

TennCare Eligibility Appeal Form



Why should you appeal?

Some reasons include:

- You were denied, and we made a mistake.
- Your health care ended or is ending, and we made a mistake.
- Your income is too low to pay for CHOICES or nursing home care.
- Your co-pays or premiums are too high, and we have your income wrong.
- We have your income or family size wrong.
- Your start date is wrong.
- TennCare is taking too long to tell you if you are approved.
- What should you tell TennCare in your appeal?
- Answer ALL questions and tell us all the facts we got wrong to decide your appeal.
 If our facts are not wrong, you may not get a fair hearing.
- Need help with filing an appeal? Call us for free at 1-855-259-0701.
 If you call, we can take your appeal by phone.



How to file a TennCare Appeal?

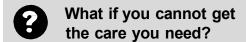
- By phone at 855-259-0701. Call Monday through Friday.
- Online with your TennCare Connect account at tenncareconnect.tn.gov
- In writing by using this appeal form.

Mail your appeal to:

TennCare Connect P.O. Box 305240 Nashville, TN 37230-5240

• Fax for free to 1-855-315-0669.

Keep a copy of your appeal. Write down the date you mailed or faxed it to us. If you fax it, keep the page that shows your fax went through.



- Call your health plan first. Their free phone number is on your TennCare card.
- Don't have your card? OR, still have problems AFTER you call your health plan? Call TennCare Member Medical Appeals for free at 1-800-878-3192. They can help you with your problem OR help you file an appeal.
- Learn more about TennCare Medical Appeals at tn.qov/tenncare/members-applicants/how-to-file-a-medical-appeal.html



What happens next?

- We will look at your appeal.
- If you are right, we will fix the problem. We will send you a letter that tells you how
 we fixed the problem.
- If we cannot fix your problem, we may ask you for more information. If we do, we will
 send you a letter telling you what we need. We will see if you can have a fair
 hearing. If you can, you will get a letter that says when your hearing will be. If you
 cannot, we will tell you why.

We do not allow unfair treatment in TennCare.

No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. Do you think you have been treated unfairly? Do you have more questions? Do you need more help? You can make a free call to TennCare Connect at 1-855-259-0701.

Need help with your appeal? Call us at **1-855-259-0701**. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 1-800-848-0298.

Rev: 01Jan24

| 1. Who is the appeal for? | | |
|--|---|-----------------------|
| Full Name | Date of Bi | rth/ |
| Social Security Number | | |
| Mailing addressCity | State | Zin Codo |
| Phone Home D | State | zip Code |
| What language do you speak? Please check | | |
| ☐ English ☐ Spanish ☐ Other | | Spanish? ☐ Yes ☐ No |
| 2. Are there other people in your housel | hold who have this same problem? | |
| If yes, please give us their Name, Date of Bi | rth, and TennCare Person ID or Social | Security Number. |
| | | |
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| | | |
| ☐ My health care was denied. ☐ My Patient Liability or how much I pay for What do you think your Patient Liability an | Medicare Savings Plan or MSP 1 45 days. Iity or need Long Term Care Services at k your start date should be? 1 s before you applied? □ Yes □ No 1, did the mother have CoverKids or Te | ennCare when she gave |
| ☐ My health care ended or is ending. | | |
| ☐ Other (Please explain) | | |
| 5. Have you or anyone in your househol☐ Yes ☐ No If yes, please give us their Na | • • | |
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| | | |

Keep reading. There is 1 more page to fill out.

| 6. Tell us why you want to appeal this prob What did TennCare get wrong? Send proof the | |
|--|---|
| | |
| 7. Have you experienced any notice issues If yes, please give us more information on the r | |
| you may have to pay TennCare back. ☐ Check this box if you want TennCare during during your appeal. 9. Do you want to add a representative or so ☐ Nursing Facility ☐ Power of Attorney ☐ Fail | eal. If you keep TennCare during your appeal and lose, g this appeal. We will tell you in a letter if you keep TennCare omeone to help you with this appeal? If yes, tell us who. mily Attorney Authorized Representative |
| Full name | |
| Mailing address ☐ Home | ☐ Mobile ☐ Work Best time to call you |
| Organization Representative form. Your Assisting Person can be an individual or an | this person. Give us an OK in writing with our Individual or organization. Information shared by and with your Assisting he has to follow the same privacy rules. You can send these he chart below and print the forms. |
| HIPAA Permission to Release Records (This form only allows us to share information.) | tn.gov/content/dam/tn/tenncare/documents/releaserecord.pdf |
| Individual Representative Form (This form only allows an individual to represent you.) | tn.gov/content/dam/tn/tenncare/documents/HCFAAuthorizedRepresentativeIndividual.pdf |
| Organization Representative Form (This form only allows an organization to represent you.) | tn.gov/content/dam/tn/tenncare/documents/HCFAAutho rizedRepresentativeOrganization.pdf |
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