

TennCare Renewals

Frequently Asked Questions

TennCare renewals are starting, and TennCare members will go through the state and federally required redetermination process to see if they still qualify for TennCare. As we begin this process, we want to keep our members, providers, and stakeholders up-to-date on important information.

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Frequently Asked Questions for TennCare Members

Basics on TennCare Renewals

1. What are TennCare renewals?

A: Renewals, also known as redeterminations, mean TennCare must review your information every year to see if you still qualify for coverage with us.

2. Who has to renew coverage with TennCare?

A: People who receive benefits through TennCare, CoverKids, MSP (Medicare Savings Plan), or Katie Beckett.

3. I recently enrolled in TennCare. When will I have to go through renewal?

A: Every member must go through the renewal process by the end of one year of coverage.

4. Why have I not had to renew my coverage in the last few years?

A: During the Covid-19 pandemic, the federal government allowed states to pause the renewal process that happens every year. This made sure members would not lose coverage during the pandemic unless they moved out of state, requested cancellation, or passed away. The federal government has now said that renewals must start by April 2023.

5. What is the timeline for renewals?

A:

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Renewal Packets Mail	6-Apr-23	11-May-23	8-Jun-23	6-Jul-23	10-Aug-23	7-Sep-23	12-Oct-23	9-Nov-23	7-Dec-23	11-Jan-24	8-Feb-24	7-Mar-24
Renewal Packets Due	16-May-23	20-Jun-23	18-Jul-23	15-Aug-23	19-Sep-23	17-Oct-23	21-Nov-23	19-Dec-23	16-Jan-24	20-Feb-24	19-Mar-24	16-Apr-24

**As of May 3, 2023*

6. When will I have to renew my coverage?

A: You can check your renewal date by going to [TennCareConnect.tn.gov](https://www.tn.gov/content/dam/tn/tenncare/documents/MemberGuideFindYourRenewalDate.pdf) or calling 855-259-0701. For instructions on how to find your renewal date online go here:

<https://www.tn.gov/content/dam/tn/tenncare/documents/MemberGuideFindYourRenewalDate.pdf>

7. What will happen when renewals begin?

A: TennCare must verify that you still qualify for TennCare benefits.

TennCare will check our records to see if we can renew your benefits with the facts we already have. If our records show you still qualify for TennCare, we will send you a letter telling you that your coverage has been renewed.

If we don't have enough information to make sure you still qualify, we'll send you another letter with a Renewal Packet. And we'll tell you whose coverage must be renewed. Be sure to read the letter and the packet when you get it. If we need more information, the form will ask for more information. You will then have to submit your renewal, and we will check your eligibility.

If you still qualify, you will get a letter telling you that your coverage has been renewed. If you don't qualify for TennCare any longer, you can apply for health insurance through [HealthCare.gov](https://www.healthcare.gov). If you think we made a mistake, you can make an eligibility appeal.

8. What can I do to prepare for my renewal date?

A: There are three steps you can do to prepare for your TennCare renewal:

1. Make sure TennCare has your correct contact information. You can update your information using [TennCare Connect](#) or by calling 855-259-0701. If you don't have a TennCare Connect account, you can create one [here](#) and link the account to your case.

You can also opt-in for text and email alerts.

2. Find your renewal date. Your renewal date is due once per year. Find your renewal date online from your [TennCare Connect](#) account or by calling 855-259-0701. For instructions on finding your renewal date online, visit [tn.gov/tcrenew](https://www.tn.gov/tcrenew).
3. Open and respond to all mail from TennCare. You must complete all the steps by your renewal date, or your coverage will end.

9. How do I create an online TennCare Connect Account?

A: Create a TennCare Connect online account if you don't have one so you can renew faster! Go to TennCareConnect.tn.gov and click on the Create Account button. Then, link the account to your case before you sign in. It's easy, secure, and a great way to see your coverage and tell us about changes. If you have issues creating an online TennCare Connect account, call TennCare Connect for free at 855-259-0701.

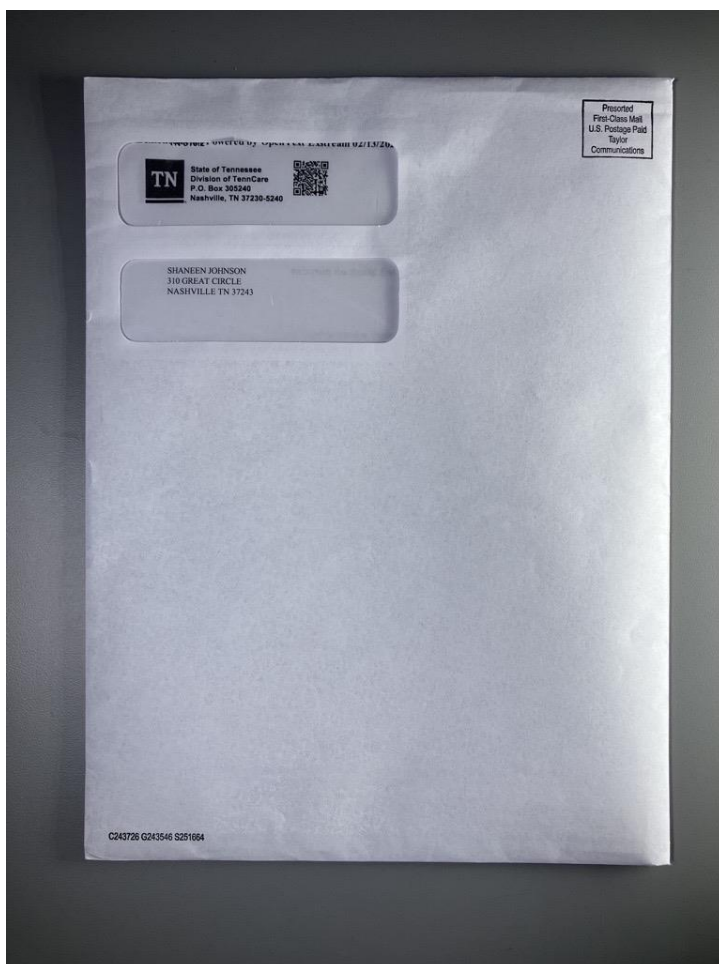
Receipt of Notices and Updating Contact Information

10. Will I receive a letter in the mail about renewals?

A: You may receive a letter in the mail, but if you have selected to only be notified electronically, you may receive a notice in your email.

11. What will the envelope look like?

A:



Beginning June 2023, the envelope will say **“IMPORTANT LETTER ABOUT YOUR TENNCARE INSIDE”** in green letters.

12. I received a text message/ email from TennCare. Is this a scam?

A: TennCare is sending out text messages to notify you that it is your turn to renew your coverage or reminding you to return requested information.

Text messages will come from 862273.

Email nudges will come from notifications@tcmessages.tn.gov

Incoming calls will come from 855-259-0701.

We will only send links to a TN.gov or TennCareConnect.TN.gov URL. We will never offer you a prize or money to complete a renewal. We will never ask you to pay for help to complete your packet.

13. What if my address has changed?

A: If your address or any other contact information has changed, you need to let TennCare know immediately. You can change your address by going to TennCareConnect.tn.gov or calling 855-259-0701. You can also download the TennCare Connect app on your mobile device for free and use it to update your address.

NOTE: If you actively receive Supplemental Security Income (SSI) you must update your information with the Social Security Administration (SSA).

14. It is my renewal month, but I haven't received anything from TennCare. What should I do?

A: Check your online account or call us at 855-259-0701. If you don't respond by the due date in the letter, your coverage may end. Remember, you can also use your TennCare Connect online account to renew your benefits faster online!

15. What should I do if I don't receive a renewal form or if I lost my renewal form?

A: Call TennCare Connect at 855-259-0701 to complete your renewal over the phone or request another copy of your renewal packet in the mail.

16. Can I lose TennCare if my information is not current?

A: Yes. It is your responsibility to keep your address and phone number updated so you can receive important letters from TennCare.

17. How can I make sure TennCare has my correct contact information?

A: Verify your contact information with TennCare using TennCareConnect.tn.gov or calling 855-259-0701.

COMPLETING A RENEWAL FORM

18. How can I complete a renewal form?

A: There are several ways to complete a renewal form.

1. Use TennCare Connect to renew online at TennCareConnect.tn.gov. Log into your account and choose "Renew my Coverage." Haven't created an online account yet or downloaded the app? Go to TennCareConnect.tn.gov to find out more.

You can also access TennCare Connect by visiting any Department of Human Services (DHS) county office and using a kiosk.

Find your local county office here:

<https://www.tn.gov/content/tn/humanservices/for-families/supplemental-nutrition-assistance-program-snap/office-locator-family-assistance.html>

OR

2. Over the phone by calling 855-259-0701.

OR

3. **Fill out, sign, and send us the Renewal Packet you received in the mail.**

There are 3 ways to send your pages to us.

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

By Fax: 855-315-0669.

Be sure to keep the page that says your fax went through.

DHS County Offices: Submit your completed paper packet to any Department of Human Services county office, and they will send it to TennCare.

19. When will I need to return my renewal form to TennCare?

A: You will have **40 days** from the date on the letter to complete your renewal packet. We'll send you a letter if something is missing. You'll only have **20 days** from the date on that letter to give us the additional facts or proof we need.

20. Can I complete a renewal form if I cannot readily access documents needed to prove eligibility?

A: Yes, send us whatever you can by the due date. We'll let you know if we need additional information to complete your renewal.

21. I submitted my packet by my due date, but TennCare is asking for more facts or proof. Will I have more time to send in additional documents?

A: We'll send you a letter that says what's missing. You'll only have **20 days** from the date on that letter to give us the facts or proof we need.

22. What happens if I don't return the facts or proof within those 20 days?

A: You may not be able to keep your coverage. We'll use the facts and papers you have given us to decide (even if you've only given us your Renewal Packet). So **don't wait!** Try to give us all your facts and proof when you send us your packet.

23. How can I submit verification documents for my renewal?

A: Online through TennCare Connect or the Google Play or Apple Store mobile app, mail, fax, or at any DHS county office.

24. If there has been any change to my household (for example, pregnancy, number of people who live in the household, or income), how do I report that change to TennCare?

A: You can update your information by going to TennCareConnect.tn.gov or calling 855-259-0701. You can also download the TennCare Connect mobile app for free and use it to make address changes or report a pregnancy.

25. Will you check to see if I qualify in a different category?

A. Yes. Here are the kinds of coverage we'll see if you qualify for:

TennCare Medicaid - There are several different groups of people that may qualify for TennCare Medicaid. Some of those people are children under age 21, pregnant women, parents or caretaker of a minor child, (who lives with you and is a close relative), or people that need long-term services and support. Each group has different income limits. Some of the groups also have limits on how much you own-your "resources". These are things like bank accounts, cars, and land. The number of people who live in your household count too.

We'll look first to see if you qualify for TennCare Medicaid.

TennCare Standard - This is only for children under age 19 who can't keep TennCare Medicaid **and** who don't have access to other health insurance (like through a parent's job).

CoverKids - This is for children under age 19 or pregnant women who are not enrolled in other health insurance. If you don't qualify for TennCare Medicaid, are under age 19 or pregnant, and meet other rules, we'll review your packet for CoverKids. If you qualify for CoverKids, you could get help with your co-pays if you are American Indian or Alaskan Native (see Appendix B).

Medicare Savings Programs - This program is for people who have Medicare and qualify for help paying their Medicare cost sharing. You might know this as "QMB" or "SLMB." These pay for your Medicare premiums and sometimes your Medicare co-pays, and deductibles. If you want help paying for your Medicare, you must tell us in your packet.

To learn more about our programs go to tn.gov/tenncare

Special Assistance in Completing a Renewal

Do you need help with this letter because you have a health problem, learning problem or a disability? Or, do you need help in another language?

If so, you have a right to get help and we can help you. See the “Do you need Special Help” section below. Or call TennCare Connect for free at 855-259-0701.

Do You Need Special Help with Your Renewal Packet?

<p>Are you getting nursing home care or Home and Community Based Services (HCBS) in CHOICES?</p>	<p>Call your TennCare health plan (MCO) Care Coordinator. If you’re not sure who that is or how to reach them, you can call your MCO. The number is on the back of your TennCare card. Tell them you need to talk to your CHOICES Care Coordinator for help with your TennCare Renewal Packet.</p> <p>If you are in a nursing home, you can also ask your nursing home to help.</p>
<p>Do you live in a nursing home or medical facility, but <u>don’t have CHOICES</u>?</p>	<p>Call your TennCare health plan (MCO). The number is on the back of your TennCare card. Tell them you need help with your TennCare Renewal Packet and want to apply for CHOICES nursing home care.</p> <p>You can also ask the nursing home to help.</p>
<p>Do you <u>need</u> nursing home care but aren’t in a nursing home or medical facility?</p>	<p>Call your TennCare health plan (MCO). The number is on the back of your TennCare card. Tell them you need help with your TennCare Renewal Packet and you want to apply for nursing home care.</p>
<p>Do you <u>need</u> HCBS in CHOICES but aren’t getting the care now?</p>	<p>Call your TennCare health plan (MCO). The number is on the back of your TennCare card. Tell them you need help with your TennCare Renewal Packet and want to apply for CHOICES home care.</p>
<p>Are you getting Home and Community Based Services (HCBS) in Employment and Community First CHOICES?</p>	<p>Call your TennCare health plan (MCO) Care Coordinator. If you’re not sure who that is or how to reach them, you can call your MCO. The number is on the back of your TennCare card. Tell them you need to talk to your health plan (MCO) Care Coordinator for help with your TennCare Renewal Packet.</p>

<p>Do you need HCBS in Employment and Community First CHOICES but aren't getting the care now?</p>	<p>Call your TennCare health plan (MCO). If you're not sure who that is or how to reach them, you can call your MCO. The number is on the back of your TennCare card. Tell them you need help with your TennCare Renewal Packet and want to apply for Employment and Community First CHOICES home care.</p>
<p>Are you getting HCBS in PACE or do you need HCBS in PACE?</p>	<p>Call your PACE case manager directly or call PACE at 423-495-9114.</p>
<p>Are you getting HCBS through the Comprehensive Aggregate Cap (CAC), State-wide or Self-Determination waivers for people with intellectual disabilities?</p>	<p>Call your Independent Support Coordinator (ISC) or, if you're in the Self-Determination waiver, call your case manager with the Department of Intellectual and Developmental Disabilities (DIDD). Or you can call DIDD at the number below:</p> <p>If you live in west TN call 866-372-5709. If you live in middle TN call 800-654-4839. If you live in east TN call 888-531-9876.</p>
<p>Do you need or are you getting hospice care?</p>	<p>Call your TennCare health plan (MCO) Care Coordinator. The number is on the back of your TennCare card. Tell them you need help with your TennCare Renewal Packet and you're getting or need hospice care.</p>
<p>Do you have Medicare and get help or need help with Medicare cost sharing (QMB or SLMB)?</p>	<p>Call the State Health Insurance Assistance Program (SHIP) at 877-801-0044. Tell them you need help with your TennCare Renewal Packet, and that you want to get help or keep help with Medicare cost sharing (QMB or SLMB).</p>
<p>Are you in an ICF/IID?</p>	<p>You can ask the ICF/IID to help you with your TennCare Renewal Packet.</p>

Do you have a mental illness and need help with this letter?

The TennCare Advocacy Program can help you. Call them for free at **1-800-758-1638**.

If I am in the hospital, how can I access the renewal form or letters from TennCare?

A: You can access the renewal form through your TennCare Connect online account. You can also see your letters there or in the TennCare Connect mobile app. You can also complete your renewal on the phone by calling 855-259-0701. If you are in the hospital and need more time to respond, let us know immediately by calling TennCare Connect at 855-259-0701. You can also get help from a hospital social worker.

Departing from TennCare

26. What happens if I miss my due date?

A: You'll get a letter that says when the coverage you have now will end. The letter will also say how to appeal.

When your coverage ends, we won't pay for **any** of your health care or medicine anymore. Does TennCare pay your Medicare premiums now because you also have QMB or SLMB? If so and you don't return your Renewal Packet, your Medicare Savings Program will also end.

This means TennCare will stop paying your Medicare premium and your Social Security check may go down.

Even if you get a letter that says when your coverage will end you can still send in your packet and proof. If we get your packet and proof within 90 days from when your coverage ended, we'll use it to see if you still qualify for coverage. Then we'll send you a letter that says if you qualify or not.

If you are reinstated, your Medicaid coverage will be retroactive back to your original renewal due date. That means we will pay for healthcare costs you had between your original due date and when we reinstated your coverage.

27. What if we don't hear from you within 90 days of your coverage ending?

A: Then you must complete a new application and you will have a gap in your coverage if you are reapproved.

28. How do I end my TennCare, CoverKids, or Medicare Savings Program (like QMB or SLMB)?

A: If you don't want your coverage anymore, call TennCare Connect for free at 855-259-0701. Tell us the coverage that you want to end. We'll stop your health care coverage and send you a letter telling you about your end date. You can also end your coverage online at TennCareConnect.tn.gov.

29. When will I know if I still qualify for TennCare?

A: TennCare will send you a notice telling you that your coverage will continue if you still meet our program requirements.

30. If I no longer qualify for TennCare, will I receive advanced notice before my coverage ends?

A: Yes. You will receive a notice 20 days before your coverage will end. That notice will also tell you how to file an appeal if you disagree with our decision.

31. I think TennCare made a mistake, and I should still qualify for benefits. Can I appeal the decision?

A: If you think we made the wrong decision, you can appeal our decision. For information on how to file and appeal, visit <https://www.tn.gov/tenncare/members-applicants/how-to-file-an-eligibility-appeal.html>

32. I don't qualify for TennCare anymore, what are my health care coverage options?

A: If you are no longer eligible for TennCare, you will receive a letter that tells you:

- When your coverage ends
- How to appeal our decision
- Options for purchasing other health care coverage, such as through your employer or healthcare.gov. You may qualify for financial help. Many people find plans for \$10 or less per month after tax credits.

33. Is losing TennCare a Qualifying Life Event, which allows me to enroll in a Federal Health Insurance Marketplace plan outside the Open Enrollment Period?

A: Yes. The Federal Health Insurance Marketplace is opening up a special open enrollment period for people who no longer qualify for Medicaid. For more information, visit healthcare.gov or call 1-800-318-2596.

Frequently Asked Questions for Advocates and Community-based organizations, members of the General Assembly, and the media

Information on the Federal Public Health Emergency (PHE)

1. What is the PHE and how did it affect TennCare coverage?

A: The federal government declared a public health emergency at the start of the COVID-19 pandemic in March 2020. This allowed continuous health care coverage for people receiving TennCare benefits, even if they no longer qualified for benefits. Each year, TennCare is required to reverify the eligibility status of all TennCare members to make sure they still qualify for TennCare coverage. Since that process has been on hold for multiple years, the TennCare enrollment has ballooned to over 1.7 million members, many of whom are no longer eligible or may no longer be interested in receiving TennCare coverage. Congress decoupled the continuous enrollment requirement from the PHE and set April 1, 2023 as the start of Medicaid renewals.

2. How will TennCare handle the renewal process?

A: TennCare will need to renew all members over 12 months from April 2023-March 2024. For each monthly cohort TennCare will use existing data sources to attempt to auto-renew members who continue to meet TennCare eligibility requirements. Members can check online at tenncareconnect.tn.gov ([Instructions on finding a renewal date online](#)) or by calling 855-259-0701 to see when their renewal month will occur. If TennCare can't automatically renew coverage, a preprinted renewal packet will be mailed, or an email notification will be sent if the member has selected to receive this information electronically. Members will be expected to review the data to make sure it is correct and fill out any missing or incorrect information. Members may respond to the renewal process online using TennCare Connect, or by phone, mail, fax, or at any Department of Human Services county office.

3. How many members are expected to lose coverage during the unwinding period?

A: TennCare projects enrollment will return to pre-pandemic levels - 1.4 million members - once the unwinding period ends. This is an estimate, however, and we will not know for sure until we are able to review the current circumstances of all members who are interested in retaining their TennCare coverage.

4. How will the renewal process during the unwinding period be different from the renewal process that existed in 2018?

A: The TennCare renewal process is quite different now compared to 2018 due to the TEDS eligibility system that was implemented in 2019 and due to some one-time waivers from CMS that will allow for simplified processes during the unwinding period.

TennCare now has a centralized computer system and document repository that can run automated eligibility rules for all TennCare categories. This system is also capable of making real time decisions based on renewal information submitted by members. The online self-service portal, TennCare Connect, allows members to complete the renewal process at home, 24 hours a day. Members can access their upcoming renewal dates and notices and can see the documents they submit via TennCare Connect. Members will also be able to renew coverage over the phone, which was not available in 2018.

Due to the unprecedented length of the renewal pause across the country, CMS has allowed for several one-time process changes to enhance the experience for Medicaid recipients. Prior to mailing pre-populated renewal packets, TennCare will attempt to reapprove coverage using data available to the agency. In addition to the regular interfaces used in this process, such as Internal Revenue Service tax data, Social Security data, state wage information, and unemployment, TennCare will also be able to use Supplemental Nutrition Assistance Program enrollment data to determine that certain members are under the relevant income limit at the time of renewal. In addition, TennCare has received approval from CMS to implement additional strategies during the unwinding to maximize our ex parte renewals. This includes accepting previously verified \$0 income if there is no data source contradicting that amount and using previously verified resource amounts that were verified by the Asset Verification System. Anyone auto renewed will not be asked to complete a renewal packet or submit verification documents.

For members who cannot be reapproved through an ex parte or auto renewal process, a case-based, prepopulated renewal form will be mailed to each family. If the family has created a TennCare Connect account and chosen to receive notifications via email or text, an electronic notification will also be sent letting the family know to log in to TennCare Connect and review their notice.

Members will have 40 days to return the renewal packet, and this can be done via mail, fax, online through TennCare Connect, in person at any DHS office, or via phone call to TennCare Connect. If TennCare needs to verify data listed on the renewal packet and cannot do so using electronic data sources, a notice will be mailed giving the member 20 days to return the requested data. This can be submitted online at TennCare Connect, via mail, fax, in person at DHS, or by taking a picture using the TennCare Connect mobile app.

Once the unwinding begins, both TennCare and its partner managed care organizations will provide extra outreach to members who are selected for each monthly renewal cohort. They will use various means of nudging such as texting, calls, and emails to urge members to engage in the renewal process.

For the first time CMS has given states permission to use MCO-reported addresses (that have been verified by members) to update member records rather than waiting on updated addresses to be reported by members. TennCare has taken this option and will update addresses prior to mailing packets. TennCare will also mail a one-page, pre-renewal letter before sending the renewal packet to put members on alert that the large packet will be coming within the next week. This letter will inform members to call the TennCare Connect call center if that large packet is not received to prevent a gap in coverage.

Finally, the delay in restarting the renewal process has allowed TennCare to engage with stakeholders through a four-phase approach to communicating about the unwinding process - planning, educating, renewals, and transition.

Receipt of Notices and Updating Contact Information

5. What can members do now to prepare for their upcoming renewal?

A: There are four steps members can take to prepare for renewals:

1. Verify contact information with TennCare using [TennCareConnect.tn.gov](https://tenncareconnect.tn.gov) or calling 855-259-0701.
2. Create a free, online TennCare Connect account to renew faster and opt-in for text and email alerts.
3. Find their renewal date online by going to <https://www.tn.gov/content/dam/tn/tenncare/documents/MemberGuideFindYourRenewalDate.pdf> or call 855-259-0701.
4. Open and respond to all mail or emails from TennCare. You must complete all the steps by your renewal due date, or your coverage will end.

6. What if a member does not receive a renewal form or loses their renewal form?

A: Use the online TennCare Connect (TennCareconnect.tn.gov) portal to complete the process or call TennCare Connect at 855-259-0701 to request another copy.

Completing a Renewal Form

7. If a member is in the hospital, how can she/he access the renewal form or letters from TennCare?

A: Use the online TennCare Connect portal to complete the process using any mobile device or call TennCare Connect at 855-259-0701 to complete the renewal over the phone.

8. When will members need to return the renewal forms or additional information to TennCare?

A: Members will have 40 days from the date a renewal form is mailed or sent electronically to return the information to TennCare. If TennCare needs additional information, such as proof of income, an additional notice will be mailed or emailed asking for that proof within 20 days. Additional proof can be mailed, faxed, dropped off at any DHS county office, uploaded to the member's TennCare Connect account, or the member can take a picture of documents using their TennCare Connect app on their smart phone.

9. If a member has questions or needs assistance in completing a renewal form, who should they call?

A: They can call TennCare Connect at 855-259-0701.

10. If there has been any change in a member's household (for example, pregnancy, number of people who live in the household, or income), should that change be reported? If so, how?

A: Yes, members are required by law to report any changes that may impact eligibility within 10 days of that change. If the member is reapproved for coverage after the change, the renewal date will be extended by one year. Changes can be reported online using TennCare Connect, by phone, mail, fax, or in writing at any Department of Human Services county office.

11. What happens if members do not submit the renewal form and/or verifications documents by the due date?

A: TennCare will send a termination notice with information on how an appeal may be filed. That notice will be sent 20 days before the final day of coverage. If an individual's coverage ends for failure to engage in the process and that individual either applies or submits their renewal information during the 90 days after termination and is reapproved, TennCare will fill in any gap in coverage.

Departing from TennCare

12. If a member disagrees with a determination, can the decision be appealed?

A: Yes, appeals may be filed by calling TennCare Connect at 855-259-0701 or by mailing or faxing this appeal form
<https://www.tn.gov/content/dam/tn/tenncare/documents/RequestWilsonHearingForm.pdf>.

13. If a member is no longer eligible for TennCare, are there alternative coverage options?

A: For members who engage in the renewal process and are determined ineligible for continued coverage, TennCare will automatically send their information to the Federally Facilitated Marketplace or healthcare.gov.

14. Is losing TennCare a Qualifying Life Event, which allows an individual to enroll in a Federal Health Insurance Marketplace plan outside the Open Enrollment Period?

A: Yes. An application may be filed at healthcare.gov. If available, people can also enroll in an employer sponsored health plan after losing TennCare coverage.

Frequently Asked Questions for TennCare Providers

Basics on TennCare renewals

1. How will renewals affect my patients?

A: TennCare will need to renew all members' eligibility over 12 months once renewals start. For each monthly cohort TennCare will use existing data sources to attempt to auto-renew members who continue to meet TennCare eligibility requirements. Beginning in April 2023, members can check online at tenncareconnect.tn.gov or by calling 855-259-0701 to see when their renewal month will occur. If TennCare can't automatically renew coverage, a preprinted renewal packet will be mailed, or an email notification will be sent if the member has selected to receive this information electronically. Members will be expected to review the data to make sure it is correct and fill out any missing or incorrect information.

Please set up a system to help members at multiple points, like during check-in, appointments, and check-out, as well as in appointment reminders. Please ask them to update their address with us and check for our mail a month before their due date.

2. How do I check my patient's eligibility and renewal date?

A: If you have access to TennCare Online Services (TCOS) Eligibility Verification system, you can check a member's renewal date. Follow the following steps or check out the [step-by-step guide](#):

Step I: Go to TN.gov/TennCare/providers/verify-eligibility, and click "Log In Page for TennCare Online Eligibility"

Step II: Enter User ID and Password

Step III: Click Eligibility Verification

Step IV: Enter the patient's information into the User Information section

Step V: Find the Current Redetermination Status box with the patient's renewal information. Note: Renewal Packets mail at the beginning of the month. For example, if a renewal date shows 2/29/24, the Renewal Packet will have been mailed the first week of February.

Resources

You can find more information about TennCare's unwinding plan:

[Unwinding from the Public Health Emergency- Information for Partners](#)

You can find downloadable resources in English, Spanish and Arabic such as flyers, social media graphics, posters, and more here:

<https://www.tn.gov/tenncare/information-statistics/unwinding-the-phe-for-partners/phase-iii--renew.html>

You can find information for members here:

<https://www.tn.gov/tenncare/members-applicants/redetermination>