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TennCare and your health plan, TennCareSelect

Member Handbook
2012

¿Necesita un manual de TennCare en español? Para conseguir un manual en español, llame a TennCareSelect al 1-800-263-5479.

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 5 of this handbook.

We do not allow unfair treatment in TennCare.
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 5 of this handbook.
This page tells you who to call for help with TennCare if you don't speak English.

Kurdish – Badinani

ئەلەکە ئامەنەیە چەندەکەی بەرەنەیەیە، پێکەوتە بەردەوام بە 1-800-758-1638.

Kurdish – Sorani

ئەم نامەیە ژانیاری گرێگەوەیە سەرەتەیە سەرەتەیە، لەگەڵ یارەوتەیە بە یەکەوە بیشترەیە.

Arabic

هذه الرسالة تحوي على معلومات مهمة عن الذين كبر. إذا كنت تحتاج إلى مساعدة فلهم هذه الرسالة.

Somali

Waxaad waqadda war mubin ah oo kusaabsan TennCare. Haddii aad ubaad u baahadda caawimo fahmiidha waxaad, waxa lagu caawin karaa Af-soomaaliga. Waa xagga talooneed kharshaa la 1-800-758-1638.

Bosnian

Ovo pismo sadrži važne podatke o vašem TennCare. Ako vam treba pomoć u razumljenju ovog pisma na Bosanskom/Srpskohrvatskom, zovite 1-800-758-1638. ovaj poziv se ne plaća.

Vietnamese

Là thư này có tüm quan trọng để TennCare cùng bạn. Nếu bạn cần giúp đỡ để hiểu thêm từ thư này, có người nói tiếng Việt sẽ giúp đỡ bạn, xin gọi số 1-800-758-1638.

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Welcome to TennCare and your health plan, TennCareSelect

This is your TennCare member handbook. This handbook tells you how to use your TennCare to get care. TennCare is Tennessee’s program for health care. It works like health insurance to help pay for many health care services.

There are two kinds of TennCare: TennCare Medicaid and TennCare Standard. You have either TennCare Medicaid or TennCare Standard. The difference is in the way that you got your TennCare.

TennCare Medicaid is the kind of TennCare that most people have. The rules for TennCare Medicaid say your income and sometimes your resources have to be looked at. Resources are things that you own or money you have saved.

You also have to be in a certain “group”, like children under age 21 or pregnant women.

In Tennessee, people who get SSI (Supplemental Security Income) benefits get TennCare Medicaid too. You can apply for SSI benefits at the Social Security office.

Some people have TennCare Medicaid and other insurance. Most of the time, that’s ok. The federal government says you can have Medicaid and other insurance as long as you meet the rules for Medicaid. Do you have TennCare Medicaid because you are enrolled in the Breast and/or Cervical Cancer Program? Then you can’t have other insurance, including Medicare, if the insurance covers treatment for breast and/or cervical cancer.

TennCare Standard is the second kind of TennCare. Only certain people qualify for TennCare Standard.

TennCare Standard is for children who are under age 19 who are losing their TennCare Medicaid. When it was time to see if they could keep TennCare Medicaid, they weren’t eligible. But, the TennCare Standard rules say that these children can move to TennCare Standard if they don’t have access to group health insurance. Sometimes they must have a health condition, too.

Having access to other insurance, even Medicare, is not allowed for children who have TennCare Standard.

There is another kind of TennCare Standard for adults age 21 and older called TennCare Standard Spend Down (SSD). It’s called “Spend Down” because to qualify, you use medical bills to “spend down” (or lower) your income. Adults can only apply during certain times of the year and must meet other rules too. It’s ok to have SSD and other insurance, like Medicare, as long as you meet the rules.

Why is it important to know the kind of TennCare you have? Because it helps you know about the kind of TennCare benefits you have. We’ll tell you more about your TennCare benefits later in this handbook.

TennCare sent you a letter to tell you that you have TennCare and what day your TennCare started. If you have questions or problems about your TennCare dates, you can call the Family Assistance Service Center for free at 1-866-311-4287. In the Nashville area, call 743-2000.
IMPORTANT: State law says you must tell TennCare and the Department of Human Services (DHS) about any changes that may affect your TennCare within 10 days of the change. You must also give DHS the proof they need to make the change. Call DHS right away if:

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

**Anytime you move, you must tell TennCare about your new address. Why?** TennCare sends you important information about your TennCare coverage and benefits in the mail. If they don’t have your current address, you may lose your TennCare. Call the Family Assistance Service Center at 1-866-311-4287 to tell TennCare about your new address. In the Nashville area, call 743-2000.

Do you get SSI checks from the Social Security Administration (SSA)? Then you must call your local SSA and give them your new address.

After you call the Family Assistance Service Center or Social Security, call us at 1-800-263-5479 to tell us your new address.

Your TennCare Health Plans

TennCareSelect is your TennCare health plan that helps you get physical or mental health care. We’re sometimes called your Managed Care Organization, or MCO. For questions about getting physical or mental health care, call us at 1-800-263-5479. It’s a free call.

Out TTY/TDD number for hearing impaired members is 1-800-226-1958.
Or you can write to TennCareSelect Claims Service Center, 1 Cameron Circle, Suite 0002, Chattanooga, TN 37402-0002.

Do you have questions about your health? Do you need to know what kind of doctor you should see? Call the Nurse Help Line at 1-800-262-2873. It’s a free call.

Do you need to change your health plan?

Is TennCareSelect the health plan that you asked for? If you need or want to change your health plan, you have 45 days from the day you got your TennCare letter. To change your health plan in the first 45 days, you can fill out the “I Want to Change Health Plans” page that came with your letter about getting TennCare. If you don’t have that page anymore, you can call the TennCare Solutions Unit at 1-800-878-3192 for free. Tell them you just got your TennCare and you want to change your health plan.

After 45 days, it’s harder to change your health plan. Part 4 of this handbook tells you more about changing your health plan after your first 45 days.

- Do you want to change health plans because you’re having problems getting health care or can’t find a doctor? Call us at 1-800-263-5479 for free. We’ll help you fix the problem. You don’t have to change health plans to get the care you need.
- Do you want to change health plans so you can see a doctor that takes a different health plan? First, be sure that all of your doctors will take your new health plan. You’ll only be able to see doctors that take your new plan.
• What if you want to change your health plan but you have an OK from us for care you haven’t gotten yet? If you change your health plan and still need the care, you’ll have to get a new OK from your new plan.

**Pharmacy Health Plan**

If you have prescription coverage through TennCare, your pharmacy health plan is **SXC Health Solutions Corporation**. SXC is also called a Pharmacy Benefits Manager, or PBM.

Watch your mail for your new pharmacy card from SXC. What if you don’t get your new pharmacy card soon? If you need a prescription filled, you can go to the pharmacy anyway.

**Before you go, make sure the pharmacy you use accepts TennCare.** To find out, go to https://tnm.rxportal.sxc.com. Click on “Enrollees” near the top of the page. Then, click on the tab at the top that says “Pharmacy Finder”. Enter your address and/or zip code to find pharmacies near you that accept TennCare. Or, you can call the TennCare pharmacy help desk at 1-888-816-1680.

When you go to the pharmacy tell them you have TennCare. Do you need more help? Do you have questions about your card? Call TennCare’s pharmacy help desk at **1-888-816-1680**.

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

**Dental Health Plan for children**

TennCare only covers dental care for children under the age of 21. TennCare’s dental health plan is **TennDent**. They can help you if you have questions about caring for your or your child’s teeth. To find a TennDent dentist, go to http://www.tenndent.com. Or you can call them at **1-877-418-6886**.

TennCare does **not** cover any dental care, including oral surgery, for adults age 21 and older.

Learn more about dental coverage for children under age 21 in Parts 1 and 2 of this handbook.
Part 1: Using your TennCare Health Plan

Every TennCare Select 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** tells us what part of Tennessee you live in.
- **Primary Care Provider (PCP)** is the person you see for your health care.
- **Effective Date** is the date that you can start seeing your PCP listed on your card.
- **Date of Birth** is your birth date.
- **Co-pays** are what you pay for each health care service. Not everyone has co-pays.
- **Benefit Indicator** is the kind of TennCare benefit package you have. Your benefit package is the kind of services or care TennCare 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 **1-800-263-5479** for a new card. It’s a free call.

If you have questions about TennCare or TennCare Select, you can:

Call us at **1-800-263-5479** or

write to us at: **TennCare Select**  
1 Cameron Hill Circle  
Chattanooga, TN 37402
TennCareSelect Providers – In Network

The doctors and other people and places who work with TennCareSelect are called the Provider Network. All of these providers are listed in a Provider Directory. We sent you a Provider Directory with this handbook. You can also find the list online at vshptn.com. Or you can call us at 1-800-263-5479 to get a list.

To find doctors who speak other languages, you can also check in the TennCareSelect Provider Directory.

You can also find doctors who speak other languages online at vshptn.com.

Since your health plan is TennCareSelect, you must go to doctors who take TennCareSelect so TennCare will pay for your health care.

If you also have Medicare, you don’t have to use doctors who take TennCareSelect. You can go to any doctor that takes Medicare. To find out more about how Medicare works with TennCare see Part 3 of this handbook.

Out of Network

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

But, sometimes TennCare will pay for a doctor who is Out-of-Network. Unless it’s an emergency, you must have an OK first. The next pages tell you about Specialists and Emergencies to find out when you can go to someone who is Out-of-Network.

How to get free language help at your health care 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. Call us or your provider before your appointment so someone can help you with language services.

You can also check in the TennCareSelect Provider Directory to find doctors who speak other languages. You can also find doctors who speak other languages online at vshptn.com.
How to get help with a ride to your health care visits

If you don’t have a way to get to your health care visits, you may be able to get a ride from TennCare.

You can get help with a ride:
- only for services covered by TennCare, and
- only if you don’t have any other way to get there.

If you are a child under the age of 21, you can have someone ride with you.

If you need help with a ride, call us at 1-866-473-7565.

Doctor Visits

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

In TennCareSelect, you will go to one main person for your health care. He or she can be a doctor, a nurse practitioner, or a physician’s assistant. This person is called your Primary Care Provider, or PCP.

The name of your PCP is sometimes listed on the front of your card. What if your card does not list the name of your PCP? Call us at 1-800-263-5479 for the name of your PCP or find out about other PCPs in our network. What if you want to change your PCP? The next page tells you how.

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 1-800-263-5479.

If your PCP is new for you, you should get to know your PCP. Call to get an appointment with your PCP as soon as you can. This is important to do especially if you were getting care or treatment from a different doctor. We want to make sure that you keep getting your care. But even if you feel OK, you should call to get a visit 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 TennCareSelect card ready when you call.
4. Say you are a TennCareSelect member and give them your ID number. Tell your PCP if you have any other insurance.
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.
7. If you need a ride to the appointment and have no other way to get there, TennCareSelect can help you with a ride. Try to call at least one week before your visit. Page 11 tells you more about getting a ride.

**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 TennCareSelect 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 a co-pay if you have one. You can find out more about co-pays in Part 3.

Your PCP will give you most of your health care. Your PCP can find and treat health problems early. He or she will have your medical records. Your PCP can see your whole health care picture. Your PCP will keep 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 TennCareSelect. If your PCP stops working with TennCareSelect, we will send you a letter asking you to find a new PCP. If you do not find a new PCP, we will find one for you so that you can keep getting your care.

**To change your PCP:**

1. Find a new PCP in the TennCareSelect network. To find a new PCP, look in the TennCareSelect Provider Directory, or you can go online at vshptn.com, or you can call 1-800-263-5479.
2. Then call the new PCP to make sure that he or she is in the TennCareSelect provider network. Ask if he or she is taking new patients.
3. If the new PCP is in our network and taking new patients, fill out the PCP Change Request in Part 7 and mail it back to us. Or you can call us at 1-800-263-5479 to tell us the name of your new PCP.

What if you need help finding a new PCP? Call us at 1-800-263-5479. We’ll work with you to find a new PCP who is taking new patients.

**If you change your PCP:**

- We will send you a new TennCareSelect card. It will have the name of your new PCP on it. The effective date on your new card is when we will start paying for visits to your new PCP.
- Any care that was scheduled for you by your old PCP has to be OK’d again by your new PCP. So even if you got a referral to a specialist from your old PCP, you will have to get a new referral from your new PCP.
- What if you are changing PCPs because you changed health plans? You still have to get a new OK for your care from your new PCP.
• And if you are in the middle of a treatment plan, you should call your new PCP right away. Your new PCP needs to know about all of the care you have been getting. He or she can help you to keep getting your care.
Mental Health Care, Alcohol or Substance Abuse Treatment

You do not need to see your PCP before getting mental health care, alcohol or drug abuse treatment. But, you will need to get your care from someone who is in the TennCareSelect Provider Directory. If you’re getting care now, ask your provider if they take TennCareSelect.

A Community Mental Health Agency (CMHA) is one place you can go for mental health care or alcohol or drug abuse treatment. Most CMHAs take TennCare.

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 TennCareSelect card ready when you call to schedule your appointment with your new provider.
3. Say you are a TennCareSelect member and give your ID number. If you have any other insurance, tell them.
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.
6. If you need a ride to the appointment and have no other way to get there, TennCareSelect can help you with a ride. Try to call at least one week before your visit. Page 11 tells you more about getting a ride.

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 TennCareSelect ID card with you. Your provider may make a copy of it. If you have any other insurance, take that ID card with you, too.
4. Pay a co-pay if you have one. You can find out more about co-pays in Part 3.

If you need help finding alcohol and drug abuse treatment, call us at 1-800-263-5479. Or, if you have questions about alcohol and drug abuse treatment, call us at 1-800-263-5479. It’s a free call.
Specialists

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 called an oncologist, who treats cancer. There are many kinds of specialists.

Your PCP may send you to a specialist for care. This is called a referral. If your PCP wants you to go to a specialist, he or she will set up the appointment with the specialist for you.

If the specialist is not in our Provider Network, your PCP 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 cannot go to a specialist without your PCP’s referral. We will only pay for a specialist visit if your PCP sends you.

But, 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 an OB/GYN specialist. The women’s health specialist must still be in the TennCareSelect Provider Directory. More information about women’s health care is in Part 2 of this handbook.

And remember, you do not have to see your PCP first to see a mental health provider.

Hospital Care

If you need hospital care, your PCP will set it up for you.

You must have your PCP’s OK to get hospital care.

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

Emergencies – Physical Health

Always carry your TennCareSelect card so in case of an emergency, doctors will know that you have TennCare. You can get emergency health care 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
- Headache, unless it is very bad and like you’ve never had before
- Arthritis
If you think you have an emergency, go to the nearest hospital Emergency Room (ER). If you have to, 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 that it is an emergency, call your PCP. You can call your PCP anytime. Your PCP can help you get emergency care if you need it.

But 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, you must tell your PCP. Your PCP needs to know about the emergency to help you with the follow-up care later. **You must call your PCP within 24 hours of getting emergency care.**

**Mental Health Emergencies**

You can get help for a mental 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 mental health 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 1-855-CRISIS-1 (or 1-855-274-7471) right away. These calls are free.

Or, you can call your provider. Your provider can help you get emergency care if you need it. TennCare 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 1-855-CRISIS-1 (or 1-855-274-7471)**. 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 mental health 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 1-866-791-9226
  - Rural West Tennessee at 1-866-791-9227
  - Rural Middle Tennessee at 1-866-791-9222
  - Nashville Region at 1-866-791-9221
  - Upper Cumberland Region at 1-866-791-9223
  - Knoxville Region at 1-866-791-9224
  - Southeast Tennessee at 1-866-791-9225
  - Northeast Tennessee at 1-866-791-9228

Youth Villages offers statewide crisis services for children under age 18. If you go to the ER, someone from Youth Villages may come help evaluate your child for care.

If you have problems reaching someone at the number listed for your area, call **1-800-263-5479**.
We will help you. You can also call 911. These calls are free.

Always carry your TennCareSelect card so in case of an emergency, doctors will know that you have TennCare.

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, you must tell your provider. Your provider needs to know about the emergency to help you with follow-up care later. **You must 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. You can go to a hospital that is Out-of-Network if you have to. Go to the nearest ER, or call 911. If you have a mental health emergency, you can call **Mental Health Crisis Services** for free at 1-855-CRISIS-1 (or 1-855-274-7471). You must still call your PCP and health plan within 24 hours of getting the emergency care away from home.

Show your TennCareSelect card when you get the emergency care. Ask the ER to send the bill to TennCareSelect. 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 **1-800-263-5479** and tell us you had to pay for your health care or that you have a bill for it. We will work with you and the provider to put in a claim for your care.

**Important: TennCare and TennCareSelect will pay for emergencies away from home that are inside the United States only.**
### Part 2: Services that TennCare pays for

#### Benefit Packages

As we described earlier in this handbook, there are different kinds of TennCare. This also means there are different health care services for the different groups of TennCare members.

The card you received will have a Benefit Indicator on the front that tells you what group of services you get. Your Benefit Indicator may be different than other members in your family. If your card does **not** have a Benefit Indicator on the front, you can find out what group of services you have from the charts below. Or, call us **1-800-263-5479.**

### Children under age 21

**Go to pages 20 and 21 for the list of benefits groups A and H.**

<table>
<thead>
<tr>
<th>Benefit Indicator</th>
<th>Description of Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>• Child under age 21</td>
</tr>
<tr>
<td>H</td>
<td>• Child under age 21 who also has Medicare</td>
</tr>
</tbody>
</table>

### Adults age 21 and older with TennCare Medicaid

**Go to pages 22 and 23 for the list of benefits for groups B, E, and J.**

<table>
<thead>
<tr>
<th>Benefit Indicator</th>
<th>Description of Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>• Over age 21</td>
</tr>
<tr>
<td>E</td>
<td>• Over age 21 and participates in a State MR waiver for persons with intellectual disabilities</td>
</tr>
<tr>
<td>J</td>
<td>• Over age 21 and is enrolled in TennCare CHOICES in Long-Term Care</td>
</tr>
</tbody>
</table>

### Adults age 21 and older with TennCare Medicaid and Medicare

**Go to pages 24 and 25 for the list of benefits for groups F, G, and K.**

<table>
<thead>
<tr>
<th>Benefit Indicator</th>
<th>Description of Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>• Over age 21 who also has Medicare</td>
</tr>
<tr>
<td>G</td>
<td>• Over age 21, participates in a State MR waiver for persons with intellectual disabilities, and has Medicare</td>
</tr>
<tr>
<td>K</td>
<td>• Over age 21, enrolled in TennCare CHOICES in Long-Term Care, and has Medicare</td>
</tr>
</tbody>
</table>

### Adults age 21 and older with TennCare Standard

**Go to pages 26 for the list of benefits for groups C and D.**

<table>
<thead>
<tr>
<th>Benefit Indicator</th>
<th>Description of Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>• Over age 21</td>
</tr>
<tr>
<td>D</td>
<td>• Over age 21 and is enrolled in Standard Spend Down</td>
</tr>
</tbody>
</table>

The groups of services are marked A to K. You can find a list of services for each group on the next pages. Some of the services have limits. This means that TennCare will pay for only a certain number. The services that are listed as **medically necessary** mean that you can have those services if your doctor, health plan, and TennCare all agree that you need them.
If you have questions about what your physical health or mental health care services are, call us at 1-800-263-5479. Or call the Family Assistance Service Center at 1-866-311-4287.
### Benefits for Children under age 21

There are **2 different benefit packages for children** under age 21. Look at your child’s TennCare card to find out which benefit package your child has.

All TennCare covered services must be medically necessary, as defined in the TennCare rules. The definition of medically necessary is in Part 8 of this handbook. For more information on Covered Services and Exclusions, go to www.tn.gov/sos/rules/1200/1200-13/1200.13.htm.

#### Benefit Packages A and H (Children under age 21)

<table>
<thead>
<tr>
<th>TennCare Services</th>
<th>A</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>CHOICES benefits (Nursing Facility care and certain Home and Community Based Services, HCBS)</td>
<td>Nursing Facility care is Covered &lt;br&gt;<code>HCBS is not covered</code></td>
<td>Nursing Facility care is covered but Medicare is primary &lt;br&gt;<code>HCBS is not covered</code></td>
</tr>
<tr>
<td>Community health clinic services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Dental services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Durable medical equipment (DME)</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Emergency air and ground ambulance</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Early Periodic Screening Diagnosis and Treatment (EPSDT for children under age 21) (TennCare Medicaid)</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Home health services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Hospice care</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Inpatient and outpatient substance abuse benefits</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Inpatient hospital services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Lab and X-ray services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Medical supplies</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Mental health case management</td>
<td>Covered</td>
<td>Covered. &lt;br&gt;This care is not covered by Medicare.</td>
</tr>
<tr>
<td>Mental health crisis services</td>
<td>Covered</td>
<td>Covered. &lt;br&gt;This care is not covered by Medicare.</td>
</tr>
<tr>
<td>Non-emergency transportation</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Nursing facility care (CHOICES)</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Organ transplant and donor procurement</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Outpatient hospital services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Outpatient mental health services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Pharmacy services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Physical exams and checkups, diagnostic and treatment services (TennCare Standard)</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Physical therapy services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Physician services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
</tbody>
</table>

*Continued on next page*
<table>
<thead>
<tr>
<th>TennCare Services</th>
<th>A</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private duty nursing</td>
<td>Covered</td>
<td>Covered. This care is not covered by Medicare.</td>
</tr>
<tr>
<td>Psychiatric inpatient facility services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Psychiatric rehabilitation services</td>
<td>Covered</td>
<td>Covered. This care is not covered by Medicare.</td>
</tr>
<tr>
<td>Psychiatric residential treatment services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Reconstructive breast surgery</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Renal dialysis services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Speech therapy services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
<tr>
<td>Vision services</td>
<td>Covered</td>
<td>Covered, but Medicare is primary.</td>
</tr>
</tbody>
</table>
**Benefits for adults age 21 and older**

There are 8 different benefit packages for adults age 21 and older who have TennCare. Look at your TennCare card to find out which benefit package you have.

All TennCare covered services must be medically necessary, as defined in TennCare rules. The definition of medically necessary is in Part 8 of this handbook. For more information on Covered Services and Exclusions, go to [www.tn.gov/sos/rules/1200/1200-13/1200.13htm](http://www.tn.gov/sos/rules/1200/1200-13/1200.13htm).

### Benefit Packages B, E, and J (Adults age 21 and older with TennCare Medicaid)

<table>
<thead>
<tr>
<th>TennCare Services</th>
<th>B</th>
<th>E</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic services</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Community health clinic services</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>CHOICES benefits (Nursing Facility care and certain Home and Community Based Services, HCBS)</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Covered (See the CHOICES section starting in Part 6 for more information)</td>
</tr>
<tr>
<td>Dental services</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Durable medical equipment (DME)</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Emergency air and ground ambulance</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Home health services</td>
<td>Covered with limits (See “Care with limits” starting on page 27 for limit details)</td>
<td>Covered with limits (See “Care with limits” starting on page 27 for limit details)</td>
<td>Covered with limits (See “Care with limits” starting on page 27 for limit details)</td>
</tr>
<tr>
<td>Hospice care</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Inpatient and outpatient substance abuse services</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Inpatient hospital services</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Lab and x-ray services</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Medical supplies</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Mental health case management</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Mental health crisis services</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Non-emergency transportation</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Organ transplant and donor procurement</td>
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<td>Covered</td>
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<tr>
<td>Outpatient hospital services</td>
<td>Covered</td>
<td>Covered</td>
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</tr>
<tr>
<td>Outpatient mental health services</td>
<td>Covered</td>
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</table>

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<table>
<thead>
<tr>
<th>TennCare Services</th>
<th>B</th>
<th>E</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy services</td>
<td>Covered with limits&lt;br&gt;See “Care with limits”&lt;br&gt;starting on page 27 for limit details</td>
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<td>Covered – no limit</td>
</tr>
<tr>
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<td>Covered</td>
<td>Covered</td>
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</tr>
<tr>
<td>Physician services</td>
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<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Private duty nursing</td>
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<td>Covered with limits&lt;br&gt;See “Care with limits”&lt;br&gt;starting on page 27 for limit details</td>
<td>Covered with limits&lt;br&gt;See “Care with limits”&lt;br&gt;starting on page 27 for limit details</td>
</tr>
<tr>
<td>Psychiatric inpatient facility services</td>
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<tr>
<td>Psychiatric rehabilitation services</td>
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<tr>
<td>Psychiatric residential treatment services</td>
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<td>Speech therapy services</td>
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</tr>
<tr>
<td>Vision services</td>
<td>Covered with limits&lt;br&gt;See “Care with limits”&lt;br&gt;starting on page 27 for limit details</td>
<td>Covered with limits&lt;br&gt;See “Care with limits”&lt;br&gt;starting on page 27 for limit details</td>
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</table>
### Benefit Packages F, G, and K (Adults with TennCare Medicaid and Medicare)

<table>
<thead>
<tr>
<th>TennCare Services</th>
<th>F</th>
<th>G</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic services</td>
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<td>Not Covered, but Medicare covers this benefit</td>
<td>Not Covered, but Medicare covers this benefit</td>
</tr>
<tr>
<td>Community health clinic services</td>
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<td>Covered, but Medicare is primary</td>
<td>Covered, but Medicare is primary</td>
</tr>
<tr>
<td>CHOICES benefits (Nursing Facility care and certain Home and Community Based Services, HCBS)</td>
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<td>Not Covered</td>
<td>Covered, but Medicare is primary; See the CHOICES section in Part 6 for more information</td>
</tr>
<tr>
<td>Dental services</td>
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<tr>
<td>Durable medical equipment (DME)</td>
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<td>Covered, but Medicare is primary</td>
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<tr>
<td>Emergency air and ground ambulance</td>
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<td>Covered, but Medicare is primary</td>
</tr>
<tr>
<td>Home health services</td>
<td>Covered with limits Medicare is primary See “Care with limits” starting on page 27 for limit details</td>
<td>Covered with limits Medicare is primary See “Care with limits” starting on page 27 for limit details</td>
<td>Covered with limits Medicare is primary See “Care with limits” starting on page 27 for limit details</td>
</tr>
<tr>
<td>Hospice care</td>
<td>Covered, but Medicare is primary</td>
<td>Covered, but Medicare is primary</td>
<td>Covered, but Medicare is primary</td>
</tr>
<tr>
<td>Inpatient and outpatient substance abuse services</td>
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<td>Inpatient hospital services</td>
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</tr>
<tr>
<td>Lab and x-ray services</td>
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<td>Medical supplies</td>
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<td>Covered, but Medicare is primary</td>
</tr>
<tr>
<td>Mental health case management</td>
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<tr>
<td>Non-emergency transportation</td>
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<td>Covered, but Medicare is primary</td>
</tr>
<tr>
<td>Occupational therapy</td>
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<td><strong>Continued on next page</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TennCare Services</td>
<td>F</td>
<td>G</td>
<td>K</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>Organ transplant and donor procurement</td>
<td>Covered, but Medicare is primary</td>
<td>Covered, but Medicare is primary</td>
<td>Covered, but Medicare is primary</td>
</tr>
<tr>
<td>Outpatient hospital services</td>
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## Benefit Packages C, and D (Adults age 21 and older with TennCare Standard)

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<tr>
<th>TennCare Services</th>
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<td>Chiropractic services</td>
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<tr>
<td>Community health clinic services</td>
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<td>CHOICES benefits (Nursing Facility care and certain Home and Community Based Services, HCBS)</td>
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<td>Dental services</td>
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<td>Durable medical equipment (DME)</td>
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<td>Emergency air and ground ambulance</td>
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<td>Home health services</td>
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<td>Inpatient and outpatient substance abuse services</td>
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<td>Inpatient hospital services</td>
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<td>Lab and x-ray services</td>
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<td>Medical supplies</td>
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<td>Mental health case management</td>
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<td>Mental health crisis services</td>
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<td>Non-emergency transportation</td>
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<td>Occupational therapy</td>
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<td>Organ transplant and donor procurement</td>
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<td>Outpatient hospital services</td>
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Care with limits

Prescription medicine and how the TennCare Pharmacy Program works:

<table>
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<th>Important if you have Medicare:</th>
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<tr>
<td>Are you an adult age 21 or older and have Medicare?</td>
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<tr>
<td>You get your prescription medicine from Medicare Part D, not from TennCare or SXC.</td>
</tr>
<tr>
<td>Are you a child under age 21 and have Medicare?</td>
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<tr>
<td>You get most of your prescription medicine from Medicare Part D. TennCare does not pay the co-pay for the medicines Medicare Part D covers. TennCare will only pay for your prescription medicines if:</td>
</tr>
<tr>
<td>▪ It’s a kind of medicine that TennCare covers.</td>
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<tr>
<td>▪ And, it’s a kind of medicine that Medicare doesn’t cover.</td>
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<tr>
<td>Part 3 of this handbook tells you more about how TennCare works with Medicare.</td>
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TennCare has a list of prescription medicines called a Preferred Drug List, or PDL. The PDL is a list of medicines that TennCare covers.

**Helpful Tip:** Ask your doctor to prescribe medicines that are on the PDL.

There are brand name medicines and generic medicines on the Preferred Drug List. A generic is like a brand name medicine. It works the same, but usually costs less. Most TennCare adults have co-pays for brand name medicines. There are no co-pays for generic medicines. You can find more about co-pays in Part 3.

**Helpful Tip:** Ask your doctor to prescribe generic medicines whenever he or she can.

You can get many of these medicines at your pharmacy with just a prescription from your doctor. But, some of these medicines must have an OK from SXC before you can get them. This OK is called a Prior Authorization, or PA. Your doctor must ask for a PA for some of the medicines on the list. Sometimes your doctor can change your prescription to a medicine that doesn’t need a PA. But if your doctor says you need that medicine, he or she must ask for a PA.

**Helpful Tip:** Ask your doctor if your prescription needs a PA.

Most adults who have TennCare have a limit of how many prescriptions TennCare will pay for each month. TennCare Medicaid will only pay for 5 prescriptions or refills each month. And only 2 of the 5 prescriptions can be brand name medicines. That means that at least 3 must be generic. TennCare will start counting your prescriptions and refills on the first day of each month. This limit includes prescriptions for physical health care and mental health care or alcohol or drug abuse.

**Helpful Tip:** Ask your doctor if you need all the medicine you’re taking if it’s more than your limit. And, you can ask your drug store to help you pick the medicines that cost the most. Each month, get those filled first so TennCare will pay for them.
There is a list of medicines that do not count against your limit. It is called the **Exempt List**.

It’s called the **Exempt List** because the medicines are exempt from (they don’t count) against your limit. (Drug stores call it the “Auto Exemption” list.) After you’ve gotten 5 prescriptions or 2 brand name prescriptions in 1 month, you can still get medicines on the Exempt List.

The list may change. But, TennCare and your drug store will make sure that medicines on the most current list **don’t** count against your limit. Need to find out if medicine you take is on that list? You may want to ask your doctor or drug store.

If you want to see the most current list, you can use the internet. Go to the TennCare website at [http://www.tn.gov/tenncare/mem-pharmacy.html](http://www.tn.gov/tenncare/mem-pharmacy.html). Then, click on **Exempt List**. Or, call the Family Assistance Service Center at **1-866-311-4287**. Ask them to mail you a copy.

**Helpful Tip:** Ask your doctor or drug store to find out if your medicine is on the **Exempt List**.

There’s another list of medicines called the **Over the Limit List**. After you’ve reached your monthly limit (of 5 prescriptions or 2 brand name prescriptions), your doctor can get TennCare’s OK to pay for prescriptions on this list. (Drug stores may call it the “Prescriber Attestation” list.)

To get an **Over the Limit OK**, all of these things must be true:

- The medicine must be **on the Over the Limit list**.
- And, your **doctor must call your TennCare pharmacy plan to ask for an Over the Limit OK**.
- And, your **doctor must sign an OK page from your TennCare pharmacy plan and fax it back** within 3 business days (not counting weekends or holidays).

**What if it’s a medicine on the Over the Limit list that you only need one time?** The page your doctor must sign says if you don’t get this medicine, one of these things will probably happen in the next 90 days:

1. You will need to go into the hospital.
2. Or, you won’t be able to live at home anymore. (You’ll have to go to a nursing home.)
3. Or, you may die.

If your doctor faxes the signed page back to your pharmacy health plan, you’ll get an OK to go over your limit for this medicine one time. If you need the medicine again, your doctor must get another **Over the Limit OK**.

**What if it’s a medicine on the Over the Limit list that you need to keep getting for a long time?** The page your doctor must sign says you must get this medicine and all the other medicines TennCare pays for **each** month. It says that if you don’t, one of these things will probably happen in the next 90 days:

1. You will need to go into the hospital.
2. Or, you won’t be able to live at home anymore. (You’ll have to go to a nursing home.)
3. Or, you may die.
If your doctor faxes the signed page back to your pharmacy health plan, you’ll get an OK to over your limit for this medicine. That **Over the Limit OK** will last until your prescription runs out (but no more than 1 year).

**Important:** Some medicines need TennCare’s OK even **before** you go over your limit. That’s a different kind of OK called a **Prior Authorization** or **PA OK**. Medicines on the **Over the Limit** list may need a **PA OK** too. If so, you’ll need both OKs to get a medicine on the **Over the Limit list**. Your doctor can help you get both OKs if you need them.

What if a medicine on the **Over the Limit list** needs a **PA OK** and you **don’t** have one? Then, TennCare still **won’t** pay for the medicine. If your doctor asks for a **PA OK** and we turn you down, we’ll send you a letter that says why. It will say how to appeal if you think we made a mistake.

The **Over the Limit list** may change. To find out if a medicine is on the list, you can talk to your doctor or drug store. Or, if you want to see the most current list, you can use the internet. Go to the TennCare website at [http://www.tn.gov/tenncare/mem-pharmacy.html](http://www.tn.gov/tenncare/mem-pharmacy.html). Then, click on “**Over the Limit**” list. Or, call the Family Assistance Service Center at **1-866-311-4287**. In the Nashville area, call **743-2000**. Ask them to mail you a copy.

If you have questions about your TennCare prescription coverage or SXC card, call TennCare’s pharmacy help desk at **1-888-816-1680**. It’s a free call.

**If you have questions about your prescription medicines, call your doctor first.** If you have problems getting your prescription medicines, see Part 4 of this handbook.
Private Duty Nursing and Home Health Services
Private duty nursing and home health services are covered as medically necessary for children under the age of 21. But, these services work differently for adults age 21 or older. The limits listed on the next two pages are only for adults age 21 or older.

Private Duty Nursing
TennCare will not cover Private Duty Nursing (PDN) services for adults age 21 or older unless:
- You are ventilator dependent for at least 12 hours each day.
- Or, you have a functioning tracheotomy and need certain other kinds of nursing care too.

For your safety, to get Private Duty Nursing, you must have a relative or other person who can:
- Care for you when the private duty nurse is not with you
- And take care of your other non-nursing needs.

If you qualify for PDN, your nurse will only be able to go with you to doctor’s appointments, school and work. Even though your nurse may go with you to these places, your nurse cannot drive you there. TennCare rules say your nurse can’t drive you anywhere.

People who don’t qualify for Private Duty Nursing may still be able to get care at home. This care is called Home Health Care.

Home Health Care
There are limits on the amount of Home Health Nurse and Home Health Aide Care you can get.

Part-time and intermittent Home Health Nursing Care
A home health nurse is someone who can visit you at home to provide medical care. TennCare will only pay for:
- Up to 1 nurse visit each day
- Each visit must be less than 8 hours long
- And, no more than 27 hours of nursing care each week (30 hours each week if you qualify for care in a skilled nursing home)

Home Health Aide Care
A home health aide is someone to help you with certain things you can’t do alone (like eat or take a bath). TennCare will only pay for:
- Up to 2 home health aide visits each day
- No more than 8 hours of home health aide care each day
- And, no more than 35 hours a week of home health care (40 hours each week if you qualify for care in a skilled nursing home)

What if you need both Home Health Nursing and Aide care?
TennCare will only pay for:
- Up to 1 nurse visit per day
- Up to 2 home health aide visits per day
- No more than 8 hours of nursing and home health aide care combined each day
- No more than 27 hours of nursing care each week (30 hours per week if you qualify for care in a skilled nursing home)
- No more than 35 hours of nursing and home health aide care combined each week (40 hours per week if you qualify for care in a skilled nursing home)
TennCare will **only** pay for nursing services if you need care that can only be given by a nurse (care that can’t be given by an aide). This is care like tube feeding or changing bandages. TennCare **won’t** pay for a nurse if the only reason you need a nurse is because you **might** need to take medicine. The nurse will **only** stay with you as long as you need nursing care.

**TennCare CHOICES in Long-Term Care Program**
TennCare CHOICES in Long-Term Care (or “CHOICES” for short) is TennCare’s program for long-term care services. Long-term care includes help doing everyday activities that you may no longer be able to do for yourself as you grow older, or if you have a disability—like bathing, dressing, getting around your home, preparing meals, or doing household chores. Long-term care services include care in a nursing home. Long-term care also includes care in your own home or in the community that may keep you from having to go to a nursing home for as long as possible. These are called **Home and Community Based Services or HCBS**. More information about CHOICES is found in Part 6 of this handbook.

**Vision Services**
For adults age 21 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 TennCare Services

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

Case management is a way that we help you get the care you need if you have many health problems. A case manager is someone who works for your health plan and can help you get all of the care that you need. He or she will work with you and your doctors to make sure all of your care works together.

You may be able to have a case manager if you:
- Go to the ER a lot, or if you have to go into the hospital a lot, or
- Need health care before or after you have a transplant, or
- Have a lot of different doctors for different health problems

To see if you can have a case manager, you (or someone for you) can call TennCareSelect Case Management at 1-800-225-8698.

Disease management is another way we can help you manage difficult health problems. Disease management is for people health problems like:
- Diabetes
- Congestive heart failure
- Chronic obstructive pulmonary disease
- Major Depression

A disease management specialist will provide you with support as you learn healthy habits to help manage your condition(s).

For help with disease management, call TennCareSelect Disease Management at 1-800-225-8698.

Hospice Care
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 1-800-225-8698.

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 1-800-263-5479 to get this paper.
You have to 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.

**Abortion** is the medical treatment that ends a pregnancy.

TennCare pays for this treatment only if:
- You are pregnant because of rape or incest, or
- You have a 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.

A **hysterectomy** is medical surgery that removes reproductive organs. Even though this surgery makes you not able to have children, the reason for a hysterectomy is to fix other medical problems.

TennCare pays for this treatment **only if it is medically necessary**. TennCare will not pay for this treatment if you have it just so that you won’t have children.

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.

**Non-Covered Services**

Here is a general list of some services that are **not** covered for anyone by TennCare. You can find a **full** list of services that TennCare will not pay for, online in the TennCare rules at [http://www.tn.gov/tenncare/](http://www.tn.gov/tenncare/). Or, you can call us at **1-800-263-5479** 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. Any medical or mental health treatment outside of the United States.
8. Autopsy or necropsy.
9. Physical exams that a new job says you need.
10. Any medical or mental health treatment if you are in local, state, or federal jail or prison.
11. Services that are covered by workers compensation insurance.
12. Services that you got before you had TennCare or after your TennCare ends.
13. Personal hygiene, luxury, or convenience items.
15. Services mainly for convalescent care or rest cures.
16. Foot care for comfort or appearance, like flat feet, corns, calluses, toenails.
17. Transsexual surgery and any treatment connected to it.
18. Radial keratotomy or other surgery to correct a refractive error of the eye.
19. Services given to you by someone in your family or any person that lives in your household.
20. Medicines for:
   - hair growth
   - cosmetics
   - controlling your appetite
   - treatment of impotence
   - treatment of infertility

21. 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 21 but not for adults.

Services that are not covered for adults include:
1. Over the counter medicine (except prescribed pre-natal vitamins)
2. Medicine to treat acne and rosacea
3. Dental Services
4. Methadone clinic services
5. Eyeglasses, contact lens or eye exams for adults age 21 and older. But if you had cataract surgery, your first pair of cataract glasses or contact lens/lenses is covered.
6. Hearing aids or exams for your hearing for adults age 21 and older.
Preventive Care – care that keeps you well

TennCare covers preventive care for adults and children. **Preventive care** helps to keep you well and catches health problems early. Even if you have co-pays for your health care, you will not have co-pays for preventive care.

Some preventive care services are:
- Checkups for adults and children
- Care for women expecting a baby
- Well baby care
- Shots and tests
- Birth control information

Preventive Care for Adults

**You can do some things for yourself to stay healthy:**
- Stay active
- Eat right
- Exercise
- Don’t smoke
- Don’t drink alcohol or take drugs
- Do self-examinations
- Take medicine just as your doctor says
- Get regular checkups

You can go to your PCP for a check up to help you stay healthy. Your PCP may want to do tests to make sure you are OK. Some of these tests are for:
- Cholesterol
- Blood sugar
- Colon and rectal cancer
- Bone hardness (osteoporosis)
- Thyroid
- STDs (sexually transmitted diseases)
- HIV and AIDS
- Heart problems (EKG tests)
- TB (tuberculosis)
- Well-woman checkups (pap smears and mammogram)

You can get shots at your check up too. These shots are called **vaccinations**. Some of these shots may be for:
- Tetanus
- Hepatitis B
- Pneumonia
- Flu
- Measles
- Mumps
Women’s Health and Pregnancy

Well-woman checkups
TennCare covers some health care services that are special for women. These are “well-woman” checkups that help to keep you healthy. This kind of care is called preventive care. There are no co-pays for well-woman checkups.

If you are sexually active, you should have a pap smear every 1 to 3 years. A pap smear is a screening test to check for cervical cancer and other problems.

Starting at age 40, women should also have a mammogram every 1 to 3 years. A mammogram is an X-ray of the breast. It is used to check for breast cancer and other problems.

Sometimes if you have family members who have had cervical or breast cancer, your doctor may want you to start having pap smears and mammograms earlier, to make sure you are OK.

You can get well-woman checkups 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 the TennCare Select Provider Directory so that TennCare will pay for the services.

Pregnancy

If you are pregnant, you should get health care now, so that you have a safer delivery. Health care while you are pregnant 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 health 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 the TennCare Select Provider Directory so that TennCare 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 TennCare, you can still see that doctor to get your care. But, he or she has to say OK to the amount that TennCare pays. Call TennCare Select at 1-800-263-5479 to find out if you can still see this doctor. We may ask you to change to an OB/GYN doctor who is in the TennCare Select Provider Directory if it is safe to change.

You should 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. Be sure to take the vitamins that your doctor tells you to take. Don’t smoke or drink alcohol while you are pregnant.
If your doctor prescribes medicine for pregnancy problems for you, you do not have to pay a co-pay for it at the drug store. But, you have to tell the pharmacist that you are pregnant so he will not charge you a co-pay.

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.

You must find a PCP for your baby. It is a good idea to choose a PCP for your baby before he or she is born. The baby’s doctor must be in the TennCare Select Provider Directory for TennCare to pay for health care services. Your baby should have a check up by the PCP soon after birth. Call the doctor ahead of time to make the appointment for your baby’s check up. Well-baby checkups are part of TENNderCare. Read more about TENNderCare on the next pages.

TennCare will cover your baby when he or she is born. But you must tell the Department of Human Services (DHS) about your baby as soon as possible so that you can make sure he or she gets on TennCare.

Here is what you should do to make sure your baby gets on 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 DHS about your baby as soon as you can. Call them at 1-866-311-4287. In the Nashville area, call 743-2000. Or, you can go to your local DHS office to tell them about your baby. Tell them that you have filled out papers for the baby’s Social Security number.

- When you get your baby’s Social Security card in the mail, call DHS again. Give them your baby’s Social Security number. If you don’t tell DHS your baby’s Social Security number, your baby may lose TennCare.

It is important to do these things before your baby is one month old, if possible.

Preventive Care for Children

TENNderCARE - health care for your child and teen
Check In, Check Up, and Check Back!

TENNderCare is the name for TennCare’s program to keep children healthy. It used to be called EPSDT (Early Periodic Screening, Diagnosis and Treatment).

Every child and teen needs regular health checkups, even if they seem healthy. These visits help your doctor find and treat problems early.

In TENNderCare, checkups for children are free until they reach age 21.
TENNderCare also pays for all medically necessary care and medicine to treat problems found at the check up. This includes medical, dental, speech, hearing, vision, and behavior or mental health problems.

If your child hasn’t had a check up lately, call your PCP today for an appointment. Ask for a TENNderCare check up. You can go to the PCP or the Health Department to get TENNderCare checkups.

If someone else, like your child’s teacher, is worried about your child’s health, you can get a TENNderCare check up for your child.

TENNderCARE checkups include:
- health history
- complete physical exam / dental checkups
- lab tests if needed
- immunizations or shots
- vision and hearing tests
- developmental and behavioral tests if needed
- advice on how to keep your child healthy

If your child’s doctor finds anything wrong, TENNderCare also gives your child the medical, dental, speech, hearing, vision, and behavior or mental health treatment that he or she needs.

Children should go to the doctor for checkups even if they are not sick. They should have TENNderCare 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 21

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 TENNderCare: 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 doctor when your child should get his or her shots.
Dental care for children (for teeth)

If you are a child under the age of 21, you also have a dental plan for your teeth called TennDent. Their phone number is 1-877-418-6886. You can call TennDent 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 21 can have a check up and cleaning every six months. Children need to start seeing a dentist by age 3 or even earlier for some children.

TennCare 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 TennDent dentist.

This dental care is only for children under age 21. TennCare does not pay for any dental care for adults.

Vision care for children (for eyes)

Children’s eyes also need special care. Children under 21 years old can have their eyes checked and get eyeglass lenses and frames as medically necessary. If the eyeglass lenses or frames are broken or lost, we will replace them as medically necessary. Your TennCareSelect eye doctor will show you which frames you can choose from.

TennCare will pay for other vision care if it is medically necessary. Contacts are covered only if they are medically necessary.

Children do not have to see their PCP before seeing their TennCareSelect eye doctor. But, the eye doctor must still be in the TennCareSelect Provider Directory.
Part 3:    How the TennCare Program works for you

What you pay for your health care

Your Co-pays

Some of the care that helps you stay well is free. This is called preventive care, and includes care like checkups, shots, pregnancy care and childbirth. You don’t have co-pays for preventive care. More information about preventive care is in Part 2.

For other care, you may have to pay part of the cost. Co-pays are what you pay for each health care service you get. There is not a limit on the total amount you pay in co-pays each year.

Not everyone on TennCare has co-pays. Your “Welcome to TennCare” letter will tell you if you have co-pays and what they are. Co-pays depend on the kind of TennCare that you have, and sometimes on your family’s monthly income before taxes, and how many people in your family live with you.

If you have another insurance that pays first for a TennCare covered service, you should still only pay the TennCare co-pay. The next page tells you more about how TennCare works with other insurance.

Pregnant women do not have co-pays for medicine she gets while she is pregnant. People getting hospice care do not have co-pays for prescription medicines they get for hospice care. If you are pregnant or you are getting hospice care, you must tell the pharmacist so you will not be charged a co-pay.

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 health care providers in TennCareSelect can refuse to give you medically necessary services because you don’t pay your co-pays. But, TennCareSelect and your providers can take steps to collect any co-pays you owe.

Your health plan cards will tell you if you have co-pays.
Your TennCareSelect card tells you if you have co-pays for doctors, specialists, and hospital and ER visits.

Your SXC card tells you if you have co-pays for prescription medicines. **If your income changes or your family size changes**, your co-pays might change, too. You should report any changes in family size or income to your local Department of Human Services (DHS) as soon as possible.

You can also call the Family Assistance Service Center at 1-866-311-4287 to report changes in your income or your family size. In the Nashville area, call 743-2000.

If you have questions about co-pays, call the Family Assistance Service Center at 1-866-311-4287. In the Nashville area, call 743-2000.

**TennCare Co-pays**
Co-pays are what you pay for each health care service you get. But, some of the care that helps you stay well is free. This is called **preventive care**, and includes care like checkups, shots, pregnancy care and childbirth. You don’t have co-pays for preventive care.

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<th>Member</th>
<th>Prescription co-pay</th>
<th>PCP (general doctor) co-pay</th>
<th>Specialist co-pay</th>
<th>Emergency Room Use (if not admitted)</th>
<th>Hospital Stay co-pay</th>
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* To find out what percent of the federal poverty level (FPL) your household is, look at the income amounts online at http://www.tn.gov/tenncare/mem-categories.html#TCstandard.
How TennCare works with other insurance and Medicare

If you have other insurance, your TennCare works in a different way.

TennCare and other insurance

We discussed in Part 1 the difference between TennCare Medicaid and TennCare Standard. The kind of benefits you have, whether you must pay a co-pay, and whether you can have other insurance all depend on the kind of TennCare you have. In this section, we’re going to discuss how TennCare works with other insurance.

If you have **TennCare Standard**, you cannot have other health insurance or have “access” to group health insurance. “Access to group health insurance” means that you can get health insurance through an employer or some other group health plan. For TennCare Standard, it doesn’t matter how much the other insurance costs, or what services it covers. What matters is if the other insurance has been offered to you, or is available to you.

But if you are a child under age 19 and you have Medicare, you **may** be able to have TennCare Standard. Special rules apply to children under age 19 who have had TennCare Standard and Medicare since 2001.

**But**, most people who have TennCare Medicaid **can** have other health insurance.  

*Do you have Medicare? Keep reading to find out how TennCare works with Medicare.*

This is how your TennCare Medicaid works if you have other insurance.

- Your other health insurance must pay first, before your TennCare.
- Your TennCare pays for covered services that your other health insurance does not cover.  
  For example, if your other health insurance covers prescription medicines, you cannot use your TennCare for prescriptions.

If you have other health insurance, you must tell:

- the place where you are getting health care so that they can bill the right insurance.
- your worker at DHS so that TennCare knows about your other health insurance.

What if you get a bill for services that you think you should not have to pay? If you have other insurance besides TennCare, it could be because your different health insurance companies are not being billed correctly. Call us at **1-800-263-5479** for help.

**Other Insurance and Co-pays**

If you have another insurance that pays first for a TennCare covered service, you should still only pay the TennCare co-pay.

For example, you might have a $25 co-pay for a PCP office visit with your first insurance. But you only have a $10 co-pay with your TennCare. The PCP should file the claim for the visit with your first insurance, but you should only pay the $10 co-pay.
Have you been in an accident?
Sometimes when you are in an accident, there is someone else who should pay for your health care. This could be a car accident or an accident at work. You must let us know who should pay for your health care if you are in an accident. Call us for free at **1-800-263-5479**.

**TennCare and Medicare**

**Medicare** is counted the same as group health insurance. It is for people who are age 65 and older, and for some people of any age who Social Security says are disabled. People with end stage renal disease can have Medicare too.

These are the different parts of Medicare:
- **Part A** is for hospital stays, skilled nursing facility care, home health care, and hospice care.
- **Part B** is for your doctor’s services and outpatient care.
- **Part D** is for your prescription medicines.

There are also other ways to have Medicare. These are called **Medicare Health Plans (these plans are sometimes called Medicare Part C)**. These plans put all of the parts A, B, and D together for you in one plan.

Medicare charges you for premiums, deductibles, and co-pays. If you can’t pay for these, you can apply for a program called **QMB**. QMB (Qualified Medicare Beneficiary) pays for:
- Your Medicare premiums.
- The hospital deductible that Medicare doesn’t pay.
- The part of each doctor bill that Medicare doesn’t pay.

**You apply for QMB at your county Department of Human Services (DHS) office.**

If you have Medicare and get SSI, you already have QMB. You don’t need to apply.

To learn more about **Medicare**, call them at **1-800-633-4227**. It’s a free call.

Another place that can help you with Medicare is called **SHIP (State Health Insurance Assistance Program)**. To get help with Medicare, you can call **SHIP** for free at **1-877-801-0044**.

**If you have TennCare and Medicare, your TennCare works in a different way.**

- **Your Medicare is your first (primary) insurance.** This means:
  - If you have Medicare Part A for hospital stays, go to a hospital that takes Medicare.
  - If you have Medicare Part B for doctor visits, go to a doctor that takes Medicare.

- **Your TennCare is your second (secondary) insurance.** This means:
  - If you don’t have Medicare Part A for hospital stays, go to a hospital that takes TennCare.
  - If you don’t have Medicare Part B for doctor visits, go to a doctor that takes TennCare.
• Do you have TennCare Medicaid because you are enrolled in the Breast and/or Cervical Cancer (BCC) Program? Then you can’t also have Medicare. If you become eligible for Medicare while you are enrolled in the BCC program, TennCare will send you a letter. It will say they must see if you’re eligible for TennCare Medicaid another way.

• If you need health care that is not covered by Medicare, go to a TennCareSelect doctor for those TennCare covered services, so that TennCare will pay for them.

• For Medicare adults age 21 or older, TennCare does not pay for prescription medicines. Medicare Part D pays for your prescription medicines.

• For children under age 21 who have both TennCare and Medicare:
  o Medicare Part D pays for most of your prescription medicines. And TennCare does not pay the co-pay for the prescriptions Medicare covers.
  o And, TennCare will pay for only those TennCare covered medicines that Medicare does not cover.
Part 4: Help for problems with your health care or your TennCare

Kinds of problems and what you can do
You can have different kinds of problems with your health care.

You can fix some problems just by making a phone call. If you have complaints or problems about your health care, call us at 1-800-263-5479 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:

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**Need a new TennCare 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 TennCareSelect card, call 1-800-263-5479.
- For a new SXC card, call them at 1-888-816-1680.

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 TennCare.

---

**Need to find a doctor or change your doctor?**
You can find out how to get a new doctor in Part 1 of this handbook.

But, if you are changing doctors because you are not happy with the doctor you have, please tell us. Call us at 1-800-263-5479. 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 1-800-263-5479. 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.

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**Need help with rides to your health care visits?**
What if you are having problems setting up your rides? Or, what if your rides don’t come for you when they should? Then, call us at 1-800-263-5479 to tell us.

---

**Need to change your health plan?**
- If you want to change health plans because you’re having problems getting health care, tell us. Call us at 1-800-263-5479. We’ll help you fix the problem. You don’t have to change health plans to get the care you need.
- Do you want to change health plans so you can see a doctor that takes that plan? Be sure that all of your doctors take your new health plan. You’ll only be able to see doctors that take your new plan.
- What if you have an OK from your health plan for care you haven’t gotten? If you change plans and still need the care, you’ll have to get a new OK from your new plan.
There are two times when it’s easy to change your health plan.

1. When you first get TennCare, you have 45 days to change your health plan. When you get TennCare, you’ll get a letter about TennCare. That letter will say how to change your health plan.

2. During your “open enrollment month”. **When** you can change depends on where you live.

- **Do you live in** Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton, or Weakley? If you live in one of these counties, you can change your health plan **only** during the month of **March**.

- **Do you live in** Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, Dekalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, or Wilson? If you live in one of these counties, you can change your health plan **only** during the month of **May**.

- **Do you live in** Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, or Washington? If you live in one of these counties, you can change your health plan **only** during the month of **July**.

**Do you have to change by a certain date during your month?** You have until the last day of your open enrollment month to ask to change your health plan.

**Other reasons that you can change your health plan are if:**

- You have family members in the health plan you want to change to
- **Or**, TennCare made a mistake by giving you TennCareSelect. TennCareSelect doesn’t do business in the area where you live
- **Or**, you moved and TennCareSelect doesn’t do business in the area where you now live.

**The only other reason to change your health plan is if all of these things are true for you:**

- You have a medical condition that requires ongoing care, **and**
- Your doctor no longer takes your health plan, **and**
- Your health plan doesn’t have a doctor that can give you the care that you need, **and**
- Your health plan will not let you keep seeing your doctor, **and**
- Your doctor takes the health plan you want to change to, **and**
- The health plan you want to change to is taking new TennCare members. If **all** of these reasons are true for you, you may be able to change your health plan.
To change your health plan, you must tell TennCare:

• Your Social Security number. If you don’t have that number, give your date of birth. Include the month, day and year.

• The name of the health plan you want.

• And, the reason you want to change health plans.

You can ask to change your health plan by mail, fax, or telephone.

1. **Mail.** You can use the Health Plan Change request page TennCare sent to you with your TennCare approval letter or you can write your request on your own paper. You can mail your written request to:

   TennCare Solutions  
P.O. Box 000593  
Nashville, TN 37202-0593

2. **Or Fax.** You can fax your request for free to 1-888-345-5575. Keep the page that shows your fax went through.

3. **Or Call.** You can call TennCare Solutions for free at 1-800-878-3192. If you have a hearing or speech problem, you can call TennCare on a TTY/TDD machine. TennCare’s TTY/TDD number is 1-866-771-7043.

**Need help getting your prescription medicines?**

Part 2 of this handbook tells you how TennCare works for prescription medicines.

**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 **1-800-263-5479.**

---

**Do you need an OK from TennCare 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 SXC to get TennCare’s OK for this medicine.

• Or, change your prescription to one that doesn’t need an OK.

**What if your doctor doesn’t ask for TennCare’s OK or change your prescription?**

Then, you can ask TennCare to OK your medicine. Call **1-800-639-9156.**

---

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

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

Or, if you think TennCare made a mistake, you can appeal. You have 30 days after TennCare says no to appeal.

In your appeal, tell TennCare:

• Your Social Security number. If you don’t have that number, give your date of birth. Include the month, day and year.

• The kind of medicine you are appealing about
• And the reason you want to appeal – that your doctor asked for an OK and TennCare said no. Tell us as much about the problem as you can.

Be sure you include any mistake you think TennCare made. Send copies of any papers that you think may help us understand your problem.

You can appeal by mail, fax, or telephone. Go to Appeals at the end of Part 4 to find out how.

Did you get a letter that said you asked TennCare to pay for too many prescriptions or brand name medicines this month?
• Call your doctor to see if you need all the medicine you’re taking. What if he says you do? Then, you may want to ask your doctor to help you pick the medicines that are most important. Or, you may want to ask your drug store to help you pick the medicines that cost most. Each month, get those filled first so TennCare will pay for them.
• You can ask the drug store or your doctor if your medicine is on the Exempt List. (That’s TennCare’s list of medicines that won’t count against your prescription limit.) Even if you’ve gotten 5 prescriptions or 2 brand name medicines in 1 month, you can still get medicines on that list.
• If you asked TennCare to pay for too many brand name medicines, you can ask your doctor to prescribe generic medicines.
• You can also talk to your doctor about the Over-the-Limit (or Attestation) List. After you’ve reached your monthly limit (of 5 prescriptions or 2 brand name drugs), your doctor can get TennCare’s OK to pay for drugs on this list. (Drug stores may call it the “Prescriber Attestation” list.)

Or, if you think TennCare made a mistake counting your prescriptions this month, you can appeal. In your appeal, tell TennCare:
• Your Social Security number. If you don’t have that number, give your date of birth. Include the month, day and year.
• The kind of medicine you are appealing about
• And the reason you want to appeal – that you think TennCare made a mistake counting your prescriptions this month. Tell us as much about the problem as you can.

Be sure you include any mistake you think TennCare made. Send copies of any papers that you think may help us understand your problem.

You can appeal by mail, fax, or telephone. Go to Appeals at the end of Part 4 to find out how.

Did the drug store say you don’t have TennCare prescription coverage anymore?
There are two ways this might happen:
1. For adults who have Medicare and TennCare, TennCare doesn’t pay for prescriptions anymore. You must get your medicine through Medicare Part D. For help with Medicare Part D, call your Part D plan. Or, you can call Medicare at 1-800-633-4227. Sometimes your drug store can help you with Medicare Part D, too.
2. If you are an adult on TennCare Standard, your TennCare doesn’t pay for prescriptions for you. To see if you can get other help with your medicine, call the Health Options Hotline at 1-888-486-9355.
Did the drug store say that they can’t fill your prescriptions because you don’t have TennCare? Before your TennCare ends, you will get a letter in the mail. The letter will say why your TennCare is ending. It will also say how to appeal. But, if you move and don’t tell TennCare, you may not get the letter. You may not find out that your TennCare ended until you go to the drug store.

What if you think TennCare made a mistake? You can call the Family Assistance Service Center at 1-866-311-4287. In the Nashville area, call 743-2000. They can tell you if you have TennCare, or if it ended. If you think TennCare made a mistake, they can tell you if you still have time to appeal.

Need help getting your health care services?  
Part 2 of this handbook tells you about the health care services that TennCare pays for.

For problems about physical and/or mental health care, always call us at 1-800-263-5479 first.

If you still can’t get the care you need, you can call TennCare Solutions at 1-800-878-3192. Call Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time. But if you have an emergency, you can call anytime.

Can’t find a doctor that takes TennCareSelect?  
Part 1 of this handbook tells you how to find a doctor.

But if you moved and did not tell TennCare, you may have a problem finding a doctor where you live now. Your health plan may not do business in the area where you now live. Anytime you move, you must call the Department of Human Services (DHS) office where you live now and tell them. Then, if you need a new health plan, TennCare will give you one. You will get a letter from TennCare that tells you the name of your new health plan. You will be able to find a doctor that takes your new health plan.

Do you need an OK before TennCare will pay for your health care? It’s called a “prior authorization” or PA.
If your care needs an OK, call your doctor. Your doctor has to ask TennCareSelect for an OK.

Did we say no when your doctor asked for an OK for your care?  
Call your doctor and/or mental health 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.

In your appeal, tell TennCare:

1. Your Social Security number. If you don’t have that number, give your date of birth. Include the month, day and year.
2. The kind of health care you are appealing about
3. And the **reason you want to appeal – that your health plan said no when you asked for an OK.** Tell us as much about the problem as you can.

Be sure you include any mistake you think TennCare made. Send copies of any papers that you think may help us understand your problem.

You can appeal by mail, fax, or telephone. Go to Appeals at the end of Part 4 to find out how.

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

- Tell the doctor or other place you get care that you have TennCare.
- And, show them your TennCare card.

If you’ve gotten health care that you think TennCare should pay for, call us at **1-800-263-5479**.

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.

In your appeal, tell TennCare:

- Your **Social Security number.** If you don’t have the SSN number, give your date of birth. Include the month, day and year.
- The **date** you got the care or medicine you are appealing about.
- The name of the **doctor or other place** that gave you the care or medicine. (If you have it, give the address and phone number of the doctor or other place that gave you the care.)
- If you paid for the care or medicine, a **copy of a receipt** that proves you paid. Your receipt must show:
  - The kind of care you got that you want TennCare 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, 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

You can appeal by mail, fax, or telephone. Go to Appeals at the end of Part 4 to find out how.
Ways that your TennCare can end

You can ask to end your TennCare. If you want to end your TennCare, you must ask in writing.

To end your TennCare, send a letter to your county Department of Human Services (DHS) office that says you want to end your TennCare. Be sure to include your name and Social Security number in the letter. The letter must also be signed by you.

Do you want to end TennCare for other family members? Put their names and Social Security numbers in the letter too.

Send your letter to your county DHS office. If you don’t know the address, you can find it online at http://tennessee.gov/humanserv/st_map.html. Click on the county you live in for the DHS office address. Or, you can call the Family Assistance Service Center at 1-866-311-4287. In Nashville call 743-2000. It’s a free call. They’ll help you.

Other ways that your TennCare can end:

• If something changes for you and you don’t meet the rules for TennCare anymore
• If you let someone else use your TennCare card
• If you don’t follow the rules of TennCareSelect or TennCare, more than once
• If you don’t fill out redetermination papers for your TennCare when you are asked to. TennCare members must renew their TennCare each year. When it’s time to see if you still qualify for TennCare, TennCare will send you a letter and redetermination pages in the mail.

Before your TennCare ends, you will get a letter in the mail. The letter will tell you why your TennCare is ending.

Do you need more help with health care? Or do you need more help with mental health care or drug or alcohol treatment? Or help with other TennCare problems?

Call the TennCare Advocacy Program. Call them for free at 1-800-758-1638.
**Appeals**

For problems about health care, always call **TennCareSelect at 1-800-263-5479** first.

If you still can’t get the care you need, you can call **TennCare Solutions at 1-800-878-3192**. TennCare Solutions can help you with appeals for health care.

An appeal is one way to fix mistakes in TennCare. When you appeal, you’re asking to tell a judge the mistake you think TennCare made. It’s called a **fair hearing**.

Your appeal rights and hearing rights are in Part 5 of this handbook.

**How to appeal health care problems**

If you think TennCare made a mistake about your health care, you can file a medical appeal. To get a fair hearing about health care problems, **both** of these things must be true:

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

If you appeal here’s **what you must tell TennCare in your appeal:**

**For all medical appeals, TennCare needs:**

- Your **name** (the name of the person who wants to appeal about their care or medicine)
- Your **Social Security number**. If you don’t have the SSN number, give your date of birth. Include the month, day and year.

Are you appealing about **care or medicine you still need**? TennCare needs to know:

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

Are you appealing because you **want to change health plans**? Tell TennCare:

- The name of the **health plan you want**.
- And, the **reason you want to change health plans**.

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

- The date you got the care or medicine you want TennCare 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, give TennCare a **copy of a receipt** that proves you paid. Your receipt must show:
  - The kind of care you got that you want TennCare 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 TennCare 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

To be sure TennCare can reach you about your appeal, also tell them:
- The address where you get your mail.
- The name of the person to call if TennCare 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).

You can fill out the medical appeal page in Part 7 of this handbook. Or, if you give your OK, someone else like a friend or your doctor can fill the page out. If you need another medical appeal page, call TennCare Solutions at 1-800-878-3192. They will send one to you. Or, you can write your appeal on plain paper. The next page tells you how to send in your medical appeal.
There are 3 ways you can send in a medical appeal. Choose one of these ways to send in your appeal.

1. **Mail.** You can mail an appeal page or a letter about your problem to:

   TennCare Solutions  
   P.O. Box 000593  
   Nashville, TN  37202-0593

   To print an appeal page off the Internet, go to:  
   Or, to have TennCare mail you an appeal page, call them for free at **1-800-878-3192**.

2. **Or Fax.** You can fax your appeal page or letter for free to **1-888-345-5575**.

3. **Or Call.** You can call TennCare Solutions for free at **1-800-878-3192**.  
   If you have a hearing or speech problem, you can call TennCare on a TTY/TDD machine. TennCare’s TTY/TDD number is **1-866-771-7043**. Unless you have an emergency, please call during business hours. Business hours are Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time. If you have an emergency, you can call anytime.
**Timely Appeals**

You have 30 days after you find out there’s a problem to appeal.

- For care or medicine you still need, you have 30 days after TennCare or TennCare Select says we won’t pay for the care.
- For health care bills you think TennCare should pay, you have 30 days after you get your first bill.
- For care you paid for, you have 30 days after you pay for the care.

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**Keeping Your Care During Your Appeal (Continuation of Benefits)**

If you are already getting care, you may be able to keep getting it during the appeal.

To keep getting care during your appeal, all of these things must be true:

- You must appeal by the date your care will stop or change (usually 2 or 10 days).
- You must say in your appeal that you want to keep getting the care during the appeal.
- The appeal must be for a kind and amount of care you’ve been getting. That care is being stopped or changed.
- Your appeal can’t be for care you’ve gotten that you want TennCare to pay for.
- You must have a doctor’s order for the care (if one is needed).
- The care must be something that TennCare still covers.
- You can’t be appealing to get more of the care than TennCare pays for. (For example, most adults have monthly limits on prescription medicines.)
- What if you keep getting care during your appeal and you lose your appeal? You may have to pay TennCare back for that care that you got during your appeal.

---

**Do you and your doctor 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.

If one of the things above is true for you, you can ask TennCare for an emergency appeal. There’s a medical appeal page in Part 7 of this handbook. If your appeal is an emergency, you can have your doctor sign that page.

What if your doctor doesn’t sign a TennCare appeal form but you ask for an emergency appeal? Then, TennCare will ask your doctor if your appeal isn’t an emergency? Then, TennCare will decide your appeal within 90 days.

There are some kinds of appeals that are never treated as emergencies:

- Care you’ve already gotten (that you paid for or have gotten billed for)
- Care that’s never covered by TennCare
- Care that helps you stay well (called preventive care)
- Braces for your teeth (orthodontia)
What does TennCare do when you appeal?

1. When TennCare gets your appeal, they will send you a letter that says they got your appeal. If you asked to keep getting your care during your appeal, it will say if you can keep getting your care. If you asked for an emergency appeal, it will say if you can have an emergency appeal.

2. If TennCare needs more facts to work your appeal, you’ll get a letter that says what facts they still need. You should give TennCare all of the facts that they ask for, as soon as possible. If you don’t, your appeal may end.

3. TennCare must decide a regular appeal in 90 days. If you have an emergency appeal, they’ll try to decide your appeal in 31 days. If they need more time to get medical records, they can take more time to finish your appeal. What if they don’t finish your appeal on time? Then, TennCare must give you the care you asked for until your appeal is decided unless:
   - The care you want is a kind of care that TennCare 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.
   - Or, you are the reason the decision is late. (You asked for more time.)

4. To decide your appeal, you may need a fair hearing. To get a fair hearing, you must say TennCare made a mistake that, if you’re right, means you’ll get the health care or service you’re asking for. You may not get a fair hearing if you’re asking for care or services that are not covered by TennCare. A fair hearing lets you tell a judge the mistake you think TennCare made. If TennCare says that you can have a fair hearing, you will get a letter that says when your hearing will be. TennCare will send your letter 21 days ahead of time (7 days if your appeal is an emergency).

What happens at a fair hearing about health care problems?

1. Your hearing can be by phone or in person. The different people who may be at your hearing include:
   - a judge who does not work for TennCare,
   - a TennCare lawyer,
   - a state witness (someone like a doctor or nurse from TennCare), and
   - you.

   You can talk for yourself. Or, you can bring someone else, like a friend or a lawyer, to talk for you.

2. During the hearing, you get to tell the judge about the mistake you think TennCare made. You can give the judge facts and proof about your health and medical care. The judge will listen to everyone’s side.

3. After the hearing, you will get a letter that tells you the judge’s answer. What if the judge says you win your appeal? TennCare must agree that it’s the right decision based on the facts of your case. Federal law says that a judge’s decision is not final until TennCare OKs it. If TennCare overturns a judge’s decision, we must tell you why in writing.

Read more about appeals and hearings in Your Appeal and Hearing Rights in Part 5 of this handbook.
How to appeal problems getting or keeping TennCare or other TennCare problems

This page says how to appeal TennCare problems like:
• You get a letter that says your TennCare will end,
• Or, your TennCare has ended but you didn’t get a letter because you moved,
• Or, you think your TennCare co-pays are wrong,
• Or, you think TennCare gave you the wrong benefit package.

You can call the Family Assistance Service Center at 1-866-311-4287. In the Nashville area, call 743-2000. They can help you with TennCare problems. They will check to see if TennCare made a mistake. If they decide you’re right, they will fix the problem.

But if they say no, and you still think TennCare made a mistake, you can appeal. An appeal about TennCare problems other than health care is called an administrative appeal. An administrative appeal goes to the Department of Human Services (DHS). The appeal page is different from the page you use to file a medical appeal. You can get an appeal page from DHS or the Family Assistance Service Center. Or, you can write your appeal on plain paper.

If you write your appeal on plain paper, 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 mistake you think TennCare made. Tell them as much about the problem as you can.
• Send copies of any papers that show why you think TennCare made that mistake.

There are 3 ways you can send an administrative appeal. Choose one of these ways to appeal.

1. **Mail.** You can mail an appeal page or letter about your problem to:
   Tennessee Department of Human Services
   Division of Appeals and Hearings
   P.O. Box 198996
   Nashville, TN 37219-8996

   Keep a copy of your appeal. Write down the date that you mailed it to TennCare.

2. **Or Fax.** You can fax your appeal page or letter to 1-866-355-6136. It’s a free fax line. Keep the paper that shows your fax went through ok.

3. **Or Call.** You can call Family Assistance Service Center at 1-866-311-4287. In the Nashville area, call 743-2000. If you have a hearing or speech problem, you can use the TTY number. It’s 1-866-771-7043.

If your appeal is about a health care problem, go to “How to appeal health care problems” on page 67.
Part 5: Your rights and responsibilities

Your rights and responsibilities as a TennCare and TennCareSelect 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 TennCareSelect, its policies, its services, its caregivers, and members’ rights and duties.

• Ask for and get information about how TennCareSelect 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, birthplace, language, sex, age, religion, or disability. You have a right to file a complaint if you think you have been treated unfairly. If you complain or appeal, you have the right to keep getting care without fear of bad treatment from TennCareSelect, providers, or TennCare.

• Get care without fear of physical restraint or seclusion used for bullying, discipline, convenience or revenge.

• Make appeals or complaints about TennCareSelect or your care. Part 4 of this handbook tells you how.

• Make suggestions about your rights and responsibilities or how TennCareSelect works.

• Choose a PCP in the TennCareSelect 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 health care.

• Make a living will or advance care plan and be told about Advance Medical Directives.

• Change health plans. If you are new to TennCare, you can change health plans once during the 45 days after you get TennCare. After that, you can ask to change health plans through an appeal process. There are certain reasons why you can change health plans. Part 4 of this handbook tells you more about changing health plans.

• Ask TennCare and TennCareSelect to look again at any mistake you think they make about getting on TennCare or keeping your TennCare or about getting your health care.

• End your TennCare at any time.

• Exercise any of these rights without changing the way TennCareSelect or its providers treat you.
Your rights to stay with TennCareSelect

As a TennCareSelect member, you cannot be moved from TennCareSelect 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 mental health condition.
- Your special needs make you act in an uncooperative or disruptive way.

Here are the only reasons you can be moved from TennCareSelect:

- If you change health plans.
- If you move out of the TennCareSelect area.
- If you let someone else use your ID cards, or if you use your TennCare to get medicines to sell.
- If you end your TennCare or your TennCare ends for other reasons.
- If you don’t renew your TennCare when it is time, or if you don’t give TennCare information they ask for when it is time to renew.
- If you don’t let TennCare, the Department of Human Services (DHS), and TennCareSelect know that you moved, and they can’t find you.
- If you lie to get or keep your TennCare.
- Upon your death.
As a TennCare and TennCareSelect member, you also have the responsibility to:

- Understand the information in your member handbook and other papers that we send you.
- Show your TennCareSelect ID card whenever you get health care. If you have other insurance, you must show that card too.
- Go to your PCP for all your medical care unless:
  - Your PCP sends you to a specialist for care. You must get a referral from your PCP to go to a specialist.
  - You are pregnant or getting well-woman checkups.
  - It is an emergency.
- Use providers who are in the TennCareSelect provider network. But, you can see anyone if it is an emergency. And, you can see anyone who has been approved with a referral.
- 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 the TennCareSelect and to your health care 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 health care.
- Help to make the decisions about your health care.
- 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 health care giver with respect and dignity.
- Keep health care appointments and call the office to cancel if you can’t keep your appointment.
- Be the only one who uses your TennCareSelect ID card and let us know if it is lost or stolen.
- Tell DHS 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 TennCareSelect 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 TennCare or TennCareSelect. No one is treated in a different way because of race, language, birthplace, disability, religion, sex, color, or age.

In TennCare, 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 mental health care, you can call us at 1-800-263-5479, or write to us at: 1 Cameron Hill Circle, Chattanooga, Tennessee 37402.

If you write to us, be sure to include your name, address, 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:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Phone number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>TennCare</td>
<td>1-855-857-1673 toll-free</td>
<td>Office of Non-Discrimination</td>
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<td>Bureau of TennCare</td>
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<tr>
<td></td>
<td>615-253-2917 fax</td>
<td>310 Great Circle Road</td>
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<tr>
<td></td>
<td></td>
<td>Nashville, TN 37243</td>
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<tr>
<td>State of Tennessee</td>
<td>1-800-251-3589 toll-free</td>
<td>Director</td>
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<td>Title VI Compliance Program</td>
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<td></td>
<td></td>
<td>Tennessee Human Rights Commission</td>
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<tr>
<td></td>
<td></td>
<td>710 James Robertson Parkway, Suite 100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nashville, TN 37243</td>
</tr>
<tr>
<td>U.S. Dept. of Health and Human Services, Region IV Office</td>
<td>404-562-7859 (this is not a free call)</td>
<td>U.S. DHHS / Region IV Office of Civil Rights</td>
</tr>
<tr>
<td></td>
<td>404-562-7881 fax</td>
<td>61 Forsyth St., SW, 3rd floor, Suite 3B70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Atlanta, GA 30303</td>
</tr>
<tr>
<td></td>
<td>1-800-537-7697 TDD</td>
<td>200 Independence Ave. SW, Room 506F</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Washington, D.C. 20201</td>
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TennCare Notice of Privacy Practices
Revised, effective September 1, 2006

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.

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 facts we have
2. how we share them
3. who we share them with
4. what to do if you don’t want your health facts shared with certain people
5. AND your rights about your health fact

Your Health Facts are Private
We know you value the privacy of your Protected Health Information (PHI). PHI is any information used to identify you and to record your health and medical history. We call this your health facts.

Federal law says we must follow privacy rules to keep your health facts 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 health facts we have
   When you applied for TennCare 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 your doctor, drug store, hospital, or other health care providers
   - Lists of the medicine you take now or have taken before
   - Results from x rays and lab tests

2. How we share your facts
   We can only share your facts as the law lets us. The privacy rules let us share health facts for your care, to pay your health claims, and run our program. We share your facts to:
   - Show you have TennCare and to help you get the health care you need.
   - Use our internet based records to share health facts with your TennCare providers.
   - Pay your health plan and health care providers.
   - Check how TennCare benefits are being used. Health facts help us find insurance fraud.

3. Who can we share your facts 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 facts with certain people. Page 65 tells you how.

And we can share your facts with everyone who works with TennCare like:
- Health providers like doctors, nurses, hospitals, and clinics
- Your health plan or other companies that have contracts with TennCare
- People helping with appeals if you file a TennCare 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 health care.
Who else can we share your facts with?

The privacy rules also say we can share health facts with people like:

- Coroner, funeral home, or providers who work with services like organ transplants.
- Medical researchers. They must keep your health facts 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 health facts if we take out the facts that tell who you are.

But, we can’t share your facts with everyone.

Sometimes we’ll need your OK in writing before we can share your health facts. We’ll ask you to sign a paper giving us your OK if we need it.

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 facts we’ve already shared.

4. What if you don’t want all of your facts shared?

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

We’ll say OK if we can. But we might not say OK if you are a minor child or in an emergency. If we can’t say OK, we’ll send you a letter that says why.

Page 65 tells you more about asking us not to share certain facts.

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 facts we’ve already shared.
- You can see and get copies of your records. 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 facts you want, we’ll send you a letter that says why.
- You can talk to TennCare about how we share your health facts.

And, you have the right to:

- Ask us in writing not to share certain facts about your health.
- Ask us to not show your medical facts in certain records.
- Ask us to change health facts that are 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 one place puts you in danger, tell us.
- Ask us in writing for a list of who we’ve shared your health facts with. The list will say who got your health facts after April 14, 2003.

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 health facts:

- to help you get health care or
- to help with payment for your care or
- to run our program or
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 TennCare ID number or Social Security Number on your letter.
Send your letter to: TennCareSelect
Privacy Office
1 Cameron Hill Circle, CH 1.4
Chattanooga, TN 37402

Keep a copy of the letter for your records.
Do you have questions? Do you need help making your request?
Call the Family Assistance Service Center at 1-866-311-4287 for free.

Changes in this Policy
TennCare’s 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 TennCare 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.

Changes in this policy started September 1, 2006 and apply to all health facts we have. If you need a new copy or want to check for changes, go to www.tn.gov/tenncare. Click on Legal on the left, then click on HIPAA Privacy Information under HIPAA in the center of the page. Or call the Family Assistance Service Center for free.

Electronic Health Record
TennCare uses an electronic health record to keep your health facts. We can send health records from our computers right to your doctor’s office computers. The health record is internet based. But, only your TennCare providers who have signed up and have our OK can see your records.

The public can’t see your internet based health record.

The electronic health record can show doctors your health facts like medicines and lab tests. And, it can show any drug allergies or special health needs you have. This helps them give you better health care.

But, you can decide not to show the medical health facts in this electronic health record. This is called opt out. There may be different kinds of opt out that you can choose. You must ask us in writing to opt out. We have a page you can use. To get one, call the Family Assistance Service Center at 1-866-311-4287.

Questions or Complaints
We do not allow unfair treatment in TennCare. No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. 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 unfairly? Call the Family Assistance Service Center at 1-866-311-4287 for free. Or you can write to:
TennCareSelect
Privacy Office
1 Cameron Hill Circle, CH 1.4
Chattanooga, TN 37402

U.S. Department of Health and Human Services -
Office for Civil Rights
61 Forsyth St. SW
Atlanta Federal Center, Suite 3 B70
Atlanta, GA 30303-8909
1-404-562-7859
Your responsibility to report fraud and abuse

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

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

Fraud and abuse for TennCare members can be things like:
- Lying about facts to get or keep TennCare.
- Hiding any facts so that you can get or keep TennCare.
- Letting someone else use your TennCare ID card.
- Selling or giving your prescription medicines to anyone else.

Fraud and abuse for TennCare providers can be things like:
- Billing TennCare for services that were never given.
- Billing TennCare twice for the same service.

To tell us about fraud and abuse, call TennCareSelect for free at 1-800-263-5479.

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

<table>
<thead>
<tr>
<th>Agency</th>
<th>Phone</th>
<th>Address</th>
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<tr>
<td>Office of Inspector General (OIG)</td>
<td>1-800-433-3982</td>
<td>Office of Inspector General P.O. Box 282368</td>
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<tr>
<td></td>
<td>toll-free</td>
<td>Nashville, TN 37228</td>
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<tr>
<td>Tennessee Bureau of Investigation (TBI)</td>
<td>1-800-433-5454</td>
<td>TBI Medicaid Fraud Control Unit 901 R.S. Glass Blvd.</td>
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<tr>
<td></td>
<td>toll-free</td>
<td>Nashville, TN 37216</td>
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You can also tell us about fraud and abuse online. Go to http://www.tn.gov/tenncare/. Then click on “Report Fraud” on the left hand side of the page.
Your Right to Appeal Health Care Problems in TennCare

In TennCare, you get your health care through a TennCare health plan. You have rights when an action is taken that keeps you from getting health care 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 TennCare 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 TennCare 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 TennCare plan if:**

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

   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:
   - Mental health treatment for a priority member which includes a child with Serious Emotional Disturbance (SED) or an adult with Severe and Persistent Mental Illness (SPMI)
   - Mental health 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:**

   - TennCare says no when you or your doctors ask for health care.
   - Or, TennCare stops or changes your health care.
   - Or, you have to wait too long to get health care.
   - Or, you have health care bills you think TennCare 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.
4. **You have the right to a fair hearing about your appeal if you think TennCare made a mistake.** To get a fair hearing, you must say TennCare made a mistake that, if you’re right, means you’ll get the health care or service you’re asking for. You may **not** get a fair hearing if you’re asking for care or services that are not covered by TennCare. A fair hearing lets you tell a judge the mistake you think TennCare made.

What if a judge says you win your appeal? TennCare must agree that it’s the right decision based on the facts of your case. If TennCare does not agree, we can overturn the judge’s decision. Federal law gives TennCare this right. If TennCare overturns a judge’s decision, we must tell you why in writing. If TennCare doesn’t overturn the judge’s decision, TennCare has 5 business days to do what the judge ordered.

5. **If you have an emergency, you have the right to get a decision about your appeal within 31 days (but sometimes up to 45 days).**

An emergency means if you don’t get the care 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.

If you think you have an emergency, you can ask TennCare for an emergency appeal. Your appeal may go faster if your doctor signs your appeal saying that it is an emergency. What if your doctor doesn’t sign your appeal, 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.

Usually, you have the right to get a decision about your emergency appeal within 31 days. If TennCare needs more time to get medical records, we can take up to 45 days to finish your emergency appeal. What if TennCare doesn’t finish your appeal on time? Then, TennCare must give you the care you asked for until your appeal is decided unless:

- The care you want is a kind of care that TennCare doesn’t cover. (Care that TennCare doesn’t cover is never an emergency anyway.)
- Or, the care you want is not safe for you.
- Or, you don’t have a doctor’s order for the care you want.
- Or, you are the reason the decision is late. (You asked for more time.)

6. **You have the right to get a decision about your appeal within 90 days if it’s not an emergency.** What if TennCare doesn’t finish your appeal on time? Then, TennCare must give you the care you asked for until your appeal is decided unless:

- The care you want is a kind of care that TennCare 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.
- Or, you are the reason the decision is late. (You asked for more time.)
7. If you are already getting care, you may have the right to keep getting it during the appeal. To keep getting care during your appeal, all of these things must be true:

- You must appeal by the date your care will stop or change (usually 2 or 10 days).
- You must say in your appeal that you want to keep getting the care during the appeal.
- Your appeal can’t be for more care or for a different kind of care than you’ve been getting. (You can only ask to keep care you’ve been getting during your appeal.)
- Your appeal must be for care you still need. What if you’ve already gotten all the care and want TennCare to pay for it? You won’t get more during your appeal.
- If you needed a doctor’s order to get the care, you’ll still need a doctor’s order to keep getting it during your appeal.
- The care must be something that TennCare still covers.
- Your appeal can’t be for more of the care than TennCare pays for. (Most adults have monthly limits on prescription medicines.)

What if you keep getting care during your appeal and you lose your appeal? You may have to pay TennCare back for that care that you got during your appeal.
Your Right to a Fair Hearing in TennCare

You have the right to:

1. Have a fair hearing with a judge if you think TennCare made a mistake. Remember, you may **not** get a fair hearing if you’re asking for care or services that are not covered by TennCare.

2. Know about the hearing 3 weeks ahead of time (1 week for an emergency appeal).

3. Be at the hearing in person or by phone.

4. Speak for yourself at the hearing.

5. Have someone help you at the hearing.

6. See the facts TennCare and your health plan used to decide about your care. You can see this information **before** the hearing.

7. Look at your medical records and use them as proof.

8. Give the judge other proof that shows why TennCare made the wrong decision.


10. Have the judge order your witnesses to come.

11. Question witnesses for TennCare.

12. Ask to have a doctor who does not work for TennCare say what medical care you need. You do **not** have to pay for this.

13. Get a written decision in 90 days (sooner if it’s an emergency appeal).

14. When a decision is late, get the medical care until the decision is made **unless**:
   - The care you want is **a kind of care that TennCare 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.
   - Or, **you** are the reason the decision is late. (You asked for more time.)

15. If TennCare overturns a judge’s decision, have TennCare tell you why in writing.
Part 6:    TennCare CHOICES in Long-Term Care Program

What is CHOICES?
TennCare CHOICES in Long-Term Services and Supports (or “CHOICES” for short) is
TennCare’s program for long-term services and supports. Long-term services and supports
includes help doing everyday activities that you may no longer be able to do for yourself as you
grow older, or if you have a disability—activities like bathing, dressing, getting around your
home, preparing meals, or doing household chores. Long-term services and supports include
care in a nursing home. Long-term services and supports also includes care in your own home or
in the community that may keep you from having to go to a nursing home for as long as possible.
These are called Home and Community Based Services or HCBS.

How do I apply for CHOICES?
If you think you need long-term services and supports, call us at 1-800-263-5479. We may use a
short screening that will be done over the phone to help decide if you may qualify for CHOICES.
If the screening shows that you don’t appear to qualify for CHOICES, you’ll get a letter that says
how you can finish applying for CHOICES.

If the screening shows that you might qualify for CHOICES, or if we don’t conduct a screening
over the phone, we will send a Care Coordinator to your home to do an assessment.

The purpose of the in-home assessment is to help you apply for CHOICES. It’s also to find out:
• The kinds of help you need;
• The kinds of care being provided by family members and other caregivers to help meet your
  needs;
• And the gaps in care for which paid long-term services and supports may be needed.

If you want to receive care at home or in the community (instead of going to a nursing home),
the assessment will help decide if your needs can be safely met in the home or community
setting. And, for CHOICES Group 2, it will help decide if the cost of your care would exceed
the cost of nursing home care.

This doesn’t mean that you will receive services up to the cost of nursing home care. CHOICES
won’t pay for more services than you must have to safely meet your needs at home. And,
CHOICES only pays for services to meet long-term services and supports needs that can’t be met
in other ways.

CHOICES services provided to you in your home or in the community will not take the place of
care you get from family and friends or services you already receive. If you’re getting help from
community programs (like Meals on Wheels), receive services paid for by Medicare or other
insurance, or have a family member that takes care of you, these services will not be replaced by
paid care through CHOICES. Instead, the home care you receive through CHOICES will work
together with the assistance you already receive to help you stay in your home and community
longer. Care in CHOICES will be provided as cost-effectively as possible so that more people
who need care will be able to get help.

If you want home care, the Care Coordinator will also perform a risk assessment. This will help
to identify any additional risks you may face as a result of choosing to receive care at home. It
will also help to identify ways to help reduce those risks and to help keep you safe and healthy. You will be asked to sign a risk agreement saying that you understand the risks and what could happen, and are choosing to receive care at home.

To see if you qualify to enroll in CHOICES, call us at **1-800-263-5479**.

Does someone you know that isn’t on TennCare want to apply for CHOICES? They should contact their local Area Agency on Aging and Disability (AAAD) for free at **1-866-836-6678**. Their local AAAD will help them find out if they qualify for TennCare and CHOICES.

**What long-term services and supports are covered in CHOICES?**

The covered long-term services and supports you can receive in CHOICES depend on the CHOICES Group you’re enrolled in. If you enroll in CHOICES, TennCare will tell you which CHOICES Group you’re in. There are three (3) CHOICES Groups.

People in **CHOICES Group 1** receive **nursing home care**.

People in **CHOICES Group 2** receive **home care** (or HCBS) instead of nursing home care.

Here are the kinds of home care covered in CHOICES Group 2. Some of these services have limits. This means that TennCare will pay for only a certain amount of these services. The kind and amount of care you get in CHOICES depends on your needs.

- **Personal care visits** (up to 2 visits per day, lasting no more than 4 hours per visit; there must be at least 4 hours between each visit.) – Hands-on help with self care tasks like getting out of bed, taking a bath, getting dressed, eating meals, or using the bathroom. Do you need this kind of hands-on care? If you do, the worker giving your personal care visits can also help with household chores like fixing meals, cleaning, or laundry. And they can run errands like grocery shopping or picking up your medicine. They can only help with those things for you, not for other family members who aren’t in CHOICES. And they can only do those things if there’s no one else that can do them for you.

- **Attendant care** (up to 1,080 hours per calendar year) – The same kinds of help you’d get with personal care visits, but for longer periods of time (more than 4 hours per visit or visits less than 4 hours apart). You can only get attendant care when your needs can’t be met with shorter personal care visits.

Do you need hands-on help with self-care tasks and also need help with household chores or errands? If so, your attendant care limit increases to up to 1,400 hours per calendar year. This higher limit is only for people who also need help with household chores or errands. How much attendant care you get depends on your needs.

- **Home-delivered meals** (up to 1 meal per day).

- **Personal Emergency Response System** - A call button so you can get help in an emergency when your caregiver is not around.

- **Adult care** facility (up to 2,080 hours per calendar year) - A community-based place that provides care, supervision and activities during the day.

- **In-home respite care** (up to 216 hours per calendar year) - Someone to come and stay with you in your home for a short time so your caregiver can get some rest.
• **In-patient respite care** (up to 9 days per calendar year) – A short stay in a nursing home or assisted care living facility so your caregiver can get some rest.

• **Assistive technology** (up to $900 per calendar year) – Certain low-cost items or devices that help you do things easier or safer in your home like grabbers to reach things.

• **Minor home modifications** (up to $6,000 per project; $10,000 per calendar year; and $20,000 per lifetime) – Certain changes to your home that will help you get around easier and safer in your home like grab bars or a wheelchair ramp.

• **Pest control** (up to 9 units per calendar year) - Spraying your home for bugs or mice.

• **Assisted Care Living Facility** - A place you live that helps with personal care needs and taking your medicine. You must pay for your room and board.

• **Critical Adult Care Home** – A home where you and no more than 4 other people live with a health care professional that takes care of special health and long-term services and supports needs. (Under state law, available only for people who are ventilator dependent or who have traumatic brain injury. You must pay for your room and board.)

• **Companion Care** – Someone you hire who lives with you in your home to help with personal care whenever you need it. (Available only for people in Consumer Direction who need care throughout the day and night that can’t be provided by unpaid caregivers. And only when it costs no more than other kinds of home care that would meet your needs.)

People in CHOICES Group 3 receive services at home when they are at risk of going into a nursing home. These services are limited to $15,000 (except home modifications) per year. Here are the kinds of home care covered in CHOICES Group 3. Some of these services have limits. This means that TennCare will pay for only a certain amount of these services. The kind and amount of care you get in CHOICES depends on your needs. Please note that people in Group 3 are not eligible for Companion Care or Community Based Residential Alternatives.

• **Personal care visits** (up to 2 visits per day, lasting no more than 4 hours per visit; there must be at least 4 hours between each visit.) – Hands-on help with self care tasks like getting out of bed, taking a bath, getting dressed, eating meals, or using the bathroom. Do you need this kind of hands-on care? If you do, the worker giving your personal care visits can also help with household chores like fixing meals, cleaning, or laundry. And they can run errands like grocery shopping or picking up your medicine.

They can only help with those things **for you**, not for other family members who aren’t in CHOICES. And they can only do those things if there’s no one else that can do them for you.

• **Attendant care** (up to 1,080 hours per calendar year) – The same kinds of help you’d get with personal care visits, but for longer periods of time (more than 4 hours per visit or visits less than 4 hours apart). You can only get attendant care when your needs can’t be met with shorter personal care visits.

Do you need hands-on help with self-care tasks and also need help with household chores or errands? If so, your attendant care limit increases to up to 1,400 hours per calendar year. This higher limit is only for people who also need help with household chores or errands. How much attendant care you get depends on your needs.

• **Home-delivered meals** (up to 1 meal per day).
• **Personal Emergency Response System** - A call button so you can get help in an emergency when your caregiver is not around.

• **Adult care facility** (up to 2,080 hours per calendar year) - A community-based place that provides care, supervision and activities during the day.

• **In-home respite care** (up to 216 hours per calendar year) - Someone to come and stay with you in your home for a short time so your caregiver can get some rest.

• **In-patient respite care** (up to 9 days per calendar year) – A short stay in a nursing home or assisted care living facility so your caregiver can get some rest.

• **Assistive technology** (up to $900 per calendar year) – Certain low-cost items or devices that help you do things easier or safer in your home like grabbers to reach things.

• **Minor home modifications** (up to $6,000 per project; $10,000 per calendar year; and $20,000 per lifetime) – Certain changes to your home that will help you get around easier and safer in your home like grab bars or a wheelchair ramp.

• **Pest control** (up to 9 units per calendar year) - Spraying your home for bugs or mice.

**Who can qualify to enroll in CHOICES?**

For now, there are three (3) groups of people who can qualify to enroll in CHOICES.

**CHOICES Group 1** is for people of all ages who receive **nursing home care**.

To be in CHOICES Group 1, you must:

• Need the level of care provided in a nursing home;

• And qualify for Medicaid long-term services and supports;

• And receive nursing home services that TennCare pays for.

TennCare will decide if you need the level of care provided in a nursing home. The Department of Human Services (DHS) will decide if you qualify for Medicaid long-term services and supports. We will help you fill out the papers TennCare and DHS need to decide. What if both TennCare and DHS say yes? If you’re receiving nursing home services that TennCare will pay for, TennCare will enroll you into CHOICES Group 1. If TennCare or DHS say no, you’ll get a letter that says why. It will say how to appeal if you think it’s a mistake.

**CHOICES Group 2** is for certain people who receive **home care** instead of nursing home care.

To be in CHOICES Group 2, you must:

• Need the level of care provided in a nursing home;

• AND qualify for Medicaid long-term services and supports because you receive SSI payments OR because you need and will receive home care services instead of nursing home care.

• AND be an adult 65 years of age and older;

• OR be an adult 21 years of age and older with a physical disability.

If you need home care services, but don’t qualify in one of these groups, you can’t be in CHOICES Group 2, but you may qualify for CHOICES Group 3.

TennCare will decide if you need the level of care provided in a nursing home. DHS will decide if you qualify for Medicaid long-term services and supports for one of the reasons listed above. We will help you fill out the papers TennCare and DHS need to decide.
If both TennCare and DHS say yes, to enroll in CHOICES Group 2 and begin receiving home care services:

- We must be able to safely meet your needs at home.
- And, the cost of your home care can’t be more than the cost of nursing home care. The cost of your home care includes any home health or private duty nursing care you may need.

If we can’t safely meet your needs at home, or if your care would cost more than nursing home care, you can’t be in CHOICES Group 2. But, you may qualify for other kinds of long-term services and supports.

If TennCare or DHS say you don’t qualify, you’ll get a letter that says why. It will say how to appeal if you think it’s a mistake.

CHOICES Group 3 is for certain people who do not meet nursing home care level of care, but need some services to help them stay at home.

To be in CHOICES Group 3, you must:

- Meet the “at risk” for nursing home level of care;
- AND qualify for Medicaid long-term services and supports because you receive SSI payments OR because you need and will receive home care services to keep you from going into a nursing home.
- AND be an adult 65 years of age and older;
- OR be an adult 21 years of age and older with a physical disability.

TennCare will decide if you meet the “at risk” level of care. DHS will decide if you qualify for Medicaid long-term services and supports for one of the reasons listed above. TennCareSelect will help you fill out the papers TennCare and DHS need to decide.

If both TennCare and DHS say yes, to enroll in CHOICES Group 3 and begin receiving home care services:

- TennCareSelect must be able to safely meet your needs at home

If TennCareSelect can’t safely meet your needs at home, you can’t be in CHOICES Group 3 and receive services in your home. But, TennCare may decide that you qualify for other kinds of long-term services and supports, including nursing home care.

**Limits on Enrollment into CHOICES Group 2**

Not everyone who qualifies to enroll in CHOICES Group 2 may be able to enroll. There is an enrollment target for CHOICES Group 2. It’s like a limit on the number of people who can be in the group at one time. (The number of people who can enroll is sometimes called “slots”.) This helps to ensure that the program doesn’t grow faster than the State’s money to pay for home care. It also helps to ensure that there are enough home care providers to deliver needed services.

The enrollment target for the number of slots that can be filled in CHOICES Group 2 will be set by the State in TennCare Rules. It doesn’t apply to people moving out of a nursing home. And,
it **may** not apply to some people who are on TennCare that would have to go into a nursing home right away if less costly home care isn’t available. We must decide if you would go into a nursing home right away and provide proof to TennCare. And, we must show TennCare that there are home care providers ready to start giving your care at home.

Some slots will be held back (or reserved) for emergencies. This includes things like when a person is leaving the hospital and will be admitted to a nursing home if home care isn’t available. Reserved slots won’t be used until all of the other slots have been filled. The number of reserved slots and the guidelines to qualify in one of those slots will be in TennCare Rules. If the only slots left are reserved, you’ll have to meet the guidelines for reserved slots to enroll in CHOICES Group 2.

If you don’t meet the guidelines for reserved slots or there are no slots available and you qualify to enroll in CHOICES Group 2, your name will be placed on a waiting list. Or, you can choose to enroll in CHOICES Group 1 and receive nursing home care. There is no limit on the number of people that can be enrolled in Group 1 and go into a nursing home. (But, you don’t have to receive nursing home care unless you want to. You can wait for home care instead.)

People enrolled in CHOICES Group 2 above the enrollment target must get the first slots that open up. (These are people who have moved out of nursing homes or people already on TennCare would have gone into a nursing home right away if less costly home care wasn’t available.) When everyone in CHOICES Group 2 is under the enrollment target and there are still slots available, TennCare can enroll from the waiting list based on need.

**Care Coordination and Role of the Care Coordinator**

In CHOICES, TennCare Select is responsible for managing all of your physical health, mental health and long-term services and supports needs, and the services that you receive to address these needs. This is called care coordination.

These functions are carried out by a Care Coordinator. We will assign you a Care Coordinator when you enroll in CHOICES. Your Care Coordinator will play a very important role. Your Care Coordinator is your primary contact person and is the first person that you should go to if you have any questions about your services.

**Your Care Coordinator will…**

- Provide information about CHOICES and answer your questions.
- Work with you to ensure that you have all the information you need to make good choices about your health care.
- Help you get the right kind of long-term services and supports in the right setting for you to address your needs.
- Coordinate all of your physical health, mental health and long-term services and supports needs.
- Help to solve issues that you have about your care.
- Make sure that your plan of care is carried out and is working the way that it needs to.
- Be aware of your needs as they change, update your plan of care when needed (at least once a year), and make sure that the services you get are appropriate for your changing needs.
• Check at least once a year to make sure that you continue to need the level of care provided in a nursing home.
• Communicate with your providers to make sure they know what’s happening with your health care and to coordinate your service delivery.

Other tasks performed by the Care Coordinator will vary slightly depending on the CHOICES Group you’re enrolled in.

If you receive nursing home care in CHOICES Group 1, your Care Coordinator will…
• Be part of the care planning process with the nursing home where you live.
• Perform any additional needs assessment that may be helpful in managing your health and long-term services and supports needs.
• Supplement (or add to) the nursing home’s plan of care if there are things TennCareSelect can do to help manage health problems or coordinate other kinds of physical and mental health care you need.
• Conduct face-to-face visits at least every 6 months.
• Coordinate with the nursing home when you need services the nursing home isn’t responsible for providing.
• Determine if you’re interested and able to move from the nursing home to the community and if so, help make sure this happens timely.

If you receive home care in CHOICES Group 2 or Group 3, your Care Coordinator will…
• Work with you to do a comprehensive, individual assessment of your health and long-term services and supports needs and determine the services most appropriate to meet those needs.
• Work with you to develop your individual plan of care.
• Make sure the right health care professionals are consulted during your plan of care process.
• Give you information to help you choose long-term services and supports providers who work with TennCareSelect.
• Contact you by telephone at least once every month and visit you in person at least once every 3 months.
• Make sure your plan of care is carried out and working the way that it needs to.
• Monitor to make sure you are getting what you need and that gaps in care are addressed right away.
• Give you information about community resources that might be helpful to you.
• Make sure the home care services you receive are based on your needs and do not cost more than nursing home care, if you are in Group 2, or more than $15,000 if you are in Group 3.

We will tell you who your Care Coordinator is and how to reach them. If your Care Coordinator won’t be assigned soon after you enroll in CHOICES, we will send a letter that says how to reach the Care Coordination Unit for help until your Care Coordinator is assigned.
Requesting a TennCare Review

If you’re in CHOICES Group 2 or CHOICES Group 3, you can ask TennCare to review your needs assessment or plan of care if you have concerns and think you’re not getting the services you need. TennCare will review the assessment or plan of care and the information gathered by your Care Coordinator. If TennCare thinks you’re right, they’ll work with us to fix the problem. If TennCare thinks you are getting the services you need, they’ll send you a letter that says why. To request an objective review of your needs assessment and plan of care, you must submit a written request to:

TennCare Division of Long Term Services and Supports
c/o CHOICES Review
310 Great Circle Rd.
Nashville, TN  37243

Keep a copy of your request. Write down the date that you sent it to TennCare.

Or, fax your request to 1-615-532-9140. Keep the page that shows your fax went through.

Changing Care Coordinators

If you’re unhappy with your Care Coordinator and would like a different one, you can ask us. You can have a new Care Coordinator if one is available. That doesn’t mean you can pick whoever you want to be your Care Coordinator. We must be able to meet the needs of all CHOICES members and assign staff in a way that allows them to do that. To ask for a different Care Coordinator, call us at 1-800-263-5479. Tell us why you want to change Care Coordinators. If we can’t give you a new Care Coordinator, we’ll tell you why. And, we’ll help to address any problems or concerns you have with your Care Coordinator.

There may be times when we will have to change your Care Coordinator. This may happen if your Care Coordinator is no longer with TennCare Select, is temporarily not working, or has too many members to give them the attention they need. If this happens, we will send you a letter that says who your new Care Coordinator will be and how to contact them.

If you’re in CHOICES, you can contact your Care Coordinator anytime you have a question or concern about your health care – you do not need to wait until a home visit or a phone call. You should contact your Care Coordinator anytime you have a change in your health condition or other things that may affect the kind or amount of care you need. If you need help after regular business hours that won’t wait until the next day, you can call us at 1-800-262-2873.
CHOICES Consumer Advocate

In addition to your Care Coordinator, there is another person at TennCare Select to help you. This person is the CHOICES Consumer Advocate. The CHOICES Consumer Advocate is available to:

• Provide information about the CHOICES program.
• Help you figure out how things work at TennCare Select like filing a complaint, changing Care Coordinators or getting the care you need.
• Make referrals to the right TennCare Select staff.
• Help solve problems with your care.

To reach the TennCare Select CHOICES Consumer Advocate, call us at 1-800-263-5479. Ask to speak with the CHOICES Consumer Advocate.

Freedom of Choice

In CHOICES, if you qualify for level of care for Group 1 and 2, you have the right to choose to get care:

• In your home,
• Or in another place in the community (like an assisted living facility or critical adult care home),
• Or in a nursing home.

For CHOICES Group 3, if you meet the “at risk” level of care and you are not in the target population (age 65 and older OR age 21 and older with a physical disability) or if your needs cannot be safely met in the home, TennCare may allow for nursing home placement.

To get care in your home or in the community, you must qualify and be able to enroll in CHOICES Group 2. (See Who can qualify to enroll in CHOICES?)

If you’re in a nursing home, you may be able move from your nursing home to your own home and receive services if you want to. If you’re interested in moving out of the nursing home into the community, talk with your Care Coordinator.

To get care in your home or in the community, we must be able to safely meet your needs in that setting. And, for CHOICES Group 2 the cost of your care can’t be more than the cost of your care in a nursing home. That includes the cost of your home care and any home health or nursing care you may need. For CHOICES Group 3, the cost of your care cannot exceed the $15,000 cost cap, excluding any home health or nursing care you might need. The actual kind and amount of care you will receive depends on your needs.

What if you don’t want to leave the nursing home and move to the community? Then, we won’t make you, even if we think care in the community would cost less. As long as you qualify for nursing home care, you can choose to receive it.

You can change your choice at any time as long as you qualify and can enroll to receive care in the setting you pick.
In CHOICES, you can also help choose the providers who will give your care. This could be an assisted living or nursing home, or the agency who will give your care at home. You may also be able to hire your own workers for some kinds of care (called Consumer Direction).

The provider you choose must be willing and able to give your care. Your Care Coordinator will try to help you get the provider you pick. But, if you don’t get the provider you want, you can’t appeal and get a fair hearing. If you don’t get the services you think you need, then you can file an appeal.

Using Long-Term Services and Supports Providers Who Work with TennCareSelect

Just like physical and mental health services, you must use providers who work with TennCareSelect for most long-term services and supports. We will give you a provider directory that has a list of all of the long-term services and supports providers who work with TennCareSelect. You can also find the list online at vshptn.com. In most cases, you must receive services from a long-term services and supports provider on this list so that TennCare will pay for your long-term services and supports. However, there are times when TennCare will pay for you to go to a long-term services and supports provider who does not usually work with TennCareSelect. But, we must first say that it is OK to use a long-term services and supports provider who does not usually work with TennCareSelect.

Prior Authorization of Long-Term Services and Supports

Sometimes you may have to get an OK from TennCareSelect for your physical or mental health services before you receive them even if a doctor says you need the services. This is called prior authorization. Services that must have a prior authorization before you receive them will only be paid for if we say OK before the services are provided.

All long-term services and supports must be approved before we will pay for them. All home care services must be approved before you receive them. Nursing home care may sometimes start before you get an OK, but you still need an OK before we will pay for it. We will not pay for any long-term services and supports unless you have an OK.

Consumer Direction

Consumer Direction is a way of getting some of the kinds of home care you need. It offers more choice and control over who gives your home care and how your care is given. The services available through Consumer Direction are:

- Personal care visits;
- Attendant care;
- In-home respite; and
- Companion care (Only if you qualify for and are enrolled in CHOICES Group 2)

In Consumer Direction, you actually employ the people who give some of your home care services—they work for you (instead of a provider). You must be able to do the things that an employer would do. These include things like:

- Find, interview and hire workers to provide care for you
• Define workers’ job duties
• Develop a job description for your workers
• Train workers to deliver your care based on your needs and preferences
• Set the schedule at which your workers will give your care
• Make sure your workers use the call-in system to log in and out at each visit
• Make sure your workers provide only as much care as you are approved to receive
• Make sure that no hourly worker gives you more than 40 hours of care in a week (they can’t work overtime unless TennCare says it’s OK)
• Supervise your workers
• Evaluate your workers’ job performance
• Address problems or concerns with your workers’ performance
• Fire a worker when needed
• Decide how much your workers will be paid (within limits set by the State)
• Review the time your workers report to be sure it’s right
• Ensure there are good notes kept in your home about the care your workers provide
• Develop a back-up plan to address times that a scheduled worker doesn’t show up (you can’t decide to just go without services)
• Activate the back-up plan when needed

What if you can’t do some or all of these things? Then, you can choose a family member, friend, or someone close to you to do these things for you. It’s called a “Representative for Consumer Direction.” It’s important that you pick someone who knows you very well that you can depend on. To be your Representative for Consumer Direction, the person must:

▪ Be at least 18 years of age.
▪ Know you very well.
▪ Understand the kinds of care you need and how you want care to be given.
▪ Know your schedule and routine.
▪ Know your health care needs and the medicine you take.
▪ Be willing and able to do all of the things that are required to be in Consumer Direction.
▪ Live with you in your home or be present in your home often enough to supervise staff. This usually means at least part of every worker’s shift.
▪ Be willing to sign a Representative Agreement, saying they agree to do these things.

Your Representative cannot get paid for doing these things.

You or your Representative will have help doing some of the things you must do as an employer. The help will be provided by Public Partnerships, LLC. There are 2 kinds of help you will receive:

1. Public Partnerships, LLC will help you and your workers fill out all of the paperwork that you must complete. They will pay your workers for the care they give. And, they will fill out and file the payroll tax forms that you must fill out as an employer.

2. Public Partnerships, LLC will hire or contract with a Supports Broker for you. A Supports Broker is a person who will help you with the other kinds of things you must do as an employer. These are things like:
   • Finding and interviewing workers;
   • Writing job descriptions;
• Training workers;
• Scheduling workers; and
• Developing a back-up plan to address times when a scheduled worker doesn’t show up.

But, your Supports Broker can’t help you supervise your workers. You or your Representative must be able to do that by yourself.

The kind and amount of care you’ll get depends on what you need. Those services are listed in your plan of care. You won’t be able to get more services by choosing to be in Consumer Direction. You can only get the services you need that are listed in your plan of care. You can choose to get some of these services through Consumer Direction and get some home care from providers that work with your TennCare health plan. But, you must use providers that work with TennCare Select for care that you can’t get through Consumer Direction.

Can you pay a family member or friend to provide care in Consumer Direction? Yes, you can pay a family member, but you cannot:
• Pay your spouse to provide care;
• Pay someone who lives with you to provide Attendant Care, Personal Care, or In-home Respite services;
• Pay an immediate family member to provide Companion Care. An immediate family member is a spouse, parent, grandparent, child, grandchild, sibling, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, and son-in-law. Adopted and step members are included in this definition;
• Pay someone who lives with you now or in the last 5 years to provide Companion Care.

And, CHOICES can’t pay family members or others to provide care they would have given for free. CHOICES only pays for care to meet needs that can’t be met by family members or others who help you. The services you need are listed in your plan of care.

If you’re in CHOICES and need services that can be consumer directed your Care Coordinator will talk with you about Consumer Direction. If you want to be in Consumer Direction, your Care Coordinator will work with you to decide which of the services you will direct and start the process to enroll you in Consumer Direction. Until Consumer Direction is set up, you will get the services that are in your plan of care from a provider who works with TennCare Select.

You can decide to be in Consumer Direction at any time. If you are directing one or more services and decide not to be in Consumer Direction any more, you will not stop getting long-term services and supports. You will still be in CHOICES. You’ll get the services you need from a provider who works with TennCare Select instead.

Self-Direction of Health Care Tasks

If you’re in Consumer Direction, you may also choose to have consumer directed workers perform certain kinds of health care tasks for you. Health care tasks are routine things like taking prescribed drugs that most people do for themselves every day. Usually, if you can’t perform health care tasks yourself and don’t have a family member to do them for you, they must be performed by a licensed nurse. But, in Consumer Direction, if your doctor says it’s OK, you
can have your consumer directed workers do certain kinds of health care tasks for you. You (or your Representative) must be able to train your workers on how to do each health care task, and must supervise them in performing the task.

For now, health care tasks are limited to giving medicine that isn’t injected with a needle. These are drugs you take by mouth, or things like eye drops, or lotions and creams. And, the medicine must be prescribed for a set dose to be taken at a scheduled time (not as needed).

Please talk with your Care Coordinator if you have any questions about self-direction of health care tasks.
Paying for your CHOICES Long-Term Services and Supports

You may have to pay part of the cost of your care in CHOICES. It’s called “patient liability.” The amount you pay depends on your income. If you have patient liability, you must pay it in CHOICES. If you get care in an assisted living or adult care home, or in a nursing home, you will pay your patient liability to that home. If you get care in your own home, you will pay your patient liability to TennCare Select.

What if you DON’T pay the patient liability you owe? 4 things could happen:

1. Your CHOICES care provider could decide not to provide your care anymore. If you get care in an assisted living or adult care home, or in a nursing home, they could discharge you. Before they do, they must send you a letter that says why you’re being discharged. If you think they’re wrong about owing them money, you can appeal.

2. And if you don’t pay your patient liability, other providers may not be willing to give your care either. If that happens, TennCare Select could decide not to be your health plan for CHOICES anymore. We can’t meet your needs if we can’t find any providers willing to give you care. We must send you a letter that says why we can’t be your health plan for CHOICES anymore. If you think we’re wrong, you can appeal.

3. And if you don’t pay your patient liability, other TennCare health plans may not be willing to be your health plan for CHOICES either. If that happens, you may not be able to stay in CHOICES. You may not get any long-term services and supports from TennCare. If you can’t stay in CHOICES, TennCare will send you a letter that says why. If you think they’re wrong, you can appeal.

4. And if you can’t stay in CHOICES, you may not qualify for TennCare anymore. If the only way you qualify for TennCare is because you get long-term services and supports, you could lose your TennCare too. Before your TennCare ends, you’ll get a letter that says how to appeal if you think it’s a mistake.

If you have patient liability, it’s very important that you pay it.

Do you have Medicare or other insurance that helps pay for your long-term services and supports? If you do, that insurance must pay first. TennCare can’t pay for care that’s covered by Medicare or other insurance. What if you have long-term services and supports insurance that pays you? Then you must pay the amount you get to help cover the cost of your care. If you live in an assisted living or adult care home, or in a nursing home, you’ll pay the amount you get to that home. If you get care in your own home, your Care Coordinator will tell you how to pay the insurance money you get. This won’t lower the amount of any patient liability you owe. You must pay any long-term services and supports insurance you get and your patient liability to help cover the cost of your care.

What if you receive Aid and Attendance Benefits through the Department of Veterans Affairs? If you do, it is important that you tell your Care Coordinator. Your Care Coordinator will give you important information that will help you make choices about how you will receive the long-term services and supports that you need.
Federal Estate Recovery Program

Medicaid, including CHOICES, is a government program. CHOICES pays for long-term services and supports for people who don’t have enough income and/or resources (things they own) to be able to pay for all of that care themselves.

To help the federal government pay for long-term services and supports, every state is required by federal law to have a Medicaid Estate Recovery Program.

An estate is property, such as money, a house, land, cars, or other things of value that a person leaves to family members or others when he or she dies.

Estate recovery applies to:
- Persons of any age who receive nursing facility services.
- Persons age 55 and older who receive long-term services and supports—nursing home services or home care (HCBS) as an alternative to nursing home care.

If a person in one of these groups receives Medicaid long-term services and supports, the State of Tennessee must ask for money back from that person’s estate after he or she dies to help pay for certain kinds of care he or she received. The money that is collected goes back to TennCare to help pay for long-term services and supports for others who need it.

In some cases, the State may wait to recover from the estate because someone else is living in the home, such as:
- A surviving spouse.
- A minor child.
- A child of any age who has been blind or permanently and totally disabled since before age 18.

If the value of the estate is very small, the State may not pursue recovery.

There are limited circumstances in which a hardship waiver may be requested and granted—for example, a family farm where the property is the sole source of income for surviving relatives.

The State will never ask for more money back than it paid for services. And, estate recovery does not occur until after the person’s death.

Please ask your Care Coordinator if you have questions about estate recovery.

Disenrollment from CHOICES

Your enrollment in CHOICES and receipt of long-term services and supports can end for several reasons and may vary depending on the CHOICES Group that you are enrolled in. TennCareSelect can recommend a member’s disenrollment from CHOICES but TennCare will make the final decision. Some of the reasons you could be disenrolled from CHOICES include:
- You no longer qualify for Medicaid.
- You no longer need the level of care provided in a nursing home.
- You no longer need and aren’t receiving any long-term services and supports.
- You fail to pay your patient liability.

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If you’re in Group 1, your enrollment in CHOICES can also end if…
• You do not pay your patient liability. If you do not pay your patient liability, the nursing home where you live may decide that it cannot serve you. If this happens, other nursing homes may not be willing to take you either. TennCareSelect can decide not to serve you in CHOICES if we can’t find a nursing home willing to take you. If TennCare can’t find a health plan who will serve you in CHOICES, you will be disenrolled.

If you’re in Group 2, your enrollment in CHOICES can also end if…
• TennCareSelect decides we can no longer safely meet your needs in the home or community.
  This could include things like:
  o You refuse to allow a Care Coordinator into your home. If a Care Coordinator can’t visit you in your home, TennCareSelect can’t be sure that you’re safe and healthy.
  o You refuse to receive services that are identified in your plan of care as needed services.
  o The risks to your health and safety are too great.
  o TennCareSelect decides your needs cannot be safely met in the home or community at a cost that’s not more than the cost of nursing home care, and you refuse to move to a nursing home. Your Care Coordinator will check regularly to make sure that the care you receive in your own home or in the community (including the cost of home health and private duty nursing services) do not exceed the cost of nursing home care. If TennCareSelect determines that home care in your own home will cost more than nursing home care, your Care Coordinator will work with you to try to put together a plan of care that will safely and cost-effectively meet your needs. If TennCareSelect decides it’s not possible to safely serve you in your home or in the community for less than the cost of nursing home care, your Care Coordinator will help you move to a nursing home of your choice who works with TennCareSelect. If you choose not to move to a nursing home, you’ll no longer be able to receive services in your own home or in the community. You’ll be disenrolled from CHOICES.
  • You do not pay your patient liability. If you do not pay your patient liability, the TennCareSelect may decide not to serve you in CHOICES. If TennCare can’t find a health plan who will serve you in CHOICES, you will be disenrolled.

If you are in Group 3, your enrollment in CHOICES can also end if…
• TennCareSelect decides we can no longer safely meet your needs in the home or community. This could include things like:
  o You refuse to allow a Care Coordinator into your home. If a Care Coordinator can’t visit you in your home, TennCareSelect can’t be sure that you’re safe and healthy.
  o You refuse to receive services that are identified in your plan of care as needed services.
  o If TennCareSelect makes the determination that your needs cannot be safely met at home, TennCare will determine whether or not you are eligible to move to a nursing home. If you choose not to move to a nursing home, you’ll no longer be
able to receive long-term services and supports and you will be disenrolled from CHOICES.

• You do not pay your patient liability. If you do not pay your patient liability, the TennCare Select may decide not to serve you in CHOICES. If TennCare can’t find a health plan who will serve you in CHOICES, you will be disenrolled.

If you’re disenrolled from CHOICES, you’ll stay on TennCare as long as you still qualify for Medicaid. However, you’ll no longer receive any long-term services and supports paid for by TennCare. You’ll get a letter that says why your CHOICES is ending and how to appeal if you think it’s a mistake.

If the only way you qualify for Medicaid is because you receive long-term services and supports and you’re disenrolled from CHOICES, your TennCare may end too. Before it does, you’ll get a letter that says why. You’ll get a chance to qualify in another one of the groups that Medicaid covers.

Abuse, Neglect and Exploitation

CHOICES members have the right to be free from abuse, neglect and exploitation. It’s important that you understand how to identify abuse, neglect and exploitation and how to report it. Abuse can be…

• Physical abuse;
• Emotional abuse; or
• Sexual abuse.

It includes inflicting pain, injury, or mental anguish, unreasonable confinement, or other cruel treatment.

Neglect can occur…

• When an adult is unable to care for him/herself or to obtain needed care, placing his or her health or life at risk. This is “self-neglect.”
• When the basic needs of a child or an adult who is dependent on others are not met by a caregiver, resulting in harm or risk of harm to health or safety. The neglect may be unintended, resulting from the caregiver's lack of ability to provide or arrange for the care or services the person requires. Neglect also may be due to the intentional failure of the caregiver to meet the person’s needs.

Exploitation can include…

• Fraud or coercion;
• Forgery; or
• Unauthorized use of banking accounts or credit cards.

Financial Exploitation occurs when a caregiver improperly uses funds intended for the care or use of an adult. These are funds paid to the adult or to the caregiver by a governmental agency.

If you think you’re a victim of abuse, neglect or exploitation or that any other CHOICES member is a victim of abuse, neglect or exploitation, please notify your Care Coordinator.
All suspected incidents of abuse, neglect or exploitation of an adult should be reported to Adult Protective Services (APS) at 1-888-277-8366.

All reports of abuse or neglect of a child should be reported to Child Protective Services (CPS) at 1-877-237-0004 or online at https://reportabuse.state.tn.us/.

**Long-Term Services and Supports Ombudsman**

The State’s Long-Term Services and Supports Ombudsman program offers assistance to persons living in nursing homes or other community-based residential settings, like an assisted living or critical adult care home. A Long-Term Services and Supports Ombudsman does not work for the facility, the State, or TennCare Select. This helps them to be fair and objective in resolving problems and concerns.

The Long-Term Services and Supports Ombudsman in each area of the State can:
- Provide information about admission to and discharge from long-term services and supports facilities.
- Provide education about resident rights and responsibilities.
- Help residents and their families resolve questions or problems they have been unable to address on their own with the facility. Concerns can include things like:
  - Quality of care;
  - Resident rights; or
  - Admissions, transfers, and discharges

To find out more about the Long-Term Services and Supports Ombudsman program, or to contact the Ombudsman in your area, call the Tennessee Commission on Aging and Disability for free at 1-877-236-0013.
Part 7: Health Care Papers you may need
Your PCP is the main person who gives you health care. Do you need to change your PCP? Part 1 of this handbook tells you about changing your PCP.

**Primary Care Provider (PCP) Change Request**

Fill this out and mail to: **TennCareSelect Claims Service Center**

1 Cameron Hill Circle, Suite 0035
Chattanooga, TN 37402

When you choose a PCP, we will send you a new ID card. You can begin seeing your new PCP on the effective date on your new card.

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 | Month   Day    Year |
| Your Telephone Number: (         )_______________________ |
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<th>PCP 2nd Choice:</th>
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<td>Provider ID number (listed in the Provider Directory): ___________________________</td>
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You have a right to fair treatment.

If you think you have been treated unfairly, this page tells you who to contact.

**We do not allow unfair treatment in TennCare.** 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 TennCare, 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 TennCare.**

**Is your problem with your**

- **Physical or mental health care?**
  Then call your health plan.

- **Dental care?**
  Then call your dental plan.

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

**Bureau of TennCare**
You can call the Office of Non-discrimination at:
(615) 507-6474
You can call the Office of Non-discrimination toll free at: 1-855-857-1673
You can write to:
  Office of Non-discrimination
  Bureau of TennCare
  310 Great Circle Rd.
  Nashville, TN 37243
Fax: (615) 253-2917
TTY/TDD: Toll Free 1-877-769-7697

**U.S. Department of Health & Human Services – Office for Civil Rights**
You can call 1-800-368-1019 for free
You can write to:
  Director - Office for Civil Rights
  U.S. Department of Human Services
  200 Independence Ave., SW –Room 506 F
  Washington, DC 20201
TTY/TDD: Toll Free 1-800-537-7697

**U.S. Department of Health & Human Services-Region IV Office for Civil Rights**
You can call: (404) 562-7859
You can write to:
U.S. DHHS / Region IV Office for Civil Rights
61 Forsyth Street, SW - 3rd Floor, Suite 3B70
Atlanta, Georgia 30303
Fax: (404) 562-7881

**THRC – Tennessee Title VI Compliance Program**
You can call (615) 532-4882
You can write to:
  Director
  Andrew Johnson Tower – 1st Floor
  710 James Robertson Parkway
  Nashville, TN 37243-0635
  Fax: (615) 253-1886

Rev: 01Sep11
Usted tiene el derecho a que lo traten de una manera justa.

Si piensa que ha sido tratado injustamente, esta página le dice con quién comunicarse.

**TennCare no permite el trato injusto.** Las leyes federales y estatales protegen a su familia contra el tratamiento injusto. Nadie lo puede tratar de una manera diferente debido a su:

- Raza
- Sexo
- Color de la piel
- Religión
- Lugar de nacimiento
- Discapacidad
- Idioma
- Edad

En TennCare, ser tratado de una manera injusta podría significar muchas cosas: podría significar que alguien lo trató de una manera diferente debido a una de las cosas indicadas arriba. Por ejemplo:

- Quizás no lo dejaron participar en las mismas cosas que a otra gente.
- Quizás no le dieron la ayuda que necesitaba para obtener servicios de atención de la salud.
- Quizás usted no recibió la atención de la salud que necesitaba.

¿Cree que lo han tratado injustamente? Usted se puede comunicar uno de los lugares indicados abajo para obtener ayuda. Usted también tiene el derecho a reclamar. Por ley, nadie se puede vengar porque usted reclame.

**Estos son los contactos para comunicarse si lo tratan injustamente en TennCare.**

**Está relacionado su problema con:**

- **Atención física o psiquiátrica (mental)?**
  Entonces llame a su plan de seguro médico.

- **La atención de su salud dental?**
  Entonces llame a su plan de seguro dental.

El número de cada plan se indica en su Manual para miembros. Pida hablar con el coordinador de cumplimiento con la no discriminación.

**Bureau of TennCare**
Puede llamar a la Oficina de No Discriminación al (615) 507-6474
Puede llamar a la Oficina de No Discriminación gratis al 1-855-857-1673
Puede enviarle una carta a:
  Office of Non-Discrimination
  Bureau of TennCare
  310 Great Circle Road
  Nashville, TN 37243
Fax: (615) 253-2917
TTY/TDD: llamada gratuita 1-877-779-3103

**U.S. Department of Health & Human Services – Office for Civil Rights**
Puede llamar gratis al 1-800-368-1019
Puede enviarle una carta a:
  Director - Office for Civil Rights
  U.S. Department of Human Services
  200 Independence Ave., SW – Room 506 F
  Washington, DC 20201
TTY/TDD: llamada gratuita 1-800-537-7697

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Puede llamar al: (404) 562-7859
Puede enviarle una carta a:
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  Atlanta, GA 30303
Fax: (404) 562-7881

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Puede llamar gratis al (615) 532-4882
Puede enviarle una carta a:
  Director
  Andrew Johnson Tower – 1st Floor
  710 James Robertson Parkway
  Nashville, TN 37243-0635
Fax: (615) 253-1888
Unfair Treatment Complaint

Federal law says that unfair treatment is not allowed. No one can be treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. If you feel that you have been treated unfairly for any of these reasons, you have the right to complain. We do not allow unfair treatment in TennCare.

We need the following facts so we can look into your complaint. If you need help to fill out this page, let us know.

1. **Are you filing this complaint for yourself?** □ Yes □ No
   - If yes, go to question number 2.
   - If no, tell us your name:_______________________________________________________
   - Give us a phone number where we can reach you:(_______)_______________________

2. **What is the name of the person you feel was treated unfairly?**

<table>
<thead>
<tr>
<th>Name of Person You Feel Was Treated Unfairly</th>
<th>Date of Birth</th>
</tr>
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<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td></td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Number and Name, Rural Route, Apartment Number, Lot Number, PO Box, etc.</td>
</tr>
<tr>
<td>City:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime Phone ( )</td>
</tr>
<tr>
<td>Evening Phone ( )</td>
</tr>
</tbody>
</table>

3. **Who do you think treated this person unfairly?**

   Name ______________________________________________________
   Address ____________________________________________________
   City, State, and Zip Code ____________________________________
   Phone Number (_____) ____________________ - or - (_____) ______________

4. **Give us facts about the unfair treatment.**
   - Check the box or boxes that you think were the reason for the unfair treatment.
     - Race □ Color □ Birthplace □ Language spoken □ Sex □ Religion □ Age □ Disability □

   What date did the unfair treatment take place?__________________________

   Do you think it has happened other times? □ Yes □ No
   If yes, how many other times? ______

   Have you complained about this problem before and tried to have it stopped? □ Yes □ No
   If yes, who have you talked to about it? Name:____________________________
   When did you talk to them about it? ________________________________________

   Have you filed this complaint with another federal, state, or local agency? □ Yes □ No
   Have you filed this complaint with any federal or state court? □ Yes □ No
   If yes, check all that apply.
     - Federal agency □ Federal court □ State agency □
     - State court □ Local agency □
If yes, tell us the name of the contact person at the agency/court where you filed the complaint.

Name ____________________________________________
Agency/Court Name __________________________________
Address __________________________________________
City, State, and Zip Code ________________________________
Phone Number (____) __________________________________

5. In your own words, tell us what happened. You can attach more pages if you need them.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Please sign below. Attach any other information that you think will be helpful.

Sign here. X ________________________________ Date: __________

If you filled out this page for someone else, sign here. X ________________________________
[Note: if you helped someone file this complaint, you don’t have to sign.]

Print your name: ________________________________ Date: __________

Mail these pages to: TennCareSelect
Non-discrimination Compliance Coordinator
1 Cameron Hill Circle
Chattanooga, Tennessee 37402

If you have questions, please call 1-800-263-5479(Toll-free) for help.

To get help in another language, call one of these numbers:

<table>
<thead>
<tr>
<th>Language</th>
<th>Toll Free Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Bosnian</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Kurdish-Badinani</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Kurdish-Sorani</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Somali</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Spanish</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>1-800-758-1638</td>
</tr>
</tbody>
</table>
TennCare does not allow unfair treatment based on race, color, language spoken, sex, sexual orientation, religion, handicap/disability or age.
Queja por trato injusto

La ley federal dice que el trato injusto no está permitido. Nadie puede recibir un trato diferente debido a su raza, color de la piel, lugar de nacimiento, religión, idioma, sexo, edad, o discapacidad. Si piensa que ha sido tratado de manera injusta por alguno de esos motivos, usted tiene el derecho de quejarse. TennCare no permite el trato injusto.

Necesitamos la siguiente información para que podamos evaluar su queja. Si necesita ayuda para llenar esta hoja, avísenos.

1. ¿Está completando esta queja para usted mismo(a)? ☐ Sí ☐ No
   Si respondió “sí”, pase a la pregunta número 2.
   De lo contrario, dégamos el nombre de usted:
   Anote un número de teléfono en donde nos podemos comunicar con usted:

2. ¿Cuál es el nombre de la persona que usted piensa que fue tratada injustamente?

<table>
<thead>
<tr>
<th>Nombre de la persona que usted piensa fue tratada injustamente</th>
<th>Fecha de nacimiento</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apellido</td>
<td>Nombre</td>
</tr>
<tr>
<td>Dirección postal completa:</td>
<td></td>
</tr>
<tr>
<td>N.° de casa y nombre de la calle, Rural Route, n.° de departamento, n.° de lote, PO Box, etc.</td>
<td></td>
</tr>
<tr>
<td>Ciudad:</td>
<td>Estado:</td>
</tr>
<tr>
<td>Teléfono durante el día ( )</td>
<td>Teléfono durante la noche ( )</td>
</tr>
</tbody>
</table>

3. ¿Quién piensa usted que trató de manera injusta a esta persona?
   Nombre ____________________________
   Dirección ____________________________
   Ciudad, Estado y Código postal ____________________________
   Número de teléfono ( ) - o - ( )

4. Díganos los hechos sobre el trato injusto.
   Marque la casilla o casillas que usted piensa fueron el motivo del trato injusto.
   Raza ☐ Color ☐ Lugar de nacimiento ☐ Idioma hablado ☐ Sexo ☐
   Religión ☐ Edad ☐ Discapacidad ☐
   ¿Cuál fue la fecha en que tuvo lugar el trato injusto? ____________________________
   ¿Piensa usted que ha ocurrido otras veces? ☐ Sí ☐ No
   Si respondió “sí”, ¿en cuántas ocasiones? ____
   ¿Se ha quejado previamente de este problema y ha intentando que lo dejen de hacer?
   ☐ Sí ☐ No
   Si respondió “sí”, ¿con quién habló sobre eso? Nombre: ____________________________
   ¿Cuándo habló con esa persona sobre eso? ____________________________
   ¿Ha presentado esta queja con alguna otra agencia federal, estatal o local? ☐ Sí ☐ No
   ¿Ha presentado esta queja ante un tribunal federal o estatal? ☐ Sí ☐ No
   Si respondió “sí”, marque todo lo que corresponda:
   Agencia federal ☐ Tribunal federal ☐ Agencia estatal ☐
   Tribunal estatal ☐ Agencia local ☐
Si respondió “sí”, díganos el nombre de la persona de contacto en la agencia/tribunal donde presentó la queja.

Nombre __________________________________________________________

Nombre de la agencia/tribunal _______________________________________

Dirección _______________________________________________________

Ciudad, Estado y Código postal _______________________________________

Número de teléfono (_____)_________________________________________

5. Díganos, en sus propias palabras, lo que ocurrió. Si es necesario, puede adjuntar más hojas.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Por favor abajo. Adjunte cualquier otra información que piense que podría ser útil. Firmé aquí X ______________________________ Fecha: __________

Si usted completó esta hoja para otra persona, firmé aquí. X

[Nota: si usted le ayudó a alguien completar esta queja, no tiene que firmar.]

Escriba su nombre en letra de imprenta: ___________________________

Fecha: __________

Envíe estas páginas por correo a: < TennCareSelect
Non-discrimination Compliance Coordinator
1 Cameron Hill Circle
Chattanooga, Tennessee 37402

Si tiene preguntas, llame al TennCareSelect 1-800-263-5479 donde le podrán ayudar. Si usa TTY/TDD, lo (sin costo) 1-800-226-1958.

Para obtener ayuda en otro idioma, llame a uno de los siguientes números:

<table>
<thead>
<tr>
<th>Idioma</th>
<th>Llamada gratuita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Árabe</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Bosnio</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Kurdish-Badinani</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Kurdish-Sorani</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Somalí</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Español</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Vietnamita</td>
<td>1-800-758-1638</td>
</tr>
</tbody>
</table>
TennCare está no tolera el trato injusto por motivo de raza, color de la piel, idioma hablado, sexo, orientación sexual, religión, discapacidad/incapacidad o edad del individuo.

Rev:08Feb10
Having problems getting health care or medicine in TennCare?

Use this page only to file a TennCare Medical Appeal.

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:_____________________

Rev:08Feb10
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 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.
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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR (Cardiopulmonary Resuscitation):</td>
<td>To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.</td>
</tr>
<tr>
<td>Life Support / Other Artificial Support:</td>
<td>Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys and other organs to continue to work.</td>
</tr>
<tr>
<td>Treatment of New Conditions:</td>
<td>Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.</td>
</tr>
<tr>
<td>Tube feeding/IV fluids:</td>
<td>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.</td>
</tr>
</tbody>
</table>

PLEASE SIGN ON PAGE 2
Other instructions, such as burial arrangements, hospice care, etc.: 

(Attach additional pages if necessary)

Organ donation (optional): Upon my death, I wish to make the following anatomical gift (please mark one):

☐ Any organ/tissue  ☐ My entire body  ☐ Only the following organs/tissues: 

SIGNATURE

Your signature should either be witnessed by two competent adults or notarized. If witnessed, neither witness should be the person you appointed as your agent, and at least one of the witnesses should be someone who is not related to you or entitled to any part of your estate.

Signature: _______________________________  DATE: _______________________________

(Patient)

Witnesses:

1. I am a competent adult who is not named as the agent. I witnessed the patient’s signature on this form.

2. I am a competent adult who is not named as the agent. 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 1

Signature of witness number 2

This document may be notarized instead of witnessed:

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 who signed 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

WHAT TO DO WITH THIS ADVANCE DIRECTIVE

- Provide a copy to your physician(s)
- Keep a copy in your personal files where it is accessible to others
- Tell your closest relatives and friends what is in the document
- Provide a copy to the person(s) you named as your health care agent

Approved by Tennessee Department of Health, Board for Licensing Health Care Facilities, February 3, 2005
Acknowledgement to Project GRACE for inspiring the development of this form.
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: ____________________________
Name: ____________________________
Address: ____________________________
City: ____________________________ State: __________ Zip Code: __________
(____) Area Code Home Phone Number
(____) Area Code Work Phone Number
(____) Area Code Mobile Phone Number

Alternate: ____________________________
Name: ____________________________
Address: ____________________________
City: ____________________________ State: __________ Zip Code: __________
(____) Area Code Home Phone Number
(____) Area Code Work 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

Approved by Tennessee Department of Health, Board for Licensing Health Care Facilities, February 3, 2005
Part 8: More information
TENNderCARE:
TennCare’s Early Periodic Screening, Diagnosis and Treatment

Under EPSDT (Early Periodic Screening, Diagnosis and Treatment) for children under 21 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, mental problems, dental, or other conditions. This is called “screening” and needs to happen according to the American Academy of Pediatrics (AAP) Periodic Schedule. For example, children from birth through age 2 are entitled to 11 “screens”; from age 3 through 11 – 7 “screens” and from age 12 through 20 – 9 “screens”. In addition, a child is entitled to a “screening” whenever the child is referred to a doctor by someone such as a teacher who notices a change which might require a screening.

• Screens include the following:
  - A comprehensive health and development history; and
  - A comprehensive unclothed physical exam; and
  - Appropriate immunizations; and
  - Appropriate vision and hearing; and
  - Appropriate laboratory tests; and
  - Dental services; and
  - Health education.

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”; and scheduling assistance for services.

• Regular visits to a dentist for checkups and treatment; and

• Regular, periodic tests of the child’s hearing and eyesight and treatment of any problems with hearing and eyesight; and

• 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 test as well as test for lead in blood and sickle cell anemia if the child is in a situation that might put him or her at risk for either or both;

• Lead investigations if your child has a high level of lead in his or her blood. 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

• Transportation and scheduling assistance, if you cannot get your child to his or her visits, you may be able to get a ride. When you have to go far away from home to get to and from care, transportation help for a child includes costs for travel, cost of meals, and a place to stay. It may also include someone to go with the child if necessary. Call your TennCareSelect to schedule your TENNderCare appointment and transportation; and
• Other necessary health care, diagnostic services, treatment and other measures necessary to correct or ameliorate defects, prevent from worsening defects, and physical and mental illnesses and conditions discovered by the screening process.

    Co-payments are not required for preventive services.
# TENNderCARE: Children and Teen Immunization Schedule

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>At birth</th>
<th>19-23 months</th>
<th>24 months</th>
<th>36 months</th>
<th>4-6 years</th>
<th>7 years</th>
<th>8 years</th>
<th>11 years</th>
<th>12 years</th>
<th>15 years</th>
<th>16 years</th>
<th>17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB) Vaccine</td>
<td>1.</td>
<td>Administer monovalent HepB vaccine to all newborns before hospital discharge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be retested for HBsAg and antibody to HBsAg (anti-HBs) to 2 months after receiving the last dose of the series.</td>
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<td>3.</td>
<td>If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine for infants weighing ≥2.5 kg; for infants weighing &lt;2.5 kg, administer HBIG for infants weighing ≥2.0 kg. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG for infants weighing ≥2.0 kg (no later than age 1 week).</td>
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<td>Doses after the birth dose:</td>
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<td></td>
<td>1.</td>
<td>The second dose should be administered at age 1 to 2 months; monovalent HepB vaccine should be used for doses administered before age 6 weeks. Administration of a total of 4 doses of HepB-containing vaccine is recommended when a combination vaccine containing HepB is administered after the birth dose.</td>
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<td></td>
<td>2.</td>
<td>Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine starting as soon as feasible (Figure 3). The minimum interval between dose 1 and dose 2 is 4 weeks, and between dose 2 and dose 3 is 6 weeks.</td>
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<td>3.</td>
<td>The minimum interval between dose 1 and dose 2 is 4 weeks, and between dose 2 and dose 3 is 6 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 14 weeks and at least 16 weeks after the first dose.</td>
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<td>4.</td>
<td>Rotavirus (RV) vaccine</td>
<td>(Minimum age: 6 weeks)</td>
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<td>1.</td>
<td>The maximum age for the first dose in the series is 6 months, with the maximum age for the second dose 1 month after the first dose.</td>
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<td>2.</td>
<td>Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine</td>
<td>(Minimum age: 6 weeks)</td>
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<td>1.</td>
<td>The fourth dose may be administered as early as age 12 months, provided that at least 5 months have elapsed since the third dose.</td>
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<td>2.</td>
<td>Hemophilus influenzae type b (Hib) conjugate vaccine</td>
<td>(Minimum age: 6 weeks)</td>
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<td>1.</td>
<td>If PRP-OMP (PedvaxHIB or Convarix-Hib) is administered at age 2 and 4 months, a dose at age 6 months is not indicated.</td>
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<td>2.</td>
<td>HibV should only be administered for the booster (final) dose in children aged 12 months through 4 years.</td>
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<td>3.</td>
<td>Pneumococcal Vaccine</td>
<td>(Minimum age: 6 months for pneumococcal conjugate vaccine (PCV), 2 years for pneumococcal polysaccharide vaccine (PPSV))</td>
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<td></td>
<td>1.</td>
<td>Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.</td>
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<td>2.</td>
<td>For children who have received an age-appropriate series of 7-valent PCV (PCV7), a single supplemental dose of 13-valent PCV (PCV13) is recommended for:</td>
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<td>3.</td>
<td>All children aged 14 through 59 months:</td>
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<td>4.</td>
<td>Children aged 2 through 23 months with underlying medical conditions:</td>
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<td>5.</td>
<td>Administer PRP at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant:</td>
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<td>6.</td>
<td>If a 4th or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.</td>
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<td>7.</td>
<td>Inactivated poliovirus vaccine (IPV)</td>
<td>(Minimum age: 6 months)</td>
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<td></td>
<td>1.</td>
<td>If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.</td>
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<td>2.</td>
<td>The final dose is the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.</td>
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This schedule is approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/schedules/acip-schedule.pdf). The American Academy of Pediatrics, the American Academy of Family Physicians (http://www.aap.org). Department of Health and Human Services - Centers for Disease Control and Prevention.
FIGURE 2: Recommended Immunization schedule for persons aged 7 through 18 years—United States, 2012 (for those who fall behind or start late, see the schedule below and the catch-up schedule [Figure 3]).

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>7–10 years</th>
<th>11–12 years</th>
<th>13+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
<td></td>
<td></td>
<td>1 dose if indicated</td>
<td>1 dose if indicated</td>
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<tr>
<td>Meningococcal</td>
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<tr>
<td>Pneumococcal</td>
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<tr>
<td>Haemophilus b</td>
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<tr>
<td>Hepatitis A</td>
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<td></td>
<td>Complete 2-dose series</td>
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<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td>Complete 3-dose series</td>
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</tbody>
</table>

This schedule includes recommendations in effect as of December 23, 2011. 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/acip. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://vaers.hhs.gov) or by telephone: (800) 822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix and 11 years for Adacel)
   - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose (fully vaccinated) or Tdap vaccine (Tdap booster doses every 10 years thereafter).
   - Tdap vaccine should be substituted for a single dose ofTd in the catch-up series for children aged 7 through 10 years. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
   - Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

2. Human papillomavirus (HPV) vaccines (HPV4 [Gardasil] and HPV2 [Cervarix]). (Minimum age: 9 years)
   - Either HPV4 or HPV2 is recommended in a 3-dose series for females aged 11 or 12 years. HPV4 is recommended in a 3-dose series for males aged 11 or 12 years. The vaccine series can be started beginning at age 9 years.
   - Administer the second dose 1 to 2 months after the first dose and the third dose 8 months after the first dose (at least 24 weeks after the first dose).

3. Meningococcal conjugate vaccines, quadrivalent (MCV4).
   - Administer MCV4 at age 11 through 12 years with a booster dose at age 13+ years.
   - Administer MCV4 at age 13 through 18 years if patient is not previously vaccinated.
   - If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks after the preceding dose.
   - If the first dose is administered at age 16 years or older, a booster dose is not needed.
   - Administer 2 primary doses at least 8 weeks apart to previously unvaccinated persons with persistent complement component deficiency or anatomic/immunologic abnormalities, and 1 dose every 5 years thereafter.

4. Influenza vaccine (fluvax, Fluzone, Fluarix, Fluarix tetra, and Intron A). (Minimum age: 6 months)
   - Administer 2 doses of influenza vaccine (IV) and live, attenuated influenza vaccine (LAIV) each year in children aged 2 through 4 years.
   - Administer 2 doses of influenza vaccine (IV) and live, attenuated influenza vaccine (LAIV) each year in children aged 5 years and older.
   - For those with incomplete vaccination, follow the catch-up recommendations (Figure 3).
   - A 2-dose series (doses separated by at least 4 months) of adult formulation Influvax HB is licensed for use in children aged 11 through 15 years.
   - A 2-dose series (doses separated by at least 4 months) of adult formulation Influvax HB is licensed for use in children aged 11 through 15 years.
   - A 2-dose series (doses separated by at least 4 months) of adult formulation Influvax HB is licensed for use in children aged 11 through 15 years.

5. Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix and 11 years for Adacel)
   - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose (fully vaccinated) or Tdap vaccine (Tdap booster doses every 10 years thereafter).
   - Tdap vaccine should be substituted for a single dose ofTd in the catch-up series for children aged 7 through 10 years. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
   - Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

6. Haemophilus b (Hib) vaccine.
   - Haemophilus b (Hib) vaccine is recommended for children aged 2 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against Haemophilus b virus infection is desired. See MMWR 2006;55(No. RR-7), available at http://www.cdc.gov/mmwr/pdf/mmrr/mmrr0559.pdf.
   - Administer 2 doses at least 8 months apart to unvaccinated persons.

7. Hepatitis B (Hep B) vaccine.
   - Administer the 3-dose series to those not previously vaccinated.
   - For those with incomplete vaccination, follow the catch-up recommendations (Figure 3).
   - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.

8. Inactivated poliovirus vaccine (IPV).
   - The final dose in the series should be administered at least 6 months after the previous dose.
   - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child’s current age.
   - IPV is not routinely recommended for U.S. residents aged 18 years or older.

9. Measles, mumps, and rubella (MMR) vaccine.
   - The minimum interval between the 2 doses of MMR vaccine is 4 weeks.

10. Varicella (VAR) vaccine.
    - For persons without evidence of immunity (see MMWR 2007;56[No. RR-4]), available at http://www.cdc.gov/mmwr/pdf/mmrr/mmrr0560.pdf, administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
    - For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be counted as valid.
    - For persons aged 13 years and older, the minimum interval between doses is 4 weeks.
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.

Long-term Care – personal and medical care in a nursing home, developmental center for persons with mental retardation (ICF-MR), or Home and Community Based Services (HCBS) waiver program that TennCare pays for. TennCare Medicaid adults must qualify to receive TennCare reimbursed long-term care.

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;

When applied to enrollees under age 21, services shall be provided to meet the requirements of 42 CFR Part 441, Subpart B, and OBRA of 1989.
Do you need help with this information? Is it because you have a health, mental health, or learning problem or a disability? Or, do you need help in another language? If so, you have a right to get help, and we can help you. Call Customer Service at 1-800-263-5479.

Do you have a mental illness and need help with this information? The TennCare Advocacy Program can help you. Call them for free at 1-800-758-1638.

If you have a hearing or speech problem you can call us on a TTY/TDD machine. Our TTY/TDD number is 1-800-226-1958.

¿Habla español y necesita ayuda con esta carta? Llámenos gratis al 1-800-263-5479.

We do not allow unfair treatment in TennCare. No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. Do you think you’ve been treated unfairly? Do you have more questions or need more help? If you think you’ve been treated unfairly, call the Family Assistance Service Center for free at 1-866-311-4287. In Nashville, call 743-2000.

Need help in another language? You can call TennCareSelect for language assistance at 1-800-263-5479 or the numbers below. Interpretation and translation services are free to TennCare members.

**Foreign Language Lines**

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<th>Language</th>
<th>Phone Number</th>
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<tbody>
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<td>العربية (Arabic)</td>
<td>1-800-758-1638</td>
</tr>
<tr>
<td>Bosanski (Bosnian)</td>
<td>1-800-758-1638</td>
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<tr>
<td>كوردی - بادینانی (Kurdish-Badinani)</td>
<td>1-800-758-1638</td>
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<tr>
<td>كوردی - سۆرانی (Kurdish- Sorani)</td>
<td>1-800-758-1638</td>
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<tr>
<td>Soomaali (Somali)</td>
<td>1-800-758-1638</td>
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<tr>
<td>Espanol (Spanish)</td>
<td>1-800-758-1638</td>
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<tr>
<td>Ngọọọ Việt (Vietnamese)</td>
<td>1-800-758-1638</td>
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</tbody>
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