



# TennCare Eligibility Appeal Form



## Why should you appeal?

### Some reasons include:

- You were denied, and we made a mistake.
- Your health care ended or is ending, and we made a mistake.
- Your income is too low to pay for CHOICES or nursing home care.
- Your co-pays or premiums are too high, and we have your income wrong.
- We have your income or family size wrong.
- Your start date is wrong.
- TennCare is taking too long to tell you if you are approved.



## What should you tell TennCare in your 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 **1-855-259-0701**. If you call, we can take your appeal by phone.



## How to file a TennCare Appeal?

- By phone at **855-259-0701**. Call Monday through Friday.
- Online with your TennCare Connect account at [tenncareconnect.tn.gov](http://tenncareconnect.tn.gov)
- In writing by using this appeal form.  
**Mail your appeal to:**  
TennCare Connect  
P.O. Box 305240  
Nashville, TN 37230-5240
- **Fax** for free to 1-855-315-0669.

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**. They 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**.

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

If yes, please give us their Name, Date of Birth, and TennCare Person ID or Social Security Number.

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

**3. What is the appeal for?**

TennCare  CoverKids  Katie Beckett

LTSS or CHOICES  ECF CHOICES  Medicare Savings Plan or MSP

**4. What is the problem you are having?**

My application has not been processed in 45 days.

(90 days if you get TennCare for a disability **or** need Long Term Care Services and Supports)

My start date is wrong. What do you think your start date should be? \_\_\_\_\_

Did you receive any medical care 3 months before you applied?  Yes  No

If yes, what was the date of your care? \_\_\_\_\_

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

My health care was denied.

My Patient Liability or how much I pay for CHOICES is wrong.

What do you think your Patient Liability amount should be? \_\_\_\_\_

My health care ended or is ending.

Other (Please explain) \_\_\_\_\_

**5. Have you or anyone in your household appealed this problem before?**

Yes  No If yes, please give us their Name and Appeal Number.

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

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

**6. 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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**7. Have you experienced any notice issues related to your eligibility?**  Yes  No

If yes, please give us more information on the notice issue.

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**8. Has your health care ended? Or is your health care ending?**

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

Check this box if you want TennCare during this appeal. We will tell you in a letter if you keep TennCare during your appeal.

**9. Do you want to add a representative or someone to help you with this appeal? If yes, tell us who.**

Nursing Facility  Power of Attorney  Family  Attorney  Authorized Representative

Full name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_  Home  Mobile  Work Best time to call you \_\_\_\_\_

TennCare may need an OK in writing to talk to this person. Give us an OK in writing with our Individual or Organization Representative form.

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/releaserecord.pdf">tn.gov/content/dam/tn/tenncare/documents/releaserecord.pdf</a>
Individual Representative Form (This form only allows an individual to represent you.)	<a href="http://tn.gov/content/dam/tn/tenncare/documents/HCFAAuthorizedRepresentativeIndividual.pdf">tn.gov/content/dam/tn/tenncare/documents/HCFAAuthorizedRepresentativeIndividual.pdf</a>
Organization Representative Form (This form only allows an organization to represent you.)	<a href="http://tn.gov/content/dam/tn/tenncare/documents/HCFAAuthorizedRepresentativeOrganization.pdf">tn.gov/content/dam/tn/tenncare/documents/HCFAAuthorizedRepresentativeOrganization.pdf</a>