



STATE OF TENNESSEE
BUREAU OF TENNCARE
P.O. Box 740
Nashville, Tennessee 37202-740

Do you need special help?
Call **1-800-878-3192** for free.

The federal government says doctors who take Medicaid must write prescriptions on special paper. It's called a "tamper resistant prescription pad".

On _____, you asked TennCare to pay for your prescription for this drug or drugs:

TennCare can't pay for this drug because the prescription was written on the wrong kind of paper. That means it's NOT a covered benefit.
("Benefits" are the care and medicine TennCare pays for.)

The federal government, Tennessee law, and TennCare rules give the State the right to not cover this drug. [42 U.S.C. 1396r-8 (d), 1396b (i)(23); State Plan Amendment TN 2005-5 (6/1/05); State Plan Amendment TN 2005-015 (effective 1/1/06); TCA 71-5-102 (d); TennCare Rules 1200-13-13-.04, 1200-13-13-.10, 1200-13-14-.04, 1200-13-14-.10]

Do you think we made a mistake? Did your doctor use a tamper resistant prescription pad?
If so, you can file an appeal.

How to file a TennCare appeal

You have **40 days from the date on this page** to appeal. During your appeal, we **won't** pay for this drug. **BUT**, if you win your appeal, you can ask us to pay you back.

After 40 days, it's **too late** to appeal.

When you appeal, you're asking to tell a judge the **mistake** you think TennCare made. It's called a fair hearing. **Reasons you can have a fair hearing include:**

- Your doctor **did** use a tamper resistant prescription pad to write your prescription on. Federal law says your pharmacist can only take a written prescription on this kind of paper.

If we decide you're right, we'll pay for this medicine.

What if we decide you're wrong? If you still think we made a mistake about a fact, you can have a fair hearing. If you **don't** think we made a mistake about a fact, you **can't** have a fair hearing.

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You **don't** have a right to a fair hearing just because you don't like this decision or think it will cause problems for you. This means that **you won't get a hearing if** the only reason for your appeal is something like:

- You think TennCare should pay for this drug—that it should be a covered benefit.
- You're taking this drug now.
- You think TennCare has paid for this drug before—for you or someone else.
- This drug is used to treat a health or mental health problem that you have.
- You don't have any other way to pay for this drug.
- You don't agree with the law that says doctors must use a tamper resistant prescription pad.
- You or your doctor thinks this drug is medically necessary. BUT, TennCare won't pay for it.

People who lie on purpose to get TennCare services may be fined or sent to jail.

To decide your appeal, here's **what you must tell us in your appeal:**

- Your **name** (the name of the person who needs the drug)
- Your **Social Security number** or the number on your TennCare card (If you don't have those numbers, give us your date of birth. Include the month, day and year.)
- The **name of the drug** you asked TennCare to pay for
- The **mistake** you think TennCare made—for example that:
 - Your doctor **did** use a tamper resistant prescription pad to write your prescription on.

To be sure we can reach you about your appeal, **please also tell us:**

- Your **current mailing address**
- The name of the person we should call if we have questions about your appeal
- A **daytime phone number** for that person

Is your appeal for medicine you've already gotten and paid for? Are you asking to be paid back? If so, then you must also tell us:

- The **date** you got the medicine
- The name of the **drug store** where you got it
(If you have it, include the **drug store's address** and **phone number**.)

AND, you must fax or mail us

- a **copy of a receipt** that proves you paid for the medicine, and
- a **note signed by the pharmacy** you gave the prescription to. The note must say the prescription was:
 - written on tamper resistant paper OR
 - called in by phone or faxed in OR
 - sent to the pharmacy from the doctor's office computer (electronically).

If you **don't** give us all of the information we need, we may not be able to decide your appeal. You may **not** get a fair hearing.

After you get your information together, there are **3 ways to file an appeal**.

Remember: You **ONLY** have **40 days from the date on page 1** to 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**

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You can get an appeal page from our website. Go to www.tn.gov/tennicare/. Click “Member/Applicant” then click on “File a Medical Appeal”.

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**.

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.

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 your appeal saying that it's an emergency**. What if your doctor **doesn't** sign your appeal, but **you ask** for an emergency appeal? If you ask, TennCare **will** give you an emergency appeal for medicine that TennCare **can** pay for.

BUT, some kinds of care are **never** treated as an emergency. To get a list of those kinds of care, ask TennCare. The list includes drugs that are **not covered** by TennCare. If you ask for an emergency appeal, we'll take another look. What if we still think this drug is **not covered**?

Then, TennCare **can't** give you an emergency appeal, even if you or your doctor ask for one. TennCare will decide your appeal within 90 days.

Do you need help with this letter or filing an appeal? 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 TennCare can help you. Call us at **1-800-878-3192**. Someone who has the legal right to act for you can also file an appeal for you.

- Do you have a **mental illness and need help with this letter**? The TennCare Partners Advocacy Line (TPAL) can help you. Call them for free at **1-800-758-1638**.
- If you have a hearing or speech problem, you can call TennCare on a TTY/TDD machine. Our **TTY/TDD** number is **1-866-771-7043**.

Legal Services or Legal Aid may give you free help with your appeal. There's a list of their offices with this letter.

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**.