

TennCare Access Functionality – Department of Health

Introduction

You can submit presumptive pregnancy or BCC applications, full-coverage applications, BCC Treatment Plan Extension Requests, and upload documents along with submitted applications.

General Navigation


To log in to TennCare Access, visit <https://mylogin.tennCare.gov>. Enter your **Username/Email Address** and **Password**. Click **Login**.

On the **One Time Passcode** page, enter the One Time passcode that was sent to your email address and click **Verify**.

For further guidance on logging in, or accessing your One Time Passcode, refer to the [TennCare Access Login Reference Guide](#).

In the TennCare Access Portal, use the **Next** button, at the bottom of the page, to navigate to the next page. Use the **Back to previous page** link, at the top of the page, to navigate to a prior page. Click **Save & Exit** to save an application and complete it later.

The Progress Bar at the top of each page tells you how far you've progressed in your application. You can use the Progress Bar to go back to previous sections.

When you see an  icon next to a question, hover your mouse over the icon to read additional information about the question. Questions with a red asterisk are required. You can't click the **Next** button until all the required fields are complete.

On TennCare Access Portal pages, when a question refers to "you" or "your," answer the question for the applicant or member.

Questions and pages are based on answers to previous questions. Additional questions may appear on the page depending on your answers. Additional pages and navigation tabs may appear to gather further details for reported circumstances.

Throughout this document, **<Person>** represents the individual you've selected and is replaced with the individual's name when you're completing the page online.

You can add additional information related to the subject matter of a page by clicking the **Add Comments to My Application** link at the bottom of each page. You'll be able to review and edit all comments before you submit the full coverage application.

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Apply for Presumptive Eligibility Coverage

Start a Presumptive Eligibility Application

On the **Welcome to TennCare Access** homepage:

- 1 In the Presumptive Application section:
 - Use this table to determine how to start a presumptive application.

If you are completing a...	Then...
Presumptive Pregnancy application	<ul style="list-style-type: none"> • Click Presumptive Pregnancy Application. • Continue to Step 2.
Presumptive BCC application	<ul style="list-style-type: none"> • Click Presumptive BCC Application. • Continue to Step 2.

On the **Apply for Coverage** page:

- 2 Review the **Before You Begin** information and **Helpful Tips**.
- 3 Click **Next**.

Add Household Information

On the **Household Information** page:

- 1 In the **Application Date** section:
 - Enter the **Date of Application**.
- 2 In the **Head of Household Demographics** section:
 - Enter the applicant’s name.
 - Select if the person is homeless or living in a shelter.
 - Select if the person gets mail through the Safe At Home program.
 - Use this table to determine the next step(s).

If...	Then...
Yes	<ul style="list-style-type: none"> • Enter the Safe At Home Mail ID.

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If...	Then...
	<ul style="list-style-type: none"> Select what county the person receives benefits in. Proceed to Step 5.
No	<ul style="list-style-type: none"> Continue to Step 3.

3 Use this table to determine the next step(s).

If the person is...	Then...	
Homeless or living in a shelter	<ul style="list-style-type: none"> Continue to Step 4. 	
Not homeless or living in a shelter	In the Residential Address section:	
	<ul style="list-style-type: none"> Select the Address Format. 	
	If the selection was...	Then...
<i>US</i>	<ul style="list-style-type: none"> Enter the address in the Address Line 1 field. Enter the City. Verify the pre-populated State. Enter the Zip Code. Select the County. Continue to Step 4. 	
<i>Military</i>	<ul style="list-style-type: none"> Enter the address in the Address Line 1 field. Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. Select if the address is <i>AA - Armed Forces America</i>, <i>AE - Armed Forces Africa, Canada, Europe Middle East</i>, or <i>AP - Armed Forces Pacific</i>. 	

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If the person is...	Then...	
		<ul style="list-style-type: none"> • Enter the Zip Code. • Continue to Step 4.

4 In the **Mailing Address** section:

- Use this table to determine the next step(s).

If the person...	Then...	
Is not homeless or living in a shelter	<ul style="list-style-type: none"> • Select if the person’s mailing address is the same as the residential address where they live. 	
	If the selection was...	Then...
	Yes	<ul style="list-style-type: none"> • Continue to Step 5.
	No	<ul style="list-style-type: none"> • Enter a mailing address. <ul style="list-style-type: none"> ○ Select <i>US</i> or <i>Military</i> from the Address Format drop-down menu. <ul style="list-style-type: none"> ▪ If <i>US</i>: <ul style="list-style-type: none"> - Enter the address in the Address Line 1 field. - Enter the City. - Verify the pre-populated State. - Enter the Zip Code. - Select the County. - Continue to Step 5. ▪ If <i>Military</i>: <ul style="list-style-type: none"> - Enter the address in the Address Line 1 field. - Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>.

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If the person...	Then...	
		<ul style="list-style-type: none"> - Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific.</i> - Enter the Zip Code. - Continue to Step 5.
Is homeless or living in a shelter	In the Mailing Address section:	
	<ul style="list-style-type: none"> • Select the Address Format. 	
	If the selection was...	Then...
<i>US</i>	<ul style="list-style-type: none"> • Enter the address in the Address Line 1 field. • Enter the City. • Verify the pre-populated State. • Enter the Zip Code. • Select the County. • Continue to Step 5. 	
<i>Military</i>	<ul style="list-style-type: none"> • Enter the address in the Address Line 1 field. • Select if the address is <i>APO - Air/Army Post Office or FPO - Fleet Post Office.</i> • Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific.</i> • Enter the Zip Code. • Continue to Step 5. 	

5 In the Additional Information section:

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- Select the preferred written language.
- Enter the phone number(s).
- Select the person’s health plan preference.

6 In the **Assisting Person** section:

- Select if the applicant wants to add the partner portal user as their assisting person (someone to help with their case, get copies of their notices, and/or be authorized to speak to TennCare on their behalf about their coverage).
- Use this table to determine the next step(s).

If the selection was...	Then...	
Yes	<ul style="list-style-type: none"> • Continue to Step 7. 	
No	<ul style="list-style-type: none"> • Select if the applicant wants to add an assisting person other than the partner portal user. 	
	If the selection was...	Then...
	Yes	<ul style="list-style-type: none"> • Continue to Step 7.
No	<ul style="list-style-type: none"> • Proceed to Step 13. 	

7 In the Assisting Person Information section:

- Select how long the applicant wants the person to be their assisting person.
- Select the assisting person’s relationship to the applicant.
- Use this table to determine the next step(s) based on the relationship.

If the selection was...	Then...
<i>Power of Attorney, Legal Guardian, or Conservator</i>	<ul style="list-style-type: none"> • Review the warning message. • Continue to Step 8.
<i>Authorized Representative</i>	<ul style="list-style-type: none"> • Select the responsibilities and permission granted to the Assisting Person in the Assisting Person Responsibilities section. • Continue to Step 8.

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If the selection was...	Then...	
<i>Other</i>	<ul style="list-style-type: none"> Enter the applicant’s relationship in the Other Relationship field. 	
	If the assisting person is...	Then enter...
	<i>The partner portal user</i>	<ul style="list-style-type: none"> The Department of Health employee.
	<i>A friend or family member</i>	<ul style="list-style-type: none"> The relationship between the applicant and the Assisting Person.
<ul style="list-style-type: none"> Continue to Step 8. 		

8 Select By checking this box and typing my name below, I am electronically signing as the assisting person.

9 Type the assisting person’s name in the **Signature** field.

10 In the Assisting Person Name section:

- Enter the assisting person’s **Name, Organization Name, and ID Number** (if applicable).

NOTE: If the assisting person is the partner portal user, review the pre-populated name.

11 In the Assisting Person Address section:

- Select the **Address Format**.
- Use this table to determine the next steps based on the **Address Format**.

If the selection was...	Then...
<i>US</i>	<ul style="list-style-type: none"> Enter the assisting person’s address in the Address Line 1 field. Enter the City. Select the State. Enter the Zip Code.

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If the selection was...	Then...
	<ul style="list-style-type: none"> • Continue to Step 12.
<i>Military</i>	<ul style="list-style-type: none"> • Enter the assisting person’s address in the Address Line 1 field. • Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. • Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific</i>. • Enter the Zip Code. • Continue to Step 12.

12 In the Assisting Person Contact section:

- Enter the assisting person’s email address and phone number(s).
- Select the best time to call during the week.

13 Click **Next**.

On the **Address Validation** pop-up window:

14 Verify the reported address information.

15 Use this table for guidance on the next step(s) based on the addresses reported.

NOTE: Military addresses will not appear on the **Address Validation** pop-up window.

If the person reported a...	Then...
Home Address	In the Household Physical Address section: <ul style="list-style-type: none"> • Select the appropriate address for the entered Home Address. • Continue to Step 16.
Mailing Address	In the Household Mailing Address section: <ul style="list-style-type: none"> • Select the appropriate address for the entered Mailing Address. • Continue to Step 16.

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If the person reported a...	Then...
Address for an assisting person	In the Assisting Person Address section: <ul style="list-style-type: none"> Select the appropriate address for the entered Assisting Person address. Continue to Step 16.

16 Click **Submit** on the **Address Validation** pop-up window.

On the **Household Information** page:

17 Click **Next**.

Add People

On the **People in your Home** page for the head of household:

- 1 Review the information at the top of the page about who should and should not be included on the application and the pre-populated **Head of Household** name.
- 2 In the Individual Information section:
 - Verify the pre-populated name is correct.
 - Select the person’s **Gender**.
 - Enter the person’s **Date of Birth**.
- 3 In the Applying for Coverage section:
 - Select if the person is applying for presumptive coverage.
NOTE: This is only applicable to pregnant women.
 - Select if the person is applying for ongoing coverage.
 - Use this table for guidance on the next step(s).

If the selection was...	Then...
Yes for either of the questions	<ul style="list-style-type: none"> Review the information about Social Security numbers and complete the Social Security Information section.

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If the selection was...	Then...
	<ul style="list-style-type: none"> Continue to Step 4.
No to both questions	<ul style="list-style-type: none"> Review the information about Social Security numbers and complete the Social Security Information section. Proceed to Step 6.

4 In the **Citizenship** section:

- Select if the person is a United States citizen or national.
- Use this table to determine the next step(s).

If the selection was...	Then...	
No	<ul style="list-style-type: none"> Continue to Step 5. <p>NOTE: Questions about immigration information appear later in the application process.</p>	
Yes	<ul style="list-style-type: none"> Select if the person is a naturalized or derived US citizen. 	
	If the selection was...	Then...
	Yes	<ul style="list-style-type: none"> Enter the Alien Number and Naturalization Certificate Number. Continue to Step 5.
No	<ul style="list-style-type: none"> Continue to Step 5. 	

5 In the Living Arrangement section:

- Select the person’s living arrangement.
- Select if the person is a Tennessee resident.
- Use this table to determine the next step(s).

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If the selection was...	Then...
Yes	<ul style="list-style-type: none"> Answer the additional questions about the person’s Tennessee residency. Continue to Step 6.
No	<ul style="list-style-type: none"> Continue to Step 6.

- 6 In the **Race** section:
 - Select the person’s race.
- 7 In the **Ethnicity** section:
 - Select the person’s ethnicity.
- 8 Click **Next**.

Additional pages and questions may populate depending on age and citizenship status of the applicant.

On the **Additional Details** page:

- 9 Additional questions related to tax information, Former Foster Care, pregnancy, or medical services may populate based on the age, gender, and citizenship status of the applicant.
 - Use this table to complete each section that displays on this page. Once all sections are complete, continue to [Step 10](#).

If the following section displays...	Then...	
Tax Information	<ul style="list-style-type: none"> Select if the person applying plans to file a federal income tax return the next time taxes are due. 	
	If...	Then...
	No	<ul style="list-style-type: none"> Select if the person is being claimed as a tax dependent by someone outside of the home. Continue to the next section or Step 10.
Yes	<ul style="list-style-type: none"> Continue to the next section or Step 10. 	

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If the following section displays...	Then...			
Former Foster Care	<ul style="list-style-type: none"> Select if the person was in foster care at age 18 or older and getting Medicaid. <p>NOTE: Only individuals who are applying for coverage are displayed and can be selected.</p>			
	If...	Then...		
	Yes	<ul style="list-style-type: none"> Additional questions may populate. 		
		After 1/1/2023 and are the only individual on the case	<ul style="list-style-type: none"> Continue to Step 10. 	
		After 1/1/2023 and there are additional people on the case	<ul style="list-style-type: none"> Continue to the next section or Step 10. 	
Before 1/1/2023	<ul style="list-style-type: none"> Continue to the next section or Step 10. 			
No	<ul style="list-style-type: none"> Continue to the next section or Step 10. 			
Pregnancy	<ul style="list-style-type: none"> If a female between the ages of 10 and 55 is on the application, select if the person is pregnant or has been in the last 12 months. 			
	If...	Then...		
	No	<ul style="list-style-type: none"> Continue to the next section or Step 10. 		
	Yes	<ul style="list-style-type: none"> Select if they are still pregnant. 		
		If...	Then...	
Yes	<ul style="list-style-type: none"> Select how many babies this person is expecting from this pregnancy. Enter the due date. 			

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If the following section displays...	Then...	
		<ul style="list-style-type: none"> Continue to the next section or Step 10.
	No	<ul style="list-style-type: none"> Enter the date their pregnancy ended. Continue to the next section or Step 10.
Past Pregnancy	<ul style="list-style-type: none"> Select if the person has any other pregnancies in the last 12 months to report. <ul style="list-style-type: none"> If Yes, answer the additional questions. <ul style="list-style-type: none"> Select how many babies this person was expecting from this pregnancy. Enter the person’s pregnancy end date. Continue to the next section or Step 10. 	
Emergency Medical Services	<ul style="list-style-type: none"> Select if the person has experienced an emergency health problem and needs help paying for those emergency services. Continue to the next section or Step 10. 	

10 Click **Next**.

11 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of People in Your Home	<ul style="list-style-type: none"> Proceed to Step 14.
Immigration Information	<ul style="list-style-type: none"> Continue to Step 12.

On the **Immigration** page:

12 In the Immigration Information section:

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- Select if the person has an eligible immigration status.
- Use this table to determine next step(s).


If the selection was...	Then...
Yes	<ul style="list-style-type: none"> • Select the person’s immigration status and answer any additional questions. • Select the person’s Immigration Document Type and enter details about the immigration document. • Continue to Step 13.
<i>No or I prefer not to answer</i>	<ul style="list-style-type: none"> • Continue to Step 13.

13 Click **Next**.

On the **Summary of People in Your Home** page:

14 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. NOTE: To make changes to the Head of Household’s language, address, or assisting person information, information, you must return to the Head of Household section of the Progress Bar. Click the  at the top of the page for Head of Household. • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. NOTE: There is not an option to remove the head of household. <p>On the Warning pop-up window:</p>

To...	Then...
	<ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another Person to add information about other people in the household using steps 1 – 14 in the Add People section. Click Next to return to the summary page.

15 Click **Next**.

16 Use this table to determine the next step(s).

If the following page displays...	Then...
Relationships Details	<ul style="list-style-type: none"> Continue to Add Relationships.
School and Employment	<ul style="list-style-type: none"> Proceed to Add School and Employment.
Income and Deductions	<ul style="list-style-type: none"> Proceed to Add Income and Deductions.

Add Relationships

On the **Relationship Details** page:

1 In the Relationship Details section:

- Select the relationship between each pair of household members.
- Use this table for guidance on completing the information.

If the...	Then...
First person is the primary caregiver of the second person	<ul style="list-style-type: none"> Select the checkbox in the Primary Caregiver column. <p>NOTE: You can select up to two primary caregivers per child.</p>
First person and the second person are joint filers	<ul style="list-style-type: none"> Select the checkbox in the Joint Filers column.

2 In the Tax Dependents in the Household section:

- Use this table to determine the next step(s).

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If there are...	Then...
Any tax dependents in the household	<ul style="list-style-type: none"> Complete the table in the Tax Dependents in the Household section. Continue to Step 3.
No tax dependents in the household	<ul style="list-style-type: none"> Continue to Step 3.

3 In the Tax Dependents / Joint Filers Outside the Household section:

- Use this table to determine the next step(s).

If there are...	Then...
Any tax dependents or joint filers outside the household	<ul style="list-style-type: none"> Complete the table in the Tax Dependents/Joint Filers Outside the Household section. Continue to Step 4.
No tax dependents or joint filers outside the household	<ul style="list-style-type: none"> Continue to Step 4.

4 Click **Next**.

5 Use the table to determine the next step(s).

If the following page displays...	Then...
School and Employment	<ul style="list-style-type: none"> Continue to Add School and Employment.
Income and Deductions	<ul style="list-style-type: none"> Proceed to Add Income and Deductions.

Add School and Employment

On the **School and Employment** page:

- Use the table to determine the next step(s).

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If the following section displays...	Then...
School	<ul style="list-style-type: none"> • Select if the person is under age 22 and enrolled in school. • Continue to Step 2.
Employment	<ul style="list-style-type: none"> • Select if the person works full time. • Continue to Step 2.
School & Employment	<ul style="list-style-type: none"> • Select if the person is under age 22 and enrolled in school. • Select if the person works full time. • Continue to Step 2.

2 Click **Next**.

Add Income and Deductions

On the **Income and Deductions** page:

1 Use this table for guidance on completing this page.

If the person...	Then...
Has income or tax deductions to report	<ul style="list-style-type: none"> • Continue to Step 2.
Does not have any income or tax deductions to report	<ul style="list-style-type: none"> • Proceed to Step 6.

2 In the **Earned Income** section:

- Select the person’s **Name** from the **Person Name** drop-down menu.
- Select the pay **Frequency** from the **Frequency** drop-down menu.
- Enter the **Gross Amount** of each pay period for their earned income.
- Use this table to add or remove a record.

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To...	Then...
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to enter another earned income record.

3 In the Self-Employment Income section:

- Select the person’s **Name** from the **Person Name** drop-down menu.
- Select the type of income from the **Type** drop-down menu.
- Enter the **Monthly Net Amount** for their self-employment income.
- Use this table to add or remove a record.

To...	Then...
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to enter another self-employment record.

4 In the **Other Income** section:

- Select the person’s **Name** from the **Person Name** drop-down menu.
- Select the type of income from the **Type** drop-down menu.
- Select the pay **Frequency** from the **Frequency** drop-down menu.
- Enter the **Gross Amount** of each pay period for their other income.
- Use this table to add or remove a record.

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To...	Then...
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to enter another other income record.

5 In the **Tax Deductions** section:

- Select the person’s **Name** from the **Person Name** drop-down menu.
- Select the type of tax deduction from the **Type** drop-down menu.
- Enter the **Monthly Amount** paid for their tax deduction.
- Use this table to add or remove a record.

To...	Then...
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to enter another other income record.

6 Click **Next**.

7 Use this table to determine the next step(s).

If the following displays...	Then...
Confirm Income & Deductions pop-up window	You did not add any income or deduction details. If you continue without adding this information, TennCare will consider the response as <i>No</i> to earned income, self-employment income, other income, and tax deductions.

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If the following displays...	Then...
	<ul style="list-style-type: none"> Select if you want to continue without adding income and deductions information. Click Confirm.
	If... Then...
	Yes
No	<ul style="list-style-type: none"> Return to the Add Income and Deductions section to add the information.
Other Health Care Questions page	<ul style="list-style-type: none"> Continue to Answer Other Health Care Questions.
Application Summary page	<ul style="list-style-type: none"> Proceed to Finish and Submit PE Application.

Answer Other Health Care Questions

On the **Other Health Care Questions** page:

- 1 Review the sections and questions on the page. If someone in the household wants any of these types of care, select *Yes*.

Additional questions populate in each section when *Yes* is selected to tell us who is requesting this type of care or reporting medical bills.

NOTE: Only individuals who are applying for coverage are displayed and can be selected.

- 2 Use this table for guidance on completing the additional questions. Once the page is complete, continue to [Step 3](#).

If the selection was Yes in the...	Then...
Getting Help with Medicare Costs section	<ul style="list-style-type: none"> Tell us who wants help.

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If the selection was Yes in the...	Then...
Supplemental Security Income section	<ul style="list-style-type: none"> Tell us if someone receives Social Security benefits now and has received Supplemental Security Income (SSI) checks in the past.
Breast or Cervical Cancer section NOTE: This section only displays when the applicant is applying for Presumptive Pregnancy Coverage and ongoing coverage.	<ul style="list-style-type: none"> Review the warning message and tell us who wants care.
Medical Bills section NOTE: This section only displays when there is a pregnant woman in the household.	<ul style="list-style-type: none"> Tell us who has medical bills.
Medical Facility (like a Hospital) section	<ul style="list-style-type: none"> Tell us who is in the medical facility. Enter their admit date and the name of the hospital. <p>IMPORTANT: Only select this option if you expect your patient will be admitted to the hospital for 30 consecutive days.</p>
Nursing Home section	<ul style="list-style-type: none"> Tell us who wants care. Enter the name of the nursing facility.
Hospice Care section	<ul style="list-style-type: none"> Tell us who wants care.
Home and Community Based Services (HCBS) section	<ul style="list-style-type: none"> Tell us who wants care.
Employment and Community First (ECF) CHOICES section	<ul style="list-style-type: none"> Tell us who wants care.
Intermediate Care for Individuals with Intellectual Disabilities section	<ul style="list-style-type: none"> Tell us who wants care.

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3 Use this table to determine the next step(s).

If the person answered...	Then...
Yes to any questions on the Other Health Care Questions page	<ul style="list-style-type: none"> Continue to Step 4.
No to all the questions on the Other Health Care Questions page	<ul style="list-style-type: none"> Proceed to Step 6.

4 In the **Expenses** section:

- Select if anyone in the household has shelter or utility expenses, dependent care expenses, or child support expenses and tell us who.

5 In the **Resources** section:

- Select if anyone in the household has resources like financial accounts, vehicles, property, burial resources, or life insurance and tell us who.

6 Click **Next**.

7 Use this table to determine the next step(s).

If the following page displays...	Then...
Medical Bills	<ul style="list-style-type: none"> Continue to Add Expenses.
Application Summary	<ul style="list-style-type: none"> Proceed to Finish and Submit PE Application.

Add Expenses

On the **Medical Bills** page:

1 Select if someone has received medical care, dental care, or medicine in the last 3 months and has bills (paid or unpaid) for that care or medicine, or if someone has paid for this kind of care out of pocket this month.

- Use this table to determine the next step(s).

If you selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 3.

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If you selection was...	Then...
Yes	<ul style="list-style-type: none"> • Select who is responsible for the payments. • Continue to Step 2.

2 In the **Medical Bills** section:

- Select what kind of bills the person pays for.
- Use this table for guidance on entering information.

NOTE: The questions change based on the type of medical bill you select.

If the selection was...	Then...
<ul style="list-style-type: none"> • <i>Acupuncture</i> • <i>Charges for medical care include in tuition fee of a college or private school which is paid each month</i> • <i>Doctor</i> • <i>Health Insurance Premium</i> • <i>Hospital</i> • <i>Long-term Care Facility Bed Hold</i> • <i>Medicare Part A, B, C, or D</i> • <i>Nursing Facility Costs</i> • <i>Nursing Services</i> • <i>Organ Transplant Expenses</i> • <i>Other</i> 	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill. • Enter how much of the bill has already been paid. • Continue to Step 3.

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If the other medical bill type is...	Then...
<ul style="list-style-type: none"> • <i>Over the Counter Medicines</i> • <i>Personal expenses while traveling for medical care like parking fees and tolls</i> • <i>Prescription</i> • <i>Prosthetic Device</i> • <i>Psychiatric Care</i> • <i>Service Animal</i> • <i>Special Education for Handicapped</i> • <i>Substance Abuse Treatment</i> 	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill. • Enter how much of the bill has already been paid. • Continue to Step 3.
<p><i>Dental</i></p>	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill. • Continue to Step 3.
<p><i>Transportation you need to get medical care like bus, taxi, train, or plane fares</i></p>	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill. • Enter how much of the bill has already been paid. • Enter how many miles the person traveled for this appointment. • Continue to Step 3.

3 Click **Next**.

On the **Summary of Medical Bills** page:

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- 4 Verify all reported information in the summary table is correct.
 - Use this table for guidance on how to edit, remove, or add a medical bill record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next to return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> • Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> • Click Add Another to add information about other medical bills using steps 1 – 4 in the Add Expenses section. • Click Next to return to the summary page.

- 5 Click **Next**.

Finish and Submit PE Application

On the **Application Summary** page:

- 1 In the Individual Summary section:
 - Verify the information entered about the individual in the table is correct.
- 2 Verify all the information in each summary section is correct.
 - Use this table for guidance on how to edit, remove, or add any information.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next until you return to the summary page.

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To...	Then...
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>NOTE: There is not an option to remove the head of household.</p> <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record in the Individual Summary section	<ul style="list-style-type: none"> Click Add Another Person + to add information about other people in the household. Return to Add People to add another person's information.
Add a record in the Income or Tax Deductions Summary sections	<ul style="list-style-type: none"> Click Add Another + to add information about income. Return to Add Income and Deductions to add the information.
Add a record to a section that does not have existing information or an Add Another hyperlink	<ul style="list-style-type: none"> Use the Progress Bar to return to the appropriate section and add the information. Click Next until you return to the summary page.

3 Select Yes, I have reviewed all the above information with the applicant and confirm it is correct based on what I know.

4 Click **Next**.

On the **Choose Health Plan** page:

5 In the **Health Plans** section:

- Review the information with the applicant.
- Select which health plan they prefer.

6 Click **Next**.

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On the **Before you Submit** page:

7 In the Voter Registration section:

- Select if the applicant wants to apply to register to vote if they are not already registered where they live now.

8 In the Renewing Your Coverage section:

- Select if they want to give TennCare permission to use tax information to try to renew eligibility automatically.

If...	Then...
Yes	<ul style="list-style-type: none"> • Select how many years they give TennCare permission to try to renew eligibility automatically. • Continue to Step 9.
No	<ul style="list-style-type: none"> • Continue to Step 9.

9 In the Permission to Check Your Resources section:

- Select if they want to give TennCare permission to use a credit reporting agency to check their resources before asking for proof of their resources.

10 Click **Next**.

On the **Sign Your Application** page:

11 In the Rights, Responsibilities and Penalties section:

- Review the information with the applicant.

12 In the Your Right to Privacy section:

- Review the information with the applicant.

13 In the Non-discrimination section:

- Review the information with the applicant.

14 In the Presumptive Applications section:

- Review the information with the applicant.
- Select **By checking this box, I agree that this information is true and correct based on what I know.**

15 In the Electronic Signature section:

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- Review the information with the applicant.

16 In the Patient or Responsible Party section:

- Select **By checking this box and typing my name below, I am electronically signing as the patient or responsible party.**
- Enter the applicant’s full name in the **Signature** field.

17 In the TennCare Access Portal User’s Signature section:

- Select **By checking this box and typing my name below, I am electronically signing this application as the TennCare Access Portal user.**
- Enter your full name in the **Signature** field.

18 Click **Submit**.

On the **Success! This application has been sent to TennCare!** page:

19 In the Confirmation of Your Submission section:

- Review the information with the applicant.

20 In the Track Your Application section:

- Provide the applicant with their tracking number.

21 In the Print the Application section:

- To fulfill your legal obligation to provide presumptive applicants a physical copy of the application, print the application.
 - To generate the PDF and print, click **Print**.

22 In the Presumptive Eligibility Results section:

- Review the results table for the **Presumptive Eligibility** decision.
- Review this table for the next step(s).

If the person...	Then...
Is applying for ongoing coverage	The Full Coverage Application section displays. <ul style="list-style-type: none"> • Review the information. • Click Upload Documents to upload additional documents. <p>NOTE: Refer to Upload Documents.</p>

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If the person...	Then...
	<ul style="list-style-type: none"> • Continue to Step 23.
Is not applying for ongoing coverage	<ul style="list-style-type: none"> • Continue to Step 23.

23 Click **Exit**.

Apply for Full Coverage

On the **Welcome to TennCare Access** homepage, through the **Apply for Full Coverage** feature, you can submit a full coverage Medicaid or CoverKids application for an individual.

Start an Application

- 1 Click Apply for Full Coverage.

On the **Apply For Coverage** page:

- 2 Review the **Before You Begin** information and **Helpful Tips**.
- 3 Click **Next**.

On the **Getting Health Care with TennCare** page:

- 4 Review the Health Care Coverage you can get with us information.
- 5 Click **Next**.

On the **Household Information** page:

- 6 In the Head of Household Demographics section:

- Enter the **Head of Household’s** name.

NOTE: The Head of Household is the person who is mainly responsible for taking care of the TennCare Connect account and the health insurance.

- Select the preferred spoken and written language.
- Select if the person is homeless or living in a shelter.
- Select if the person gets mail through the Safe At Home program.
 - Use this table to determine the next step(s).

If...	Then...
Yes	<ul style="list-style-type: none"> • Enter the Safe At Home Mail ID. • Select what county the person receives benefits in. • Proceed to Step 9.

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If...	Then...
No	<ul style="list-style-type: none"> Continue to Step 7.

7 Use this table to determine the next step(s).

If the person is...	Then...	
Homeless or living in a shelter	In the Head of Household Mailing Address section:	
	<ul style="list-style-type: none"> Select the Address Format. 	
	If the selection was...	Then...
<i>US</i>	<ul style="list-style-type: none"> Enter the Head of Household's address in the Address Line 1 field. Enter the City. Verify the pre-populated State. Enter the Zip Code. Select the County. Proceed to Step 8. 	
<i>Military</i>	<ul style="list-style-type: none"> Enter the Head of Household's address in the Address Line 1 field. Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. Select if the address is <i>AA - Armed Forces America</i>, <i>AE - Armed Forces Africa, Canada, Europe Middle East</i>, or <i>AP - Armed Forces Pacific</i>. Enter the Zip Code. Proceed to Step 8. 	
Not homeless or living in a shelter	In the Head of Household Home Address section:	
	<ul style="list-style-type: none"> Select the Address Format. 	

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If the person is...	Then...	
	If the selection was...	Then...
	<i>US</i>	<ul style="list-style-type: none"> • Enter the Head of Household’s address in the Address Line 1 field. • Enter the City. • Verify the pre-populated State. • Enter the Zip Code. • Select the County. • Continue to Step 8.
	<i>Military</i>	<ul style="list-style-type: none"> • Enter the Head of Household’s address in the Address Line 1 field. • Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. • Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific</i>. • Enter the Zip Code. • Continue to Step 8.

8 In the Head of Household Mailing Address section:

- Answer if the applicant’s mailing address is the same as the address where they live.

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- Use this table to determine the next step(s).

If the selection was...	Then...	
Yes	<ul style="list-style-type: none"> • Continue to Step 9. 	
No	In the Head of Household Mailing Address section: <ul style="list-style-type: none"> • Select the Address Format. 	
	If the selection was...	Then...
	<i>US</i>	<ul style="list-style-type: none"> • Enter the Head of Household’s address in the Address Line 1 field. • Enter the City. • Verify the pre-populated State. • Enter the Zip Code. • Select the County. • Continue to Step 9.
<i>Military</i>	<ul style="list-style-type: none"> • Enter the Head of Household’s address in the Address Line 1 field. • Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. • Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific</i>. • Enter the Zip Code. • Continue to Step 9. 	

9 In the Head of Household Contact Information section:

- Answer the contact information questions.

10 In the **Assisting Person** section:

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- Select if the applicant wants to add the partner portal user as their assisting person (someone to help with their case, get copies of their notices, and/or be authorized to speak to TennCare on their behalf about their coverage).
- Use this table to determine the next step(s).

If the selection was...	Then...	
Yes	<ul style="list-style-type: none"> • Continue to Step 11. 	
No	<ul style="list-style-type: none"> • Select if the applicant wants to add an assisting person other than the partner portal user. 	
	If the selection was...	Then...
	Yes	<ul style="list-style-type: none"> • Continue to Step 11.
No	<ul style="list-style-type: none"> • Proceed to Step 17. 	

11 In the **Assisting Person** section:

- Select how long the applicant wants the person to be their assisting person.
- Select the assisting person’s relationship to the applicant.
- Use this table to determine the next step(s) based on the relationship.

If the selection was...	Then...
<i>Power of Attorney, Legal Guardian, or Conservator</i>	<ul style="list-style-type: none"> • Review the warning message. • Continue to Step 12.
<i>Authorized Representative</i>	<ul style="list-style-type: none"> • Select the responsibilities and permission granted to the Assisting Person in the Assisting Person Responsibilities section. • Continue to Step 12.
<i>Other</i>	<ul style="list-style-type: none"> • Enter the applicant’s relationship in the Other Relationship field.

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If the selection was...	Then...	
	If the assisting person is...	Then enter...
	<i>The partner portal user</i>	<ul style="list-style-type: none"> The name of the Department of Health Employee.
	<i>A friend or family member</i>	<ul style="list-style-type: none"> The relationship between the applicant and the assisting person.
<ul style="list-style-type: none"> Continue to Step 12. 		

12 Select By checking this box and typing my name below, I am electronically signing as the assisting person.

13 Type the assisting person’s name in the **Signature** field.

14 In the Assisting Person Name section:

- Enter the assisting person’s **Name, Organization Name, and ID Number** (if applicable).

NOTE: If the assisting person is the partner portal user, review the pre-populated name.

15 In the Assisting Person Address section:

- Select the **Address Format**.
- Use this table to determine the next steps based on the **Address Format**.

If the selection was...	Then...
<i>US</i>	<ul style="list-style-type: none"> Enter the assisting person’s address in the Address Line 1 field. Enter the City. Verify the pre-populated State. Enter the Zip Code. Continue to Step 16.

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If the selection was...	Then...
<i>Military</i>	<ul style="list-style-type: none"> Enter the assisting person’s address in the Address Line 1 field. Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific</i>. Enter the Zip Code. Continue to Step 16.

16 In the Assisting Person Contact section:

- Enter the assisting person’s email address and phone number(s).
- Select the best time to call during the week.

17 Click **Next**.

On the **Address Validation** pop-up window:

18 Verify the reported address information.

- Use this table for guidance on the next step(s) based on the addresses reported.

NOTE: Military addresses do not appear on the **Address Validation** pop-up window.

If the person reported a...	Then...
Home Address	In the Household Physical Address section: <ul style="list-style-type: none"> Select the appropriate address for the entered Home Address. Continue to Step 19.
Mailing Address	In the Household Mailing Address section: <ul style="list-style-type: none"> Select the appropriate address for an entered Mailing Address. Continue to Step 19.

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If the person reported a...	Then...
Address for an assisting person	In the Assisting Person Address section: <ul style="list-style-type: none"> • Select the appropriate address for the entered Assisting Person address. • Continue to Step 19.

19 Click **Submit** on the **Address Validation** pop-up window.

On the **Household Information** page:

20 Click **Next**.

Add People

On the **People in Your Home** page for the head of household:

- 1 Review the information at the top of the page about who should and should not be included on the application and the pre-populated **Head of Household** name.
- 2 In the Personal Information section:
 - Verify the pre-populated name is correct.
- 3 In the Alternative Name Information section:
 - Select if the person has been known by another name.
 - If *Yes*, enter the name.
- 4 In the **Personal Details** section:
 - Select the person’s **Gender** and enter their **Date of Birth**.
- 5 In the Applying for Coverage section:
 - Select if the person is applying for coverage.
 - Use this table to determine the next step(s).

If the selection was...	Then...
Yes	<ul style="list-style-type: none"> • Review the information about Social Security numbers and complete the Social Security Information section.

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If the selection was...	Then...
	<ul style="list-style-type: none"> Continue to Step 6.
<i>No</i>	<ul style="list-style-type: none"> Review the information about Social Security numbers and complete the Social Security Information section. Proceed to Step 8.

6 In the **Citizenship** section:

- Select if the person is a United States citizen or national.
- Use this table to determine the next step(s).

If the selection was...	Then...	
<i>No</i>	<ul style="list-style-type: none"> Continue to Step 7. <p>NOTE: Questions about immigration information appear later in the application process.</p>	
<i>Yes</i>	<ul style="list-style-type: none"> Select if the person is a naturalized or derived US citizen. 	
	If the selection was...	Then...
	<i>Yes</i>	<ul style="list-style-type: none"> Enter the Alien Number and Naturalization Certificate Number. Continue to Step 7.
<i>No</i>	<ul style="list-style-type: none"> Continue to Step 7. 	

7 In the Living Arrangement section:

- Select the person’s living arrangement.
- Select if the person is a Tennessee resident.

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- Use this table below to determine the next step(s).

If the selection was...	Then...
Yes	<ul style="list-style-type: none"> • Answer the additional questions about the person’s Tennessee Residency. • Continue to Step 8.
No	<ul style="list-style-type: none"> • Continue to Step 8.

8 In the **Race** section:

- Select the person’s race.
- Select if the person is a member of a federally recognized tribe.
 - If Yes, enter the name of the tribe, select if they have ever gotten a service from the Indian Health Service, a tribal program, or urban Indian health program, or through a referral from one of these programs, or if they are eligible to get these services.

9 In the **Ethnicity** section:

- Select the person’s ethnicity.

10 Click **Next**.

Additional pages and questions may populate depending on age and citizenship status of the applicant.

11 Use this table for guidance on next step(s) based on the pages and questions that populate.

If...	Then...
Additional information or immigration information is required	<ul style="list-style-type: none"> • Continue to Step 12 for guidance on answering additional questions.
No additional information or immigration information is required	<ul style="list-style-type: none"> • Review the entered information on the Summary of People in Your Home page, starting with Step 18.

On the **Additional Details** page:

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12 You may see additional questions related to Former Foster Care, pregnancy, or medical services based on the age and citizenship status of the applicant.

- Use this table to complete each section that displays on this page. Once all sections are completed, continue to [Step 13](#).

If the following section displays...	Then...	
Former Foster Care	<ul style="list-style-type: none"> • Select if the person was in foster care at age 18 or older and getting Medicaid. <p>NOTE: Only individuals who are applying for coverage are displayed and can be selected.</p>	
	If...	Then...
	Yes	<ul style="list-style-type: none"> • Additional questions may populate.
	If the person turned 18...	Then...
	After 1/1/2023 and are the only individual on the case	<ul style="list-style-type: none"> • Continue to Step 13.
	After 1/1/2023 and there are additional people on the case	<ul style="list-style-type: none"> • Continue to the next section or Step 13.
Before 1/1/2023	<ul style="list-style-type: none"> • Continue to the next section or Step 13. 	
No	<ul style="list-style-type: none"> • Continue to the next section or Step 13. 	
Pregnancy	<ul style="list-style-type: none"> • If a female between the ages of 10 and 55 is on the application, select if the person is pregnant or has been in the last 12 months. 	
	If...	Then...

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If the following section displays...	Then...		
	No	<ul style="list-style-type: none"> Continue to the Past Pregnancy section. 	
	Yes	<ul style="list-style-type: none"> Select if the person is still pregnant. 	
		If...	Then...
		No	<ul style="list-style-type: none"> Enter their pregnancy end date. Continue to the Past Pregnancy section.
		Yes	<ul style="list-style-type: none"> Select how many babies this person is expecting from this pregnancy. Enter the person’s due date. Continue to the Past Pregnancy section.
<p>In the Past Pregnancy section:</p> <ul style="list-style-type: none"> Select if the person has any other pregnancies in the last 12 months to report. <ul style="list-style-type: none"> If Yes, answer the additional questions. <ul style="list-style-type: none"> Select how many babies this person was expecting from this pregnancy. Enter the person’s pregnancy end date. Continue to the next section or Step 13. 			
Medical Services	<ul style="list-style-type: none"> Answer if the person has received medical services in the past 3 months. <ul style="list-style-type: none"> If Yes, enter the earliest date the medical services were received. Continue to the next section or Step 13. 		
Emergency Medical Services	<ul style="list-style-type: none"> Select if the person has experienced an emergency health problem and needs help paying for those emergency services. Continue to the next section or Step 13. 		

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13 Click **Next**.

14 Use this table to determine next step(s).

If the following page displays...	Then...
Summary of People in Your Home	<ul style="list-style-type: none"> Proceed to Step 18.
Immigration Information	<ul style="list-style-type: none"> Continue to Step 15.

On the **Immigration** page:

15 In the Immigration Information section:

- Review the information.
- Select if the person has eligible immigration status.
- Use this table to determine next step(s).

If the selection was...	Then...
Yes	<ul style="list-style-type: none"> Select the person’s immigration status and answer any additional questions. Select the person’s Immigration Document Type and enter details about the immigration document. Continue to Step 16.
<i>No or I prefer not to answer</i>	<ul style="list-style-type: none"> Continue to Step 16.

16 In the Military Information section:

- Use the table to determine how to complete this section.

If the person is...	Then...
17 years old or older	<ul style="list-style-type: none"> Select if the person’s spouse is a veteran or active duty member. Continue to Step 17.
18 years old or older	<ul style="list-style-type: none"> Select if the person is a veteran or active duty member. Continue to Step 17.

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If the person is...	Then...
Under the age of 18 years old	<ul style="list-style-type: none"> • Select if the person is an unmarried dependent child of a veteran or an active duty member of the U.S. military. • Continue to Step 17.

17 Click **Next**.

On the **Summary of People in Your Home** page:

18 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. <p>NOTE: To make changes to the Head of Household’s language, address, or assisting person information, you must return to the Head of Household section of the Progress Bar. Click the  at the top of the page for Head of Household.</p> <ul style="list-style-type: none"> • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>NOTE: There is not an option to remove the head of household.</p> <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> • Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> • Click Add Another Person + to add information about the other people in the household using steps 1 – 18 in the Add People section. • Click Next until you return to the summary page.

19 Click **Next**.

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20 Use this table to determine the next step(s).

If the following page displays...	Then...
Relationships	<ul style="list-style-type: none"> Continue to Step 1 of the Add Household Information section.
School and Employment	<ul style="list-style-type: none"> Continue to Step 6 of the Add Household Information section.
Other Health Insurance	<ul style="list-style-type: none"> Proceed to Step 8 of the Add Household Information section.
Application Summary	<ul style="list-style-type: none"> Proceed to the Finish and Submit Application section.

Add Household Information

On the **Relationships** page:

1 In the **Relationships** section:

- Select the relationship between each pair of household members.

NOTE: The corresponding relationship displays under the question based on the selection.

2 Use this table to determine the next step(s).

If there is...	Then...
A child in the household	<ul style="list-style-type: none"> Continue to Step 3.
Not a child in the household	<ul style="list-style-type: none"> Proceed to Step 4.

3 In the Primary Caregiver section:

- Select if someone in the home is the child's primary caregiver.
 - If Yes, select who.

NOTE: Up to two people can be selected as primary caregivers for each child.

4 Click **Next**.

5 Use the table to determine the next step(s).

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If the following page displays...	Then...
School and Employment	<ul style="list-style-type: none"> Continue to Step 6.
Other Health Insurance	<ul style="list-style-type: none"> Proceed to Step 8.

On the **School and Employment** page:

6 Use the table to determine the next step(s).

If the following section displays...	Then...
School	<ul style="list-style-type: none"> Select if the person is under age 22 and enrolled in school. Continue to Step 7.
Employment	<ul style="list-style-type: none"> Select if the person works full time. Continue to Step 7.
School & Employment	<ul style="list-style-type: none"> Select if the person is under age 22 and enrolled in school. Select if the person works full time. Continue to Step 7.

7 Click **Next**.

On the **Other Health Insurance** page:

8 Select if anyone in the household is currently enrolled in health insurance other than TennCare, CoverKids, or Medicare.

- Use this table to determine the next step(s).

If the selection was...	Then...
<i>Yes</i>	<ul style="list-style-type: none"> Continue to Step 9.
<i>No</i>	<ul style="list-style-type: none"> Proceed to Step 10.

9 In the Health Insurance Details section:

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- Select the health insurance policy holder.
NOTE: If you selected *Someone outside of the home*, enter the **First** and **Last Name** of the policy holder, their **Date of Birth**, and their **SSN**.
- Select what kind of health insurance they have and answer the additional questions about the health insurance.
 - If they have a child, select if they were required to enroll in/purchase health insurance for themselves for the child to have health insurance.
- If the type of coverage is *Employer Insurance*, answer if the insurance is a state employee benefit plan.
- Select if this plan covers maternity benefits.
- Select who is covered by the health insurance.

10 Click **Next**.

11 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Other Health Insurance	<ul style="list-style-type: none"> • Verify the reported information. • Continue to Step 12.
Tax Filing	<ul style="list-style-type: none"> • Proceed to Add Tax Information.

On the **Summary of Other Health Insurance** page:

12 Verify all reported information in the summary tables is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p>

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To...	Then...
	<ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to enter another health insurance policy using Steps 8-12 in the Add Household Information section. Click Next to return to the summary page.

13 Click **Next**.

Add Tax Information

On the **Tax Filing** page:

- Select if anyone in household plans to file a federal income tax return the next time taxes are due.
 - Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 4.
Yes	<ul style="list-style-type: none"> Select who plans to file taxes. Continue to Step 2.

2 Use this table to determine the next step(s).

If the tax filer...	Then...
Has a spouse in the household	<ul style="list-style-type: none"> Select if they plan to file jointly. Continue to Step 3.
Does not have a spouse, but has multiple people in their household	<ul style="list-style-type: none"> Continue to Step 3.
Is the only person in the household	<ul style="list-style-type: none"> Proceed to Step 4.

- In the Tax Dependents in the Household section:
 - Select if the person has any tax dependents in the household.

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- If Yes, select who.
- 4 Click **Next**.
- Additional pages and questions populate to provide additional tax information, based on the reported information.
- 5 Use this table to complete the additional pages. Once all applicable pages are completed, continue to [Step 6](#).

If the following page displays...	Then...	
Tax Deductions	On the Tax Deductions page:	
	<ul style="list-style-type: none"> • Select if the person has any tax deductions. 	
	If...	Then...
No	<ul style="list-style-type: none"> • Click Next. 	
Yes	In the Tax Deductions section: <ul style="list-style-type: none"> • Select the Type and enter the Monthly Amount the person pays that can be deducted on a federal income tax return. <ul style="list-style-type: none"> ○ If <i>Other</i> is selected, enter the Name of other Expense. ○ If <i>Alimony Paid</i> is selected, enter the Alimony Order Date. • Click Add Another + to add additional deductions. • Click Remove to remove a deduction. <ul style="list-style-type: none"> ○ Review the warning pop-up window and click Remove again. • Click Next. 	
Tax Dependents Outside Household	On the Tax Dependents Outside Household page:	
	<ul style="list-style-type: none"> • Select if the person plans to claim any tax dependents who do not live in the household. 	
If...	Then...	

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If the following page displays...	Then...	
	No	<ul style="list-style-type: none"> Click Next.
	Yes	<p>In the Tax Dependents Outside of the Household section:</p> <ul style="list-style-type: none"> Enter the Name, Date of Birth, and Relationship to the <Person> or each tax dependent outside of the household. Click Add + to add additional dependents. Click Remove to remove a dependent. <ul style="list-style-type: none"> Review the warning pop-up window and click Remove again. Click Next.
Joint Filer Outside Household	<p>On the Joint Filer Outside Household page:</p> <ul style="list-style-type: none"> Select if the person is filing taxes jointly with someone who lives outside the household. 	
	If...	Then...
	No	<ul style="list-style-type: none"> Click Next.
	Yes	<p>In the Joint Filer Outside the Household section:</p> <ul style="list-style-type: none"> Enter the Name, Social Security Number and Date of Birth of the joint filer outside of the household. Click Next.
Tax Filer Outside Household	<p>On the Tax Filer Outside Household page:</p> <ul style="list-style-type: none"> Select if anyone in the household is being claimed as a dependent by someone outside of the household. <p>NOTE: Only individuals who are applying for coverage are displayed and can be selected.</p>	
	If...	Then...

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If the following page displays...	Then...	
	No	<ul style="list-style-type: none"> Click Next.
	Yes	In the Tax Filer Outside the Household section: <ul style="list-style-type: none"> Select who is being claimed as a tax dependent by someone outside of the home. Enter the Name of the tax filer outside the household and their Relationship to the dependent. Click Next.

6 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Tax information	<ul style="list-style-type: none"> Continue to Step 7.
Employment	<ul style="list-style-type: none"> Proceed to Add Income.

On the **Summary of Tax Information** page:

7 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. On the Warning pop-up window: <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another Tax Filer + to enter another tax filer.

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To...	Then...
	<ul style="list-style-type: none"> • Select who plans to file on the Tax Information page and use Steps 5 - 7 in the Add Tax Information section to add their tax information. • Click Next to return to the summary page.

8 Click **Next**.

Add Income

On the **Employment** page:

1 Select if anyone in the household has a job now or will start a new job this month.

NOTE: If there is a pregnant woman or child listed on the application, this question also asks about any jobs they've had any in the last 3 months.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Proceed to Step 5.
Yes	<ul style="list-style-type: none"> • Select who has the job. <ul style="list-style-type: none"> ○ If Yes, and if there is a pregnant woman or child on the application, select if the person has lost this job and enter the date they lost it. • Continue to Step 2.

2 In the **Employer** section:

- Enter the **Employer Name**.

3 In the **Employer Address** section:

- Enter the employer's address information and phone number.
- Enter when the person started this job.

4 In the Payment Information section:

- Select if the payment amount is per hour or per paycheck.
- Use this table to determine the next step(s).

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If the selection was...	Then...
<i>Amount You Make Per Hour</i>	<ul style="list-style-type: none"> • Enter the average number of hours the person works each week. • Enter the amount the person makes per hour. • Continue to Step 5.
<i>Amount You are Paid each Paycheck</i>	<ul style="list-style-type: none"> • Select how often the person gets paid. • Enter the amount the person is paid each paycheck. • Continue to Step 5.

- 5 Click **Next**.
- 6 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Employment	<ul style="list-style-type: none"> • Continue to Step 7.
Self-Employment	<ul style="list-style-type: none"> • Proceed to Step 9.

On the **Summary of Employment** page:

- 7 Verify all reported information in the summary table is correct.
 - Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> • Review the message and click Remove again.

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To...	Then...
Add a record	<ul style="list-style-type: none"> Click Add Another + to add information about another job using Steps 1 – 7 in the Add Income section. Click Next to return to the summary page.

8 Click **Next**.

On the **Self-Employment** page:

9 Select if anyone in the household is self-employed.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 12.
Yes	<ul style="list-style-type: none"> Select who is self-employed. Continue to Step 10.

10 In the **Self-Employment** section:

- Enter the **Business Name**.
- Select what type of self-employment the person has.
 - If you select *Other*, enter a description of the business.
- Enter their net income for the month.

11 In the **Co-Owners** section:

- Select if anyone co-owns the business.
- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Continue to Step 12.
Yes	<ul style="list-style-type: none"> Verify the pre-populated owner name in the first row of the Co-Owner table. Enter their % Ownership.

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If the selection was...	Then...
	<ul style="list-style-type: none"> • Select the co-owner in the second row of the Co-Owner table. <ul style="list-style-type: none"> ○ If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column. • Enter their % Ownership. • Click Add + to add more co-owners until the percentages total 100%. • Continue to Step 12.

12 Click **Next**.

13 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Self-Employment	<ul style="list-style-type: none"> • Continue to Step 14.
Other Income	<ul style="list-style-type: none"> • Proceed to Step 16.

On the **Summary of Self-Employment** page:

14 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> • Review the message and click Remove again.

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To...	Then...
Add a record	<ul style="list-style-type: none"> Click Add Another + to add more self-employment information using Steps 9 – 14 in the Add Income section. Click Next to return to the summary page.

15 Click **Next**.

On the **Other Income** page:

16 Select if anyone in the household is receiving or will receive (in the next 30 days) any other kind of income we have not already asked about.

NOTE: If there is a pregnant woman or child listed on the application, this question also asks about any other income they've received any in the last 3 months.

- Use this table to determine the next step(s)

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 19.
Yes	<ul style="list-style-type: none"> Select who is receiving the income. Continue to Step 17.

17 In the **Other Income** section:

- Select what type of other income they receive.
- Use this table to determine the next step(s) based on the income type.

If the other income type is...	Then...
One of the following: <ul style="list-style-type: none"> <i>Annuity</i> <i>Cash Support</i> <i>Census</i> <i>Child Support Income</i> <i>Pension</i> 	<ul style="list-style-type: none"> Enter when the income began, how often the income is received, the amount of each payment, and information about the income ending. NOTE: If you selected <i>SSI (Supplemental Security Income)</i>, the Frequency can't be updated. Proceed to Step 19.

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If the other income type is...	Then...
<ul style="list-style-type: none"> <i>Sick/Disability Pay</i> 	
<p>One of the following:</p> <ul style="list-style-type: none"> <i>SSI (Supplemental Security Income)</i> <i>Tribal Income</i> <i>Unemployment Insurance</i> <i>Workers Compensation</i> <i>Other Income</i> 	<ul style="list-style-type: none"> Enter when the income began, how often the income is received, the amount of each payment, and information about the income ending. <p>NOTE: If you selected <i>SSI (Supplemental Security Income)</i>, the Frequency can't be updated.</p> <ul style="list-style-type: none"> Proceed to Step 19.
<p><i>Alimony</i></p>	<ul style="list-style-type: none"> Enter the Alimony Order Date. Enter when the income began, how often the income is received, the amount of each payment, and information about the income ending. Proceed to Step 19.
<p><i>Social Security</i></p>	<ul style="list-style-type: none"> Select what type of Social Security income is received. Enter when the income began, how often the income is received, the amount of each payment, and information about the income ending. <p>In the In-Kind Support and Maintenance section:</p> <ul style="list-style-type: none"> Select if someone other than a parent or spouse helps pay for the person's food each month. Select if someone other than a parent or spouse helps pay for where the person lives. Continue to Step 18.

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If the other income type is...	Then...
<i>Veterans Benefits</i>	<ul style="list-style-type: none"> Select what type of veteran benefit is received. Enter when the income began, how often the income is received, the amount of each payment, and information about the income ending. Proceed to Step 19.

18 Use this table to determine the next step(s) based on the answers to the **In-Kind Support and Maintenance** questions.

If the selection was...	Then...
No to both questions	<ul style="list-style-type: none"> Continue to Step 19.
Yes to either question	<ul style="list-style-type: none"> Enter the Amount. Select the Expense Type. Enter the Amount Paid by People in the Home and the Amount Paid by People Outside the Home. Select if the person lives with any other adults besides a spouse. Enter how much the person pays for the expense. Enter how many people live in the person's home. Continue to Step 19.

19 Click **Next**.

20 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Other Income	<ul style="list-style-type: none"> Continue to Step 21.

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If the following page displays...	Then...
Other Health Care Questions	<ul style="list-style-type: none"> Proceed to Add Other Health Care Information.

On the **Summary of Other Income** page:

21 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add more information about income using Steps 16 – 21 in the Add Income section. Click Next to return to the summary page.

22 Click **Next**.

Add Other Health Care Information

On the **Other Health Care Questions** page:

- Review the sections and questions on the page. If someone in the household wants any of these types of care, select *Yes*.

Additional questions populate in each section when *Yes* is selected to tell us who is requesting this type of care or reporting medical bills.

NOTE: Only individuals who are applying for coverage are displayed and can be selected.

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2 Use this table for guidance on completing the additional questions. Once the page is complete, continue to [Step 3](#).

If the selection was Yes in the...	Then...
Getting Help with Medicare Costs section	<ul style="list-style-type: none"> Tell us who wants help.
Supplemental Security Income section	<ul style="list-style-type: none"> Tell us who receives Social Security benefits now and has received Supplemental Security Income (SSI) checks in the past.
Breast or Cervical Cancer section	<ul style="list-style-type: none"> Review the warning message and tell us who wants care.
Medical Bills section NOTE: This section only displays when there is a pregnant woman or child in the household.	<ul style="list-style-type: none"> Tell us who has medical bills.
Medical Facility (like a Hospital) section	<ul style="list-style-type: none"> Tell us who is in the hospital. Enter their admit date and the name of the hospital. <p>IMPORTANT: Only select this option if you expect your patient will be admitted to the hospital for 30 consecutive days.</p>
Nursing Home section	<ul style="list-style-type: none"> Tell us who wants care. Enter the name of the nursing facility.
Hospice Care section	<ul style="list-style-type: none"> Tell us who wants care.
Home and Community Based Services (HCBS) section	<ul style="list-style-type: none"> Tell us who wants care.

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If the selection was Yes in the...	Then...
Employment and Community First (ECF) CHOICES section	<ul style="list-style-type: none"> Tell us who wants care.
Intermediate Care for individuals with intellectual disabilities section	<ul style="list-style-type: none"> Tell us who wants care.

3 Use this table to determine the next step.

If the person answered...	Then...
Yes to any questions on the Other Health Care Questions page	<ul style="list-style-type: none"> Continue to Step 4.
No to all the questions on the Other Health Care Questions page	<ul style="list-style-type: none"> Proceed to Step 6.

4 In the **Expenses** section:

- Select if anyone in the household has shelter or utility expenses, dependent care expenses, or child support expenses.

5 In the **Resources** section:

- Select if anyone in the household has resources like financial accounts, vehicles, property, burial resources, or life insurance.

6 Click **Next**.

7 Use this table to determine the next step(s).

If the following page displays...	Then...
Shelter or Utility Expenses	<ul style="list-style-type: none"> Continue to Add Expenses.
Financial Resources	<ul style="list-style-type: none"> Proceed to Add Resources.
Medical Bills	<ul style="list-style-type: none"> Proceed to Step 24 in the Add Expenses section.
Application Summary	<ul style="list-style-type: none"> Proceed Finish and Submit Application.

Add Expenses

When telling TennCare about who is responsible for paying expenses, the people who are listed in the drop-down menu might change depending on the type of benefits each individual is being evaluated for.

If no one is listed in the drop-down menu, TennCare doesn't need this expense information to evaluate the applicant's eligibility.

On the **Shelter or Utility Expense** page:

- 1 Select if anyone in the household has any shelter or utility expenses.
 - Use this table to determine the next step.

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Proceed to Step 3.
Yes	<ul style="list-style-type: none"> • Select who is responsible for the expenses. • Continue to Step 2.

- 2 In the Shelter or Utility Expense section:
 - Select what shelter or utility expense the person pays.
 - Select how often they pay the expense.
 - Enter how much they usually pay.
- 3 Click **Next**.
- 4 Use this table to determine the next step.

If the following page displays...	Then...
Summary of Shelter or Utility Expense	<ul style="list-style-type: none"> • Continue to Step 5.
Dependent Care Expenses	<ul style="list-style-type: none"> • Proceed to Step 7.

On the **Summary of Shelter or Utility Expense** page:

- 5 Verify all reported information in the summary table is correct.

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- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> • Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> • Click Add Another + to add another shelter or utility expense using Steps 1 - 5 in the Add Expenses section. • Click Next to return to the summary page.

6 Click **Next**.

On the **Dependent Care Expense** page:

7 Select if anyone in the household has any dependent care expenses.

- Use this table to determine the next step.

If the selection was...	Then...
<i>No</i>	<ul style="list-style-type: none"> • Proceed to Step 9.
<i>Yes</i>	<ul style="list-style-type: none"> • Select who is responsible for the care. • Continue to Step 8.

8 In the Dependent Care Expense section:

- Select who the expense is for.
 - If it is someone outside of the household, enter their **Name**.
- Enter how much the person pays for this care.
- Select how often the person pays for this care.

9 Click **Next**.

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10 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Dependent Care Expense	<ul style="list-style-type: none"> Continue to Step 11.
Mandatory Payments	<ul style="list-style-type: none"> Proceed to Step 13.

On the **Summary of Dependent Care Expense** page:

11 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add another dependent care expense using Steps 7 - 11 in the Add Expenses section. Click Next to return to the summary page.

12 Click **Next**.

On the **Mandatory Payments** page:

13 Select if anyone in the household has any mandatory payments.

- Use this table to determine the next step.

If the selection was...	Then...
<i>No</i>	<ul style="list-style-type: none"> Proceed to Step 15.

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If the selection was...	Then...
Yes	<ul style="list-style-type: none"> Select who is responsible for the payments. Continue to Step 14.

14 In the Court Ordered Payments or Fees section:

- Select what kind of payments the person makes.
- Enter how much the person pays.

15 Click **Next**.

16 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Mandatory Payments	<ul style="list-style-type: none"> Continue to Step 17.
Access to Other Coverage	<ul style="list-style-type: none"> Proceed to Step 20. <p>NOTE: This page displays depending on the household's income.</p>
Medical Bills	<ul style="list-style-type: none"> Proceed to Step 24.
Financial Resources	<ul style="list-style-type: none"> Proceed to Add Resources.

On the **Summary of Mandatory Payments** page:

17 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p>

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To...	Then...
	<ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add another mandatory payment expense using Steps 13 - 17 in the Add Expenses section. Click Next to return to the summary page.

18 Click **Next**.

19 Use this table to determine the next step(s).

If the following page displays...	Then...
Access to Other Coverage	<ul style="list-style-type: none"> Continue to Step 20. <p>NOTE: This page displays depending on the household's income.</p>
Medical Bills	<ul style="list-style-type: none"> Proceed to Step 24.
Financial Resources	<ul style="list-style-type: none"> Proceed to Add Resources.

On the **Access to Other Coverage** page:

20 Select if anyone in the household has access to health insurance through a job or a family member's job but isn't enrolled.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 22.
Yes	<ul style="list-style-type: none"> Select who could be enrolled in other insurance through a family member's employer. Continue to Step 21.

21 In the Access to Other Coverage section:

- Enter additional information about the other health insurance and who can provide more information about it.
- Enter the premium amount for the health insurance plan.

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- Select how often the premium will be paid.

22 Click **Next**.

23 Use this table to determine the next step(s).

If the following page displays...	Then...
Medical Bills	<ul style="list-style-type: none"> • Continue to Step 24.
Financial Resources	<ul style="list-style-type: none"> • Proceed to Add Resources.

On the **Medical Bills** page:

24 Select if someone has received medical care, dental care, or medicine in the last 3 months and has bills (paid or unpaid) for that care or medicine, or if someone has paid for this kind of care out of pocket this month.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Proceed to Step 26.
Yes	<ul style="list-style-type: none"> • Select who is responsible for the payments. • Continue to Step 25.

25 In the **Medical Bills** section:

- Select what kind of bill the person pays for.
 - Use this table for guidance on entering information.

NOTE: The questions change based on the type of medical bill you select.

If the other medical bill type is...	Then...
One of the following: <ul style="list-style-type: none"> • <i>Acupuncture</i> • <i>Charges for medical care include in tuition fee of a college or private school which is paid each month</i> • <i>Doctor</i> 	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill.

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If the other medical bill type is...	Then...
<ul style="list-style-type: none"> • <i>Health Insurance Premium</i> • <i>Hospital</i> • <i>Long-term Care Facility Bed Hold</i> • <i>Medicare Part A, B, C, or D</i> • <i>Nursing Facility Costs</i> • <i>Nursing Services</i> • <i>Organ Transplant Expenses</i> • <i>Other</i> • <i>Over the Counter Medicines</i> • <i>Personal expenses while traveling for medical care like parking fees and tolls</i> • <i>Psychiatric Care</i> • <i>Service Animal</i> • <i>Special Education for Handicapped</i> • <i>Substance Abuse Treatment</i> 	<ul style="list-style-type: none"> • Enter how much of the bill has already been paid. • Continue to Step 26.
<p><i>Dental</i></p>	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill. • Continue to Step 26.
<p><i>Transportation you need to get medical care like bus, taxi, train, or plane fares</i></p>	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill.

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If the other medical bill type is...	Then...
	<ul style="list-style-type: none"> • Enter how much of the bill has already been paid. • Enter how many miles the person traveled for this appointment. • Continue to Step 26.

26 Click **Next**.

27 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Medical Bills	<ul style="list-style-type: none"> • Continue to Step 28.
Financial Resources	<ul style="list-style-type: none"> • Proceed to Add Resources.
Application Summary	<ul style="list-style-type: none"> • Proceed to Finish and Submit Application.

On the **Summary of Medical Bills** page:

28 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a medical bill record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> • Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> • Click Add Another + to add another medical bill using Steps 24 – 28 in the Add Expenses section. • Click Next to return to the summary page.

29 Click **Next**.

Add Resources

When telling TennCare about who owns resources, the people who are listed in the drop-down menu might change depending on the type of benefits each person is being evaluated for.

On the **Financial Resources** page:

- 1 Select if anyone in the household has financial resources.
 - Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Proceed to Step 6.
Yes	<ul style="list-style-type: none"> • Select who has the resource. • Continue to Step 2.

2 In the Financial Resources section:

- Select what kind of financial resource the person has.
Additional questions populate based on the financial resource type.
- Use this table for guidance when answering the additional questions.

If the person reported...	Then also...
One of the following: <ul style="list-style-type: none"> • <i>Checking Account</i> • <i>Health Reimbursement Account</i> • <i>Individual Development Account</i> • <i>Keogh Account</i> • <i>Savings Account</i> • <i>Loan</i> 	<ul style="list-style-type: none"> • Enter information about the resource. • Continue to Step 3.

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If the person reported...	Then also...
<ul style="list-style-type: none"> • <i>Patient/Resident Trust Account</i> 	
<i>Annuity</i>	<ul style="list-style-type: none"> • Enter information about the resource. • Proceed to Step 5.
<i>Individual Retirement Account</i>	<ul style="list-style-type: none"> • Select if the person must retire or end employment to access the account. • Enter information about the resource. • Continue to Step 3.
<i>Pension Fund or Retirement Account</i>	<ul style="list-style-type: none"> • Select if the person must retire or end employment to access the account. • Enter information about the resource. • Proceed to Step 5.
<i>Qualified Tuition Savings Plan (529 Plans)</i>	<ul style="list-style-type: none"> • Select if the person is the <i>Beneficiary or Donor</i>. • Enter information about the resource. • Proceed to Step 5.
<i>Trust Fund</i>	<ul style="list-style-type: none"> • Select the Trust Type, enter the trustee, select if the person is the beneficiary of the trust, and if the person owns the trust. • Enter additional information about the resource. • Continue to Step 3.
Any other resource	<ul style="list-style-type: none"> • Enter the value of the resource. • Proceed to Step 5.

3 In the **Bank or Company** section:

- Enter the bank or company.

NOTE: You can select the **State** and enter the **Zip Code** of the branch where the account was opened to narrow the search results.

- Click **Search**.
- 4 In the **Search Results** section:
- Review the search results.
 - Select the correct institution.
 - If the correct institution is not found, click **I Can't Find My Bank** and enter the bank information.
 - Enter the **Bank or Company Name**.
 - Enter the **Address, City, State** and **Zip Code**.
- 5 In the **Co-Owners** section:
- Select if anyone owns the financial resource with the person.
 - Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Continue to Step 6.
Yes	<ul style="list-style-type: none"> • Verify the pre-populated name in the first row of the Co-Owner table. • Enter their % Ownership. • Select the co-owner in the second row of the Co-Owner table. <p>NOTE: If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column.</p> <ul style="list-style-type: none"> • Enter their % Ownership. • Click Add + to add more co-owners until the percentages total 100%. • Continue to Step 6.

- 6 Click **Next**.
- 7 Use this table to determine the next step(s).

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If the following page displays...	Then...
Summary of Financial Resources	<ul style="list-style-type: none"> Continue to Step 8.
Vehicles	<ul style="list-style-type: none"> Proceed to Step 10.

On the **Summary of Financial Resources** page:

- 8 Verify all reported information in the summary table is correct.
 - Use this table for guidance on how to edit, remove, or add a financial resource record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add another financial resource using Steps 1 – 8 in the Add Resources section. Click Next to return to the summary page.

- 9 Click **Next**.

On the **Vehicles** page:

- 10 Select if anyone in the household owns a vehicle.
 - Use this table to determine the next step(s).

If the selection was...	Then...
<i>No</i>	<ul style="list-style-type: none"> Proceed to Step 13.

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If the selection was...	Then...
Yes	<ul style="list-style-type: none"> • Select who owns the vehicle. • Continue to Step 11.

11 In the Vehicle Information section:

- Enter as much information about the vehicle as possible.
 - Select what kind of vehicle the person has and enter additional information about the vehicle.
 - Select how the person uses the vehicle.
 - Enter how much the vehicle is worth.

12 In the **Co-Owners** section:

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Continue to Step 13.
Yes	<ul style="list-style-type: none"> • Verify the pre-populated name in the first row of the Co-Owner table. • Enter their % Ownership. • Select the co-owner in the second row of the Co-Owner table. NOTE: If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column. • Enter their % Ownership. • Click Add + to add more co-owners until the percentages total 100%. • Continue to Step 13.

13 Click **Next**.

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14 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Vehicles	<ul style="list-style-type: none"> Continue to Step 15.
Property	<ul style="list-style-type: none"> Proceed to Step 17.

On the **Summary of Vehicles** page:

15 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a vehicle record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add another vehicle using Steps 10 – 15 in the Add Resources section. Click Next to return to the summary page.

16 Click **Next**.

On the **Property** page:

17 Select if anyone in the household owns property.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 21.
Yes	<ul style="list-style-type: none"> Select who owns the property.

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If the selection was...	Then...
	<ul style="list-style-type: none"> Continue to Step 18.

18 In the **Property Details** section:

- Select what kind of property the person owns.
- Select what the property is used for.
- Use this table to determine the next step(s) based on the property type.

If the person reported property...	Then...
Not used as a <i>Home</i> or <i>Rental/Income Producing Property</i>	<ul style="list-style-type: none"> Continue to the next bullet to enter how much is owed and the property value.
Used as a <i>Home</i>	<ul style="list-style-type: none"> Select if they live there. <ul style="list-style-type: none"> If <i>No</i>, select if they intend to return. Continue to the next bullet to enter how much is owed and the property value.
Used as a <i>Rental/Income-Producing Property</i>	<ul style="list-style-type: none"> Enter additional information about the property. Continue to the next bullet to enter how much is owed and the property value.

- Enter how much is owed on the property.
- Enter the value of the property.

19 In the **Property Address** section:

- Enter the address of the property the person owns.

20 In the **Co-Owners** section:

- Select if anyone owns the property with the person.

If the selection was...	Then...
No	<ul style="list-style-type: none"> Continue to Step 21.

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If the selection was...	Then...
Yes	<ul style="list-style-type: none"> Verify the pre-populated name in the first row of the Co-Owner table. Enter their % Ownership. Select the co-owner in the second row of the Co-Owner table. <p>NOTE: If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column.</p> <ul style="list-style-type: none"> Enter their % Ownership. Click Add + to add more co-owners until the percentages total 100%. Continue to Step 21.

21 Click **Next**.

22 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Property	<ul style="list-style-type: none"> Continue to Step 23.
Burial Resources	<ul style="list-style-type: none"> Proceed to Step 25.

On the **Summary of Property** page:

23 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a property record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove.

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To...	Then...
	On the Warning pop-up window: <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to return to add another property using Steps 17 – 23 in the Add Resources section. Click Next to return to the summary page.

24 Click **Next**.

On the **Burial Resources** page:

25 Select if anyone in the household has made burial arrangements.

- Use this table for guidance on the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 30.
Yes	<ul style="list-style-type: none"> Select who owns the burial resource. Continue to Step 26.

26 In the **Burial Resource** section:

- Select what kind of burial resource the person has.
- Select who the burial resource is for.
- Answer the additional questions about the burial resource.

27 In the Bank or Company that Holds this Burial Resource section:

- Enter the bank or company.

NOTE: You can select the **State** and enter the **Zip Code** of the branch where the account was opened to narrow the search results.
- Click **Search**.

28 In the **Search Results** section:

- Review the search results.
- Select the correct institution.

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- If the correct institution is not found, click **I Can't Find My Bank** and enter the bank information.
 - Enter the **Bank or Company Name**.
 - Enter the **Address, City, State** and **Zip Code**.

29 In the **Co-Owners** section:

- Select if anyone owns the burial resource with the person.
- Use this table to determine the next step(s).

If you selected...	Then...
No	<ul style="list-style-type: none"> • Continue to Step 30.
Yes	<ul style="list-style-type: none"> • Verify the pre-populated name in the first row of the Co-Owner table. • Enter their % Ownership. • Select the co-owner in the second row of the Co-Owner table. <p>NOTE: If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column.</p> <ul style="list-style-type: none"> • Enter their % Ownership. • Click Add + to add more co-owners until the percentages total 100%. • Continue to Step 30.

30 Click **Next**.

31 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Burial Resources	<ul style="list-style-type: none"> • Continue to Step 32.
Life Insurance	<ul style="list-style-type: none"> • Proceed to Step 34.

On the **Summary of Burial Resources** page:

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32 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a burial resource record.

To...	Then
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> • Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> • Click Add Another + to add another burial resource using Steps 25 – 32 in the Add Resources section. • Click Next to return to the summary page.

33 Click **Next**.

On the **Life Insurance** page:

34 Select if anyone in the household has life insurance.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Proceed to Step 37.
Yes	<ul style="list-style-type: none"> • Select who has life insurance. • Continue to Step 35.

35 In the Life Insurance Information section:

- Select what kind of life insurance the person has.
- Use this table for guidance when completing the **Life Insurance Information** section.

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If the selection was...	Then...
<i>Term or Group Life Insurance</i>	<ul style="list-style-type: none"> Enter the face value of the life insurance policy and the policy number if available. Continue to Step 36.
<i>Whole or Universal Life Insurance</i>	<ul style="list-style-type: none"> Enter the face value of the policy, the cash surrender value of the policy, and the policy number if available. Continue to Step 36.

36 In the Life Insurance Company Information section:

- Enter the **Company Name, Address, and Phone Number**.

37 Click **Next**.

38 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Life Insurance	<ul style="list-style-type: none"> Continue to Step 39.
Other Resources	<ul style="list-style-type: none"> Proceed to Step 41.

On the **Summary of Life Insurance** page:

39 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a life insurance record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.

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To...	Then...
Add a record	<ul style="list-style-type: none"> Click Add Another + to add additional life insurance using Steps 34 – 39 in the Add Resources section. Click Next to return to the summary page.

40 Click **Next**.

On the **Other Resources** page:

41 Select if anyone in the household has any other resources.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 44.
Yes	<ul style="list-style-type: none"> Select who has the other resource. Continue to Step 42.

42 In the **Other Resources** section:

- Select what type of other resource the person has.
- Use this table for guidance on completing the **Other Resources** section.

If the resource is...	Then...
One of the following: <ul style="list-style-type: none"> <i>Livestock</i> <i>Non Business Equipment</i> <i>Oil and Mineral Rights</i> <i>Other</i> 	<ul style="list-style-type: none"> Select the use of the resource. Answer the additional questions about the resource. Continue to Step 43.
One of the following: <ul style="list-style-type: none"> <i>Business/Self-Employment Equipment</i> <i>Disaster Assistance</i> <i>Household Goods/Personal Effects</i> 	<ul style="list-style-type: none"> Answer the questions about the resource. Continue to Step 43.

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43 In the **Co-Owners** section:

- Select if anyone owns the other resource with the person.
- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Continue to Step 44.
Yes	<ul style="list-style-type: none"> • Verify the pre-populated name in the first row of the Co-Owner table. • Enter their % Ownership. • Select the co-owner in the second row of the Co-Owner table. <p>NOTE: If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column.</p> <ul style="list-style-type: none"> • Enter their % Ownership. • Click Add + to add more co-owners until the percentages total 100%. • Continue to Step 44.

44 Click **Next**.

45 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Other Resources	<ul style="list-style-type: none"> • Continue to Step 46.
Transferred Resources	<ul style="list-style-type: none"> • Proceed to Step 48.

On the **Summary of Other Resources** page:

46 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add another resource record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add more resources using Steps 41 – 46 in the Add Resources section. Click Next to return to the summary page.

47 Click **Next**.

On the **Transferred Resources** page:

48 Select if anyone in the household has sold, traded, or given away resources in the last five years.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 50.
Yes	<ul style="list-style-type: none"> Select who has sold, traded, or gave away resources. Continue to Step 49.

49 In the Sold, Traded, or Given Away Resources section:

- Select what type of resources the person has.
- Select the specific type of *Burial Resource*, *Life Insurance*, *Liquid Resource*, *Other Resources*, *Real Property*, *Trust*, or *Vehicle Resource* the person has.
- Enter the name of the person or organization that they sold, traded, or gave away the resource to.
- Enter the date it was sold, traded, or given away.

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- Enter the value of the resource at the time it was sold, traded, or given away.
- Enter how much money was received for the resource.

50 Click **Next**.

51 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Transferred Resources	<ul style="list-style-type: none"> • Continue to Step 52.
Application Summary	<ul style="list-style-type: none"> • Proceed to Finish and Submit Application.

On the **Summary of Transferred Resources** page:

52 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a transferred resource record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> • Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> • Click Add Another + to return to add another transferred resource using Steps 48 – 52 in the Add Resources section. • Click Next to return to the summary page.

53 Click **Next**.

Finish and Submit Application

On the **Application Summary** page:

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- 1 Use the drop-down arrows to expand and review each section of the application.
 - If anything needs to be added or corrected, click the section in the Progress Bar to return to the summary page and update answers before submitting the application.
- 2 Click **Next**.

On the **Review your Comments** page:

- 3 In the Summary of Comments section:
 - Review any comments made on the application.
 - Enter any additional comments.
- 4 Click **Next**.

On the **Choose Health Plan** page:

- 5 In the **Health Plans** section:
 - Review the information with the applicant.
 - Select which health plan they'd prefer.
- 6 Click **Next**.

On the **Before you Submit** page:

- 7 In the Voter Registration section:
 - Select if the applicant wants to apply to register to vote.
- 8 In the Renewing Your Coverage section:
 - Select if they want to give TennCare permission to use tax and employment information to try to renew eligibility automatically.

If...	Then...
<i>Yes</i>	<ul style="list-style-type: none"> • Select how many years they give TennCare permission to try to renew eligibility automatically. • Continue to Step 9.
<i>No</i>	<ul style="list-style-type: none"> • Continue to Step 9.

- 9 In the Permission to Check Your Resources section:

- Select if they want to give TennCare permission to use a credit reporting agency to check their resources before asking for proof of their resources.

10 Click **Next**.

On the **Sign Your Application** page:

11 In the Rights, Responsibilities and Penalties section:

- Review the information with the applicant.

12 In the Your Right to Privacy section:

- Review the information with the applicant.

13 In the Non-discrimination section:

- Review the information with the applicant.

14 In the Electronic Signature section:

- Review the information with the applicant.

15 In the Patient or Responsible Party section:

- Select **By checking this box and typing my name below, I am electronically signing as the patient or responsible party.**
- Type the applicant's name in the **Signature** field.

16 In the TennCare Access Portal User's Signature section:

- Select **By checking this box and typing my name below, I am electronically signing this application as the TennCare Access Portal user.**
- Type your name in the **Signature** field.

17 Click **Submit**.

On the **We have your Application!** page:

- Locate the tracking number at the top of the page and give it to the applicant.

18 In the Confirmation of Your Submission section:

- Review the information with the applicant.

19 In the **What Happens Next** section:

- Review the information with the applicant.

20 In the Change how you get Letters section:

- Review the information with the applicant.
- Click the hyperlink to be taken to update the applicant’s communication preferences.

21 In the Print Your Application section:

- Click **Print** to print a copy of the application for the person.
- Click **Upload Documents** to upload documents with the application.

Use the [Upload Documents](#) section of this guide for guidance on uploading documents.

22 Click **Next** to return to the TennCare Access homepage.

Search Submissions

On the **Welcome to TennCare Access** homepage, using the **Search My Submissions** feature, you can continue an in-progress application, view a previously submitted application, and upload a document for a submitted application.

You can click **Search** without entering any information to get a list of all the actions you've submitted or have in-progress.

Search For An Application

- 1 Click Search My Submissions.

On the **Search My Submissions** page:

- 2 In the **Search Criteria** section:

- Enter any of the following:
 - **First or Last Name**
NOTE: You don't have to use the individual's full name to get search results. You can get search results by using part of an individual's name or any of the other search criteria alone.
 - **Social Security Number (SSN)**
 - **Submission Status**
 - **Submission Type**
NOTE: If you select a submission type, enter the associated submission number.
 - **Submission Date Range**

- 3 Click **Search**.

The **Search Results** table displays with the results of the search.

- 4 In the **Search Results** section:

- Review all reported information in the **Search Results** table.
 - Click **View** to review a submitted Presumptive application or Full Coverage Application.
 - Click **Continue** to continue an in-progress application.
 - Click **Upload** to upload documents associated to the application.

Refer to the [Upload Documents](#) section of this document for further guidance on uploading documents.

Delete an In-Progress Application

- 1 Click Search My Submissions.

On the **Search My Submissions** page:

- 2 In the **Search Criteria** section:

- Enter any of the following:
 - **First or Last Name**
NOTE: You don't have to use the individual's full name to get search results. You can get search results by using part of an individual's name or any of the other search criteria alone.
 - **Social Security Number (SSN)**
 - **Submission Status**
 - **Submission Type**
NOTE: If you select a submission type, you must enter the associated submission number.
 - **Submission Date Range**

- 3 Click **Search**.

The **Search Results** table displays with the results of the search.

- 4 In the **Search Results** section:

- Review all reported information in the **Search Results** table.
- Click the **Remove** icon next to an in-progress application in the **View Submission** column listed in the **Search Results** table.
- Review the warning message on the page.
- Click **Remove** to remove the in-progress application.

Upload Documents

There are two ways to upload proof for an application.

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1 Use this table to determine how to start uploading documents.

To Upload Documents...	Then...
<p>With the person's application</p>	<p>Use the Upload Documents button displayed on the Submission page.</p> <p>On the Submission page:</p> <ul style="list-style-type: none"> • Click Upload Documents. • Continue to Step 2.
<p>After the person's application has been submitted</p>	<p>Use the Search My Submissions feature.</p> <p>On the Search My Submissions page, an upload option displays for any submitted applications that TennCare has not started reviewing.</p> <p>For these applications, the individual can submit proof right away or wait for TennCare to review the submission and send a letter to the individual telling them what's needed.</p> <p>Once the individual receives this letter, you can use the TennCare Connect Access Portal to upload documents.</p> <ul style="list-style-type: none"> • Click Search to view all the applications you've submitted through the TennCare Access Portal. <p>NOTE: To narrow your search results, you can enter information like the First Name, Last Name, SSN, Submission Status, Submission Type, and Submission Date Range.</p> <p>In the Search Results table:</p> <ul style="list-style-type: none"> • Find the application you want to upload documents for. • Click the Upload option in the Upload Documents column. • Continue to Step 2.

On the **My Documents** page:

2 In the Documents We Need section:

- Review the information.
- Click the **Types of Proof** hyperlink for guidance on what verifications can be accepted.

3 In the Your Recent Submissions section:

- Review the table to see what recent submissions require verification.
- Click **Upload Proof** in the **Action** column to upload verifications for the appropriate **Head of Household**.

On the **My Documents** page:

4 In the Upload a Document for Application T##### section:

- Select the **Proof Type** from the drop-down menu.
- Select the **Document Type** from the drop-down menu.
- Click **Choose File** to search for a file on your computer.
NOTE: You can also drag and drop the file into the drag and drop section.
- Select the document from the file pop-up window.

NOTE: Only .tiff, .bmp, .jpeg, or .pdf types of files are allowed.

5 Click **Open**.

6 In the Upload a Document for Application T##### section:

- Review the documents you've already uploaded.
 - Click **View** to see the documents.
NOTE: Partners can only see what they have uploaded. Partners will not be able to see what a member, or other partners, have uploaded through TennCare Connect.
 - Click **Remove** to remove the documents.
- Click **Add Another** and repeat [Steps 4 - 5](#) to upload more documents for the same **Proof Type**.

7 Click **Submit**.

The green *Document Upload Successful!* message appears.

- 8 In the Your Recent Submissions section:
 - Verify the **Status** shows *Document under review*.
 - Click **Add another document** to upload additional verifications.
- 9 Click Back to TennCare Access.

BCC Treatment Plan Extension Request

Department of Health workers can submit a BCC Treatment Plan Extension Form for members need more time to return their treatment plan for BCC coverage.

On the **Welcome to TennCare Access** homepage:

- 1 Click **Breast and Cervical Cancer Treatment Plan Extension**.

On the **Search for a Member** page:

- 2 In the **Search Criteria** section:
 - Enter the member’s **Date of Birth** and **Social Security Number** or **Person ID**.
 - Select **By checking this box, I certify that this member has given me permission to view and update their case information including the information about other people in their household. I understand and have explained to the patient that any updates made may also impact coverage for other people in their household.**
- 3 Click **Search Member**.

In the **Search Results** section:

- 4 Review the search results.
- 5 Use the table to determine the next step.

If the member...	Then...
Is eligible to submit the BCC Treatment Plan Extension Request form	<ul style="list-style-type: none"> • Click Start BCC Treatment Plan Extension Request in the Select column. • Continue to Step 6.
Is not eligible to submit the BCC Treatment Plan Extension Request form	<ul style="list-style-type: none"> • The following message populates: <i>This form can't be submitted because this person is not pending for BCC Coverage. Fill out an application and tell us this person needs BCC Coverage.</i> • Click Back to TennCare Access Welcome Page to complete a Presumptive BCC Application. Use the

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If the member...	Then...	
	<p>Apply for Presumptive Eligibility Coverage section of this document for additional guidance.</p>	
Is not found	<ul style="list-style-type: none"> The following message displays: <i>We could not find the person you searched for. If this person is not enrolled in TennCare, please complete the Presumptive BCC Application.</i> Click the Presumptive BCC Application hyperlink to complete a Presumptive BCC Application. Use the Apply for Presumptive Eligibility Coverage section of this document for additional guidance. 	
Has already submitted a BCC Treatment Plan Extension Request form	<ul style="list-style-type: none"> The following warning message displays: <i>A BCC Treatment Plan Extension request was already submitted for this member on <date>. Do you want to submit another request?</i> 	
	To...	Then...
	Continue to submit another extension request	In the Search Results table: <ul style="list-style-type: none"> Click Start BCC Treatment Plan Extension Request. Continue to Step 6.
Stop submitting the extension request	<ul style="list-style-type: none"> Click Back to TennCare Access Welcome page. 	

On the **BCC Treatment Extension Information** page:

6 In the **Member Information** section:

- Review the pre-populated information.
- Select if you want to confirm that you would like to request an extension of the BCC Coverage Treatment Plan for the member.

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If the selection was...	Then...
Yes	In the BCC Treatment Extension Information section: <ul style="list-style-type: none"> • Enter the Date of Follow Up Appointment. • Select the Reason for BCC Treatment Plan Extension. • Click Next. • Continue to Step 7.
No	<ul style="list-style-type: none"> • Click Exit to stop completing the BCC Treatment Extension request. On the Warning pop-up window: <ul style="list-style-type: none"> • Click Yes to return to the Welcome to TennCare Access page.

On the **Signing the BCC Treatment Plan Extension Form** page:

7 In the **Rights, Responsibilities and Penalties** section:

- Review the information with the individual.

8 In the **Your Right to Privacy** section:

- Review the information with the individual.

9 In the **Non-discrimination** section:

- Review the information with the individual.

10 In the **Electronic Signature** section:

- Review the information with the individual.

11 In the **Patient or Responsible Party** section:

- Select **By checking this box and typing my name below, I am electronically signing as the patient or responsible party**.
- Enter the individual’s full name in the **Signature** field.

12 In the **TennCare Access Portal User’s Signature** section:

- Select **By checking this box and typing my name below, I am electronically signing this BCC Treatment Plan Extension Request as the TennCare Access**

user.

- Enter your full name in the **Signature** field.

13 Click **Submit**.

On the **We have your BCC Extension Request Form!** page:

14 In the **Confirmation of Your Submission** section:

- Review the information with the individual.

15 In the **Track Your Application** section:

- Review the information with the individual.

16 In the **Print this BCC Treatment Plan Extension Request Form** section:

- Review the information with the individual.

NOTE: You can click **Print** to print a copy of the form for the individual.

17 In the **What Happens Next** section:

- Review the information with the individual.

18 Click **Return to TennCare Access Home** to return to the **Welcome to TennCare Access** page or click **Go to Search My Submissions** to go to the **Search My Submissions** page.