TEDS is the state’s new eligibility determination system. TEDS modernizes and streamlines the approach for the eligibility determination and the eligibility appeal processes.
Lesson 01: TennCare Access
Introduction
The **Worker Portal** is a website that serves as a single point of entry for TennCare workers to register applications, complete data collection, perform case maintenance, renewals, file appeals, etc..

The **Member Portal** is a website where Tennesseans can perform several self-service actions 24-hours a day, seven days a week including apply for benefits, check and renew their benefits, report changes, upload documents for eligibility appeals, upload verifications, and view notices in the Member Portal. Applicants can still submit applications by phone, paper, and the Federally Facilitated Marketplace (FFM).

The **Mobile App** is an extension of the Member Portal. The app allows members to manage their cases from their phone. Members can access their benefit information, view and upload documents, view notices and letters, and report demographic changes such as an address change directly in the app.

Participating hospitals, the Department of Health (DOH), and Long-Term Services and Supports (LTSS) providers such as nursing facilities use **TennCare Access**. Participating hospitals can apply for presumptive eligibility on behalf of Former Foster Care recipients, pregnant women, infants and children under the age of 19, and
parents/caretaker relatives in TennCare Access. The DOH can also apply for presumptive eligibility on behalf of Breast and Cervical Cancer (BCC) patients and pregnant women in TennCare Access. TEDS determines presumptive eligibility in real-time. LTSS providers can use TennCare Access to view coverage details for a patient or outstanding verifications that a patient needs to submit.
Log In

TennCare Connect Sign In

Username/Email Address

Password

I'm not a robot

Login

Forgot Password | Forgot Username | Create An Account
The system automatically logs you out after 15 minutes of inactivity. You must complete all mandatory fields on a page and click **Next** to save the information you entered on a page.

TEDS doesn’t automatically save your work for you. If the system times out or you log out before clicking **Next**, you must enter the information again.
Log Out
Welcome to TennCare Access

Choose an Option Below

Hospital Presumptive Application
Begin an application on behalf of someone for Hospital Presumptive Eligibility. After completing the presumptive application an option will be given to submit a full Medicaid application.

Search Applications
Search for applications that you have submitted to view their eligibility results, or search for in progress applications to continue them.
To print the page you are currently viewing, click the **Printer** icon.

If you need help, click the **Question Mark** icon.

If you want to return to the previous page, click **Previous** at the bottom of the page. Do not click the previous button in your Internet browser or you will receive an error message.

If you want to save the information you entered on the page you’re on and exit TennCare Access, click **Save & Exit**.

If you want to move on to the next page after you’ve completed all of the required fields, click **Next**.
Local hospitals can apply for presumptive eligibility in TennCare Access on behalf of Former Foster Care recipients, pregnant women, infants and children under the age of 19, and parents and caretaker relatives.
Follow these steps to apply for presumptive eligibility in TennCare Access:

1. First, search for applications you previously started or completed for your applicant.

2. Next, complete the hospital presumptive eligibility application. TEDS determines presumptive eligibility in real time; review the presumptive eligibility results.

3. If the applicant is eligible for presumptive eligibility, ask whether they also wish to apply for full coverage. If so, complete the ongoing coverage application.
Lesson 03: Application Search

Always search for in-progress or completed applications before starting a new presumptive eligibility application.
The **Search Applications** page allows you to search for applications that you previously started or completed on behalf of a specific applicant. You can use two different criteria to search for applications in TennCare Access: name and/or Social Security number.

To search using the applicant’s name, enter the applicant’s **First Name** and **Last Name**. The **Middle Initial** field is not required.

To search using the applicant’s Social Security number, enter the applicant’s **Social Security Number**. When possible, search using the Social Security number because it will produce one search result.

You should enter as much information as possible to narrow your search. For example, if you have the first and last name and Social Security number, complete all three fields to improve your search results.

Use the **Application Status** and **Application Date Range** fields to narrow your search results. You cannot perform an application search using only the **Application Status** or **Application Date Range** fields.
After you enter the search criteria and click **Search**, a table displays if you previously started or completed an application for the applicant.

If there are multiple results in the table, you can use the field above the table to find a specific entry. For example, when you enter the applicant’s first name, last name, or birth month, the table adjusts to display the specific record. Let’s review the information in the table.

Start by verifying the information in the **Household Members (Date of Birth)** column with your applicant’s information.

The next column is **Application Type**. Since you will only complete hospital presumptive applications in TennCare Access, this column should always say Hospital Presumptive Application.

The presumptive eligibility (**PE**) **Summary**, **Full** medical assistance (**MA**) **Summary**, and **Application Submission Date** columns differ based on whether the application is in progress or completed.
The **PE Summary** column displays information about the presumptive eligibility application whereas the **Full MA Summary** column displays information about the full Medicaid coverage application. If you click the **Magnifying Glass** icon, a PDF of the presumptive eligibility application or full Medicaid application will display. The date of application, in the last column, is when the full application was submitted for eligibility determination.
Search Applications Example
TennCare Connect Homepage

Welcome to TennCare Connect!

We've got some maintenance scheduled for TennCare Connect on Monday, April 16th between the hours of 6 AM and 7AM CST. If you can, be sure to submit any pending applications, changes, or renewals before this date.

The easiest way to access TennCare, CoverKids, and Medicare Savings Programs.

TennCare Connect is an online tool for Tennesseans to apply for TennCare, CoverKids, and Medicare Savings Programs. After you’re approved, you can also use TennCare Connect to manage your coverage. Click on the Apply Now button to begin.
TennCare Connect Sign In

[TennCare Connect Sign In Image]

Forgotten Password | Forgotten Username | Create An Account

TEDS
Welcome to TennCare Access

Choose an Option Below

- **Hospital Presumptive Application**: Begin an application on behalf of someone for Hospital Presumptive Eligibility. After completing the presumptive application an option will be given to submit a full Medicaid application.

- **Search Applications**: Search for applications that you have submitted to view their eligibility results, or search for in progress applications to continue them.
## Search Applications (Search Criteria)

### Search Criteria

Please use the criteria below to search for completed applications or in-progress applications and click Search to view the results.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>AWARD/ISSUED TO</td>
<td></td>
</tr>
<tr>
<td>CLICK here to choose</td>
<td></td>
</tr>
<tr>
<td>Application Date Range (up to 40 days)</td>
<td></td>
</tr>
<tr>
<td>Begin Date</td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td></td>
</tr>
</tbody>
</table>

[Submit Search]
When the message displays that says, “Your search did not return any results. Please try different criteria and search again.” the system lets you know there isn’t a previously started or completed an application for the applicant and you need to start a new application.
Lesson 04: Apply for Presumptive Eligibility and Ongoing Coverage
Hospital Presumptive Application Example
Welcome to TennCare Connect!

We've got some maintenance scheduled for TennCare Connect on Monday, April 16th between the hours of 6 AM and 7AM CST. If you can, be sure to submit any pending applications, changes, or renewals before this date.

The easiest way to access TennCare, CorenKids, and Medicare Savings Programs

TennCare Connect is an online tool for Tennesseans to apply for TennCare, CorenKids, and Medicare Savings Programs. After you're approved, you can also use TennCare Connect to manage your coverage. Click on the 'Apply Now' button to begin.

APPLY NOW  CREATE ACCOUNT
TennCare Connect Sign In

[Image of the TennCare Connect Sign In page]

TennCare Connect Sign In

Username/Email Address

Password

I'm not a robot

Login

Forgot Password | Forgot Username | Create An Account
Welcome to TennCare Access

Choose an Option Below

- Hospital Presumptive Application:
  Begin an application on behalf of someone for Hospital Presumptive Eligibility. After completing the presumptive application an option will be given to submit a full Medicaid application.

- Search Applications:
  Search for applications that you have submitted to view their eligibility results, or search for in progress applications to continue them.
The first page of the hospital presumptive application is the **Individual Information** page. Use the **Individual Information** page to enter demographic information for each applicant.

Red asterisks indicate fields you must complete to move on to the next page. Even if a field isn’t required, always enter the information you have into the system for accurate results.
Individual Information (Applicant), continued

- Gender:
  - Male
  - Female

- Date of Birth: 11/10/1985

- Social Security Number: 121-31-4985

If this person has applied for an SSN but has not received it, what date did he or she apply? mm/dd/yyyy

- Living Arrangement:
  - At Home

- Is this person a TN resident?
  - Yes
  - No
Individual Information (Applicant), continued

*Is this person a TN resident?

- Yes
- No

Is this person temporarily living out-of-state?

- Yes
- No

*Is this person a United States citizen?

- Yes
- No
## Individual Information (Applicant), continued

### Race:
- [ ] American Indian / Alaska Native
- [x] Black / African American
- [ ] East Asian
- [ ] Guamanian / Chamorro
- [ ] Hawaiian
- [ ] Korean
- [ ] Other Asian
- [ ] Persian
- [ ] Vietnamese
- [ ] Unknown
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Native Hawaiian
- [ ] Other Pacific Islander
- [ ] Samoan
- [ ] White
- [ ] Other

### Ethnicity
If Hispanic or Latino, please select this person's ethnicity. (This is optional. This answer will not be used to make a decision about your coverage.)

- [ ] Non-Hispanic

---

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## Individual Information (Applicant), continued

### Ethnicity

If Hispanic or Latino, please select this person's ethnicity. (This is optional. This answer will not be used to make a decision about your coverage.)

- Non-Hispanic

### Applying For Coverage

- Is this person applying for coverage with us?
  - Yes
  - No

- What is your preferred language for letters we send you?
  - English
An assisting person is an individual who receives an applicant’s permission to complete certain actions on their behalf with TennCare. For example, an assisting person can sign an application on an applicant's behalf, complete and submit a renewal form, receive copies of the applicant or beneficiary's notices and other communications from TennCare, or can act on behalf of the applicant or beneficiary in all other matters with TennCare.
Individual Information (Applicant), continued

Home Phone:  

Cell Phone:  
615559090  

Work Phone:  Extension:  

What is the best time to call you during the weekday?  
- Anytime  

Email Address:  
kjackson@email.com
Individual Information (Applicant), continued

Please select the responsibilities granted to this Assisting Person:
- [x] Sign an application on the applicant’s behalf.
- [x] Complete and submit a renewal form.
- [x] Receive copies of your letters and other communications from us.
- [x] Act on your behalf on all other matters with us.

Residential Address
- [ ] Are you homeless or living in a shelter?
  - [ ] Yes
  - [x] No
Individual Information (Applicant), continued

<table>
<thead>
<tr>
<th>*Address Line 1:</th>
<th>1987 Palmer Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 2:</td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td>Nashville</td>
</tr>
<tr>
<td>* State:</td>
<td>Tennessee</td>
</tr>
<tr>
<td>* Zip Code:</td>
<td>37201</td>
</tr>
<tr>
<td>* County:</td>
<td>Davidson</td>
</tr>
</tbody>
</table>
Individual Information (Applicant), continued

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your mailing address the same as the address where you live?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pregnancy Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this person pregnant?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>*Due Date: 07/02/2019</td>
</tr>
<tr>
<td>*Number of Babies Expected: 1</td>
</tr>
</tbody>
</table>
## Individual Information (Applicant), continued

### Tax Information

Is this person planning to file a federal income tax return the next time taxes are due?

- Yes
- No

### Additional Information

Health Plan (MCO) Preference:

- AMERIGROUP
- BlueCare
- UnitedHealthcare Community Plan

**Home Phone:**

6155058672

**Cell Phone:**

6155533344
Individual Information (Applicant), continued

Other People In The Home

Do you have another person to add?

- Yes
- No

PREVIOUS  SAVE & EXIT  NEXT
Individual Information (Son)

Individual Information
Fields marked with ( * ) are mandatory and must be filled out before going to the next page.

Individual Information
- First Name: Xavier
- Middle Initial: J
- Last Name: Ortiz
- Suffix: Jr.
Individual Information (Son), continued

- **Gender:**
  - Male
  - Female

- **Date of Birth:**
  - 01/06/2012

- **Social Security Number:**
  - 555 - 12 - 6985

If this person has applied for an SSN but has not received it, what date did he or she apply?

- **Application Date:**
  - mm/dd/yyyy

- **Living Arrangement:**
  - At Home
The **School Enrollment Status** field displays due to the son’s age. Since the son is a full-time student, I click the **12 Hours or More a Week** radio button in the **School Enrollment Status** field.
Individual Information (Son), continued

Race:
- American Indian / Alaska Native
- Black / African American
- East Asian
- Guamanian / Chamorro
- Hawaiian
- Other Asian
- Persian
- Vietnamese
- Unknown
- Asian Indian
- Chinese
- Filipinos
- Japanese
- Native Hawaiian
- Other Pacific Islander
- Samoan
- White
- Other

Ethnicity
If Hispanic or Latino, please select this person's ethnicity. (This is optional. This answer will not be used to make a decision about your coverage.)

Hispanic: ☐
**Individual Information (Son), continued**

**Applying For Coverage**
- Is this person applying for coverage with us?
  - Yes
  - No

**Tax Information**
- Is this person planning to file a federal income tax return the next time taxes are due?
  - Yes
  - No
- Is this person being claimed as a dependent by someone outside of the home?
  - Yes
  - No
Individual Information (Son), continued

People You've Told Us About

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date Of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaya</td>
<td>Bonstand</td>
<td>11/19/1986</td>
</tr>
</tbody>
</table>

Other People In The Home

Do you have another person to add?
- Yes
- No
The **Address Validation** page displays if there is a mismatch between the address you entered and the address validated by the United States Post Office for the **Home Address**, **Mailing Address**, or **Assisting Person Address**.
Use the **Relationship Details** page to describe how each household member is related to one another.
### Relationship Details, continued

#### Tax dependents in the household

<table>
<thead>
<tr>
<th>* Person claiming a dependent</th>
<th>* Person being claimed as dependent</th>
<th>* Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaya Bonstand</td>
<td>Xavier Ortiz</td>
<td></td>
</tr>
</tbody>
</table>

#### Tax dependents / Joint Filers outside the household

<table>
<thead>
<tr>
<th>* Person Name</th>
<th>* Relationship</th>
<th>* First Name</th>
<th>* Last Name</th>
<th>* Date of Birth</th>
<th>* Tax Dependent? / Joint Filer?</th>
<th>* Options</th>
</tr>
</thead>
</table>

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Use the **Income and Deductions** page to document the income and deductions information for each household member.
## Income and Deductions, continued

### Other Income

<table>
<thead>
<tr>
<th>Person Name</th>
<th>Type</th>
<th>Frequency</th>
<th>Amount</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xavier Ortiz</td>
<td>Child Support Income</td>
<td>Monthly</td>
<td>$500</td>
<td></td>
</tr>
</tbody>
</table>

### Deductions

<table>
<thead>
<tr>
<th>Person Name</th>
<th>Type</th>
<th>Amount</th>
<th>Options</th>
</tr>
</thead>
</table>

[ADD NEW]
Application Summary

Here is a summary of what you’ve told us.
If you need to make a change, click on the “Edit” icon under “Update”.
Once you’ve reviewed this summary and all the information is correct, click the “Evaluate” button for a presumptive eligibility determination.

<table>
<thead>
<tr>
<th>Individual Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Person Name</strong></td>
</tr>
<tr>
<td>Malayaa Bonstand</td>
</tr>
<tr>
<td>Xavier Ortiz</td>
</tr>
</tbody>
</table>

Add More People

*ADD*
## Application Summary, continued

### Relationships Summary

<table>
<thead>
<tr>
<th>Person Name</th>
<th>Relationship</th>
<th>Caretaker</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaya Bonstand</td>
<td>is the mother of Xavier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age: 32</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tax Information

<table>
<thead>
<tr>
<th>Person Name</th>
<th>Joint Filing With Spouse?</th>
<th>Tax Dependents Inside Household</th>
<th>Tax Dependents Outside Household</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaya Bonstand</td>
<td>NO</td>
<td>Xavier Ortiz</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Age: 32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Application Summary, continued

Earned Income Summary

<table>
<thead>
<tr>
<th>Person Name</th>
<th>Frequency</th>
<th>Amount</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaya Bonstand</td>
<td>Every two weeks</td>
<td>$800.00</td>
<td></td>
</tr>
<tr>
<td>Agt: 52</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add Another Earned Income

ADD +

Self-Employment Income Summary

You haven’t told us about any Self-Employment for your household.

Add Another Self-Employment Income

ADD +
Application Summary, continued

Other Income Summary

<table>
<thead>
<tr>
<th>Person Name</th>
<th>Type</th>
<th>Frequency</th>
<th>Amount</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xavier Ortiz</td>
<td>Child Support Income</td>
<td>Monthly</td>
<td>$500.00</td>
<td></td>
</tr>
</tbody>
</table>

Add Other Income

Deductions Summary

You haven't told us about any Deductions for your household.

Add Another Deduction
Application Summary, continued

Presumptive Eligibility Determination

APPLICANT: I want to apply for temporary TennCare based on TennCare's rules. I understand that TennCare is using the facts on this page to decide if I can get TennCare. I know that if I lie on purpose to get TennCare, I could be fined or go to jail. I know if I do not submit a full application now, I must also mail or apply for TennCare at www.healthcare.gov by the end of next month or I will lose coverage. If I am not eligible, I know I can still apply for TennCare and other programs at www.healthcare.gov. By signing below, I agree that this information is true and correct based on what I know.

Sign on behalf of Applicant

☐ Sign as Applicant

*Signature: Malayn Bonstand
Application Summary, continued

**QUALIFIED ENTITY:** I fully explained to the individual that the information provided is enough to submit a full application and the applicant would lose the temporary health care coverage if he or she does not submit the application. I will add this affidavit to the eligibility record the qualified entity maintains for this application.

- **Qualified Entity**

  - **Signature:**
    Malaya Bonstand

  - **EVALUATE**
## Presumptive Eligibility Results

Fields marked with (*) are mandatory and must be filled out before going to the next page.

In the table below, you can see the summary of presumptive eligibility determination results.

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Status</th>
<th>Eligibility Begin Date</th>
<th>Eligibility End Date</th>
<th>Eligibility Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaya Bonstand</td>
<td>Female</td>
<td>11/19/1986</td>
<td>Approved</td>
<td>11/19/2018</td>
<td>01/03/2019</td>
<td>HPE Pregnancy</td>
</tr>
<tr>
<td>Xavier Ortiz</td>
<td>Male</td>
<td>01/06/2012</td>
<td>Approved</td>
<td>11/19/2018</td>
<td>01/03/2019</td>
<td>HPE Child</td>
</tr>
</tbody>
</table>
Ongoing Coverage

• You can apply for ongoing coverage on behalf of applicants who are eligible for presumptive eligibility.

• Unlike presumptive eligibility, TEDS does not determine eligibility for ongoing coverage in real time.
Ongoing Coverage Application Example
Presumptive Eligibility Results

Applying for Ongoing Coverage

Presumptive Eligibility is short term health care coverage. Any person who has been approved for Presumptive Eligibility can choose to continue and apply for full coverage.

*Does this person agree to have the information provided for the Presumptive Eligibility determination sent to TennCare for an ongoing determination?

- Yes
- No

NEXT
Print the Presumptive Eligibility Results

Print the Presumptive Eligibility Results

You can print a copy of the presumptive eligibility results to keep for your records. Before you print, remember that this application includes private, personal information.

To print, click Print button below.

NEXT
### Applicant’s Presumptive Eligibility Application Summary

**Application Summary**

Here is a summary of what you told us, as well as important information about your presumptive eligibility application.

**Presumptive Eligibility Application**

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Hospital Presumptive Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Date</td>
<td>11/18/2018</td>
</tr>
<tr>
<td>Partner Name</td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td></td>
</tr>
</tbody>
</table>

**Presumptive Eligibility Results**

<table>
<thead>
<tr>
<th>Name</th>
<th>Presumptive Eligibility Status</th>
<th>Eligibility Begin Date</th>
<th>Eligibility End Date</th>
<th>Category of Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malay Bonstand</td>
<td>Approved</td>
<td>11/18/2018</td>
<td>01/05/2019</td>
<td>HPE Pregnancy</td>
</tr>
<tr>
<td>Xavier Ortiz</td>
<td>Approved</td>
<td>11/18/2018</td>
<td>01/05/2019</td>
<td>HPE Child</td>
</tr>
</tbody>
</table>
Print the Presumptive Eligibility Results

Print the Presumptive Eligibility Results

You can print a copy of the presumptive eligibility results to keep for your records. Before you print, remember that this application includes private, personal information.

To print, click Print button below.
### Additional Health Care Assistance Options

Fields marked with (*) are mandatory and must be filled out before going to the next page.

We have gotten all of the information we need to evaluate Presumptive Eligibility. However, the following questions must be answered for a full TennCare review.

<table>
<thead>
<tr>
<th>Nursing Home</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Is anyone in the household living in a nursing home now or needs this kind of care but does not live in a nursing home?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospice Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Does anyone in the household need Hospice Care?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

TEDS
Additional Healthcare Assistance Options, continued

Home and Community Based Services
- Does anyone in the household want to receive Home and Community Based Services (HCBS) but does not currently receive them?
  - Yes
  - No

Intermediate Care for Individuals with Intellectual Disabilities
- Does anyone in the household have intellectual or development disabilities and want care at home or at an intermediate care facility?
  - Yes
  - No
Additional Healthcare Assistance Options, continued

Help with Medicare Cost Sharing
- Does anyone in the household have Medicare and want to get or keep help paying your Medicare cost sharing, like QMB or SLMB?
  - Yes
  - No

Breast or Cervical Cancer
- Is anyone in the household receiving treatment for breast or cervical cancer?
  - Yes
  - No
Additional Healthcare Assistance Options, continued

<table>
<thead>
<tr>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does anyone in the household have resources like financial accounts, vehicles, property, burial resources, or life insurance?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☑ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has anyone in the household gotten care or medicine in the last 3 months and have bills (paid or unpaid) for that care or medicine?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☑ No</td>
</tr>
</tbody>
</table>

*Tell us who:

[Avatar] Malaya Bonstand (Age: 32)
[Avatar] Xavier Ortiz (Age: 26)
Additional Healthcare Assistance Options, continued

Other Expenses
* Does anyone in the household have shelter or utility expenses, dependent care expenses, or child support expenses?
  - Yes
  - No

Tell us who:
- Malaya Bonstand (Age: 32)
- Xavier Ortiz (Age: 6)

Social Security Income
* Does anyone in the household get income from Social Security?
  - Yes
  - No
The applicant must read the **Responsibilities, Rights, and Penalties, Your Right to Privacy**, and the **Non-discrimination** statements. If your applicant is unable to read, please read each section aloud.
Signing Your Application, continued

- I know no one else can use my health care card. I know if I let someone else use my card I may have to pay the State back for that other person’s medical bills. And I could go to jail.

- If I have a Social Security Number (SSN) and I’m applying for coverage, I know I am required to provide a valid SSN. Federal and State law lets us ask for an SSN. 42 CFR 435.910; Tenn. Code Ann § 71-5-118.

- If anyone on the application or Renewal Packet is eligible for health care coverage with TennCare, I am going to TennCare rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also going to TennCare rights to pursue and get medical support from a spouse or parent.

- Does any child on this application or Renewal Packet have a parent living outside of the home? If yes, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think the cooperating to collect medical support will harm me or my children, I can tell TennCare and I may not have to cooperate.

- If I think TennCare or CoverKids (CHIP) has made a mistake, I can appeal the decision. To appeal means to tell someone that I think the action is wrong, and ask for a fair review of the action. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me. I know that I can find out how to appeal by contacting TennCare at 855-239-0701.

Your Right to Privacy

We know you value the privacy of your personal information. Federal law says we must follow privacy rules to keep your facts private. You can read about the rules on our website. For more information about our privacy rules, go to www.tn.gov/privacy. If you want us to mail you a copy, call TennCare Connect for free at 855-239-0701.
When an applicant isn’t registered to vote, they can either register to vote online or they can request a voter registration application in the mail.
Signing Your Application, continued

Would you like us to mail you a voter registration application?
- Yes
- No

Notes: If you do not make a choice, we will consider your answer to be “No” and a voter registration application will not be mailed to you.

Important:
- You do not have to be registered to vote to be enrolled in our program. And, if you decide not to register, that will not change our decision on your application.
- If you want help registering to vote, we'll help you. Call us at 855-258-0701 and tell us you want help.
- If you think someone has interfered with your right to vote, you can file a complaint.

Mail your complaint to: Division of Elections
310 Rosa L. Parks Avenue
Titus Place, Smallgrass Tower
Nashville, TN 37243-1102
Or call: 877-805-0059
(615) 741-7006

Individuals with hearing or speech impairments can use Tennessee Relay Center 800-848-0099
A renewal is an annual review of a member’s eligibility. If a member has no changes, they can elect for TennCare to renew their eligibility automatically. This saves time because the member does not have to complete a renewal packet. If the case does not qualify for auto-renewal, the member must complete a renewal packet to renew their benefits.
If the applicant is present, enter the applicant’s full name in the **Signature** field.
The application is routed to the Worker Portal for processing. The applicant should write down the tracking number to create an account in the Member Portal to check the status of the application. You can also print a copy of the application for the applicant’s personal records.
End of Course