



Hospital Presumptive Eligibility

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

TEDS Portals

Worker Portal



Member Portal



Mobile App



TennCare Access



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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

TN Division of **TennCare** ¿Habla Español?

TennCare Connect Sign In

Username/Email Address *

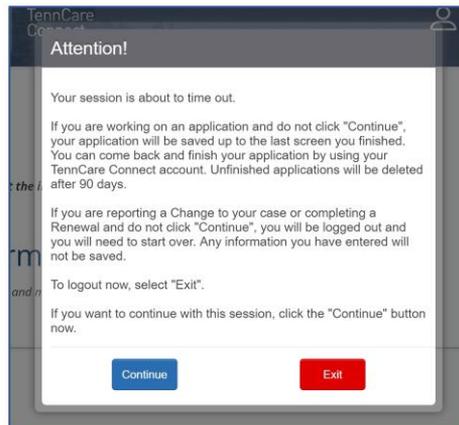
Password *
 I'm not a robot  reCAPTCHA
Privacy - Terms

[Login](#)

[Forgot Password](#) | [Forgot Username](#) | [Create An Account](#)



Timing Out



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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



The navigation bar features the Tennessee state logo (TN) and the text "Division of TennCare" on the left, and "TennCare Connect" on the right. In the center-right, there is a user profile icon, the text "Welcome, HPEUSER2", and a blue "Logout" button highlighted with a green border.

Welcome to TennCare Access

The screenshot shows the user interface of the TennCare Access Portal. At the top left, there is a red square with the letters 'TN' in white, followed by the text 'Division of TennCare' and 'TennCare Access Portal'. On the top right, there is a user profile icon, the text 'Welcome, TE0SH05P1', and a blue 'Logout' button. Below the header, the main content area has a white background with a blue border. It features the heading 'Welcome to TennCare Access' followed by a horizontal line. Underneath, the text 'Choose an Option Below' is displayed. There are two blue buttons with white text: 'Hospital Presumptive Application' and 'Search Applications'. To the right of each button is a short paragraph of text explaining the function of that button.

TN Division of TennCare TennCare Access Portal

Welcome, TE0SH05P1 Logout

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.



TennCare Access Icons



The screenshot displays two sections of the interface. The top section is a search bar with the text "Search Applications" and a green box highlighting a printer icon and a question mark icon. The bottom section is a navigation bar with a green box highlighting three buttons: "PREVIOUS" with a left arrow, "SAVE & EXIT" with a download icon, and "NEXT" with a right arrow.



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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**.

Lesson 02: Presumptive Eligibility Process

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.

TEDS Presumptive Eligibility Process



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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.

Search Applications

The screenshot shows a web form titled "Search Applications". Under the heading "Search Criteria", there is a note: "Please use the criteria below to search for completed applications or in-progress applications and click 'Search' to view the results." The form includes several input fields: "First Name:", "Middle Initial:", and "Last Name:" (each with a text input box); "Social Security Number:" (with a masked input box showing three dashes); "Application Status:" (with a dropdown menu showing "< Click here to choose >"); and "Application Date Range: (Up to 60 days)" which includes "Begin Date:" and "End Date:" (both with masked input boxes). A blue "SEARCH" button is located at the bottom right of the form area.



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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.

Search Results

Search Results

Search

Household Members(Date of Birth)	Application Type	PE Summary	Full MA Summary	Application Submission Date
Cindy Lee (01-May-90)	Hospital Presumptive Application		-	-
Cindy Lee (03-Feb-87)	Hospital Presumptive Application	Click here to continue application	-	-
Cindy Lee (21-Mar-79)	Hospital Presumptive Application			09/16/2018
Cindy Lee (21-Mar-79)	Hospital Presumptive Application		Click here to continue application	-



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

TN Division of TennCare | TennCare Connect

Language: ¿Habla Español?

Welcome to TennCare Connect!

SIGN IN

! 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.

APPLY NOW **CREATE ACCOUNT**



TennCare Connect Sign In

TN Division of **TennCare** ¿Habla Español?

TennCare Connect Sign In

Username/Email Address *

Password *
 I'm not a robot  reCAPTCHA
Privacy - Terms

[Login](#)

[Forgot Password](#) | [Forgot Username](#) | [Create An Account](#)



Welcome to TennCare Access

The screenshot shows the TennCare Access Portal interface. At the top left is the TN logo and 'Division of TennCare'. At the top right is the user name 'Welcome, TE0SH05P1' and a 'Logout' button. The main heading is 'Welcome to TennCare Access'. Below this is a section titled 'Choose an Option Below' with two buttons: 'Hospital Presumptive Application' and 'Search Applications'. The 'Search Applications' button is highlighted with a green border. To the right of each button is a brief description of the action.

TN Division of TennCare TennCare Access Portal

Welcome, TE0SH05P1 Logout

Welcome to TennCare Access

Choose an Option Below

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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 Applications

Search Criteria

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

First Name: Middle Initial: Last Name:

Social Security Number:

Application Status:

Application Date Range: (Up to 60 days)

Begin Date:

End Date:



Search Applications (Search Results)

Search Criteria

Your search did not return any results. Please try different criteria and search again.



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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



TennCare Connect Homepage

TN Division of TennCare | TennCare Connect

Language: ¿Habla Español?

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[APPLY NOW](#) [CREATE ACCOUNT](#)



TennCare Connect Sign In

TN Division of **TennCare** ¿Habla Español?

TennCare Connect Sign In

Username/Email Address *

Password *

I'm not a robot  reCAPTCHA
Privacy - Terms

[Login](#)

[Forgot Password](#) | [Forgot Username](#) | [Create An Account](#)



Welcome to TennCare Access

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TN Division of TennCare TennCare Access Portal

Welcome, TE0SH05P1 Logout

Welcome to TennCare Access

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Individual Information (Applicant)

Individual Information

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

Application Date

* Date of Application:
11/19/2018

Individual Information

* First Name:
Malaya

Middle Initial:
D

* Last Name:
Bonstand

Suffix:
--



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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: 
11/19/1986 

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:

<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian Indian
<input checked="" type="checkbox"/> Black / African American	<input type="checkbox"/> Chinese
<input type="checkbox"/> East Asian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Guamanian / Chamorro	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Persian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White
<input type="checkbox"/> Unknown	<input type="checkbox"/> 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 ▾



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 ▼



Individual Information (Applicant), continued

Assisting Person

Does this applicant want to list an assisting person?

Yes
 No

*First Name:
Jennifer

Middle Initial:
[]

*Last Name:
Jackson

Suffix:
-- ▾

Organization Name (if applicable):
[]



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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

ID Number (if applicable):

*What is this person's relationship to the applicant?

*Address Line 1:

Address Line 2:

*City:

*State:

*Zip Code:
 -



Individual Information (Applicant), continued

Home Phone:

Cell Phone:

Work Phone:

Extension:

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

Email Address:



Individual Information (Applicant), continued

Please select the responsibilities granted to this Assisting Person:

- Sign an application on the applicant's behalf.
- Complete and submit a renewal form.
- Receive copies of your letters and other communications from us.
- Act on your behalf on all other matters with us.

Residential Address

*Are you homeless or living in a shelter?

- Yes
- No



Individual Information (Applicant), continued

*Address Line 1:
1987 Palmer Ave

Address Line 2:

* City:
Nashville

* State:
Tennessee

* Zip Code:
37201 -

* County:
Davidson



Individual Information (Applicant), continued

Mailing Address

*Is your mailing address the same as the address where you live?

- Yes
 No

Pregnancy Details

*Is this person pregnant?

- Yes
 No

*Due Date:

07/02/2019 

*Number of Babies Expected:

1 ▼



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:

6155558672

Cell Phone:

6155553344



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?

mm/dd/yyyy 

*Living Arrangement: 

At Home 

Individual Information (Son), continued

*School Enrollment Status:

Not in School

Less than 6 Hours a Week

6 or 7 Hours a Week

8 to 11 Hours a Week

12 Hours or More a Week

Does this individual work full time?

Yes

No

*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



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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:

<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian Indian
<input checked="" type="checkbox"/> Black / African American	<input type="checkbox"/> Chinese
<input type="checkbox"/> East Asian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Guamanian / Chamorro	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Persian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White
<input type="checkbox"/> Unknown	<input type="checkbox"/> 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

First Name	Last Name	Date Of Birth
Malaya	Bonstand	11/19/1986

Other People In The Home

*Do you have another person to add?

- Yes
 No

< PREVIOUS

SAVE &
EXIT 

NEXT >

Address Validation

Address Validation

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

Confirm Your Address

***Home Address :**
We could not find an address used by the Post Office that is similar to the one you provided. Using an address that is different from the Post Office could delay your mail from us. Or, you may not get it at all!

1987 Palmer Ave
Nashville, TN, 37201

Use the address I entered

***Assisting Person Address :**
We could not find an address used by the Post Office that is similar to the one you provided. Using an address that is different from the Post Office could delay your mail from us. Or, you may not get it at all!

787 Whispering Hills Dr
Nashville, TN, 37203

Use the address I entered

[< PREVIOUS](#) [SAVE & EXIT](#)  [NEXT >](#)



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**.

Relationship Details

Relationship Details

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

Please tell us how the people in your home are related to each other.

Relationship Details

First Person	* Relationship	Second Person	* Is First Person Primary Caregiver of Second Person?	* Joint Filers?
 Malaya (32 yrs)	is the mother of	 Xavier (6 yrs)	<input checked="" type="checkbox"/>	



Use the **Relationship Details** page to describe how each household member is related to one another.

Relationship Details, continued

Tax dependents in the household

* Person claiming a dependent	* Person being claimed as dependent	* Options
Malaya Bonstand	Xavier Ortiz	
ADD NEW 		

Tax dependents / Joint Filers outside the household

* Person Name	* Relationship	* First Name	* Last Name	* Date of Birth	* Tax Dependents? / Joint Filer?	* Options
ADD NEW 						

[PREVIOUS](#) [SAVE & EXIT](#)  [NEXT](#)

Income and Deductions

Income and Deductions

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

Earned Income

* Person Name	* Frequency	* Amount	* Options
Malaya D Bonstand	Every two weeks	\$800	
ADD NEW			

Self-Employment Income

* Person Name	* Type	* Monthly Amount	* Options
ADD NEW			



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

Income and Deductions, continued

Other Income

* Person Name	* Type	* Frequency	* Amount	Options
Xavier Ortiz	Child Support Income	Monthly	\$500	

ADD NEW

Deductions

* Person Name	* Type	* Amount	* Options
---------------	--------	----------	-----------

ADD NEW

PREVIOUS SAVE & EXIT NEXT



Application Summary

Application Summary

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

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.

Individual Summary

Person Name	Date of Birth	Gender	U.S Citizen	Immigration Status	Tennessee Resident	Update
Malaya Bonstand Age: 32	11/19/1986	Female	Yes	-	Yes	
Xavier Ortiz Age: 6	01/06/2012	Male	Yes	-	Yes	 or 

Add More People

ADD 



Application Summary, continued

Relationships Summary

Person Name	Relationship	Caretaker	Update
Malaya Bonstand Age: 32	is the mother of Xavier		

Tax Information

Person Name	Joint Filing With Spouse?	Tax Dependents Inside Household	Tax Dependents Outside Household	Update
Malaya Bonstand Age: 32	NO	Xavier Ortiz	-	



Application Summary, continued

Earned Income Summary

Person Name	Frequency	Amount	Update
Malaya Bonstand Age: 32	Every two weeks	\$ 800.00	

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

Person Name	Type	Frequency	Amount	Update
Xavier Ortiz Age: 10	Child Support Income	Monthly	\$ 500.00	

Add Other Income

ADD +

Deductions Summary

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

Add Another Deduction

ADD +



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:

Malaya 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

Presumptive Eligibility Results

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

Presumptive Eligibility Results

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

Name	Gender	Date of Birth	Status	Eligibility Begin Date	Eligibility End Date	Eligibility Category
Malaya Bonstand	Female	11/19/1986	Approved	11/19/2018	01/05/2019	HPE Pregnancy
Xavier Ortiz	Male	01/06/2012	Approved	11/19/2018	01/05/2019	HPE Child

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

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.



Applicant's Presumptive Eligibility Application Summary


TennCare Application Summary
Division of TennCare

Application Summary

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

Presumptive Eligibility Application

Application Type	Hospital Presumptive Application
Application Date	11/19/2018
Partner Name	
Organization	

Presumptive Eligibility Results

Malaya Bonstand | 32

Presumptive Eligibility Status	Eligibility Begin Date	Eligibility End Date	Category of Eligibility
Approved	11/19/2018	01/05/2019	HPE Pregnancy

Xavier Ortiz | 6

Presumptive Eligibility Status	Eligibility Begin Date	Eligibility End Date	Category of Eligibility
Approved	11/19/2018	01/05/2019	HPE Child



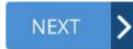
Print the Presumptive Eligibility Results

Print the Presumptive Eligibility Results

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To print, click Print button below.



Additional Healthcare Assistance Options

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.

Nursing Home

* 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?

- Yes
 No

Hospice Care

* Does anyone in the household need Hospice Care?

- Yes
 No



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

Resources

* Does anyone in the household have resources like financial accounts, vehicles, property, burial resources, or life insurance?

- Yes
 No

Medical Bills

* 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? Or has anyone paid for any medical bills this month (no matter how old the bills are)?

- Yes
 No

* Tell us who:



Malaya Bonstand
(Age: 32)



Xavier Ortiz
(Age: 6)

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 Borstand (Age: 32)	 Xavier Ortiz (Age: 6)
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Social Security Income

• Does anyone in the household get income from Social Security?

Yes
 No

TEDS
TAMMISSE ELIGIBILITY DETERMINATION SYSTEM

NEXT >

Signing Your Application

Signing Your Application

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

You're just a few minutes away from submitting your full application. To do so, you'll need to

- Read the Rights and Responsibilities we've listed below.
- Check the signature box and type your name below to sign your application.

Responsibilities, Rights and Penalties

- I know that I must tell TennCare if anything changes (and is different than) what I answered on the application or Renewal Packet within 10 days of that change. I can call 855-259-0701 to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. If you think you have been treated unfairly, call 855-259-0701 to report it. It's a free call.
- I know that if I am approved, I can't keep any health insurance or medical payments I get from insurance or other companies. Those payments belong to the State. I understand I must sign them over to the State.
- I know that TennCare may use the email address (or mobile phone number) that I provided to send emails or Short Message Service (SMS) messages related to my coverage, depending on my communication preference selections. TennCare and their partners may also use the phone number I provided to call me about my coverage.
- I know that if the Tennessee Bureau of Investigation, TennCare, Office of Inspector General, or another agency asks for my help catching health care fraud and abuse, I must help.



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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 § 71-5-106]
- If anyone on the application or Renewal Packet is eligible for health care coverage with TennCare, I am giving to TennCare rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving 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 that 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 its 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 855-259-0701.

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 [privacy page](#). If you want us to mail you a copy, call TennCare Connect for free at 855-259-0701.



Signing Your Application, continued

Non-discrimination

We do not allow unfair treatment in our program. No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions? Do you need more help? You can make a free call to **TennCare Connect** at 855-259-0701. Or go to <https://www.tn.gov/tenncare/topic/non-discrimination-compliance> to learn more.

Voter Registration

*Are you registered to vote where you live now?

Yes

No

TennCare is a voter registration agency. You can choose to apply today to register to vote. Deciding not to register will not change our decision about the kind of help we provide to you.

To register to vote:

- You must be a U.S. citizen
- You must be a Tennessee resident
- You must be at least 18 years old on or before the next election and
- You must not have been convicted of a felony or if you have, your voting rights have been restored.

If you're not registered to vote where you live now, you can click the button below to be sent to the Tennessee Secretary of State's Office Voter Registration website in a new tab. Or you can choose for us to mail you a voter registration application.

[REGISTER TO VOTE ONLINE](#)



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

Note: 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 855-259-0701 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
312 Rosa L. Parks Avenue
7th Floor, Snodgrass Tower
Nashville, TN 37243-1102
Or call: 877-850-4959
(615)-741-7956

Individuals with hearing or speech impairments can use Tennessee Relay Center:
800-848-0299



Signing Your Application, continued

Renewal of Coverage in Future Years

Usually, we must renew your eligibility each year to see if you still qualify. To make it easier to renew your coverage, we can use federal sources, like information from your tax returns. We need your OK to check this information automatically. If you don't give us permission, that's ok. We'll reach out to you when it's time to renew each year. Please choose an option below.

*Yes, you have permission to try to renew my eligibility automatically for the next:

- 5 years (the maximum number of years allowed)
- 4 years
- 3 years
- 2 years
- 1 year
- Don't use information from tax returns to renew my coverage



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.

Signing Your Application, continued

Electronic Signature

I'm signing this page under penalty of perjury which means I've provided true answers to all the questions to apply for or renew health coverage or report changes for the persons named in this application and its supplements to the best of my knowledge. I also certify that:

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same ways as a written signature.

I understand the questions and statements on this application.

I have read and understand my Rights & Responsibilities.

I know that I may be subject to penalties under state and federal law if I provide false and or untrue information.

Sign on behalf of Applicant

Sign as Applicant

*Signature:

[< PREVIOUS](#) [SUBMIT >](#)



If the applicant is present, enter the applicant's full name in the **Signature** field.

Congratulations!

Congratulations! Your application has been successfully submitted.

Track Your Application
Your application tracking number is **T30059235**.
To check the status of your application online login to your Member Portal account.

Print Your Application
Before you print, remember that this application includes private, personal information.
To print, click Print button below.







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