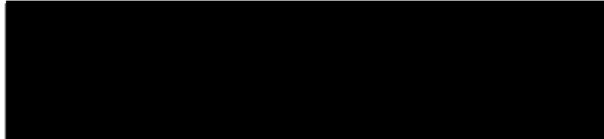




State of Tennessee
Division of TennCare
P.O. Box 305240
Nashville, TN 37230-5240

May 10, 2022



Notice of Decision

This letter is for: [REDACTED] (Age: 87 and Person ID: [REDACTED])

This letter tells you about the decision we made for each person in your home when **we received or you reported a change**. Before we made our decision, we looked at you for different kinds of coverage.

If you don't qualify for a kind of coverage, we will tell you why. If your coverage changes or is ending, we will tell you when and why.

Each part of this letter tells you more about our decision.

Part 1: About your approval.

Part 2: About your approval for a Medicare Savings Program (MSP). You may know this as QMB or SLMB.

Part 3: Filing appeals.

Part 4: Reporting Changes.

Part 5: Other Information.

Part 1: About your approval.

We reviewed your facts and decided you qualify for health coverage. The kind of coverage you get depends on things like your age, people who live in your household, and how much income you have.

Do you have proof that you applied for coverage earlier? Proof can be things like a copy of your “results” letter or email, or other proof that shows the date you applied.

If you think we made a mistake about your start date or the kind of coverage you get, you can file an appeal. This letter will tell you how to file an appeal.

Who is approved: [REDACTED] (Age: 87)

Program:	Date(s):
TennCare Medicaid	October 1, 2021 - Ongoing

Other facts about our review:

Before we made our decision, we looked to see if you could get other kinds of coverage we offer. Here’s why you don’t qualify.

TennCare Medicaid -

You have too many resources. Resources are things you own like your house, land, or money you have in the bank. The most you can have in total resources is \$2,000.00. Our records show the total resources we can count for you is \$3,688.86. So you have too many resources for the kind of TennCare Medicaid you could get. [Tenn.Comp.R&R 1200-13-20]

TennCare Medicaid -

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Do you think we made a mistake? If so, you can file an appeal. When you appeal, you’re asking to tell your side to a judge or hearing officer. It’s called a fair hearing.

Reasons you can have a fair hearing may include:

Your resources are less than \$2,000.00.

Your resources are less than \$2,000.00.

More information about your approval.

If your health plan changes because you have reported a change, you’ll get another letter from us in a few days. It will also say if there are other changes to your benefits, like co-pays for care or medicine. If nothing changes for you, you won’t get another letter. The **Getting Health Care** page with this letter lists some of the services we cover. Remember to use your handbook to review the other services we cover.