



## Why should you appeal?

### Some reasons include:

- You cannot get health care or medicine.
- You want to change health plans.
- You have health care bills you think TennCare should pay for.
- You are waiting too long to get health care or medicine.



## What should you tell TennCare in your Medical appeal?

- Answer ALL questions **and** tell us all the facts we got wrong to decide your appeal. If our facts are **not** wrong, you may **not** get a fair hearing.
- Need help with filing an appeal? Call us for free at
- **1-800-878-3192**.  
If you call, we can take your appeal by phone.



## How to file a TennCare Medical Appeal?

- By phone at **1-800-878-3192**. Call Monday through Friday, 8 AM to 4:30 PM Central Time.
- In writing by using this appeal form.  
**Mail your appeal to:**  
TennCare Member Medical Appeal Form  
P.O. Box 593  
Nashville, TN 37202-0593
- **Fax** for free to 1-888-345-5575

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



## What if you cannot get the care you need?

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



## What happens next?

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

### We do not allow unfair treatment in TennCare.

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

Need help with your appeal? Call us at **1-800-878-3192**. Do you need help in a language other than English? When you call, tell us the language you need. We will get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 1-866-771-7043.

Please print in black or dark blue ink only. Check the boxes (  ) like this .

**1. Who is the appeal for?**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Or your TennCare Person ID \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  Home  Mobile  Work Best time to call you \_\_\_\_\_  
What language do you speak? Please check **one** box.  English  Spanish  Other \_\_\_\_\_  
If Spanish, do you need your letters in Spanish?  Yes  No

**2. Who is filling out this form?**

Tell us your name if the appeal is not for you. \_\_\_\_\_  
Are you a:  Parent, relative, or friend  Advocate or attorney  Doctor or health care provider  
If you are a doctor or health care provider, you need your patient's written permission to file this appeal.

Your Assisting Person can be an individual or an organization. Information shared by and with your Assisting Person may be shared with others. Not everyone has to follow the same privacy rules. You can send these forms with your Appeal. Go to the website in the chart below and print the forms.

HIPAA Permission to Release Records (This form only allows us to share information.)	<a href="http://tn.gov/content/dam/tn/tenncare/documents/relea_serecord.pdf">tn.gov/content/dam/tn/tenncare/documents/relea_serecord.pdf</a>
Individual Representative Form (This form only allows an individual to represent you.)	<a href="http://tn.gov/content/dam/tn/tenncare/documents/HCF_AAuthorizedRepresentativeIndividual.pdf">tn.gov/content/dam/tn/tenncare/documents/HCF_AAuthorizedRepresentativeIndividual.pdf</a>
Organization Representative Form (This form only allows an organization to represent you.)	<a href="http://tn.gov/content/dam/tn/tenncare/documents/HCF_AAuthorizedRepresentativeOrganization.pdf">tn.gov/content/dam/tn/tenncare/documents/HCF_AAuthorizedRepresentativeOrganization.pdf</a>

**3. What is the problem you are having? Please check all that apply.**

**I want to change my health plan.** What do you think your health plan should be?

Wellpoint  BlueCare Tennessee  UnitedHealthcare Community Plan

**I have medical bills for care or medicine TennCare should pay for.**

What is the date you got the care or medicine? \_\_\_\_/\_\_\_\_/\_\_\_\_

Who gave you the care or medicine? \_\_\_\_\_

What is their phone number? \_\_\_\_\_

What is their address? \_\_\_\_\_

Did you pay for medical care or medicine and want to be paid back?  Yes  No

**Keep reading.** There is **one more** page to fill out.

Need help with your appeal? Call us at **1-800-878-3192**. Do you need help in a language other than English? When you call, tell us the language you need. We will get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 1-866-771-7043.

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If yes, send us proof you paid for the care or medicine.

If no **and** you are getting a bill you think TennCare should pay for, send us a copy of the bill. Be sure to tell us the date you first got the bill.

**I need health care or medicine.**

What kind of health care or medicine do you need? \_\_\_\_\_

- I can't get care or medicine at all.
- I can't get as much of the care or medicine as I need.
- My care or medicine is being cut or stopped.
- I am waiting too long to get care or medicine.

Did your doctor prescribe you care or medicine?  Yes  No

If yes, what is your doctor's name? \_\_\_\_\_

Have you asked your health plan for this care or medicine?  Yes  No

If yes, what is the date you asked your health plan and what did they say?  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Did you get a letter about this problem?  Yes  No

If yes, what is the date on the letter?\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Who was the letter from? \_\_\_\_\_

Are you getting this care or medicine from TennCare now?  Yes  No

Do you want to see if you can keep getting care or medicine during your appeal?

Yes  No

Does your doctor say you still need this care or medicine?  Yes  No

If you keep getting care or medicine during your appeal and you lose, you may have to pay TennCare back.

**4. Tell us why you want to appeal this problem.**

What did TennCare get wrong? Send proof that shows why TennCare is wrong.

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**5. Do you think you have an emergency? If yes, keep reading.**

An emergency means that waiting 90 days for a "yes" or "no" decision **could put your life and physical or mental health in real danger**. Your appeal is decided within **90 days** after you file. If you have an emergency and your health plan agrees that you do, you will get an **expedited** appeal. An expedited appeal will be decided in about one week. It could take longer if your health plan needs more time to get your medical records.

**Keep reading.** There is **one more** page to read.

**Do you still think you have an emergency?** If so, you can ask TennCare for an **expedited** appeal by calling 1-800-878-3192. Your **doctor** can also ask for this kind of appeal for you. But the law requires your doctor to have **your permission (OK) in writing**. Please write **your name, date of birth, doctor's name, and permission for them to appeal for you** on a piece of paper. Then, fax or mail it to TennCare. What if you do not send us your OK, and your doctor asks for an expedited appeal? TennCare will send you a page to fill out, sign, and send back to us.

After you give us your OK in writing, your doctor can help by completing a **"Provider's Expedited Appeal Certificate."** Your doctor can get this page from TennCare's website at [tn.gov/tenncare](http://tn.gov/tenncare). Your doctor should fax this certificate **and** your medical records to TennCare. Your health plan and TennCare will then look at your appeal and decide if it should be expedited. **If it should be**, you will get a decision on your appeal in about one week. Remember, it could take longer if your health plan needs more time to get your medical records.

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**STATE OF TENNESSEE  
DIVISION OF TENNCARE**

**TennCare Member Medical Appeals  
P.O. Box 593  
Nashville, Tennessee 37202-0593**

**Appeal Authorization Form**

**Patient's Printed Name:** \_\_\_\_\_

**Patient's Date of Birth:** \_\_\_\_\_

**Doctor's Printed Name:** \_\_\_\_\_

Yes, I would like to request a fair hearing from TennCare for:

\_\_\_\_\_  
(Drug, Item, or Service)

I give my doctor permission to file a fair hearing request on my behalf.

I want to keep getting the services I have been getting until my appeal is over. I understand that my health plan will look at my case and decide if I can keep getting this care during my appeal.

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**