

# Having problems getting TennCare, CHOICES, or QMB/SLMB?

Use these pages **only** to file a  
TennCare Eligibility Appeal.

**Need help filing an eligibility appeal?**

- Call **1-855-259-0701** for free.

Fill out **both** pages. These are **facts we must have to work your appeal**. If you don't tell us all the facts we need, we may not be able to decide your appeal. You may **not** get a fair hearing. Need help understanding what facts we need? Call us for free at **1-855-259-0701**. If you call, we can also take your **appeal by phone**.

## 1. Who is the person that wants to appeal?

Full name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

What language do you speak best?

English  Spanish  Kurdish  Somali  Arabic  Vietnamese  Bosnian  Other \_\_\_\_\_

If Spanish, do you need us to send your letters in Spanish?  Yes  No

## 2. Are there other people in your household who have this same problem?

Give us their names, dates of birth, and social security numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Who filled out this form?

If **not** the person that wants to appeal, give us your contact information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Are you a:  a parent or relative  an advocate or friend  an attorney  a health care provider

Guardian or Conservator  Other \_\_\_\_\_

For us to speak to this person about the appeal, we may need an OK in writing. To give us an OK in writing, you can use our HIPAA Permission to Release Records.

Go to <https://www.tn.gov/content/dam/tn/tenncare/documents/releaserecord.pdf> to print it. Complete it and send it to us with these pages.

**Keep reading.** There is **1 more page** for you to fill out.

#### 4. What kind of coverage is the appeal for?

TennCare  CoverKids  CHOICES  QMB or SLMB

#### 5. What is the problem you are having?

My application has not been processed in 45 days (90 days for CHOICES).

My start date for my coverage is wrong.

If this appeal is for a newborn under age 1, did the mother have CoverKids/HealthyTNBabies when she gave birth?  Yes  No

I was denied coverage.

My Patient Liability amount is wrong.

My coverage ended or is ending.

Other Please explain: \_\_\_\_\_

#### 6. Have you or anyone in your household appealed this problem before?

Yes  No

**7. Tell us why you want to appeal this problem.** Include any mistake you think TennCare made. And, send copies of any papers that you think may help us understand your problem.

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#### 8. Has your coverage ended? Is your coverage ending?

You may be able to keep your coverage during your appeal. **If you keep your coverage during your appeal and you lose, you may have to pay TennCare back.**

Check this box if you want to ask to keep your coverage during this appeal. You will get a letter from TennCare that tells you if you can keep your coverage during your appeal.

#### How to file your eligibility appeal

Then, **mail** these pages and other facts to:

#### Make a copy of the completed pages to keep.

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

Or, **fax** it (toll-free) to 1-855-315-0669. **Keep a copy** of the page that shows your fax went through.

To appeal by **phone**, call 1-855-259-0701 for free.

Have speech or hearing problems? If you have a hearing or speech problem you can call our Tennessee Relay Service (TNRS) at 1-800-848-0298. Then ask for TennCare Connect at 1-855-259-0701 and choose option 4.

**We do not allow unfair treatment in TennCare.** No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions or need more help? If you think you've been treated unfairly, call TennCare Connect for free at **1-855-259-0701**.