

TennCare Access Functionality – Hospitals

Introduction

You can submit hospital presumptive applications, full-coverage applications, upload documents along with submitted applications, and request coverage for a newborn.

General Navigation


To log in to TennCare Access, visit <https://mylogin.tennCare.gov>. Enter your **Username/Email Address** and **Password**. Click **Login**.

On the **One Time Passcode** page, enter the One Time passcode that was sent to your email address and click **Verify**.

For further guidance on logging in, or accessing your One Time Passcode, refer to the [TennCare Access Login Reference Guide](#).

In the TennCare Access Portal, use the **Next** button, at the bottom of the page, to navigate to the next page. Use the **Back to previous page** link, at the top of the page, to navigate to a prior page. Click **Save & Exit** to save an application and complete it later.

The Progress Bar at the top of each page tells you how far you've progressed in your application. You can use the Progress Bar to go back to previous sections.

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. You can't click the **Next** button until all the required fields are complete.

On TennCare Access Portal pages, when a question refers to "you" or "your," answer the question for the applicant or member.

Questions and pages are based on answers to previous questions. Additional questions may appear on the page depending on your answers. Additional pages and navigation tabs 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.

You can add additional information related to the subject matter of a page by clicking the **Add Comments to My Application** link at the bottom of each page. You'll be able to review and edit all comments before you submit your application.

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Apply for Hospital Presumptive Eligibility Coverage

Start a Hospital Presumptive Eligibility Application

On the **Welcome to TennCare Access** homepage:

- 1 Click **Hospital Presumptive Application**.

On the **Apply for Coverage** page:

- 2 Review the **Before You Begin** information and **Helpful Tips**.
- 3 Click **Next**.

Add Household Information

On the **Household Information** page:

- 1 In the **Application Date** section:
 - Enter the **Date of Application**.
- 2 In the **Head of Household Demographics** section:

- Enter the applicant’s name.

NOTE: If you’re using TennCare Access to add a newborn born to a mother who already has TennCare or CoverKids, be sure to add the enrolled mother first.

Include as much of her information as possible and mark her as not applying. Then add the newborn baby to the application and mark the baby as applying. Doing it in this order will help TennCare process the baby's information faster.

- Select if the person is homeless or living in a shelter.
- Select if the person gets mail through the Safe at Home program.
 - Use this table to determine the next step(s).

If...	Then...
Yes	<ul style="list-style-type: none"> • Enter the Safe At Home Mail ID. • Select what county the person receives benefits in. • Proceed to Step 5.

If...	Then...
No	<ul style="list-style-type: none"> Continue to Step 3.

3 Use this table to determine the next step(s).

If the person is...	Then...						
Homeless or living in a shelter	<ul style="list-style-type: none"> Continue to Step 4. 						
Not homeless or living in a shelter	In the Residential Address section: <ul style="list-style-type: none"> Select the Address Format. 						
	<table border="1"> <thead> <tr> <th>If the selection was...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td><i>US</i></td> <td> <ul style="list-style-type: none"> Enter the address in the Address Line 1 field. Enter the City. Verify the pre-populated State. Enter the Zip Code. Select the County. Continue to Step 4. </td> </tr> <tr> <td><i>Military</i></td> <td> <ul style="list-style-type: none"> Enter the address in the Address Line 1 field. Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. Select if the address is <i>AA - Armed Forces America</i>, <i>AE - Armed Forces Africa, Canada, Europe Middle East</i>, or <i>AP - Armed Forces Pacific</i>. Enter the Zip Code. Continue to Step 4. </td> </tr> </tbody> </table>	If the selection was...	Then...	<i>US</i>	<ul style="list-style-type: none"> Enter the address in the Address Line 1 field. Enter the City. Verify the pre-populated State. Enter the Zip Code. Select the County. Continue to Step 4. 	<i>Military</i>	<ul style="list-style-type: none"> Enter the address in the Address Line 1 field. Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. Select if the address is <i>AA - Armed Forces America</i>, <i>AE - Armed Forces Africa, Canada, Europe Middle East</i>, or <i>AP - Armed Forces Pacific</i>. Enter the Zip Code. Continue to Step 4.
	If the selection was...	Then...					
<i>US</i>	<ul style="list-style-type: none"> Enter the address in the Address Line 1 field. Enter the City. Verify the pre-populated State. Enter the Zip Code. Select the County. Continue to Step 4. 						
<i>Military</i>	<ul style="list-style-type: none"> Enter the address in the Address Line 1 field. Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. Select if the address is <i>AA - Armed Forces America</i>, <i>AE - Armed Forces Africa, Canada, Europe Middle East</i>, or <i>AP - Armed Forces Pacific</i>. Enter the Zip Code. Continue to Step 4. 						

4 In the **Mailing Address** section:

- Use this table to determine the next step(s).

If the person...	Then...	
Is not homeless or living in a shelter	<ul style="list-style-type: none"> • Select if the person’s mailing address is the same as the residential address where they live. 	
	If the selection was...	Then...
	Yes	<ul style="list-style-type: none"> • Continue to Step 5.
	No	<ul style="list-style-type: none"> • Enter a mailing address. <ul style="list-style-type: none"> ○ Select <i>US</i> or <i>Military</i> from the Address Format drop-down menu. <ul style="list-style-type: none"> ▪ If <i>US</i>: <ul style="list-style-type: none"> - Enter the address in the Address Line 1 field. - Enter the City. - Verify the pre-populated State. - Enter the Zip Code. - Select the County. - Continue to Step 5. ▪ If <i>Military</i>: <ul style="list-style-type: none"> - Enter the address in the Address Line 1 field. - Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. - Select if the address is <i>AA - Armed Forces America</i>, <i>AE - Armed Forces Africa, Canada</i>,

If the person...	Then...	
		<p><i>Europe Middle East, or AP - Armed Forces Pacific.</i></p> <ul style="list-style-type: none"> - Enter the Zip Code. - Continue to Step 5.
Is homeless or living in a shelter	In the Mailing Address section: <ul style="list-style-type: none"> • Select the Address Format. 	
	If the selection was...	Then...
	<i>US</i>	<ul style="list-style-type: none"> • Enter the address in the Address Line 1 field. • Enter the City. • Verify the pre-populated State. • Enter the Zip Code. • Select the County. • Continue to Step 5.
<i>Military</i>	<ul style="list-style-type: none"> • Enter the address in the Address Line 1 field. • Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. • Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific</i>. • Enter the Zip Code. • Continue to Step 5. 	

- 5 In the **Additional Information** section:
- Select the applicant’s preferred written language.

- Enter the phone number(s).
- Select the person’s health plan preference.

6 In the **Assisting Person** section:

- Select if the applicant wants to add the partner portal user as the 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).
- Use this table to determine the next step(s).

If the selection was...	Then...	
Yes	<ul style="list-style-type: none"> • Continue to Step 7. 	
No	<ul style="list-style-type: none"> • Select if the applicant wants to add an assisting person other than the partner portal user. 	
	If the selection was...	Then...
	Yes	<ul style="list-style-type: none"> • Continue to Step 7.
No	<ul style="list-style-type: none"> • Proceed to Step 13. 	

7 In the **Assisting Person Information** section:

- Select how long the applicant wants the person to be their assisting person.
- Select the assisting person’s relationship to the applicant.
- Use this table to determine the next step(s) based on the relationship.

If the selection was...	Then...
<i>Power of Attorney, Legal Guardian, or Conservator</i>	<ul style="list-style-type: none"> • Review the warning message. • Continue to Step 8.
<i>Authorized Representative</i>	<ul style="list-style-type: none"> • Select the responsibilities and permission granted to the Assisting Person in the Assisting Person Responsibilities section. • Continue to Step 8.
<i>Other</i>	<ul style="list-style-type: none"> • Enter the applicant’s relationship in the Other Relationship field.

If the selection was...	Then...	
	If the assisting person is...	Then enter...
	<i>The partner portal user</i>	<ul style="list-style-type: none"> The Hospital employee.
	<i>A friend or family member</i>	<ul style="list-style-type: none"> The relationship between the applicant and the Assisting Person.
<ul style="list-style-type: none"> Continue to Step 8. 		

8 Select **By checking this box and typing my name below, I am electronically signing as the assisting person.**

9 Type the assisting person’s name in the **Signature** field.

10 In the **Assisting Person Name** section:

- Enter the assisting person’s **Name, Organization Name,** and **ID Number** (if provided).

NOTE: If the assisting person is the partner portal user, review the pre-populated name.

11 In the **Assisting Person Address** section:

- Select the **Address Format.**
- Use this table to determine the next steps based on the **Address Format.**

If the selection was...	Then...
<i>US</i>	<ul style="list-style-type: none"> Enter the assisting person’s address in the Address Line 1 field. Enter the City. Select the State. Enter the Zip Code. Continue to Step 12.

If the selection was...	Then...
<i>Military</i>	<ul style="list-style-type: none"> • Enter the assisting person’s address in the Address Line 1 field. • Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. • Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific</i>. • Enter the Zip Code. • Continue to Step 12.

12 In the **Assisting Person Contact** section:

- Enter the assisting person’s email address and phone number(s).
- Select the best time to call during the week.

13 Click **Next**.

On the **Address Validation** pop-up window:

14 Verify the reported address information.

15 Use this table for guidance on the next step(s) based on the addresses reported.

NOTE: Military addresses will not appear on the **Address Validation** pop-up window.

If the person reported a...	Then...
Home Address	In the Household Physical Address section: <ul style="list-style-type: none"> • Select the appropriate address for the entered Home Address. • Continue to Step 16.
Mailing Address	In the Household Mailing Address section: <ul style="list-style-type: none"> • Select the appropriate address for the entered Mailing Address. • Continue to Step 16.

If the person reported a...	Then...
Address for an assisting person	In the Assisting Person Address section: <ul style="list-style-type: none"> • Select the appropriate address for the entered Assisting Person address. • Continue to Step 16.

16 Click **Submit** on the **Address Validation** pop-up window.

On the **Household Information** page:

17 Click **Next**.

Add People

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 and the pre-populated **Head of Household** name.
- 2 In the **Individual Information** section:
 - Verify the pre-populated name is correct.
 - Select the person’s **Gender**.
 - Enter the person’s **Date of Birth**.
- 3 In the **Applying for Coverage** section:
 - Select if the person is applying for presumptive coverage.
NOTE: This is only applicable to pregnant women.
 - Select if the person is applying for ongoing coverage.
 - Use this table for guidance on the next step(s).

If the selection was...	Then...
Yes for either of the questions	<ul style="list-style-type: none"> • Review the information about Social Security numbers and complete the Social Security Information section. • Continue to Step 4.

If the selection was...	Then...
No to both questions	<ul style="list-style-type: none"> Review the information about Social Security numbers and complete the Social Security Information section. Proceed to Step 6.

4 In the **Citizenship** section:

- Select if the person is a United States citizen or national.
- Use this table to determine the next step(s).

If the selection was...	Then...	
No	<ul style="list-style-type: none"> Continue to Step 5. <p>NOTE: Questions about immigration information appear later in the application process.</p>	
Yes	<ul style="list-style-type: none"> Select if the person is a naturalized or derived US citizen. 	
	If the selection was...	Then...
	Yes	<ul style="list-style-type: none"> Enter the Alien Number and Naturalization Certificate Number. Continue to Step 5.
No	<ul style="list-style-type: none"> Continue to Step 5. 	

5 In the **Living Arrangement** section:

- Select the person’s living arrangement.

IMPORTANT: Do not select *Hospital* unless the individual has been, or expects to be, in the hospital for 30 consecutive days.
- Select if the person is a Tennessee resident.
- Use this table to determine the next step(s).

If the selection was...	Then...
Yes	<ul style="list-style-type: none"> Answer the additional questions about the person’s Tennessee residency. Continue to Step 6.
No	<ul style="list-style-type: none"> Continue to Step 6.

- In the **Race** section:
 - Select the person’s race.
- In the **Ethnicity** section:
 - Select the person’s ethnicity.
- Click **Next**.

Additional pages and questions may populate depending on age and citizenship status of the applicant.

On the **Additional Details** page:

- Additional questions related to tax information, Former Foster Care, pregnancy, or medical services may populate based on the age, gender, and citizenship status of the applicant.
 - Use this table to complete each section that populates on this page. Once all sections are complete, continue to [Step 11](#).

If the following section populates...	Then...	
Tax Information	<ul style="list-style-type: none"> Select if the person applying plans to file a federal income tax return the next time taxes are due. 	
	If...	Then...
	No	<ul style="list-style-type: none"> Select if the person is being claimed as a tax dependent by someone outside of the home. Continue to the next section or Step 10.
Yes	<ul style="list-style-type: none"> Continue to the next section or Step 10. 	

If the following section populates...	Then...		
Former Foster Care	<ul style="list-style-type: none"> Select if the person was in foster care at age 18 or older and receiving Medicaid. <p>NOTE: Only individuals who are applying for coverage are displayed and can be selected.</p>		
	If...	Then...	
	Yes	<ul style="list-style-type: none"> Additional questions may populate. 	
		If they turned 18...	Then...
		After 1/1/2023 and are the only individual on the case	<ul style="list-style-type: none"> Continue to Step 10.
		After 1/1/2023 and there are additional people on the case	<ul style="list-style-type: none"> Continue to the next section or Step 10.
Before 1/1/2023	<ul style="list-style-type: none"> Continue to the next section or Step 10. 		
No	<ul style="list-style-type: none"> Continue to the next section or Step 10. 		
Pregnancy	<ul style="list-style-type: none"> If a female between the ages of 10 and 55 is on the application, select if the person is pregnant or has been pregnant in the last 12 months. 		
	If...	Then...	
	No	<ul style="list-style-type: none"> Continue to the next section or Step 10. 	
	Yes	<ul style="list-style-type: none"> Select if they are still pregnant. 	
		If...	Then...
Yes	<ul style="list-style-type: none"> Select how many babies this person is expecting from this pregnancy. 		

If the following section populates...	Then...		
			<ul style="list-style-type: none"> • Enter the due date. • Continue to the next section or Step 10.
		No	<ul style="list-style-type: none"> • Enter the date their pregnancy ended. • Continue to the next section or Step 10.
Past Pregnancy	<ul style="list-style-type: none"> • Select if the person has any other pregnancies in the last 12 months to report. <ul style="list-style-type: none"> ○ If Yes, answer the additional questions. <ul style="list-style-type: none"> ▪ Select how many babies this person was expecting from this pregnancy. • Enter the person's pregnancy end date. • Continue to the next section or Step 10. 		
Emergency Medical Services	<ul style="list-style-type: none"> • Select if the person has experienced an emergency health problem and needs help paying for those emergency services. • Continue to the next section or Step 10. 		

10 Click **Next**.

11 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of People in Your Home	<ul style="list-style-type: none"> • Proceed to Step 15.
Immigration Information	<ul style="list-style-type: none"> • Continue to Step 12.

On the **Immigration** page:

12 In the **Immigration Information** section:

- Select if the person has an eligible immigration status.
- Use this table to determine next step(s).


If the selection was...	Then...
Yes	<ul style="list-style-type: none"> • Select the person’s immigration status and answer any additional questions. • Select the person’s Immigration Document Type and enter details about the immigration document. • Continue to Step 13.
<i>No or I prefer not to answer</i>	<ul style="list-style-type: none"> • Continue to Step 13.

13 Click **Next**.

On the **Summary of People in Your Home** page:

14 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. NOTE: To make changes to the Head of Household’s language, address, or assisting person information, you must return to the Head of Household section of the Progress Bar. Click the  at the top of the page for Head of Household. Make the change on a previous page. Click Next to return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. NOTE: There is not an option to remove the head of household. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another Person to add information about other people in the household using steps 1 – 13 in the Add People section. Click Next to return to the summary page.

15 Click **Next**.

16 Use this table to determine the next step(s).

If the following page displays...	Then...
Relationships Details	<ul style="list-style-type: none"> Continue to Add Relationships.
School and Employment	<ul style="list-style-type: none"> Proceed to Add School and Employment.
Income and Deductions	<ul style="list-style-type: none"> Proceed to Add Income and Deductions.

Add Relationships

On the **Relationship Details** page:

1 In the **Relationship Details** section:

- Select the relationship between each pair of household members.
- Use this table for guidance on completing the information.

If the...	Then...
First person is the primary caregiver of the second person	<ul style="list-style-type: none"> • Select the checkbox in the Primary Caregiver column. <p>NOTE: You can select up to two primary caregivers per child.</p>
First person and the second person are joint filers	<ul style="list-style-type: none"> • Select the checkbox in the Joint Filers column.

2 In the **Tax Dependents in the Household** section:

- Use this table to determine the next step(s).

If there are...	Then...
Any tax dependents in the household	<ul style="list-style-type: none"> • Complete the table in the Tax Dependents in the Household section. • Continue to Step 3.
No tax dependents in the household	<ul style="list-style-type: none"> • Continue to Step 3.

3 In the **Tax Dependents / Joint Filers Outside the Household** section:

- Use this table to determine the next step(s).

If there are...	Then...
Any tax dependents or joint filers outside the household	<ul style="list-style-type: none"> • Complete the table in the Tax Dependents / Joint Filers Outside the Household section. • Continue to Step 4.
No tax dependents or joint filers outside the household	<ul style="list-style-type: none"> • Continue to Step 4.

4 Click **Next**.

5 Use the table to determine the next step(s).

If the following page displays...	Then...
School and Employment	<ul style="list-style-type: none"> Proceed to Add School and Employment.
Income and Deductions	<ul style="list-style-type: none"> Proceed to Add Income and Deductions.

Add School and Employment

On the **School and Employment** page:

1 Use the table to determine the next step(s).

If the following section displays...	Then...
School	<ul style="list-style-type: none"> Select if the person is under age 22 and enrolled in school. Continue to Step 2.
Employment	<ul style="list-style-type: none"> Select if the person works full time. Continue to Step 2.
School & Employment	<ul style="list-style-type: none"> Select if the person is under age 22 and enrolled in school. Select if the person works full time. Continue to Step 2.

2 Click **Next**.

Add Income and Deductions

On the **Income and Deductions** page:

1 Use this table for guidance on completing this page.

If the person...	Then...
Has income or tax deductions to report	<ul style="list-style-type: none"> Continue to Step 2.
Does not have any income or tax deductions to report	<ul style="list-style-type: none"> Proceed to Step 6.

2 In the **Earned Income** section:

- Select the person’s **Name** from the **Person Name** drop-down menu.
- Select the pay **Frequency** from the **Frequency** drop-down menu.
- Enter the **Gross Amount** of each pay period for their earned income.
- Use this table to add or remove a record.

To...	Then...
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to enter another earned income record.

3 In the **Self-Employment Income** section:

- Select the person’s **Name** from the **Person Name** drop-down menu.
- Select the type of income from the **Type** drop-down menu.
- Enter the **Monthly Net Amount** for their self-employment income.
- Use this table to add or remove a record.

To...	Then...
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p>

To...	Then...
	<ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to enter another self-employment record.

4 In the **Other Income** section:

- Select the person’s **Name** from the **Person Name** drop-down menu.
- Select the type of income from the **Type** drop-down menu.
- Select the pay **Frequency** from the **Frequency** drop-down menu.
- Enter the **Gross Amount** of each pay period for their other income.
- Use this table to add or remove a record.

To...	Then...
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to enter another income record.

5 In the **Tax Deductions** section:

- Select the person’s **Name** from the **Person Name** drop-down menu.
- Select the type of tax deduction from the **Type** drop-down menu.
- Enter the **Monthly Amount** paid for their tax deduction.
- Use this table to add or remove a record.

To...	Then...
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.

To...	Then...
Add a record	<ul style="list-style-type: none"> Click Add Another + to enter another record.

- Click **Next**.
- Use this table to determine the next step(s).

If the following page displays...	Then...
Other Health Care Questions	<ul style="list-style-type: none"> Continue to Answer Other Health Care Questions.
Application Summary	<ul style="list-style-type: none"> Proceed to Finish and Submit HPE Application.

Answer Other Health Care Questions

On the **Other Health Care Questions** page:

- Review the sections and questions on the page. If someone in the household wants any of these types of care, select *Yes*.

Additional questions populate in each section when *Yes* is selected to tell us who is requesting this type of care or reporting medical bills.

NOTE: Only individuals who are applying for coverage are displayed and can be selected.

- Use this table for guidance on completing the additional questions. Once the page is complete, continue to [Step 3](#).

If the selection was <i>Yes</i> in the...	Then...
Getting Help with Medicare Costs section	<ul style="list-style-type: none"> Tell us who wants help.
Supplemental Security Income section	<ul style="list-style-type: none"> Tell us if someone receives Social Security benefits now and has received Supplemental Security Income (SSI) checks in the past.

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If the selection was Yes in the...	Then...
Breast or Cervical Cancer section	<ul style="list-style-type: none"> Review the warning message and tell us who wants care.
Medical Bills section NOTE: This section only displays when there is a pregnant woman or child in the household.	<ul style="list-style-type: none"> Tell us who wants care.
Medical Facility (like a Hospital) section	<ul style="list-style-type: none"> Tell us who is in the medical facility. Enter their admit date and the name of the hospital. <p>IMPORTANT: Only select this option if you expect your patient will be admitted to the hospital for 30 consecutive days.</p>
Nursing Home section	<ul style="list-style-type: none"> Tell us who wants care. Enter the name of the nursing facility.
Hospice Care section	<ul style="list-style-type: none"> Tell us who wants care.
Home and Community Based Services (HCBS) section	<ul style="list-style-type: none"> Tell us who wants care.
Employment and Community First (ECF) CHOICES section	<ul style="list-style-type: none"> Tell us who wants care.
Intermediate Care for individuals with intellectual disabilities section	<ul style="list-style-type: none"> Tell us who wants care.

3 Use this table to determine the next step.

If the person answered...	Then...
Yes to any questions on the Other Health Care Questions page	<ul style="list-style-type: none"> Continue to Step 4.

If the person answered...	Then...
No to all the questions on the Other Health Care Questions page	<ul style="list-style-type: none"> Proceed to Step 6.

- In the **Expenses** section:
 - Select if anyone in the household has shelter or utility expenses, dependent care expenses, or child support expenses and tell us who.
- In the **Resources** section:
 - Select if anyone in the household has resources like financial accounts, vehicles, property, burial resources, or life insurance and tell us who.
- Click **Next**.
- Use this table to determine the next step(s).

If the following page displays...	Then...
Medical Bills	<ul style="list-style-type: none"> Continue Add Expenses.
Application Summary	<ul style="list-style-type: none"> Proceed to Finish and Submit HPE Application.

Add Expenses

On the **Medical Bills** page:

- Select if someone has received medical care, dental care, or medicine in the last 3 months and has bills (paid or unpaid) for that care or medicine, or if someone has paid for this kind of care out of pocket this month.
 - Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 3.
Yes	<ul style="list-style-type: none"> Select who is responsible for the payments. Continue to Step 2.

2 In the **Medical Bills** section:

- Select what kind of bills the person pays for.
- Use this table for guidance on entering information.

NOTE: The questions change based on the type of medical bill you select.

If the other medical bill type is...	Then...
<p>One of the following:</p> <ul style="list-style-type: none"> • <i>Acupuncture</i> • <i>Charges for medical care include in tuition fee of a college or private school which is paid each month</i> • <i>Doctor</i> • <i>Health Insurance Premium</i> • <i>Hospital</i> • <i>Long-Term Care Facility Bed Hold</i> • <i>Medicare Part A, B, C, or D</i> • <i>Nursing Facility Costs</i> • <i>Nursing Services</i> • <i>Organ Transplant Expenses</i> • <i>Other</i> • <i>Over the Counter Medicines</i> • <i>Personal expenses while traveling for medical care like parking fees and tolls</i> • <i>Prescription</i> • <i>Prosthetic Device</i> • <i>Psychiatric care</i> • <i>Service Animal</i> • <i>Special Education for Handicapped</i> • <i>Substance Abuse treatment</i> 	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill. • Enter how much of the bill has already been paid. • Continue to Step 3.

If the other medical bill type is...	Then...
<i>Dental</i>	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill. • Continue to Step 3.
<i>Transportation you need to get medical care like bus, taxi, train, or plane fares</i>	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill. • Enter how much of the bill has already been paid. • Enter how many miles the person traveled for this appointment. • Continue to Step 3.

3 Click **Next**.

On the **Summary of Medical Bills** page:

4 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a medical bill record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another to add information about other people in the household using the Add Expenses section. Click Next to return to the summary page.

5 Click **Next**.

Finish and Submit HPE Application

On the **Application Summary** page:

- In the **Individual Summary** section:
 - Verify the information entered about the individual in the table is correct.
- Verify all the information in each summary section is correct.
 - Use this table for guidance on how to edit, remove, or add any information.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove.

To...	Then...
	<p>NOTE: You cannot remove the head of household from the Individual Summary section.</p> <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record in the Individual Summary section	<ul style="list-style-type: none"> Click Add Another Person + to add information about other people in the household. Return to the Add People section to add another person’s information.
Add a record in the Income or Tax Deductions Summary sections	<ul style="list-style-type: none"> Click Add Another + to add information about income. Return to the Add Income and Deductions section to add the information.
Add a record to a section that does not have existing information or an Add Another hyperlink	<ul style="list-style-type: none"> Use the Progress Bar to return to the appropriate section and add the information. Click Next until you return to the summary page.

3 Select **Yes, I have reviewed all the above information with the applicant and confirm it is correct based on what I know.**

4 Click **Next**.

On the **Choose Health Plan** page:

5 In the **Health Plans** section:

- Review the information with the applicant.
- Select which health plan they’d prefer.

6 Click **Next**.

On the **Before you Submit** page:

7 In the **Voter Registration** section:

- Select if the applicant wants to apply to register to vote.

8 In the **Renewing Your Coverage** section:

- Select if they want to give TennCare permission to use tax information to try to renew eligibility automatically.

If...	Then...
Yes	<ul style="list-style-type: none"> • Select how many years they give TennCare permission to try to renew eligibility automatically. • Continue to Step 9.
No	<ul style="list-style-type: none"> • Continue to Step 9.

9 In the **Permission to Check Your Resources** section:

- Select if they want to give TennCare permission to use a credit reporting agency to check their resources before asking for proof of their resources.

10 Click **Next**.

On the **Sign Your Application** page:

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

- Review the information with the applicant.

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

- Review the information with the applicant.

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

- Review the information with the applicant.

14 In the **Presumptive Applications** section:

- Review the information with the applicant.
- Select **By checking this box, I agree that this information is true and correct based on what I know.**

15 In the **Electronic Signature** section:

- Review the information with the applicant.

16 In the **Patient or Responsible Party** section:

- Select **By checking this box and typing my name below, I am electronically**

signing as the patient or responsible party.

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

17 In the **TennCare Access Portal User’s Signature** section:

- 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.

18 Click **Submit**.

On the **Success! This application has been sent to TennCare!** page:

19 In the **Confirmation of Your Submission** section:

- Review the information with the applicant.

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

- Provide the applicant with their tracking number.

21 In the **Print the Application** section:

- To fulfill your legal obligation to provide presumptive applicants a physical copy of the application, print the application.
 - To generate the PDF and print, click **Print**.

22 In the **Presumptive Eligibility Results** section:

- Review the results table for the **Presumptive Eligibility** decision.
- Review this table for the next step(s).

If the person...	Then...
Is applying for ongoing coverage	The Full Coverage Application section displays. <ul style="list-style-type: none"> • Review the information. • Click Upload Documents to upload additional documents. Refer to the Upload Documents . <ul style="list-style-type: none"> • Continue to Step 22.
Is not applying for ongoing coverage	<ul style="list-style-type: none"> • Continue to Step 22.

23 Click **Exit**.

Apply for Full Coverage

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

Start an Application

- 1 Click **Apply for Full Coverage**.

On the **Apply For Coverage** page:

- 2 Review the **Before You Begin** information and **Helpful Tips**.
- 3 Click **Next**.

On the **Getting Health Care with TennCare** page:

- 4 Review the **Health Care Coverage you can get with us** information.
- 5 Click **Next**.

On the **Household Information** page:

- 6 In the **Head of Household Demographics** section:

- Enter the **Head of Household's** name.

NOTE: The Head of Household is the person who is mainly responsible for taking care of the TennCare Connect account and the health insurance.

- Select the preferred spoken and written language.
- Select if the person is homeless or living in a shelter.
- Select if the person gets mail through the Safe at Home program.
 - Use this table to determine the next step(s).

If...	Then...
Yes	<ul style="list-style-type: none"> • Enter the Safe At Home Mail ID. • Select what county the person receives benefits in. • Proceed to Step 9.

If...	Then...
No	<ul style="list-style-type: none"> Continue to Step 7.

7 Use this table to determine the next step(s).

If the person is...	Then...	
Homeless or living in a shelter	In the Head of Household Mailing Address section:	
	<ul style="list-style-type: none"> Select the Address Format. 	
	If the selection was...	Then...
<i>US</i>	<ul style="list-style-type: none"> Enter the Head of Household's address in the Address Line 1 field. Enter the City. Verify the pre-populated State. Enter the Zip Code. Select the County. Proceed to Step 8. 	
<i>Military</i>	<ul style="list-style-type: none"> Enter the Head of Household's address in the Address Line 1 field. Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. Select if the address is <i>AA - Armed Forces America</i>, <i>AE - Armed Forces Africa, Canada, Europe Middle East</i>, or <i>AP - Armed Forces Pacific</i>. Enter the Zip Code. Proceed to Step 8. 	
Not homeless or living in a shelter	In the Head of Household Home Address section:	
	<ul style="list-style-type: none"> Select the Address Format. 	

If the person is...	Then...	
	If the selection was...	Then...
	<i>US</i>	<ul style="list-style-type: none"> • Enter the Head of Household’s address in the Address Line 1 field. • Enter the City. • Verify the pre-populated State. • Enter the Zip Code. • Select the County. • Continue Step 8.
	<i>Military</i>	<ul style="list-style-type: none"> • Enter the Head of Household’s address in the Address Line 1 field. • Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. • Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific</i>. • Enter the Zip Code. • Continue to Step 8.

8 In the **Head of Household Mailing Address** section:

- Answer if the applicant’s mailing address is the same as the address where they live.
- Use this table to determine the next step(s).

If the selection was...	Then...
<i>Yes</i>	<ul style="list-style-type: none"> • Continue to Step 9.
<i>No</i>	In the Head of Household Mailing Address section:

If the selection was...	Then...	
	<ul style="list-style-type: none"> Select the Address Format. 	
	If the selection was...	Then...
	<i>US</i>	<ul style="list-style-type: none"> Enter the Head of Household's address in the Address Line 1 field. Enter the City. Verify the pre-populated State. Enter the Zip Code. Select the County. Continue to Step 9.
<i>Military</i>	<ul style="list-style-type: none"> Enter the Head of Household's address in the Address Line 1 field. Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>. Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific</i>. Enter the Zip Code. Continue to Step 9. 	

9 In the **Head of Household Contact Information** section:

- Answer the contact information questions.

10 In the **Assisting Person** section:

- Select if the applicant wants to add the partner portal user as their 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).
- Use this table to determine the next step(s).

If the selection was...	Then...	
Yes	<ul style="list-style-type: none"> Continue to Step 11. 	
No	<ul style="list-style-type: none"> Select if the applicant wants to add an assisting person other than the partner portal user. 	
	If the selection was...	Then...
	Yes	<ul style="list-style-type: none"> Continue to Step 11.
No	<ul style="list-style-type: none"> Proceed to Step 17. 	

11 In the **Assisting Person** section:

- Select how long the applicant wants the person to be their assisting person.
- Select the assisting person’s relationship to the applicant.
- Use this table to determine the next step(s) based on the relationship.

If the selection was...	Then...	
<i>Power of Attorney, Legal Guardian, or Conservator</i>	<ul style="list-style-type: none"> Review the warning message. Continue to Step 12. 	
<i>Authorized Representative</i>	<ul style="list-style-type: none"> Select the responsibilities and permission granted to the Assisting Person in the Assisting Person Responsibilities section. Continue to Step 12. 	
<i>Other</i>	<ul style="list-style-type: none"> Enter the applicant’s relationship in the Other Relationship field. 	
	If the assisting person is...	Then enter...
	<i>The partner portal user</i>	<ul style="list-style-type: none"> The name of the Hospital employee.

If the selection was...	Then...	
	<i>A friend or family member</i>	<ul style="list-style-type: none"> The relationship between the applicant and the assisting person.
	<ul style="list-style-type: none"> Continue to Step 12. 	

12 Select **By checking this box and typing my name below, I am electronically signing as the assisting person.**

13 Type the assisting person’s name in the **Signature** field.

14 In the **Assisting Person Name** section:

- Enter the assisting person’s **Name, Organization Name, and ID Number** (if applicable).

NOTE: If the assisting person is the partner portal user, review the pre-populated name.

15 In the **Assisting Person Address** section:

- Select the **Address Format**.
- Use this table to determine the next steps based on the **Address Format**.

If the selection was...	Then...
<i>US</i>	<ul style="list-style-type: none"> Enter the assisting person’s address in the Address Line 1 field. Enter the City. Verify the pre-populated State. Enter the Zip Code. Continue to Step 16.
<i>Military</i>	<ul style="list-style-type: none"> Enter the assisting person’s address in the Address Line 1 field. Select if the address is <i>APO - Air/Army Post Office</i> or <i>FPO - Fleet Post Office</i>.

If the selection was...	Then...
	<ul style="list-style-type: none"> • Select if the address is <i>AA - Armed Forces America, AE - Armed Forces Africa, Canada, Europe Middle East, or AP - Armed Forces Pacific.</i> • Enter the Zip Code. • Continue to Step 16.

16 In the **Assisting Person Contact** section:

- Enter the assisting person’s email address and phone number(s).
- Select the best time to call during the week.

17 Click **Next**.

On the **Address Validation** pop-up window:

18 Verify the reported address information.

- Use this table for guidance on the next step(s) based on the addresses reported.

NOTE: Military addresses do not appear on the **Address Validation** pop-up window.

If the person reported a...	Then...
Home Address	In the Household Physical Address section: <ul style="list-style-type: none"> • Select the appropriate address for the entered Home Address. • Continue to Step 19.
Mailing Address	In the Household Mailing Address section: <ul style="list-style-type: none"> • Select the appropriate address for an entered Mailing Address. • Continue to Step 19.
Address for an assisting person	In the Assisting Person Address section: <ul style="list-style-type: none"> • Select the appropriate address for the entered Assisting Person address. • Continue to Step 19.

19 Click **Submit** on the **Address Validation** pop-up window.

On the **Household Information** page:

20 Click **Next**.

Add People

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 and the pre-populated **Head of Household** name.
- 2 In the **Personal Information** section:
 - Verify the pre-populated name is correct.
- 3 In the **Alternative Name Information** section:
 - Select if the person has been known by another name.
 - If *Yes*, enter the name.
- 4 In the **Personal Details** section:
 - Select the person’s **Gender** and enter their **Date of Birth**.
- 5 In the **Applying for Coverage** section:
 - Select if the person is applying for coverage.
 - Use this table to determine the next step(s).

If the selection was...	Then...
Yes	<ul style="list-style-type: none"> • Review the information about Social Security numbers and complete the Social Security Information section. • Continue to Step 6.
No	<ul style="list-style-type: none"> • Review the information about Social Security numbers and complete the Social Security Information section. • Proceed to Step 8.

6 In the **Citizenship** section:

- Select if the person is a United States citizen or national.
- Use this table to determine the next step(s).

If the selection was...	Then...	
No	<ul style="list-style-type: none"> • Continue Step 7. <p>NOTE: Questions about immigration information appear later in the application process.</p>	
Yes	<ul style="list-style-type: none"> • Select if the person is a naturalized or derived US citizen. 	
	If the selection was...	Then...
	Yes	<ul style="list-style-type: none"> • Enter the Alien Number and Naturalization Certificate Number. • Continue to Step 7.
No	<ul style="list-style-type: none"> • Continue to Step 7. 	

7 In the **Living Arrangement** section:

- Select the person’s living arrangement.

NOTE: Do not select *Hospital* unless the individual has been, or expects to be, in the hospital for 30 consecutive days.

- Select if the person is a Tennessee resident.

- Use this table to determine the next step(s).

If the selection was...	Then...
Yes	<ul style="list-style-type: none"> Answer the additional questions about the person's Tennessee Residency. Continue to Step 8.
No	<ul style="list-style-type: none"> Continue to Step 8.

8 In the **Race** section:

- Select the person's race.
- Select if the person is a member of a federally recognized tribe.
 - If Yes, enter the name of the tribe, select if they have ever gotten a service from the Indian Health Service, a tribal program, or urban Indian health program, or through a referral from one of these programs, or if they are eligible to get these services.

9 In the **Ethnicity** section:

- Select the person's ethnicity.

10 Click **Next**.

Additional pages and questions may populate depending on age and citizenship status of the applicant.

11 Use this table for guidance on next step(s) based on the pages and questions that populate.

If...	Then...
Additional information and immigration information is required	<ul style="list-style-type: none"> Continue to Step 12 for guidance on answering additional questions.
No additional information or immigration information is required	<ul style="list-style-type: none"> Review the entered information on the Summary of People in Your Home page, starting with Step 18.

On the **Additional Details** page:

12 You may see additional questions related to Former Foster Care, pregnancy, or medical services based on the age and citizenship status of the applicant.

- Use this table to complete each section that populates on this page. Once all sections are completed, continue to [Step 13](#).

If the following section populates...	Then...		
Former Foster Care	<ul style="list-style-type: none"> • Select if the person was in foster care at age 18 or older and receiving Medicaid. <p>NOTE: Only individuals who are applying for coverage are displayed and can be selected.</p>		
	If...	Then...	
	Yes	<ul style="list-style-type: none"> • Additional questions may populate. 	
		If the person turned 18...	Then...
		After 1/1/2023 and are the only individual on the case	<ul style="list-style-type: none"> • Continue to Step 13.
		After 1/1/2023 and there are additional people on the case	<ul style="list-style-type: none"> • Continue to the next section or Step 13.
Before 1/1/2023	<ul style="list-style-type: none"> • Continue to the next section or Step 13. 		
No	<ul style="list-style-type: none"> • Continue to the next section or Step 13. 		
Pregnancy	<ul style="list-style-type: none"> • If a female between the ages of 10 and 55 is on the application, select if the person is pregnant or has been pregnant in the last 12 months. 		
	If...	Then...	
No	<ul style="list-style-type: none"> • Continue to the Past Pregnancy section. 		

If the following section populates...	Then...		
	Yes	<ul style="list-style-type: none"> Select if the person is still pregnant. 	
		<table border="1"> <thead> <tr> <th data-bbox="743 527 873 590">If...</th> <th data-bbox="873 527 1481 590">Then...</th> </tr> </thead> </table>	If...
	If...	Then...	
	No	<ul style="list-style-type: none"> Enter their pregnancy end date. Continue to the Past Pregnancy section. 	
Yes	<ul style="list-style-type: none"> Select how many babies this person is expecting from this pregnancy. Enter the person’s due date. Continue to the Past Pregnancy section. 		
	<p>In the Past Pregnancy section:</p> <ul style="list-style-type: none"> Select if the person has any other pregnancies in the last 12 months to report. <ul style="list-style-type: none"> If <i>Yes</i>, answer the additional questions. <ul style="list-style-type: none"> Select how many babies this person was expecting from this pregnancy. Enter the person’s pregnancy end date. Continue to the next section or Step 13. 		
Medical Services	<ul style="list-style-type: none"> Answer if the person has received medical services in the past 3 months. <ul style="list-style-type: none"> If <i>Yes</i>, enter the earliest date the medical services were received. Continue to the next section or Step 13. 		
Emergency Medical Services	<ul style="list-style-type: none"> Select if the person has experienced an emergency health problem and needs help paying for those emergency services. 		

If the following section populates...	Then...
	<ul style="list-style-type: none"> Continue to the next section or Step 13.

13 Click **Next**.

14 Use this table to determine next step(s).

If the following page displays...	Then...
Summary of People in Your Home	<ul style="list-style-type: none"> Proceed to Step 18.
Immigration Information	<ul style="list-style-type: none"> Continue to Step 15.

On the **Immigration** page:

15 In the **Immigration Information** section:

- Review the information.
- Select if the person has eligible immigration status.
- Use this table to determine next step(s).

If the selection was...	Then...
Yes	<ul style="list-style-type: none"> Select the person's immigration status and answer any additional questions. Select the person's Immigration Document Type and enter details about the immigration document. Continue to Step 16.
<i>No or I prefer not to answer</i>	<ul style="list-style-type: none"> Continue to Step 16.

16 In the **Military Information** section:

- Use the table to determine how to complete this section.


If the person is...	Then...
17 years old or older	<ul style="list-style-type: none"> Select if the person’s spouse is a veteran or active duty member. Continue to Step 17.
18 years old or older	<ul style="list-style-type: none"> Select if the person is a veteran or active duty member. Continue to Step 17.
Under the age of 18 years old	<ul style="list-style-type: none"> Select if the person is an unmarried dependent child of a veteran or an active duty member of the U.S. military. Continue to Step 17.

17 Click **Next**.

On the **Summary of People in Your Home** page:

18 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. <p>NOTE: To make changes to the Head of Household’s language, address, or assisting person information you must return to the Head of Household section of the Progress Bar. Click the  at the top of the page for Head of Household.</p> <ul style="list-style-type: none"> Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>NOTE: There is not an option to remove the head of household.</p> <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.

To...	Then...
Add a record	<ul style="list-style-type: none"> Click Add Another Person + to add information about the other people in the household using steps 1 – 18 in the Add People section. Click Next until you return to the summary page.

19 Click **Next**.

20 Use this table to determine the next step(s).

If the following page displays...	Then...
Relationships	<ul style="list-style-type: none"> Continue to Step 1 of the Add Household Information section.
School and Employment	<ul style="list-style-type: none"> Continue to Step 6 of the Add Household Information section.
Other Health Insurance	<ul style="list-style-type: none"> Proceed to Step 8 of the Add Household Information section.
Application Summary	<ul style="list-style-type: none"> Proceed to the Finish and Submit Application section.

Add Household Information

On the **Relationships** page:

1 In the **Relationships** section:

- Select the relationship between each pair of household members.

NOTE: The corresponding relationship displays under the question based on the selection.

2 Use this table to determine the next step(s).

If there is...	Then...
A child in the household	<ul style="list-style-type: none"> Continue to Step 3.
Not a child in the household	<ul style="list-style-type: none"> Proceed to Step 4.

3 In the **Primary Caregiver** section:

- Select if someone in the home is the child’s primary caregiver.
 - If Yes, select who.

NOTE: Up to two people can be selected as primary caregivers for each child.

4 Click **Next**.

5 Use the table to determine the next step(s).

If the following page displays...	Then...
School and Employment	<ul style="list-style-type: none"> • Continue to Step 6.
Other Health Insurance	<ul style="list-style-type: none"> • Proceed to Step 8.

On the **School and Employment** page:

6 Use the table to determine the next step(s).

If the following section displays...	Then...
School	<ul style="list-style-type: none"> • Select if the person is under age 22 and enrolled in school. • Continue to Step 7.
Employment	<ul style="list-style-type: none"> • Select if the person works full time. • Continue to Step 7.
School & Employment	<ul style="list-style-type: none"> • Select if the person is under age 22 and enrolled in school. • Select if the person works full time. • Continue to Step 7.

7 Click **Next**.

On the **Other Health Insurance** page:

- 8 Select if anyone in the household is currently enrolled in health insurance other than TennCare, CoverKids, or Medicare.
 - Use this table to determine the next step(s).

If the selection was...	Then...
Yes	<ul style="list-style-type: none"> • Continue to Step 9.
No	<ul style="list-style-type: none"> • Proceed to Step 10.

9 In the **Health Insurance Details** section:

- Select the health insurance policy holder.

NOTE: If you selected *Someone outside of the home*, enter the **First** and **Last Name** of the policy holder, their **Date of Birth**, and their **SSN**.
- Select what kind of health insurance they have and answer the additional questions about the health insurance.
 - If they have a child, select if you were required to enroll in/purchase health insurance for yourself for your child to have health insurance.
- If the type of coverage is *Employer Insurance*, answer if the insurance is a state employee benefit plan.
- Select if this plan covers maternity benefits.
- Select who is covered by the health insurance.

10 Click **Next**.

11 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Other Health Insurance	<ul style="list-style-type: none"> • Verify the reported information. • Continue to Step 12.
Tax Filing	<ul style="list-style-type: none"> • Proceed to Add Tax Information.

On the **Summary of Other Health Insurance** page:

12 Verify all reported information in the summary tables is correct.

- Refer to this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> • Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> • Click Add Another + to enter another health insurance policy using Steps 8 – 12 in the Add Household Information section. • Click Next to return to the summary page.

13 Click **Next**.

Add Tax Information

On the **Tax Filing** page:

- 1 Select if anyone in household plans to file a federal income tax return the next time taxes are due.
 - Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Proceed to Step 4.
Yes	<ul style="list-style-type: none"> • Select who plans to file taxes. • Continue to Step 2.

2 Use this table to determine your next step.

If the tax filer...	Then...
Has a spouse in the household	<ul style="list-style-type: none"> Select if they plan to file jointly. Continue to Step 3.
Does not have a spouse, but has multiple people in their household	<ul style="list-style-type: none"> Continue to Step 3.
Is the only person in the household	<ul style="list-style-type: none"> Proceed to Step 4.

3 In the **Tax Dependents in the Household** section:

- Select if the person has any tax dependents in the household.
 - If *Yes*, select who.

4 Click **Next**.

Additional pages and questions populate to provide additional tax information, based on the reported information.

5 Use this table to complete the additional pages. Once all applicable pages are completed, continue to [Step 6](#).

If the following page displays...	Then...	
Tax Deductions	On the Tax Deductions page: <ul style="list-style-type: none"> Select if the person has any tax deductions. 	
	If...	Then...
	<i>No</i>	<ul style="list-style-type: none"> Click Next.
	<i>Yes</i>	In the Tax Deductions section: <ul style="list-style-type: none"> Select the Type and enter the Monthly Amount the person pays that can be deducted on a federal income tax return. <ul style="list-style-type: none"> If <i>Other</i> is selected, enter the Name of Other Expense. If <i>Alimony Paid</i> is selected, enter the Alimony Order Date.

If the following page displays...	Then...	
		<ul style="list-style-type: none"> Click Add Another + to add additional deductions. Click Remove to remove a deduction. <ul style="list-style-type: none"> Review the warning pop-up window and click Remove again. Click Next.
Tax Dependents Outside Household	On the Tax Dependents Outside Household page: <ul style="list-style-type: none"> Select if the person plans to claim any tax dependents who do not live in the household. 	
	If...	Then...
	No	<ul style="list-style-type: none"> Click Next.
Yes	In the Tax Dependents Outside of the Household section: <ul style="list-style-type: none"> Enter the Name, Date of Birth, and Relationship to the <Person> for each tax dependent outside of the household. <ul style="list-style-type: none"> Click Add + to add additional dependents. Click Remove to remove a dependent. <ul style="list-style-type: none"> Review the warning pop-up window and click Remove again. Click Next. 	
Joint Filer Outside Household	On the Joint Filer Outside Household page: <ul style="list-style-type: none"> Select if the person is filing taxes jointly with someone who lives outside the household. 	
	If...	Then...
	No	<ul style="list-style-type: none"> Click Next.
Yes	In the Joint Filer Outside the Household section:	

If the following page displays...	Then...	
		<ul style="list-style-type: none"> Enter the Name, Social Security Number and Date of Birth of the joint filer outside of the household. Click Next.
Tax Filer Outside Household	On the Tax Filer Outside Household page: <ul style="list-style-type: none"> Select if anyone in the household is being claimed as a dependent by someone outside of the household. <p>NOTE: Only individuals who are applying for coverage are displayed and can be selected.</p>	
	If...	Then...
	No	<ul style="list-style-type: none"> Click Next.
Yes	In the Tax Filer Outside the Household section: <ul style="list-style-type: none"> Select who is being claimed as a tax dependent by someone outside of the home. Enter the Name of the tax filer outside the household and their Relationship to the dependent. Click Next. 	

6 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Tax information	<ul style="list-style-type: none"> Continue to Step 7.
Employment	<ul style="list-style-type: none"> Proceed to Add Income.

On the **Summary of Tax Information** page:

7 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another Tax Filer + to enter another tax filer using Steps 5 – 7 in the Add Tax Information section to add their information. Click Next to return to the summary page.

8 Click **Next**.

Add Income

On the **Employment** page:

1 Select if anyone in your household has a job now or will start a new job this month.

NOTE: If there is a pregnant woman or child listed on the application, this question also asks about any jobs they've had any in the last 3 months.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 5.
Yes	<ul style="list-style-type: none"> Select who has the job. <ul style="list-style-type: none"> If Yes, and there is a pregnant woman or child on the application, select if the person has lost this job and enter the date they lost it. Continue to Step 2.

2 In the **Employer** section:

- Enter the **Employer Name**.
- 3 In the **Employer Address** section:
- Enter the employer’s address information and phone number.
 - Enter when the person started this job.
- 4 In the **Payment Information** section:
- Select if the payment amount is per hour or per paycheck.
 - Use this table to determine the next step(s).

If the selection was...	Then...
<i>Amount You Make Per Hour</i>	<ul style="list-style-type: none"> • Enter the average number of hours the person works each week. • Enter the amount the person makes per hour. • Continue to Step 5.
<i>Amount You are Paid each Paycheck</i>	<ul style="list-style-type: none"> • Select how often the person gets paid. • Enter the amount the person is paid each paycheck. • Continue to Step 5.

- 5 Click **Next**.
- 6 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Employment	<ul style="list-style-type: none"> • Continue to Step 7.
Self-Employment	<ul style="list-style-type: none"> • Proceed to Step 9.

On the **Summary of Employment** page:

- 7 Verify all reported information in the summary table is correct.
- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add information about another job using Steps 1 – 7 in the Add Income section. Click Next to return to the summary page.

8 Click **Next**.

On the **Self-Employment** page:

9 Select if anyone in the household is self-employed.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 12.
Yes	<ul style="list-style-type: none"> Select who is self-employed. Continue to Step 10.

10 In the **Self-Employment** section:

- Enter the **Business Name**.
- Select what type of self-employment the person has.
 - If you select *Other*, enter a description of the business.
- Enter their net income for the month.

11 In the **Co-Owners** section:

- Select if anyone co-owns the business.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Continue to Step 12.
Yes	<ul style="list-style-type: none"> • Verify the pre-populated name in the first row of the Co-Owner table. • Enter their % Ownership. • Select the co-owner in the second row of the Co-Owner table. <ul style="list-style-type: none"> ○ If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column. • Enter their % Ownership. • Click Add + to add more co-owners until the percentages total 100%. • Continue to Step 12.

12 Click **Next**.

13 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Self-Employment	<ul style="list-style-type: none"> • Continue to Step 14.
Other Income	<ul style="list-style-type: none"> • Proceed to Step 16.

On the **Summary of Self-Employment** page:

14 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page.

To...	Then...
	<ul style="list-style-type: none"> Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add more self-employment information using Steps 9 – 14 in the Add Income section. Click Next to return to the summary page.

15 Click **Next**.

On the **Other Income** page:

16 Select if anyone in the household is receiving or will receive (in the next 30 days) any other kind of income we have not already asked about.

NOTE: If there is a pregnant woman or child listed on the application, this question also asks about any other income they've received any in the last 3 months.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 19.
Yes	<ul style="list-style-type: none"> Select who is receiving the income. Continue to Step 17.

17 In the **Other Income** section:

- Select what type of other income they receive.
- Use this table to determine the next step(s) based on the income type.

If the other income type is...	Then...
One of the following: <ul style="list-style-type: none"> <i>Annuity</i> 	<ul style="list-style-type: none"> Enter when the income began, how often the income is received, the amount of each

If the other income type is...	Then...
<ul style="list-style-type: none"> • <i>Cash Support</i> • <i>Census</i> • <i>Child Support Income</i> • <i>Pension</i> • <i>Sick/Disability Pay</i> • <i>SSI (Supplemental Security Income)</i> • <i>Tribal Income</i> • <i>Unemployment Insurance</i> • <i>Workers Compensation</i> • <i>Other Income</i> 	<p>payment, and information about the income ending.</p> <p>NOTE: If you selected <i>SSI (Supplemental Security Income)</i>, the Frequency can't be updated.</p> <ul style="list-style-type: none"> • Proceed to Step 19.
<p><i>Alimony</i></p>	<ul style="list-style-type: none"> • Enter the Alimony Order Date. • Enter when the income began, how often the income is received, the amount of each payment, and information about the income ending. • Proceed to Step 19.
<p><i>Social Security</i></p>	<ul style="list-style-type: none"> • Select what type of Social Security income is received. • Enter when the income began, how often the income is received, the amount of each payment, and information about the income ending. <p>In the In-Kind Support and Maintenance section:</p> <ul style="list-style-type: none"> • Select if someone other than a parent or spouse helps pay for the person's food each month.

If the other income type is...	Then...
	<ul style="list-style-type: none"> Select if someone other than a parent or spouse helps pay for where the person lives. Continue to Step 18.
<i>Veterans Benefits</i>	<ul style="list-style-type: none"> Select what type of veteran benefit is received. Enter when the income began, how often the income is received, the amount of each payment, and information about the income ending. Proceed to Step 19.

18 Use this table to determine the next step(s) based on the answers to the **In-Kind Support and Maintenance** questions.

If the selection was...	Then...
No to both questions	<ul style="list-style-type: none"> Continue to Step 19.
Yes to either question	<ul style="list-style-type: none"> Enter the Amount. Select the Expense Type. Enter the Amount Paid by People in the Home, and the Amount Paid by People Outside the Home. Select if the person lives with any other adults besides a spouse. Enter how much the person pays for the expense. Enter how many people live in the person's home. Continue to Step 19.

19 Click **Next**.

20 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Other Income	<ul style="list-style-type: none"> Continue to Step 21.
Other Health Care Questions	<ul style="list-style-type: none"> Proceed to Add Other Health Care Information.

On the **Summary of Other Income** page:

21 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add more information about income using Steps 16 - 21 in the Add Income section. Click Next to return to the summary page.

22 Click **Next**.

Add Other Health Care Information

On the **Other Health Care Questions** page:

- Review the sections and questions on the page. If someone in the household wants any of these types of care, select *Yes*.

Additional questions populate in each section when *Yes* is selected to tell us who is requesting this type of care or reporting medical bills.

NOTE: Only individuals who are applying for coverage are displayed and can be selected.

- Use this table for guidance on completing the additional questions. Once the page is complete, continue to [Step 3](#).

If the selection was Yes in the...	Then...
Getting Help with Medicare Costs section	<ul style="list-style-type: none"> Tell us who wants help.
Supplemental Security Income section	<ul style="list-style-type: none"> Tell us who receives Social Security benefits and has received Supplemental Security Income (SSI) checks in the past.
Breast or Cervical Cancer section	<ul style="list-style-type: none"> Review the warning message and tell us who wants care.
Medical Bills section NOTE: This section only displays when there is a pregnant woman or child in the household.	<ul style="list-style-type: none"> Tell us who has medical bills.
Medical Facility (like a Hospital) section	<ul style="list-style-type: none"> Tell us who is in the medical facility. Enter their admit date and the name of the hospital. <p>IMPORTANT: Only select this option if you expect your patient will be admitted to the hospital for 30 consecutive days.</p>
Nursing Home section	<ul style="list-style-type: none"> Tell us who wants care. Enter the name of the nursing facility.
Hospice Care section	<ul style="list-style-type: none"> Tell us who wants care.

If the selection was Yes in the...	Then...
Home and Community Based Services (HCBS) section	<ul style="list-style-type: none"> Tell us who wants care.
Employment and Community First (ECF) CHOICES section	<ul style="list-style-type: none"> Tell us who wants care.
Intermediate Care for individuals with intellectual disabilities section	<ul style="list-style-type: none"> Tell us who wants care.

3 Use this table to determine the next step.

If the person answered...	Then...
Yes to any questions on the Other Health Care Questions page	<ul style="list-style-type: none"> Continue to Step 4.
No to all the questions on the Other Health Care Questions page	<ul style="list-style-type: none"> Proceed to Step 6.

4 In the **Expenses** section:

- Select if anyone in the household has shelter or utility expenses, dependent care expenses, or child support expenses.

5 In the **Resources** section:

- Select if anyone in the household has resources like financial accounts, vehicles, property, burial resources, or life insurance.

6 Click **Next**.

7 Use this table to determine the next step(s).

If the following page displays...	Then...
Shelter or Utility Expenses	<ul style="list-style-type: none"> Continue to Add Expenses.
Financial Resources	<ul style="list-style-type: none"> Proceed to Add Resources.
Medical Bills	<ul style="list-style-type: none"> Proceed to Step 24 in the Add Expenses section.

If the following page displays...	Then...
Application Summary	<ul style="list-style-type: none"> Proceed to Finish and Submit Application.

Add Expenses

When telling TennCare about who is responsible for paying expenses, the people who are listed in the drop-down menu might change depending on the type of benefits each individual is being evaluated for.

If no one is listed in the drop-down menu, TennCare doesn't need this expense information to evaluate the applicant's eligibility.

On the **Shelter or Utility Expense** page:

- Select if anyone in the household has any shelter or utility expenses.
 - Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 3.
Yes	<ul style="list-style-type: none"> Select who is responsible for the expenses. Continue to Step 2.

- In the **Shelter or Utility Expense** section:
 - Select what shelter or utility expense the person pays.
 - Select how often they pay the expense.
 - Enter how much they usually pay.
- Click **Next**.
- Use this table to determine the next step.

If the following page displays...	Then...
Summary of Shelter or Utility Expense	<ul style="list-style-type: none"> Continue to Step 5.

If the following page displays...	Then...
Dependent Care Expense	<ul style="list-style-type: none"> Proceed to Step 7.

On the **Summary of Shelter or Utility Expense** page:

- Verify all reported information in the summary table is correct.
 - Refer to this table on the next page for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add another shelter or utility expense using Steps 1 - 5 in the Add Expenses section. Click Next to return to the summary page.

- Click **Next**.

On the **Dependent Care Expense** page:

- Select if anyone in the household has any dependent care expenses.
 - Use this table to determine the next step.

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 9.
Yes	<ul style="list-style-type: none"> Select who is responsible for paying the dependent care expenses.

If the selection was...	Then...
	<ul style="list-style-type: none"> Continue to Step 8.

8 In the **Dependent Care Expense** section:

- Select who the expense is for.
 - If it is someone outside of the household, enter their **Name**.
- Enter how much the person pays for this care.
- Select how often the person pays for this care.

9 Click **Next**.

10 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Dependent Care Expense	<ul style="list-style-type: none"> Continue to Step 11.
Mandatory Payments	<ul style="list-style-type: none"> Proceed to Step 13.

On the **Summary of Dependent Care Expense** page:

11 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add another dependent expense using Steps 7 - 11 in the Add Expenses section. Click Next to return to the summary page.

12 Click **Next**.

On the **Mandatory Payments** page:

13 Select if anyone in the household has any mandatory payments.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Proceed to Step 15.
Yes	<ul style="list-style-type: none"> • Select who is responsible for the payments. • Continue to Step 14.

14 In the **Court Ordered Payments or Fees** section:

- Select what kind of payments the person makes.
- Enter how much the person pays.

15 Click **Next**.

16 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Mandatory Payments	<ul style="list-style-type: none"> • Continue to Step 17.
Access to Other Coverage	<ul style="list-style-type: none"> • Proceed to Step 20. <p>NOTE: This page displays depending on the household's income.</p>
Medical Bills	<ul style="list-style-type: none"> • Proceed to Step 24.
Financial Resources	<ul style="list-style-type: none"> • Proceed to Add Resources.

On the **Summary of Mandatory Payments** page:

17 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add another mandatory expense using Steps 13 - 17 in the Add Expenses section. Click Next to return to the summary page.

18 Click **Next**.

19 Use this table to determine the next step(s).

If the following page displays...	Then...
Access to Other Coverage	<ul style="list-style-type: none"> Continue to Step 20. <p>NOTE: This page displays depending on the household's income.</p>
Medical Bills	<ul style="list-style-type: none"> Proceed to Step 24.
Financial Resources	<ul style="list-style-type: none"> Proceed to Add Resources.

On the **Access to Other Coverage** page:

20 Select if anyone in the household has access to health insurance through a job or a family member's job but isn't enrolled.

- Use this table to determine the next step(s).

If the selection was...	Then...
<i>No</i>	<ul style="list-style-type: none"> Proceed to Step 22.

If the selection was...	Then...
Yes	<ul style="list-style-type: none"> Select who could be enrolled in other insurance through a family member's employer. Continue to Step 21.

21 In the **Access to Other Coverage** section:

- Enter additional information about the other health insurance and who can provide more information about it.
- Enter the premium amount for the health insurance plan.
- Select how often the premium will be paid.

22 Click **Next**.

23 Use this table to determine the next step(s).

If the following page displays...	Then...
Medical Bills	<ul style="list-style-type: none"> Continue to Step 24.
Financial Resources	<ul style="list-style-type: none"> Proceed to Add Resources.

On the **Medical Bills** page:

24 Select if someone has received medical care, dental care, or medicine in the last 3 months and has bills (paid or unpaid) for that care or medicine, or if someone has paid for this kind of care out of pocket this month.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 26.
Yes	<ul style="list-style-type: none"> Select who is responsible for the payments. Continue to Step 25.

25 In the **Medical Bills** section:

- Select what kind of bill the person pays for.

- Use this table for guidance on entering information.

NOTE: The questions are updated based on the type of medical bill you select.

If the other medical bill type is...	Then...
<p>One of the following:</p> <ul style="list-style-type: none"> • <i>Acupuncture</i> • <i>Charges for medical care include in tuition fee of a college or private school which is paid each month</i> • <i>Doctor</i> • <i>Health Insurance Premium</i> • <i>Hospital</i> • <i>Long-term Care Facility Bed Hold</i> • <i>Medicare Part A, B, C, or D</i> • <i>Nursing Facility Costs</i> • <i>Nursing Services</i> • <i>Organ Transplant Expenses</i> • <i>Other</i> • <i>Over the Counter Medicines</i> • <i>Personal expenses while traveling for medical care like parking fees and tolls</i> • <i>Prescription</i> • <i>Prosthetic Device</i> • <i>Psychiatric care</i> • <i>Service Animal</i> • <i>Special Education for Handicapped</i> • <i>Substance Abuse treatment</i> 	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill. • Enter how much of the bill has already been paid. • Continue to Step 26.
<p><i>Dental</i></p>	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and

If the other medical bill type is...	Then...
	<p>the date the person received the care.</p> <ul style="list-style-type: none"> • Enter the total amount of the medical bill. • Continue to Step 26.
<p><i>Transportation you need to get medical care like bus, taxi, train, or plane fares</i></p>	<ul style="list-style-type: none"> • Select who received the care, how often the bill is paid, and the date the person received the care. • Enter the total amount of the medical bill. • Enter how much of the bill has already been paid. • Enter how many miles the person traveled for this appointment. • Continue to Step 26.

26 Click **Next**.

27 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Medical Bills	<ul style="list-style-type: none"> • Continue to Step 28.
Financial Resources	<ul style="list-style-type: none"> • Proceed to Add Resources.
Application Summary	<ul style="list-style-type: none"> • Proceed to Finish and Submit Application.

On the **Summary of Medical Bills** page:

28 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a medical bill record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add another medical bill using Steps 24 – 28 in the Add Expenses section. Click Next to return to the summary page.

29 Click **Next**.

Add Resources

When telling TennCare about who owns resources, the people who are listed in the drop-down menu might change depending on the type of benefits each person is being evaluated for.

On the **Financial Resources** page:

- Select if anyone in the household has financial resources.
 - Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 6.
Yes	<ul style="list-style-type: none"> Select who has the resource. Continue to Step 2.

- In the **Financial Resources** section:
 - Select what kind of financial resource the person has.

Additional questions populate based on the financial resource type.

- Use this table for guidance when answering the additional questions.

If the person reported...	Then also...
One of the following: <ul style="list-style-type: none"> • <i>Checking Account</i> • <i>Health Reimbursement Account</i> • <i>Individual Development Account</i> • <i>Keogh Account</i> • <i>Savings Account</i> • <i>Loan</i> • <i>Patient/Resident Trust Account</i> 	<ul style="list-style-type: none"> • Enter information about the resource. • Continue to Step 3.
<i>Annuity</i>	<ul style="list-style-type: none"> • Enter information about the resource. • Proceed to Step 5.
<i>Individual Retirement Account</i>	<ul style="list-style-type: none"> • Select if the person must retire or end employment to access the account. • Enter information about the resource. • Continue to Step 3.
<i>Pension Fund or Retirement Account</i>	<ul style="list-style-type: none"> • Select if the person must retire or end employment to access the account. • Enter information about the resource. • Proceed to Step 5.
<i>A Qualified Tuition Savings Plan (529 Plans)</i>	<ul style="list-style-type: none"> • Select the person is the <i>Beneficiary</i> or <i>Donor</i>. • Enter information about the resource. • Proceed to Step 5.
<i>A Trust Fund</i>	<ul style="list-style-type: none"> • Select the Trust Type, enter the trustee, select if the person is the beneficiary of

If the person reported...	Then also...
	<p>the trust, and if the person owns the trust.</p> <ul style="list-style-type: none"> • Enter additional information about the resource. • Continue to Step 3.
Any other resource	<ul style="list-style-type: none"> • Enter the value of the resource. • Proceed to Step 5.

3 In the **Bank or Company** section:

- Enter the bank or company.

NOTE: You can enter the **State** and **Zip Code** of the branch where the account was opened to narrow the search results.

- Click **Search**.

4 In the **Search Results** section:

- Review the search results.
- Select the correct institution.
 - If the correct institution is not found, click **I Can't Find My Bank** and enter the bank information.
 - Enter the **Bank or Company Name**.
 - Enter the **Address, City, State** and **Zip Code**.

5 In the **Co-Owners** section:

- Select if anyone owns the financial resource with the person.
- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Continue to Step 6.
Yes	<ul style="list-style-type: none"> • Verify the pre-populated name in the first row of the Co-Owner table. • Enter their % Ownership.

If the selection was...	Then...
	<ul style="list-style-type: none"> Select the co-owner in the second row of the Co-Owner table. NOTE: If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column. Enter their % Ownership. Click Add + to add more co-owners until the percentages total 100%. Continue to Step 6.

6 Click **Next**.

7 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Financial Resources	<ul style="list-style-type: none"> Continue to Step 8.
Vehicles	<ul style="list-style-type: none"> Proceed to Step 10.

On the **Summary of Financial Resources** page:

8 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a financial resource record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.

To...	Then...
Add a record	<ul style="list-style-type: none"> Click Add Another + to add another financial resource using Steps 1 – 8 in the Add Resources section. Click Next to return to the summary page.

9 Click **Next**.

On the **Vehicles** page:

10 Select if anyone in the household owns a vehicle.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 13.
Yes	<ul style="list-style-type: none"> Select who owns the vehicle. Continue to Step 11.

11 In the **Vehicle Information** section:

- Enter as much information about the vehicle as possible.
 - Select what kind of vehicle the person has & enter information about the vehicle.
 - Select how the person uses the vehicle.
 - Enter how much the vehicle is worth.

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

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Continue to Step 13.
Yes	<ul style="list-style-type: none"> Verify the pre-populated name in the first row of the Co-Owner table. Enter their % Ownership.

If the selection was...	Then...
	<ul style="list-style-type: none"> Select the co-owner in the second row of the Co-Owner table. NOTE: If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column. Enter their % Ownership. Click Add + to add more co-owners until the percentages total 100%. Continue to Step 13.

13 Click **Next**.

14 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Vehicles	<ul style="list-style-type: none"> Continue to Step 15.
Property	<ul style="list-style-type: none"> Proceed to Step 17.

On the **Summary of Vehicles** page:

15 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a vehicle record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.

To...	Then...
Add a record	<ul style="list-style-type: none"> Click Add Another + to add another vehicle using Steps 10 - 15 in the Add Resources section. Click Next to return to the summary page.

16 Click **Next**.

On the **Property** page:

17 Select if anyone in the household owns property.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 21.
Yes	<ul style="list-style-type: none"> Select who owns the property. Continue to Step 18.

18 In the **Property Details** section:

- Select what kind of property the person owns.
- Select what the property is used for.
- Use this table to determine the next step(s) based on the property type.

If the person reported property...	Then...
That is not used as a <i>Home</i> or <i>Rental/income Producing Property</i>	<ul style="list-style-type: none"> Continue to the next bullet to enter how much is owed and the property value.
Used as a <i>Home</i>	<ul style="list-style-type: none"> Select if they live there. <ul style="list-style-type: none"> If <i>No</i>, select if they intend to return. Continue to the next bullet to enter how much is owed and the property value.

If the person reported property...	Then...
Used as a <i>Rental/Income-Producing Property</i>	<ul style="list-style-type: none"> • Enter additional information about the property. • Continue to the next bullet to enter how much is owed and the property value.

- Enter how much is owed on the property.
- Enter the value of the property.

19 In the **Property Address** section:

- Enter the address of the property the person owns.

20 In the **Co-Owners** section:

- Select if anyone owns the property with the person.
- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Continue to Step 21.
Yes	<ul style="list-style-type: none"> • Verify the pre-populated name in the first row of the Co-Owner table. • Enter their % Ownership. • Select the co-owner in the second row of the Co-Owner table. <p>NOTE: If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column.</p> <ul style="list-style-type: none"> • Enter their % Ownership. • Click Add + to add more co-owners until the percentages total 100%. • Continue to Step 21.

21 Click **Next**.

22 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Property	<ul style="list-style-type: none"> Continue to Step 23.
Burial Resources	<ul style="list-style-type: none"> Proceed to Step 25.

On the **Summary of Property** page:

23 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a property record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to return to add another property using Steps 17 - 23 in the Add Resources section. Click Next to return to the summary page.

24 Click **Next**.

On the **Burial Resources** page:

25 Select if anyone in the household has made burial arrangements.

- Use this table for guidance on the next step(s).

If the selection was...	Then...
<i>No</i>	<ul style="list-style-type: none"> Proceed to Step 30.
<i>Yes</i>	<ul style="list-style-type: none"> Select who owns the burial resource.

If the selection was...	Then...
	<ul style="list-style-type: none"> Continue to Step 26.

26 In the **Burial Resource** section:

- Select what kind of burial resource the person has.
- Select who the burial resource is for.
- Answer the additional questions about the burial resource.

27 In the **Bank or Company that Holds this Burial Resource** section:

- Enter the bank or company.

NOTE: You can select the **State** and enter the **Zip Code** of the branch where the account was opened to narrow the search results.

- Click **Search**.

28 In the **Search Results** section:

- Review the search results.
- Select the correct institution.
 - If the correct institution is not found, click **I Can't Find My Bank** and enter the bank information.
 - Enter the **Bank or Company Name**.
 - Enter the **Address, City, State and Zip Code**.

29 In the **Co-Owners** section:

- Select if anyone owns the burial resource with the person.
- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Continue to Step 30.
Yes	<ul style="list-style-type: none"> Verify the pre-populated name in the first row of the Co-Owner table. Enter their % Ownership. Select the co-owner in the second row of the Co-Owner table.

If the selection was...	Then...
	<ul style="list-style-type: none"> ○ If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column. ● Enter their % Ownership. ● Click Add + to add more co-owners until the percentages total 100%. ● Continue to Step 30.

30 Click **Next**.

31 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Burial Resources	<ul style="list-style-type: none"> ● Continue to Step 32.
Life Insurance	<ul style="list-style-type: none"> ● Proceed to Step 34.

On the **Summary of Burial Resources** page:

32 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a burial resource record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> ● Click Edit next to the information you need to change. ● Make the change on a previous page. ● Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> ● Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> ● Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> ● Click Add Another + to add another burial resource using Steps 25 - 32 in the Add Resources section. ● Click Next to return to the summary page.

33 Click **Next**.

On the **Life Insurance** page:

34 Select if anyone in the household has life insurance.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Proceed to Step 37.
Yes	<ul style="list-style-type: none"> • Select who has life insurance. • Continue to Step 35.

35 In the **Life Insurance Information** section:

- Select what kind of life insurance the person has.
- Use this table for guidance when completing the **Life Insurance Information** section.

If the selection was...	Then...
<i>Term or Group Life Insurance</i>	<ul style="list-style-type: none"> • Enter the face value of the life insurance policy and the policy number if available. • Continue to Step 36.
<i>Whole or Universal Life Insurance</i>	<ul style="list-style-type: none"> • Enter the face value of the policy, the cash surrender value of the policy, and the policy number. • Continue to Step 36.

36 In the **Life Insurance Company Information** section:

- Enter the **Company Name, Address, and Phone Number**.

37 Click **Next**.

38 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Life Insurance	<ul style="list-style-type: none"> • Continue to Step 39.

If the following page displays...	Then...
Other Resources	<ul style="list-style-type: none"> Proceed to Step 41.

On the **Summary of Life Insurance** page:

39 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a life insurance record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add additional life insurance using Steps 34 - 39 in the Add Resources section. Click Next to return to the summary page.

40 Click **Next**.

On the **Other Resources** page:

41 Select if anyone in the household has any other resources.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> Proceed to Step 44.
Yes	<ul style="list-style-type: none"> Select who has the other resource. Continue to Step 42.

42 In the **Other Resources** section:

- Select what type other resource the person has.
- Use this table for guidance on completing the **Other Resources** section.

If the resource is...	Then...
One of the following: <ul style="list-style-type: none"> • <i>Livestock</i> • <i>Non Business Equipment</i> • <i>Oil and Mineral Rights</i> • Other 	<ul style="list-style-type: none"> • Select the use of the resource. • Answer the additional questions about the resource. • Continue to Step 43.
One of the following: <ul style="list-style-type: none"> • <i>Business/Self-Employment Equipment</i> • <i>Disaster Assistance</i> • Household Goods/Personal Effects 	<ul style="list-style-type: none"> • Answer the questions about the resource. • Continue to Step 43.

43 In the **Co-Owners** section:

- Select if anyone owns the other resource with the person.
- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Continue to Step 44.
Yes	<ul style="list-style-type: none"> • Verify the pre-populated name in the first row of the Co-Owner table. • Enter their % Ownership. • Select the co-owner in the second row of the Co-Owner table. <ul style="list-style-type: none"> ○ If you selected <i>Someone outside the home</i>, enter their name in the Co-Owner Outside the Home column. • Enter their % Ownership.

If the selection was...	Then...
	<ul style="list-style-type: none"> Click Add + to add more co-owners until the percentages total 100%. Continue to Step 44.

44 Click **Next**.

45 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Other Resources	<ul style="list-style-type: none"> Continue to Step 46.
Transferred Resources	<ul style="list-style-type: none"> Proceed to Step 48.

On the **Summary of Other Resources** page:

46 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add another resource record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to add more resources using Steps 41 - 46 in the Add Resources section. Click Next to return to the summary page.

47 Click **Next**.

On the **Transferred Resources** page:

48 Select if anyone in the household has sold, traded, or given away resources in the last five years.

- Use this table to determine the next step(s).

If the selection was...	Then...
No	<ul style="list-style-type: none"> • Proceed to Step 50.
Yes	<ul style="list-style-type: none"> • Select who has sold, traded, or gave away resources. • Continue to Step 49.

49 In the **Sold, Traded, or Given Away Resources** section:

- Select what type of resources the person has.
- Select the specific type of *Burial Resource, Life Insurance, Liquid Resources, Other Resources, Real Property, Trust, or Vehicle Resource* the person has.
- Enter the name of the person or organization that they sold, traded, or gave away the resource too.
- Enter the date it was sold, traded, or given away.
- Enter the value of the resource at the time it was sold, traded, or given away.
- Enter how much money was received for the resource.

50 Click **Next**.

51 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Transferred Resources	<ul style="list-style-type: none"> • Continue to Step 52.
Application Summary	<ul style="list-style-type: none"> • Proceed to Finish and Submit Application.

On the **Summary of Transferred Resources** page:

52 Verify all reported information in the summary table is correct.

- Use this table for guidance on how to edit, remove, or add a transferred resource record.

To...	Then...
Edit a record	<ul style="list-style-type: none"> Click Edit next to the information you need to change. Make the change on a previous page. Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> Review the message and click Remove again.
Add a record	<ul style="list-style-type: none"> Click Add Another + to return to add another transferred resource using Steps 48 - 52 in the Add Resources section. Click Next to return to the summary page.

53 Click **Next**.

Finish and Submit Application

On the **Application Summary** page:

- Use the drop-down arrows to expand and review each section of the application.
 - If anything needs to be added or corrected, click the section in the Progress Bar to return to the summary page and update answers before submitting the application.
- Click **Next**.

On the **Review your Comments** page:

- In the **Summary of Comments** section:
 - Review any comments you've made on the application.
 - Enter any additional comments.
- Click **Next**.

On the **Choose Health Plan** page:

- In the **Health Plans** section:
 - Review the information with the applicant.

- Select which health plan they'd prefer.

6 Click **Next**.

On the **Before you Submit** page:

7 In the **Voter Registration** section:

- Select if the applicant wants to apply to register to vote.

8 In the **Renewing Your Coverage** section:

- Select if they want to give TennCare permission to use tax and employment information to try to renew eligibility automatically.

If...	Then...
Yes	<ul style="list-style-type: none"> • Select how many years they give TennCare permission to try to renew eligibility automatically. • Continue to Step 9.
No	<ul style="list-style-type: none"> • Continue to Step 9.

9 In the **Permission to Check Your Resources** section:

- Select if they want to give TennCare permission to use a credit reporting agency to check their resources before asking for proof of their resources.

10 Click **Next**.

On the **Sign Your Application** page:

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

- Review the information with the applicant.

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

- Review the information with the applicant.

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

- Review the information with the applicant.

14 In the **Electronic Signature** section:

- Review the information with the applicant.

15 In the **Patient or Responsible Party** section:

- Select **By checking this box and typing my name below, I am electronically signing as the patient or responsible party.**
- Type the applicant's name in the **Signature** field.

16 In the **TennCare Access Portal User's Signature** section:

- Select **By checking this box and typing my name below, I am electronically signing this application as the TennCare Access Portal user.**
- Type your name in the **Signature** field.

17 Click **Submit**.

On the **We have your application!** page:

- Locate the tracking number at the top of the page and give it to the applicant.

18 In the **Confirmation of Your Submission** section:

- Review the information with the applicant.

19 In the **What Happens Next** section:

- Review the information with the applicant.

20 In the **Change how you get Letters** section:

- Review the information with the applicant.
- Click the hyperlink to be taken to update the applicant's communication preferences.

21 In the **Print Your Application** section:

- Click **Print** to print a copy of the application for the person.
- Click **Upload Documents** to upload documents with the application.
 - Use the [Upload Documents](#) section of this guide for guidance on uploading documents.

22 Click **Next** to return to the TennCare Access homepage.

Search Submissions

On the **Welcome to TennCare Access** homepage, using the **Search My Submissions** feature, you can continue an in-progress application, view a previously submitted application or Newborn Form, and upload a document for a submitted application.

You can click **Search** without entering any information to get a list of all the actions you've submitted or have in-progress.

Search For an Application or Newborn Form

- 1 Click **Search My Submissions**.

On the **Search My Submissions** page:

- 2 In the **Search Criteria** section:

- Enter any of the following:
 - **First or Last Name**
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.
 - **Social Security Number (SSN)**
 - **Submission Status**
 - **Submission Type**
NOTE: If you select a submission type, enter the associated submission number.
 - **Submission Date Range**

- 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.
 - Click **View** to review a submitted Hospital Presumptive application, Full Coverage Application, or Newborn Form.
 - Click **Continue** to continue an in-progress application.
 - Click **Upload** to upload documents associated to the application.

Refer to the [Upload Documents](#) section of this document for further guidance on uploading documents.

Delete an In-Progress Application

- 1 Click **Search My Submissions**.

On the **Search My Submissions** page:

- 2 In the **Search Criteria** section:

- Enter any of the following:
 - **First or Last Name**
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.
 - **Social Security Number (SSN)**
 - **Submission Status**
 - **Submission Type**
NOTE: If you select a submission type, you must enter the associated submission number.
 - **Submission Date Range**

- 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.
- Click the **Remove** icon next to an in-progress application in the **View Submission** column listed in the **Search Results** table.
- Review the warning message on the page.
- Click **Remove** to delete the in-progress application.

Upload Documents

There are two ways to upload proof for an application.

- 1 Use this table to determine how to start uploading documents.

To Upload Documents...	Then...
<p>With the person’s application</p>	<p>Use the Upload Documents button displayed on the Submission page.</p> <p>On the Submission page:</p> <ul style="list-style-type: none"> • Click Upload Documents. • Continue to Step 2.
<p>After the person’s application has been submitted</p>	<p>Use the Search My Submissions feature.</p> <p>On the Search My Submissions page, an upload option displays for any submitted applications that TennCare has not started reviewing.</p> <p>For these applications, the individual can submit proof right away or wait for TennCare to review the submission and send a letter to the individual telling them what’s needed.</p> <p>Once the individual receives the letter, you can use the TennCare Connect Access Portal to upload documents.</p> <ul style="list-style-type: none"> • Click Search to view all the applications you’ve submitted through the TennCare Access Portal. <p>NOTE: To narrow your search results, you can enter information like the First Name, Last Name, SSN, Submission Status, Submission Type, and Submission Date Range.</p> <p>In the Search Results table:</p> <ul style="list-style-type: none"> • Find the application you want to upload documents for. • Click the Upload option in the Upload

To Upload Documents...	Then...
	<p>Documents column.</p> <ul style="list-style-type: none"> Continue to Step 2.

On the **My Documents** page:

2 In the **Documents We Need** section:

- Review the information.
- Click the **Types of Proof** hyperlink to for guidance on what verifications can be accepted.

3 In the **Your Recent Submissions** section:

- Review the table to see what recent submissions require verification.
- Click **Upload Proof** in the **Action** column to upload verifications for the appropriate **Head of Household**.

On the **My Documents** page:

4 In the **Upload a Document for Application T#####** section:

- Select the **Proof Type** from the drop-down menu.
- Select the **Document Type** from the drop-down menu.
- Click **Choose File** to search for a file on your computer.
NOTE: You can also drag and drop the file into the drag and drop section.
- Select the document from the file pop-up window.
NOTE: Only .tiff, .bmp, .jpeg, or .pdf types of files are allowed.

5 Click **Open**.

6 In the **Upload a Document for Application T#####** section:

- Review the documents you’ve already uploaded.
 - Click **View** to review documents.
NOTE: Partners can only see what they have uploaded. Partners will not be able to see what a member, or other partners, have uploaded through TennCare Connect.
 - Click **Remove** to delete the documents.

- Click **Add Another** and repeat [Steps 4 - 5](#) to upload more documents for the same **Proof Type**.

7 Click **Submit**.

The green *Document Upload Successful!* message appears.

8 In the **Your Recent Submissions** section:

- Verify the **Status** shows *Document under review*.
- Click **Add another document** to upload additional verifications.
- Return to [Step 4](#) for additional guidance on adding another document.

9 Click **Back to TennCare Access**.

Request Coverage for a Newborn

On the **Welcome to TennCare Access** homepage, using the **Add a Newborn** feature, you can search for a mother who is currently receiving TennCare coverage (this includes CoverKids) and report a newborn.

Search for a Mother’s Coverage

- 1 Click **Add a Newborn**.

On the **Add a Newborn Member Search** page:

- 2 In the **Search for a Mother** section:
 - Enter the mother’s **First Name, Last Name, and Date of Birth, or Social Security Number, or Person ID.**
- 3 Click **Search**.
- 4 In the **Search Results** section:

If the mother...	Then...
Is currently approved for TennCare Medicaid or CoverKids coverage	Click on the Add a Newborn hyperlink in the Select column to apply for coverage for the newborn using the Add a Newborn form. Refer to the Add a Newborn section for information on submitting the Add a Newborn form.
Is unknown to TennCare, is denied or terminated, has an application TennCare is still reviewing, or is receiving presumptive eligibility and isn’t applying for full coverage	Click on the hyperlink to apply for hospital presumptive eligibility for the mother and newborn and include other household members. Refer to the Apply for Hospital Presumptive Eligibility Coverage section for information on submitting a presumptive application.
Is on a case that has <i>not</i> been reviewed by TennCare or receives Medicare Savings Program (MSP) coverage only	Click on the Apply for Full Coverage hyperlink in the Select column to complete an application for the mother and newborn and include other household members.

If the mother...	Then...
	Refer to the Applying for Full Coverage section in this document for information on submitting a new application.

Add A Newborn

On the **Newborn Information** page:

1 In the **Newborn** section:

- Enter the **Baby’s First Name, Baby’s Last Name, Baby’s Date of Birth,** and **Baby’s Gender.**
- Select if the baby is deceased.
 - If Yes, enter the baby’s **Date of Death.**
- Enter the baby’s **Social Security Number** if you know it.

NOTE: Most newborns do not have a social security number at the time of reporting.

- Select if the baby was born in your facility.
 - Use this table to determine the next step(s).

If the selection was...	Then...	
Yes	<ul style="list-style-type: none"> • Continue to Step 2. 	
No	<ul style="list-style-type: none"> • Select if the baby is a United States citizen. 	
	If the selection was...	Then...
Yes	<ul style="list-style-type: none"> • Select if the baby is a naturalized or derived U.S. citizen. <ul style="list-style-type: none"> ○ If Yes: <ul style="list-style-type: none"> ▪ Enter the Alien Number and Naturalization Certificate Number. 	

If the selection was...	Then...	
		<ul style="list-style-type: none"> ○ If <i>No</i>: <ul style="list-style-type: none"> ▪ Continue to Step 2.
	<i>No</i>	<ul style="list-style-type: none"> • Continue to Step 2.

- 2 Click **Next**.
- 3 Use this table to determine the next step(s).

If the following page displays...	Then...
Summary of Newborn Information	<ul style="list-style-type: none"> • Proceed to Step 6.
Immigration	<ul style="list-style-type: none"> • Continue to Step 4.

On the **Immigration** page:

- 4 In the **Newborn Immigration Information** section:
 - Select if the baby has a valid immigration status.

If the selection was...	Then...
<i>Yes</i>	<ul style="list-style-type: none"> • Select the baby's immigration status and answer any additional questions. • Select the baby's Immigration Document Type and enter details about the immigration document. NOTE: Additional fields display when the immigration status is <i>Other</i> to provide more detailed information. • Continue to Step 5.
<i>No</i>	<ul style="list-style-type: none"> • Continue to Step 5.

- 5 Click **Next**.

On the **Summary of Newborn Information** page:

- 6 Review all reported information in the summary table.

- Use this table for guidance on how to edit, remove, or add a newborn record.

NOTE: The following warning message displays if the added newborn has the same information as someone who is already on the case:

*The person you are trying to add already exists on your case. If this is the same person, please click **Remove**. If this is a different person, click **Next** to continue.*

To...	Then...
Edit a record	<ul style="list-style-type: none"> • Click Edit next to the information you need to change. • Make the change on a previous page. • Click Next until you return to the summary page.
Remove a record	<ul style="list-style-type: none"> • Click Remove next to the information you need to remove. <p>On the Warning pop-up window:</p> <ul style="list-style-type: none"> • Click Remove again.
Add a record	<ul style="list-style-type: none"> • Click Add Another Newborn + to return to the previous page and add new information using the Add a Newborn section. • Click Next until you return to the summary page.

- 7 Click **Next**.

Sign and Submit the Form

On the **Signing the Newborn Form** page:

- 8 In the **Responsibilities, Rights, and Penalties** section:

- Review the information with the individual.

- 9 In the **Your Right to Privacy** section:

- Review the information with the individual.

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

- Review the information with the individual.

11 In the **Electronic Signature** section:

- Review the information with the individual.

12 In the **Patient or Responsible Party** section:

- Select **By checking this box and typing my name below, I am electronically signing as the patient or responsible party.**
- Enter the mother's full name in the **Signature** field.

13 In the **TennCare Access Portal User Signature** section:

- Select **By checking this box and typing my name below, I am electronically signing this application as the TennCare Access user.**
- Enter your full name in the **Signature** field.

14 Click **Submit**.

On the **Success! Your Newborn Form has been sent to TennCare!** page:

15 In the **Confirmation of Your Submission** section:

- Review the information with the person.

16 In the **What Happens Next** section:

- Review the information with the person.

17 In the **Print Your Newborn Form** section:

- Click **Print** to print a copy of the form for the person.

18 Click **Return to TennCare Access Home** to return to the homepage page or click **Go to Search My Submissions** to go to the **Search My Submissions** page.