a

TennCare Medical Appeal.

Need help filing a medical appeal?

- Call **1-800-878-3192** for free.

Fill out **both** pages. These are **facts we must have to work your appeal**. If you don't tell us all the facts we need, we may not be able to decide your appeal. You may **not** get a fair hearing. Need help understanding what facts we need? Call us for free at **1-800-878-3192**. If you call, we can also take your **appeal by phone**.

1. Who is the person that wants to appeal?

Full name _____ Date of birth ____ / ____ / ____

Social Security Number ____ - ____ - ____ Or number on their TennCare card _____

Current mailing address _____

City _____ State _____ Zip Code _____

The name of the person we should call if we have questions about this appeal: _____

A daytime phone number for that person (____) _____ - _____

2. Who filled out this form?

If **not** the person that wants to appeal, tell us your name. _____

Are you a: ___ Parent, relative, or friend ___ Advocate or attorney ___ Doctor or health care provider

3. What is the appeal for? (Place an **X** beside the right answer below.)

___ Want to **change health plans**. (Fill out **Part A** on page 2.)

___ **Need care or medicine**. (Fill out **Part B** on page 2.)

___ Have **bills or paid for care or medicine** you think TennCare should pay. (Fill out **Part C** on page 2.)

4. Do you think you have an emergency?

Usually, your appeal is decided within **90 days** after you file it. But, **if you have an emergency**, you may not be able to wait 90 days. **An emergency means if you don't get the care or medicine sooner than 90 days:**

- You will be at risk of serious health problems or you may die.
- Or, it will cause serious problems with your heart, lungs, or other parts of your body.
- Or, you will need to go into the hospital.

Do you STILL think you have an emergency? If so, you can ask TennCare for an emergency appeal.

Your appeal may go faster if your doctor signs below saying that this appeal is an emergency.

What if your doctor **doesn't** sign below, but **you ask** for an emergency appeal? **TennCare will ask your doctor** if your appeal is an emergency. If **your doctor** says it's **not** an emergency, TennCare will decide your appeal within 90 days. Some kinds of care are **never** treated as an emergency. To get a list of those kinds of care, ask TennCare.

If YOU want to ask TennCare for an EMERGENCY APPEAL, check this box.

Your DOCTOR can read and sign here to ask TennCare for an emergency appeal. I certify under penalty of perjury that I am the treating physician of the patient on behalf of whom this medical appeal is filed and that this appeal is an **emergency**. If this patient is required to wait 90 days for this care, s/he is at risk of serious health problems or death, severe impairment of bodily organs or parts, or hospitalization. I understand that any intentional act on my part to provide false information is considered an act of fraud under the State's TennCare Program & Title XIX of the Social Security Act.

Physician Signature: _____ Date: _____

Tennessee License Number: _____

5. Tell us why you want to appeal this problem. Include any mistake you think TennCare made. And, send copies of any papers that you think may help us understand your problem.

To see which Part(s) you should fill out below, look at number **3** on page 1.

Part A. Want to change health plans. Name of health plan you want _____

Part B. Need care or medicine. What kind - be specific _____

- What's the problem? Can't get the care or medicine at all.
- Can't get as much of the care or medicine as I need.
- The care or medicine is being cut or stopped.
- Waiting too long to get the care or medicine.

Did your doctor prescribe the care or medicine? Yes No If yes, doctor's name _____

Have you asked your health plan for this care or medicine? Yes No If yes, when? _____

What did they say? _____

Did you get a letter about this problem? Yes No If yes, the date of the letter _____

Who was the letter from? _____

Are you getting this care or medicine from TennCare now? Yes No

Do you want to see if you can keep getting it during your appeal? Yes No

Does your doctor say you still need it? Yes No If yes, doctor's name _____

If you keep getting care or medicine during your appeal and you lose, you may have to pay TennCare back.

Part C. Bills for care or medicine you think TennCare should pay for

The date you got the care or medicine _____

Name of doctor, drug store, or other place that gave you the care or medicine _____

Their phone number (____) _____ - _____

Their address _____

Did you **pay for the care or medicine and want to be paid back?** Yes No

If yes, you must send a copy of a **receipt** that proves you paid for the care or medicine.

If you didn't pay, **are you getting a bill?** Yes No If yes, and you think TennCare should pay, you must send a copy of a **bill**. Tell us the date you first got a bill (if you know). _____

How to file your medical appeal **Make a copy of the completed pages to keep.**

Then, **mail** these pages and other facts to: **TennCare Solutions**
P.O. Box 593
Nashville, TN 37202-0593

Or, **fax** it (toll-free) to **1-888-345-5575**. **Keep a copy** of the page that shows your fax went through.

To appeal by **phone**, call **1-800-878-3192** for free.

Have speech or hearing problems? Call our TTY/TDD line for free at 1-866-771-7043.

We do not allow unfair treatment in TennCare.

No one is treated in a different way because of race, color, birthplace, language, sex, age, religion, disability. If you think you've been treated unfairly, call the Family Assistance Service Center for free at **1-866-311-4287**.

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:

- One of 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 health care.

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 Health Care or Appointment of Health Care Agent

The Durable Power of Attorney for Health Care paper lets you name another person to make medical decisions for you. In 2004, Tennessee law changed the Durable Power of Attorney for Health Care to **Appointment of Health Care 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 health care **yourself**.

If you fill out these papers, make 3 copies. Give one copy to your PCP to put in your medical file. Give one copy to the person who will make a medical decision for you. Keep a copy 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.