TennCare Access Functionality – Department of Health

Introduction

You can submit **full-coverage applications** and **upload documents** along with submitted applications.

General Navigation

To log in to TennCare Access, visit www.tenncareconnect.tn.gov and click **Sign In** in the top right corner of the page. In the **TennCare Connect Sign In** box, enter your **Username/Email Address** and **Password**. Follow the instructions to verify you aren't a robot. Click **Login**.

In the TennCare Access Portal, use the **Previous** and **Next** buttons to navigate to the correct page. Click **Save & Exit** to save an application and complete it later.

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.

On TennCare Access Portal pages, when a question refers to "you" or "your," answer the question for the applicant. Questions and pages are based on answers to previous questions. Additional questions may appear on the page as you answer questions, and additional pages 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.

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Applying for Coverage

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

Starting an Application

1   Click **Apply for Coverage**.

On the **Apply for Coverage** page:

2   Review the **Before You Begin** information and **Helpful Tips**.

3   Click **Next**.

On the **Types of Coverage** page:

4   Review the **Types of Health Care Coverage** information.

5   Click **Next**.

On the **Assisting Person** page:

6   In the **Assisting Person** section:

- Select *Yes* if the applicant wants to add an 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).

   Only answer *Yes* if the applicant has an assisting person other than an employee of the nursing facility.

- Select *No* if the applicant does not want to add an assisting person.

7   Click **Next**.

If you selected...	Then...
Yes	On the **Assisting Person** page, enter the assisting person's name, organization name and ID number (if applicable), relationship, address, and contact information. • If *Authorized Representative* was selected, select the responsibilities and

If you selected...	Then...
	permission granted to the Assisting Person.
No	On the **TennCare Access Portal User Information** page, in the **Assisting Person** section, enter your name, organization name and ID number if applicable, your relationship to the applicant, address, and contact information. • If *Authorized Representative* was selected, select the responsibilities and permission granted to the Assisting Person.

8 Click **Next**.

On the **Address Validation** page:

9 In the **Confirm Your Address** section:

- Select the appropriate address for the mailing address.

10 Click **Next**.

On the **Head of Household Information** page:

11 In the **Information About You** section, enter the applicant's name, gender, and date of birth.

12 In the **Social Security Number (SSN) Information** section:

- Review the information about providing an SSN.

    o If provided, enter the SSN twice to confirm it.

13 Click **Next**.

- If an SSN was not provided, review the warning message at the top of the page and click **Next** again.

On the **Household Information** page:

14 In the **Where you Live** section:

- Select *Yes* or *No* for **Are you homeless or living in a shelter?**.

If you selected...	Then...
Yes	- Enter a mailing address. - Proceed to the **Contact Information** section, starting with step 16.
No	- Enter the home address. - Continue to the next step.

15 In the **Mailing Address** section:

- Select *Yes* or *No* for **Is your mailing address the same as the address where you live?**.

    o If *No* was selected, enter the mailing address.

16 In the **Contact Information** section:

- Select the preferred written language and spoken language.

- Enter the phone number(s).

17 Click **Next**.

On the **Address Validation** page:

18 In the **Confirm Your Address** section:

- Select the appropriate address for an entered **Home Address**.

- Select the appropriate address for an entered **Mailing Address**.

19 Click **Next**.

On the **Head of Household Summary** page:

20 Review all reported information in the summary tables.

To edit an entry:

- Click the icon under **Options** next to the information you need to change.

- Make the change on a previous page.

- Click **Next** until you return to the summary page.

To delete an entry:

- Click the 🗑 icon under **Options** next to the information you need to delete.

- Review the warning message at the top of the page.

- Click the 🗑 icon to confirm you want to delete an entry.

To add an entry:

- Click **Add +** to return to an earlier page and add new information.

- Click **Next** until you return to the summary page.

21 Click **Next**.

Adding Household Members

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.

2   In the **Personal Information** section:

- Review the pre-filled name, gender, and date of birth.

- Select if the person is applying for coverage and is a Tennessee resident.

- Select if the person is living temporarily out of state if they are a Tennessee resident.

- Select the person's citizenship status if applying for coverage.

- Select where the person is living.

- Select the school enrollment and full-time work status if this person is a child.

3   In the **Alternative Name Information** section:

- Select *Yes* if the person has been known by another name and enter the name.

4   In the **Social Security Number (SSN) Information** section:

- The SSN is pre-filled from the **Head of Household Information** page.

   o   If the person applied for an SSN but has not received it, enter the application date.

5   If the person is not a U.S. citizen, in the **Immigration Information** section:

- Select *Yes*, *No*, or *I prefer not to answer* for the **Does this person have a valid immigration status?**.

   o   If *Yes* was selected, select the immigration status, date this status began, immigration document type, and details about the immigration document.

6   In the **Military Information** section:

- Select if the person, person's spouse, or child's parent in the home is a veteran or active duty member.

7   In the **Race** section:

- Select the person's race and whether the person's a member of a federally recognized tribe.

8   In the **Ethnicity** section:

- Select the person's ethnicity.

9   In the **People You've Told Us About** section:

- Review the table for accuracy.

10   In the **Add Another Person** section:

- Select *Yes* or *No* for **Do you have another person to add?**.

11   Click **Next**.

If you selected...	Then...
Yes	Complete the **People In Your Home** page for each additional member, starting with step 12.
No	Proceed to the **Household Members Summary** page, starting with step 27.

12   In the **Personal Information** section:

- Enter the name, gender, and date of birth.
- Select if the person is applying for coverage and is a Tennessee resident.
- Select the person's citizenship status if applying for coverage.
- Select where the person is living.
- Select the school enrollment and full-time work status if this person is a child.

13   In the **Alternative Name Information** section:

- Select *Yes* if the person has been known by another name and enter the name.

14   In the **Social Security Number (SSN) Information** section:

- Review the information about providing an SSN.

If the person...	Then...
Provides a SSN	Enter the SSN twice to confirm it.
Applied for an SSN but has not received it	Enter the application date.

15   If the person is not a U.S. citizen, in the **Immigration Information** section:

- Select *Yes*, *No*, or *I prefer not to answer* for the **Does this person have a valid immigration status?**.

   o If *Yes* was selected, select the immigration status, date this status began, immigration document type, and details about the immigration document.

16 In the **Military Information** section:

- Select if the person, person's spouse, or child's parent in the home is a veteran or active duty member.

17 In the **Race** section:

- Select the person's race and enter the person's federally recognized tribe information.

18 In the **Ethnicity** section:

- Select the person's ethnicity.

19 In the **People You've Told Us About** section:

- Review the table for accuracy.

20 In the **Add Another Person** section:

- Select *Yes* or *No* for **Do you have another person to add?**.

21 Click **Next**.

- If an SSN was not provided, review the warning message at the top of the page and click **Next** again.

22 Repeat steps 12 – 21 for each additional person you are adding to the application, then continue with step 23.

On the **How Are You Related?** page:

23 In the **Relationship** section:

- Select the relationship between each pair of household members.

24 Click **Next**.

If you…	Then…
Added a child to the application	Proceed to the **Primary Caregiver** page, starting with step 25.

Did not add a child to the application	Proceed to the **Household Member(s) Summary** page, starting with step 27.

On the **Primary Caregiver** page:

25 In the **Primary Caregiver** section:

- Select if someone in the home is the child's primary caregiver.

  o If *Yes*, select who. Up to two people can be selected as primary caregivers for each child.

26 Click **Next**.

On the **Household Member(s) Summary** page:

27 Review all reported information in the summary tables.

To edit an entry:

- Click the icon under **Options** next to the information you need to change.
- Make the change on a previous page.
- Click **Next** until you return to the summary page.

To delete an entry:

- Click the icon under **Options** next to the information you need to delete.
- Review the warning message at the top of the page.
- Click the icon to confirm you want to delete an entry.

To add an entry:

- Click **Add +** to return to an earlier page and add new information.
- Click **Next** until you return to the summary page.

28 Click **Next**.

Answering Other Household Questions

On the **Other Household Questions** page:

1 In the **Pregnancy** section:

- If a female between the ages of 10 and 55 is on the application and is pregnant or was pregnant in the past 60 days, select *Yes* and select who.

2 In the **Other Health Insurance Coverage** section:

- If someone is enrolled in health coverage, except Medicare, select *Yes* and select who.

3 In the **Health Insurance Coverage You're Offered Now** section:

- If someone has access to health insurance coverage but is not enrolled, select *Yes* and select who.

4 In the **Former Foster Care** section:

- If an adult, under 26, is on the application, and was in foster care at age 18 or older in Tennessee, select *Yes* and select who.

5 In the **Emergency Medical Services** section:

- If someone had an emergency health problem and needs help paying those bills, select *Yes* and select who.

6 Click **Next**.

If you…	Then…
Reported someone is pregnant or has other health insurance coverage	Additional pages appear for each person's report. Proceed below to complete those pages.
Did not report someone is pregnant or has other health insurance coverage	Proceed to the **Other Household Questions Summary** page, starting with step 7.

If you reported someone is pregnant:

On the **More About <Person>'s Pregnancy** page:

- In the **Pregnancy** section, select how many babies are expected and the pregnancy

due date.

- Click **Next**.

If you reported someone has other health insurance coverage:

On the **More About <Person>'s Other Health Insurance Coverage** page:

- In the **<Person>'s Other Health Insurance Coverage** section:
  - ○ Select the **Policy Holder** from the drop-down menu.
  - ○ If the policy holder is *Someone outside of the home*, enter their name, date of birth, and SSN.
  - ○ Enter the health insurance company's name, select the type of coverage, enter the policy number, group number, when the coverage started, and plan details.
    - ▪ If the type of coverage is *Long Term Care Partnership* or *Employer Insurance*, answer the additional questions.
- In the **Who Is Covered?** section:
  - ○ Select everyone in the household covered by the health insurance policy.
  - ○ Select *Yes* or *No* for **Does <Person> have another type of health insurance coverage?**.
    - ▪ If *Yes*, another **More About <Person>'s Other Health Insurance Coverage** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

On the **Other Household Questions Summary** page:

7   Review all reported information in the summary tables.

   To edit an entry:

- Click the ✎ icon under **Options** next to the information you need to change.
- Make the change on a previous page.
- Click **Next** until you return to the summary page.

   To delete an entry:

- Click the 🗑 icon under **Options** next to the information you need to delete.
- Review the warning message at the top of the page.

- Click the icon to confirm you want to delete an entry.

To add an entry:

- Select a name.

- Click **Add +** to return to an earlier page and add new information.

- Click **Next** until you return to the summary page.

8 Click **Next**.

Adding Tax Information

On the **Tax Information** page:

1   In the **Tax Filing** section:

- If someone plans to file a federal income tax return, select *Yes* and select who.

2   In the **Being Claimed Dependent by Someone Outside of the Home** section:

- If someone is being claimed as a dependent by someone not living in the home, select *Yes* and select who.

3   In the **Before Tax Deductions** section:

- If someone has before tax deductions (such as childcare, health insurance, or retirement plans deducted from gross pay), select *Yes* and select who.

4   In the **Income Tax Deductions** section:

- If someone has household expenses that can be deducted on an income tax return (such as alimony, student loan interest, or educator expenses), select *Yes* and select who.

5   Click **Next**.

If you…	Then…
Reported someone is planning to file taxes, has before tax deductions, or has income tax deductions	Additional pages appear for each person's report. Proceed below to complete those pages.
Did not report someone is planning to file taxes, has before tax deductions, or has income tax deductions	Proceed to the **Tax Information Summary** page, starting with step 6.

If you reported someone plans to file taxes:

On the **More About <Person>'s Tax Information** page:

- In the **<Person>'s Tax Information** section:
  - If the person has any tax dependents on the application, select *Yes* and select who.

- o Select *Yes* or *No* for **Does <Person> plan to claim any tax dependents or joint filers who do not live in the household?**.
- Click **Next**.

If you reported someone plans to file taxes and claim a dependent outside of the household:

On the **Tax Dependents and Joint Filers Outside Household** page:

- In the **Tax Dependents and Joint Filers Outside of the Household** section:
  - o Select if the person is a *Tax Dependent* or *Joint Filer*.
  - o Enter the tax dependent or joint filer's name, date of birth, SSN, and relationship.
  - o Select *Yes* or *No* for **Does <Person> have another tax dependent or joint filer not living in the household?**.
    - ▪ If *Yes*, another **Tax Dependents and Joint Filers Outside Household** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

If you reported someone has before tax deductions:

On the **More About <Person>'s Before Tax Deductions** page:

- In the **<Person>'s Before Tax Deduction Types** section:
  - o Enter the **Amount Per Month** for each **Expense Type** the person pays that's deducted from their gross pay.
    - ▪ If an amount is entered for **Other**, enter the **Name of Other Expense**.
  - o Click **Next**.

If you reported someone has income tax deductions:

On the **More About <Person>'s Income Tax Deductions** page:

- In the **<Person>'s Income Tax Deduction Types** section:
  - o Enter the **Amount Per Month** for each **Expense Type** the person pays that can be deducted on a federal income tax return.
- Click **Next**.

On the **Tax Information Summary** page:

6   Review all reported information in the summary tables.

To edit an entry:

- Click the 🖊 icon under **Options** next to the information you need to change.

- Make the change on a previous page.

- Click **Next** until you return to the summary page.

To delete an entry:

- Click the 🗑 icon under **Options** next to the information you need to delete.

- Review the warning message at the top of the page.

- Click the 🗑 icon to confirm you want to delete an entry.

To add an entry:

- Select a name.

- Click **Add +** to return to an earlier page and add new information.

- Click **Next** until you return to the summary page.

7   Click **Next**.

Adding Employment Income Information

On the **Job Income Information** page:

1   In the **Job Details** section:

- If someone has a job or is starting a job this month, excluding self-employment or payment in goods and services instead of money, select *Yes* and select who.

2   In the **Other Income You Earn** section:

- If someone earns tips, severance pay, bonuses, commission, or disability pay, select *Yes* and select who.

3   In the **Self Employment** section:

- If someone is self-employed, select *Yes* and select who.

4   Click **Next**.

If you...	Then...
Reported someone in the household earns income	Additional pages appear for each person's report. Proceed below to complete those pages.
Did not report someone in the household earns income	Proceed to the **Job Income Summary** page, starting with step 5.

If you reported someone has a job:

On the **More About <Person>'s Job** page:

- In the **Employer** section, enter the employer's name, employer's address, employer's phone number, and when the person started the job.
- In the **Payment Information** section:
  - o   Select how you want to report the earned income.

If you chose to report the...	Then...
Amount you make per hour	Enter the number of hours usually worked per week and the amount earned per hour.
Amount you are paid each paycheck	Select how often the person is paid and the total income on each check before taxes.

- o Select *Yes* or *No* for **Does <Person> have another job?**.
    - ▪ If *Yes*, another **More About <Person>'s Job** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

If you reported someone has other earned income:

On the **More About <Person>'s Other Earned Income** page:

- In the **Income Information** section:
    - o Select how often the person is paid and the total income on each check before taxes.
    - o Select if this income is earned from working on the government census.
    - o Select *Yes* or *No* for **Does <Person> have other earned income to tell us about?**.
        - ▪ If *Yes*, another **More About <Person>'s Other Earned Income** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

If you reported someone is self-employed:

On the **More About <Person>'s Self-Employment** page:

- In the **Self-Employment** section:
    - o Enter what the person does to earn money, the self-employment type, and how much net income (profits after business expenses are paid) is expected to be earned this month.
- In the **Co-Owners** section:
    - o Select *Yes* or *No* for **Does anyone own this Self-Employment with <Person>?**. If *Yes*, complete the table.
        - ▪ Click **Add +** to add a row for each co-owner in the table, including the person reporting the self-employment.
        - ▪ Select the co-owner or add the co-owner's name if they are not included on the application, and the person's ownership percentage. The total of percentages must add up to 100%.

- Click the 🗑 icon to delete a row.
  - ○ Select *Yes* or *No* for **Does <Person> have any other self-employment income?**.
    - If *Yes*, another **More About <Person>'s Self-Employment** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

On the **Job Income Summary** page:

5   Review all reported information in the summary tables.

To edit an entry:

- Click the ✏ icon under **Options** next to the information you need to change.
- Make the change on a previous page.
- Click **Next** until you return to the summary page.

To delete an entry:

- Click the 🗑 icon under **Options** next to the information you need to delete.
- Review the warning message at the top of the page.
- Click the 🗑 icon to confirm you want to delete an entry.

To add an entry:

- Select a name.
- Click **Add +** to return to an earlier page and add new information.
- Click **Next** until you return to the summary page.

6   Click **Next**.

Adding Money From Other Sources Information

On the **Money From Other Sources** page:

1   In the **Child Support Income** section:

- If someone receives child support from a parent not living in the household, select *Yes* and select who.

2   In the **SSI (Supplemental Security Income)** section:

- If someone receives or is starting to receive SSI, select *Yes* and select who.

3   In the **Social Security Income** section:

- If someone receives Social Security Income (such as Social Security Disability Income, Railroad Retirement Board Income, or Survivor's Benefits), select *Yes* and select who.

4   In the **VA Benefits** section:

- If someone receives or is starting to receive any Veteran Administration Benefits, select *Yes* and select who.

5   In the **Other Income** section:

- If someone receives any other income (such as annuities, pensions, cash support, Unemployment benefits, Worker's Comp, Sick or Disability Pay, Tribal Income), select *Yes* and select who.

6   Click **Next**.

If you…	Then…
Reported someone in the household receives child support, SSI, Social Security Income, VA Benefits, or other income	Additional pages appear for each person's report. Proceed to the next page of this document to complete those pages.
Did not report someone in the household receives child support, SSI, Social Security Income, VA Benefits, or other income	Proceed to the **Money from Other Sources Summary** page, starting with step 7.

If you reported someone receives child support income:

On the **More About <Person>'s Child Support Income** page:

- In the **<Person>'s Child Support Income** section:
  - Enter when the income began, how often the income is received, and the amount of each payment.
  - Select *Yes* or *No* for **Does <Person> have additional Child Support Income to report?**.
    - If *Yes*, another **More About <Person>'s Child Support Income** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

If you reported someone receives SSI income:

On the **More About <Person>'s SSI (Supplemental Security Income)** page:

- In the **<Person>'s SSI (Supplemental Security Income)** section:
  - Enter when the income began, and the amount of each monthly payment.
  - Select *Yes* or *No* for **Does <Person> have additional SSI (Supplemental Security Income) to report?**.
    - If *Yes*, another **More About <Person>'s SSI (Supplemental Security Income)** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

If you reported someone receives Social Security Income:

On the **More About <Person>'s Social Security Income** page:

- In the **<Person>'s Social Security Income** section:
  - Enter the type of social security income, when the income began, how often the income is received, and the amount of each payment.
  - Select if someone other than a parent or spouse helps the person pay for food or housing.
  - Select *Yes* or *No* for **Does <Person> have additional Social Security Income to report?**.

- If *Yes*, another **More About <Person>'s Social Security Income** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

If you reported someone receives VA Benefits income:

On the **More About <Person>'s VA Benefits** page:

- In the **<Person>'s VA Benefits** section:
  - Enter the type of VA Benefits, when the income began, how often the income is received, and the amount of each payment.
  - Select *Yes* or *No* for **Does <Person> have additional VA Benefits to report?**.
    - If *Yes*, another **More About <Person>'s VA Benefits** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

If you reported someone receives other income:

On the **More About <Person>'s Other Income** page:

- In the **<Person>'s Other Income** section:
  - Enter the type of other income, when the income began, how often the income is received, and the amount of each payment.
  - Select *Yes* or *No* for **Does <Person> have additional Other Income to report?**.
    - If *Yes*, another **More About <Person>'s Other Income** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

If you reported someone other than a parent or spouse helps pay for food or housing:

On the **More About <Person>'s In-Kind Support** page:

- In the **In-Kind Support and Maintenance** section:
  - Select if the person lives with any adults besides a spouse, how much the person pays for all expenses identified in the table, and how many people live in the home.

- o Click **Add +** to add a row for each expense type.
- o Select the expense type and enter the amount of the expense, how much is paid by someone inside the home, and how much is paid by someone outside the home.
  - ▪ Click the 🗑 icon to delete a row.
- o Select *Yes* or *No* for **Does <Person> have additional In-Kind Support to report?**.
  - ▪ If *Yes*, another **More About <Person>'s In-Kind Support** page appears after you click **Next**. Repeat the steps above.
- Click **Next**.

On the **Money From Other Sources Summary** page:

7 Review all reported information in the summary tables.

To edit an entry:

- Click the ✎ icon under **Options** next to the information you need to change.
- Make the change on a previous page.
- Click **Next** until you return to the summary page.

To delete an entry:

- Click the 🗑 icon under **Options** next to the information you need to delete.
- Review the warning message at the top of the page.
- Click the 🗑 icon to confirm you want to delete an entry.

To add an entry:

- Select a name.
- Click **Add +** to return to an earlier page and add new information.
- Click **Next** until you return to the summary page.

8 Click **Next**.

Answering Additional Questions

On the **Additional Health Care Assistance Questions** page:

1   In the **Other Coverage Questions** section:

- Select if someone lives in a nursing home, needs nursing home care, hospice care, Home and Community Based Services (HCBS), or intermediate care for people with intellectual disabilities (ICF/IIC), or is in the hospital and will be there for at least 30 days.

- Select if someone wants help paying for their Medicare coverage.

- Select if someone is receiving treatment for breast or cervical cancer (BCC) and is currently receiving presumptive BCC coverage.

- Select if someone has medical or dental bills.

If you answered *Yes* to any of these questions:

- Select if someone pays for expenses, such as shelter, utilities, dependent care, or child support.

- Select if someone has resources, such as financial accounts, vehicles, property, burial resources, or life insurance.

2   Click **Next**.

If you...	Then...
Reported someone in the household needs nursing home, hospice, or HCBS, or ICF/ICC care, is in the hospital, wants help paying for Medicare coverage, is receiving presumptive BCC coverage, or has medical or dental bills	The **Additional Questions** page appears. Proceed to the next page of this document to complete the page.
Did not report someone in the household needs nursing home, hospice, or HCBS, or ICF/ICC care, is in the hospital, wants help paying for Medicare coverage, is receiving presumptive BCC coverage, or has medical or dental bills	Proceed to the **Additional Questions Summary** page, starting with step 3.

On the **Additional Questions** page:

Depending on the answers to the previous questions, only the applicable sections are displayed.

If you…	Then…
Reported someone wants help paying for their Medicare coverage	In the **Help with Medicare Cost Sharing** section, select *Yes* and select who.
Reported someone is receiving treatment for breast or cervical cancer (BCC) and is currently receiving presumptive BCC coverage	In the **Breast of Cervical Cancer** section, select *Yes* and select who.
Reported someone is in the hospital now and will be there for at least 30 days	In the **Hospital** section, select *Yes* and select who.
Reported someone is living in a nursing home or needs to receive nursing home care	In the **Nursing Home** section, select *Yes* and select who.
Reported someone needs hospice care	In the **Hospice Care** section, select *Yes* and select who.
Reported someone needs HCBS	In the **Home and Community Based Services (HCBS)** section, select *Yes* and select who.
Reported someone has intellectual or developmental disabilities and wants care at home or at an intermediate care facility	In the **Intermediate Care for Individuals with Intellectual Disabilities** section, select *Yes* and select who.

- Click **Next**.

On the **Additional Questions Summary** page:

3 Review all reported information in the summary table.

To edit, delete, or add an entry:

- Click the ✏ icon under **Options**.

- Make the change on a previous page.

- Click **Next** until you return to the summary page.

4   Click **Next**.

Adding Resources

On the **Resources** page:

1 In the **Financial Resources** section:

- If someone has financial resources, such as checking or savings accounts, stocks or mutual funds, pension funds, bonds, trust funds, annuities, or qualified tuition savings plans, select *Yes* and select who.

2 In the **Vehicles** section:

- If someone owns a vehicle, such as a car, truck, van, motorboat, motorhome, recreational vehicle, or motorcycle/moped, select *Yes* and select who.

3 In the **Property** section:

- If someone owns property or real estate, such as land, buildings, or mobile homes, select *Yes* and select who.

4 In the **Burial Resources** section:

- If someone owns a burial resource, such as a burial plot, contract, or insurance, select *Yes* and select who.

5 In the **Life Insurance** section:

- If someone owns a life insurance policy, select *Yes* and select who.

6 In the **Other Resources** section:

- If someone owns any other resources, such as equipment, disaster assistance (funds received under the Disaster Relief Act of 1974), household goods or personal effects (such as jewelry or antique furniture), livestock, or oil and mineral rights, select *Yes* and select who.

7 In the **Sold, Traded, Given Away Resources** section:

- If someone has sold, traded, or given away resources in the last five years, select *Yes* and select who.

8 Click **Next**.

Additional pages appear for each person's reported resource(s).

On the **More About <Person>'s <Resource> type** page:

9   In the **<Person>'s <Resource Type>** section, select the type(s) of financial, vehicle, property, or other resources owned by the person.

10 Click **Next**.

On the **More About <Person>'s <Resource Type>** page:

11 In the **More About <Person>'s <Resource Type>** section:

- Enter the value of the resource. The questions and fields vary depending on the type of resource.

If you reported…	Then also…
An *Individual Retirement Account*, *Pension Fund*, or *Retirement Account* financial resource	Enter if you must retire or end employment to access the account.
A *Qualified Tuition Savings Plan (529 Plans)* financial resource	Select if you are the *Beneficiary* or *Donor*.
A *Trust Fund* financial resource	Select the **Trust Type**, enter the trustee, and answer if you are the beneficiary of the trust, and if you own the trust.
Any vehicle	Enter the **Year**, **Make**, and **Model**, select how the vehicle is used, and enter how much is owed on the vehicle.
Any property	Select the **Property Use**, enter how much is owed on the property, and enter the property's address.
A property used as a *Home*	Select if you live there. If *No*, select if you intend to return.
A property used as *Rental/Income-Producing Property*	Select if you get rent money. If *Yes*, enter how much is received per month.
A burial resource	Enter how much is owed on the burial resource, select the **Burial Resource Type**, and select who the burial resource is designated for.

If you reported...	Then also...
Life insurance	Select the type of life insurance, enter the policy number, and enter the life insurance company information.
Any other resource	Enter how much is owed on the resource.
A *Livestock*, *Non Business Equipment*, *Oil and Mineral Rights*, or *Other Resources* other resource	Select the use of the resource and enter how much is owed on the resource.

If you reported someone has an *Annuity*, *Burial*, *Checking Account*, *Health Reimbursement Account*, *Individual Development Account*, *Individual Retirement Account*, *Keogh Account*, *Patient/Resident Trust Account*, *Savings Account*, or *Trust* resource, the additional bank or company information is required:

o In the **Bank Or Company** section:

▪ Enter the bank or company and the **Zip Code** of the branch where the account was opened to narrow the search results.

▪ Click **Search**.

o On the **Financial Institution Search** page:

▪ Review the search results in the **Institution** table.

▪ Select the radio button for the correct institution.

- Use the search box above the results table to narrow the search results. For example, enter the city, and the results table narrows to the institutions with that city in the address.

- If the correct institution is not found, select the **Other** radio button.

▪ Click **Submit**.

Returning to the **More About <Person>'s <Resource Type>** page:

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

• Select *Yes* or *No* for **Does anyone own this <Resource Type> with <Person>?**.

o If *Yes*, complete the table.

▪ Click **Add +** to add a row for each co-owner in the table, including the person reporting the resource.

- Select the co-owner or add the co-owner's name if they are not included on the application, and the person's ownership percentage. The total of percentages must add up to 100%.

   - Click the icon to delete a row.

13 Select *Yes* or *No* for **Does <Person> have any other <Resource Type>?**.

- If *Yes*, another **More About <Person>'s <Resource Type>** page appears after you click **Next**. Repeat steps 9 – 13.

14 Click **Next**.

If you reported someone has sold, traded, or given away a resource in the past five years:

On the **More About <Person>'s Sold, Traded, or Given Away Resource** page:

15 In the **<Person>'s Sold, Traded, or Given Away Resources** section:

- Select the resource type, who received the resource, the date the resource's ownership changed, how much the resource was worth at that time, and how much money was received for the resource.

- Select *Yes* or *No* for **Did <Person> sell, trade, or give away any other resource?**.

   o If *Yes*, another **More About <Person>'s Sold, Traded, or Given Away Resources** page appears after you click **Next**. Repeat step 15.

16 Click **Next**.

On the **Resources Summary** page:

17 Review all reported information in the summary tables.

   To edit an entry:

- Click the icon under **Options** next to the information you need to change.

- Make the change on a previous page.

- Click **Next** until you return to the summary page.

   To delete an entry:

- Click the icon under **Options** next to the information you need to delete.

- Review the warning message at the top of the page.

- Click the icon to confirm you want to delete an entry.

<u>To add an entry</u>:

- Select a name and resource type.

- Click **Add +** to return to an earlier page and add new information.

- Click **Next** until you return to the summary page.

18 Click **Next**.

Adding Medical Bills

On the **Medical Bills Questions** page:

1   In the **Medical Bills** section:

- If someone has received a bill for medical care or medicine within the last three months, or if someone has paid for any medical bills this month, select *Yes* and select who.

2   Click **Next**.

On the **More About <Person>'s Medical Bills** page:

3   In the **<Person>'s Medical Bills** section:

- Select the type(s) of medical bills for each person.

4   Click **Next**.

Additional pages appear for each person's reported medical bill(s).

On the **More About <Person>'s <Medical Bill Type>** page:

5   In the <**Person>'s <Medical Bill Type>** section:

- Select who received the care associated with the medical bill.

   o   If the bill is for *Someone outside of the home*, enter the name and relationship between the person paying the bill and the person who received care for the bill.

- Select how often the bill is paid and when the care was provided.

- Enter how much has already been paid for the bill.

   This question is not asked for *Dental Bills*.

- Enter how much of the bill is left unpaid.

   This question is not asked for *Dental Bills*, *Medical care like parking fees and tolls*, or *Transportation you need to get medical care like bus, taxi, train, or plane fares*.

   o   If the medical expense is *Transportation you need to get medical care like bus, taxi, train or plane fare*, enter the miles driven round trip to receive the care.

- Select *Yes* or *No* for **Does <Person> have another <Medical Bill Type> bill?**.

- o If *Yes*, another **More About <Person>'s <Medical Bill Type>** page appears after you click **Next**. Repeat step 5.

6   Click **Next**.

On the **Medical Bills Summary** page:

7   Review all reported information in the summary tables.

To edit an entry:

- Click the icon under **Options** next to the information you need to change.

- Make the change on a previous page.

- Click **Next** until you return to the summary page.

To delete an entry:

- Click the icon under **Options** next to the information you need to delete.

- Review the warning message at the top of the page.

- Click the icon to confirm you want to delete an entry.

To add an entry:

- Select a name and medical expense type.

- Click **Add +** to return to an earlier page and add new information.

- Click **Next** until you return to the summary page.

8   Click **Next**.

Adding Expenses

On the **Expenses** page:

1   In the **Shelter or Utility Expenses** section:

- If someone pays for shelter or utility expenses, such as rent, mortgage, taxes, insurance, maintenance, or utility bills, select *Yes* and select who.

2   In the **Dependent Care Expenses** section:

- If someone pays for dependent care, such as childcare or care for disabled dependent adults, select *Yes* and select who.

3   In the **Court Ordered Payments, Fees, and Deductions** section:

- If someone is court ordered to pay money for things such as child support, alimony, or bankruptcy, select *Yes* and select who.

4   Click **Next**.

If you…	Then…
Reported someone has expenses	Additional pages appear for each person's report. Proceed below to complete those pages.
Did not report someone has expenses	Proceed to the **Expenses Summary** page, starting with step 5.

If you reported someone has a shelter or utility expense:

On the **More About <Person>'s Shelter or Utility Expense** page:

- In the **<Person>'s Shelter or Utility Expense** section:
  - o   Select the type of expense, how often the expense is paid, and the amount of the expense.
  - o   Select *Yes* or *No* for **Does <Person> have another shelter or utility expense to report?**.
    - ▪   If *Yes*, another **More About <Person>'s Shelter or Utility Expense** page appears after you click **Next**. Repeat the steps above.
  - o   Click **Next**.

If you reported someone has a dependent care expense:

On the **More About <Person>'s Dependent Care Expense** page:

- In the **<Person>'s Dependent Care Expense** section:
  - o Select who the expense is paid for, the amount of the expense, and how often the expense is paid.
    - ▪ If the expense is for *Someone outside of the home*, enter the name of the person.
  - o Select *Yes* or *No* for **Does <Person> have another dependent care expense?**.
    - ▪ If *Yes*, another **More About <Person>'s Dependent Care Expense** page appears after you click **Next**. Repeat the steps above.
  - o Click **Next**.

If you reported someone has a court ordered payment expense:

On the **More About <Person>'s Court Ordered Payments, Fees, and Deductions** page:

- In the **<Person>'s Court Ordered Payments, Fees, and Deductions** section:
  - o Select the type of expense and the monthly amount of the expense.
  - o Select *Yes* or *No* for **Does <Person> have another court ordered payments, fees, and deductions?**.
    - ▪ If *Yes*, another **More About <Person>'s Court Ordered Payments, Fees, and Deductions** page appears after you click **Next**. Repeat the steps above.
  - o Click **Next**.

On the **Expenses Summary** page:

5   Review all reported information in the summary tables.

To edit an entry:

- Click the ✏ icon under **Options** next to the information you need to change.
- Make the change on a previous page.
- Click **Next** until you return to the summary page.

To delete an entry:

- Click the 🗑 icon under **Options** next to the information you need to delete.

- Review the warning message at the top of the page.

- Click the 🗑 icon to confirm you want to delete an entry.

To add an entry:

- Select a name.

- Click **Add +** to return to an earlier page and add new information.

- Click **Next** until you return to the summary page.

6   Click **Next**.

The **Access to Other Insurance Details** page may appear based on the income reported if access to other insurance is also reported:

- In the **Contact Information** section, enter who can be contacted to give more information on the other insurance.

- In the **Coverage Information** section, answer the additional questions about the offered plan and premium.

  NOTE: The minimum value standard, or minimum essential coverage, is an insurance plan that meets the Affordable Care Act requirement for having qualified health coverage. Examples of plans that qualify include marketplace plans and job-based plans.

- Click **Next**.

Finishing And Submitting An Application

On the **Before You Submit** page:

1   In the **Before You Submit** table:

- Click the appropriate **Go Back** link to return to a summary page and review or update information.

- Click **Next**.

On the **Signing Your Application** page:

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

- Review the information.

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

- Review the information.

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

- Review the information.

5   In the **Voter Registration** section:

- Select if the applicant is registered to vote at their current address.

- Select if the applicant wants to receive a voter registration application in the mail.

6   In the **Renewal of Coverage in Future Years** section:

- Review the information and select the applicant's decision.

7   In the **Managed Care Organizations** section:

- Review the information and select a health plan preference for TennCare Medicaid.

  If the applicant doesn't have a preference, leave it blank.

8   In the **Electronic Signature** section:

- Review the information.

- Select **By checking this box and typing the applicant's name below, I am electronically signing on the applicant's behalf**.

- Enter the applicant's full name in the **Signature** field.

- 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.

9   Click **Submit**.

10 Wait while the application is being submitted.

Do not leave this page while the icon is spinning.

On the **Your application has been successfully submitted** page:

11 In the **Results** section:

- Review the information.
- Click **Types of Proof** for a list of what documents may be needed as proof of the reported information.

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

- Provide the application tracking number to the individual.

13 Click **Print** to print a copy of the application for the individual.

14 Click **Upload** to upload a document with the individual's application.

15 Click **Next** to return to the **Search Applications** page.

Searching Applications

On the **Welcome to TennCare Access** homepage, using the **Search Applications** 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 about the application you're looking for to get a list of all the applications you've submitted or you have in-progress.

Searching For An In-Progress Or Submitted Application

1   Click **Search Applications** on the TennCare Access homepage.

On the **Search Applications** page:

2   In the **Search Criteria** section:

- Enter the individual's name and/or SSN and/or **Application Status** and/or **Application Type**, and/or **Application Date Range**.

   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.

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.

   o   Click the 🔍 icon to review a submitted application.
   o   Click the **Click here to continue application** hyperlink to continue an in-progress application.
   o   Click the **View Documents** hyperlink next to the application to review documents uploaded with a submitted application.

Deleting An In-Progress Application

1   Click **Search Applications** on the TennCare Access homepage.

On the **Search Applications** page:

2   In the **Search Criteria** section:

- Enter the individual's name and/or SSN and/or **Application Status** and/or **Application Type**, and/or **Application Date Range**.

    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.

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.

- To delete an in-progress application:

    o   Click the 🗑 icon next to an in-progress application in the **Delete Application** column listed in the **Search Results** table.

    o   Review the warning message on the page.

    o   Click **Delete** to delete the in-progress application.

Uploading Documents Using Search Applications

On the **Search Application** page, an upload link displays for any submitted applications that TennCare has not started reviewing.

For these applications, the applicant can submit proof right away or wait for TennCare to review the application and send a letter to the applicant telling them what's needed.

Once the applicant receives this letter, they can use their TennCare Connect account to upload the documents.

1   Click **Search Applications** on the TennCare Access homepage.

On the **Search Applications** page:

2   Click **Search** to view all the applications you've submitted through the TennCare Access account.

3   Click the **Upload** hyperlink in the ***Upload Documents** column next to the application listed in the **Search Results** table.

On the **Sending Proof** page:

4   Review the **Proofs** table showing what verification can be accepted.

5   Click **Next**.

On the **Types of Proof** page:

6   Select the **<Type of Proof>** box for the information you're submitting.

7   In the **Other Ways to Send Us Documents** section:

- Review the information about other ways to send in proof to TennCare.
- Tell the applicant about these options.

8   Click **Next**.

On the **Document Upload** page:

9   Select the type of document you're uploading from the **What type of document is this?** drop-down menu.

10 Click **Choose File** or **Browse**, depending on your internet browser.

11 Select the document from the file pop-up window.

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

12 Click **Open**.

- If the document is not available for upload, select the **I do not have this document ready right now. I understand that I need to provide this document before a decision can be made on my case** box.

13 Select *Yes* or *No* for **Would you like to upload another document for <Person>'s Proof of <Type of document>**.

- If *Yes*, another **Document Upload** page appears after you click **Next**.
- Repeat steps 9 – 13.

14 Click **Next**.

On the **Upload Summary** page:

15 Review the **Upload** summary table.

- Click the 🔍 icon to review each document.

    o If you don't want to submit a document, click the 🗑 icon twice.

16 In the **Upload Another Document** section:

- To upload another document, choose the person's **Name** and **Type of Proof** from the drop-down menus.
- Click **Add +**.
- Repeat steps 9 – 14 to upload the document.

17 Click **Submit**.

18 Wait while the document is being submitted.

Do not leave this page while the icon is spinning.

On the **Confirmation** page:

19 Review the information.

20 Click **Exit**.