

BEFORE THE COMMISSIONER OF THE TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION

IN THE MATTER OF:)
) APPEAL to TENNCARE
 [REDACTED],)
)
 Appellant.) Appeal #: [REDACTED]
)

THE DIVISION OF TENNCARE’S
MOTION TO DISMISS BASED ON UNTIMELINESS

The Division of TennCare (“TennCare”) hereby motions to dismiss Appeal No. [REDACTED], filed on behalf of [REDACTED] (“Appellant”), based on the untimeliness of the appeal, as laid out below.

I. FACTS

TennCare’s records reflect that prior to Appellant’s July 21, 2021, application, she submitted two earlier applications to TennCare, respectively, on January 6, 2020, and January 22, 2021. The January 6, 2020, application was denied on February 6, 2020.¹ That means Appellant had until March 17, 2020, to appeal that decision.² TennCare has no record of an appeal being filed.

Appellant’s January 22, 2021, application was denied on April 27, 2021.³ Appellant had until June 6, 2021, to file an appeal.⁴ TennCare has no record of an appeal being filed contesting that decision.

¹ See attached notice of decision 1.

² TENN. COMP. R. & REGS. 1200-13-19-.06(3). An appeal or request for a hearing must be received by the Agency within forty (40) calendar days (inclusive of mail time) of the date of the Agency notice to the individual regarding the intended action or prior to the date of action specified in the notice, whichever is later, unless good cause can be shown as to why the appeal or request for a hearing could not be filed within the required time limit.

³ See attached notice of decision 2.

⁴ TENN. COMP. R. & REGS. 1200-13-19-.06(3).

II. ARGUMENT

If Appellant intends to argue that she should be granted an effective date based on applications filed prior to July 21, 2021, TennCare moves to dismiss such appeals on the basis of untimeliness.

TENN. COMP. R. & REGS. 1200-13-19-.07(3) states, “The Agency may dismiss a previously accepted appeal upon evidence presented at a good cause hearing, pre-hearing conference, or in the pleadings that the appeal was not timely filed and that good cause for the untimely filing did not exist.” In order to be timely, an appeal must be received by TennCare within forty (40) calendar days of the date of the notice of the decision they are seeking to appeal.

In this case, Appellant did not file any sort of appeal until November 8, 2021. That is six-hundred and forty-one (601) days after the deadline to file an appeal for Appellant’s February 6, 2020, notice of decision and one-hundred and fifty-five (155) days after the deadline to file an appeal for Appellant’s April 27, 2021, notice of decision. As such, TennCare would move to dismiss any appeal based on either of Appellant’s earlier applications based on untimeliness.

Respectfully Submitted this 28th of July 2022,



Amos Bailey (BPR# 037296)
Attorney, Member Services Eligibility Appeals
P.O. Box 305240
Nashville, TN 37230-1728
(844) 202-5618 Telephone
(844) 563-1728 Facsimile

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing motion was mailed via U.S.P.S. Certified Mail to Appellant's attorney at: P.O. Box 2023, Dalton, Georgia 30722; and via FedEx to Appellant at: 2626 Walker Road, Chattanooga, Tennessee 37421. A copy has also been provided to Appellant's attorney via email at: David@mcguffey.net on July 28, 2022.

Mailed on this 29th day of July 2022.



Amos Bailey (BPR# 037296)
Attorney, Member Services Eligibility Appeals
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(844) 563-1728 Facsimile



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



February 6, 2020

We've made a change to how we send our letters. When possible, we try to put all of the letters mailing to your household on the same day in one envelope.

That means there may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

If you have questions or need more help, please call **TennCare Connect** at **855-259-0701**.

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

February 6, 2020



Notice of Decision

This letter is for: [REDACTED] (Age: 85 and Person ID: [REDACTED])

This letter tells you about the decision we made for each person in your home when **you applied**. 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 denial.

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

Part 3: Filing eligibility appeals.

Part 4: Other Information.

Part 1: About your denial.

We looked at all of your facts and all of our program rules to decide if you qualify. But, you don't qualify for coverage. [Tenn.Comp.R&Reg. 1200 13 20]

What if you think you **do** qualify? This letter tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. Keep reading to learn about your denial and reasons you may have a fair hearing.

Who is denied: [REDACTED] (Age: 85)

Why you are denied for TennCare Medicaid:

You're not in a group covered by TennCare or CoverKids. You must be in a group we cover and be under the income limit for that group. Some of those groups include: children, pregnant women, caretaker relatives of minor children, people who are getting Social Security or who used to get SSI checks, people who need treatment for breast or cervical cancer, people who need long-term services or supports, or people who've been in the hospital for at least 30 days and meet the rules for aged, blind, disabled, a child, or pregnant. [Tenn.Comp.R&R 1200 13 20]

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:

You are in one of the groups covered by TennCare or CoverKids.

More Information about your denial.

Remember, when we make our decision, we look at all of your facts, all of our program rules, and each kind of group we have. Things like age, income, and resources can be different between each kind. To learn more about the different groups go to <https://tn.gov/tenncare>.

Keep reading this letter to find out how to appeal if you think we made a mistake.

Did you give us all of the facts we requested and were still denied? We are sending your application to the Health Insurance Marketplace. Health coverage, and help paying for it, may be available to you through them. They will let you know if you qualify for another kind of health coverage. If you have questions, call the Marketplace at 800-318-2596. For TTY/TDD call 855-889-4325.

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

Remember, when we make our decision, we look at all of your facts, all of our program rules, and each kind of Medicare Savings Program. But, you don't qualify for a Medicare Savings Program (MSP). [Tenn.Comp.R&Reg. 1200 13 20]

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. Keep reading to learn about your denial and reasons you may have a fair hearing.

Who is denied: [REDACTED] (Age: 85)

Why you are denied for QMB:

We sent you a letter asking for more facts but you didn't send us what we needed. So we did not have enough information to decide if you qualify. [Tenn.Comp.R&R 1200 13 20]

Why you are denied for QI-1:

The monthly income limit for the kind of Medicare Savings Plan (MSP) you could get is \$1,406.00. Our records show your monthly income is over this limit. [Tenn.Comp.R&R 1200 13 20]

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:

You sent us the facts we needed.

Your income is less than \$1,406.00.

More Information about your denial.

Remember, when we make our decision, we look at all of your facts, all of our program rules, and each kind of Medicare Savings Program. The monthly income and resource limit can be different between each kind. To learn more about the different groups, go to <https://tn.gov/tenncare>.

Keep reading this letter to find out how to appeal if you think we made a mistake.

Part 3: Filing eligibility appeals.

If you think we made a mistake, you can appeal. An appeal is one way to fix problems in TennCare or tell us if you think we made a mistake. We'll take a new look at your case.

Were you denied and think we made a mistake? You have **until March 17, 2020** to file an appeal.

Before we give you a hearing, we'll check to see if we made a mistake. If we decide you're right, we'll fix the problem.

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

The TennCare Advocacy Program can help you.

Call them for free at **800-758-1638**.

Your Right to Privacy

There are laws that protect your privacy. They say we can't tell others certain facts about you. You can read about the rules on our website. Go to **<https://tn.gov/tenncare>**. Click on "Legal." Then in the middle of the page, click on "HIPAA Privacy Information." If you want us to mail you a copy, call **TennCare Connect** for free at **855-259-0701**.

People who lie on purpose to get TennCare or CoverKids may be fined or sent to jail.

We do not allow unfair treatment in our program.

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



How to Report Changes or Send Information to TennCare

This page tells you how to send us proof or information we need from you.

To Report Changes

1. Call TennCare Connect at **855-259-0701**.
2. Use your online account for TennCare Connect at <https://tenncareconnect.tn.gov>
3. Use the TennCare Connect mobile app.

After you report a change, we may ask you for proof or more information. Be sure to keep the originals for your records and only send us a copy.

Sending us Information

When you send us your copy (or copies) you must:

- **Send THIS page.** It includes a barcode and that will help us know you've sent something to us.
- **AND write your name, your date of birth and this number ([REDACTED])** on each additional page you send us.

There are several ways to get this to us. You only have to pick one:

1. Use your online account at <https://tenncareconnect.tn.gov>. With TennCare Connect you can also view your case information, update your records, renew your coverage when it's time and view your letters.

Haven't created an online account yet? Go to <https://tenncareconnect.tn.gov> and click on the Create Account button. After you create an account and have logged in, select Link My Case from the menu option at the top. You'll need to enter your Social Security Number (SSN) to link your case to your TennCare Connect account. Or you can enter your Person ID which is found in this letter next to your name.

2. Use the TennCare Connect mobile app. Using the app, you can take a photo of the file(s) we need and send it to us right from your phone! With TennCare Connect you can also view your case information, update your records and view your letters.

Haven't downloaded it yet? Go to the iTunes or Google Play store and look for TennCare Connect. After installing the app, create an account by clicking the Create Account button. You'll need to enter your Social Security Number (SSN) to link your case to your TennCare Connect account. Or you can enter your Person ID which is found in this letter next to your name.

3. Fax it to: **855-315-0669**
Be sure to keep the page that says your fax went through.

4. Mail it to: TennCare Connect
 P.O. Box 305240
 Nashville, TN 37230-5240

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Do You Need Special Help?

Here are some places you can call for help.

All of these numbers are free calls.

Do you have questions or need help with TennCare? Or, do you need help because you have a health, mental health, learning problem or disability?

- Call **TennCare Connect** at **855-259-0701**.

Do you have a hearing or speech problem and have questions or need help?

- Call the **Tennessee Relay Services (TNRS)** at **800-848-0298**. Ask them to connect you with the TennCare Connect at 855-259-0701.

Do you need help with prescription or refills at the drug store?

- First, call **your doctor**. Then, if you still need help call the **TennCare Solutions Unit** at **800-878-3192**.

Do you have questions about Medicare for people over age 65 and for the disabled?

- Call Tennessee's **State Health Insurance Assistance Program (SHIP)** at **877-801-0044**.

Do you need help getting health care, mental health care or drug or alcohol treatment?

- First, call **your health plan**. If you still need help call the **TennCare Advocacy Program** at **800-758-1638**.
- Then, if you still need help, call the **TennCare Solutions Unit** at **800-878-3192**.

Do you need help talking with us or reading what we send you?

Do you have a disability and need help getting care or taking part in one of our programs or services?

Or do you have more questions about your health care?

Call us for free at 855-259-0701.

We can connect you with the free help or service you need. (For TTY call: 800-848-0298)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or online. Here are two places where you can file a complaint:

Division of TennCare Office of Civil Rights Compliance

310 Great Circle Road

Nashville, Tennessee 37243

Email: HCFA.Fairtreatment@tn.gov

Phone: 855-857-1673 (TRS 711)

You can get a complaint form online at:

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

U.S. Department of Health & Human Services Office for Civil Rights

200 Independence Ave SW, Rm 509F, HHH Bldg

Washington, DC 20201

Phone: 800-368-1019

(TDD): 800-537-7697

You can get a complaint form online at:

<https://hhs.gov/ocr/office/file/index.html>

Or you can file a complaint online at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-259-0701 (TTY: 800-848-0298).

Kurdish: کوردی

ئاگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریه‌کانی یارمەتی زمان، بەخۆراییی، بۆ تۆ بەردەستە. پەیوەندی بە 855-259-0701 (TTY: 800-848-0298) بکە.

Arabic: العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0701-259-855 (رقم هاتف الصم والبكم: 800-848-0298).

Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-259-0701 (TTY 800-848-0298)。

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-259-0701 (TTY: 800-848-0298).

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-259-0701 (TTY: 800-848-0298)번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-259-0701 (ATS: 800-848-0298).

Amharic: አማርኛ

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ 855-259-0701 (መስማት ለተሳናቸው፡ 800-848-0298) ማድከሙን ይደውሉ።

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 855-259-0701 (TTY: 800-848-0298).

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນມາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 855-259-0701 (TTY: 800-848-0298).

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855-259-0701 (TTY: 800-848-0298).

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 855-259-0701 (TTY: 800-848-0298).

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 855-259-0701 (TTY: 800-848-0298) पर कॉल करें।

Serbo-Croatian: Srpsko-hrvatski

ОБАВЈЕШТЕНЈЕ: Ако говорите srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 855-259-0701 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 800-848-0298).

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 855-259-0701 (телетайп: 800-848-0298).

Nepali: नेपाली

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 855-259-0701 (टिटिवाइ: 800-848-0298) ।

Persian: فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 855-259-0701 (TTY: 800-848-0298)



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



April 27, 2021

We've made a change to how we send our letters. When possible, we try to put all of the letters mailing to your household on the same day in one envelope.

That means there may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

If you have questions or need more help, please call **TennCare Connect** at **855-259-0701**.

Want to save time? Create Your TennCare Connect Account Today!

Access your coverage from anywhere at any time. From your online account, you can read the letters we send you about your coverage and renew your coverage when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to <https://tenncareconnect.tn.gov> to get started!

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

April 27, 2021



Notice of Decision

This letter is for: [REDACTED] (Age: 86 and Person ID: [REDACTED])

This letter tells you about the decision we made for each person in your home when **you applied**. 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 denial.

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

Part 3: Filing appeals.

Part 4: Other Information.

Part 1: About your denial.

We looked at the facts we have for you. We use those facts to review you for our coverage groups to decide if you qualify. But you don't qualify. [Tenn.Comp.R&Reg. 1200-13-20]

What if you think you **do** qualify? This letter tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. Keep reading to learn about your denial and reasons you may have a fair hearing.

Who is denied: [REDACTED] (Age: 86)

Why you are denied for TennCare Medicaid:

We sent you a letter asking for more facts but you didn't send us what we needed. So we did not have enough information to decide if you qualify. [Tenn.Comp.R&R 1200 13 20]

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:

You sent us the facts we needed.

More Information about your denial.

Remember, we look at the facts we have for you before we make our decision. And we use those facts to review you for our coverage groups. Things like age, income, and resources can be different between each group. To learn more about the different groups go to <https://tn.gov/tenncare>.

Keep reading this letter to find out how to appeal if you think we made a mistake.

Did you give us all of the facts we requested and were still denied? We are sending your application to the Health Insurance Marketplace. Health coverage, and help paying for it, may be available to you through them. They will let you know if you qualify for another kind of health coverage. If you have questions, call the Marketplace at 800-318-2596. For TTY/TDD call 855-889-4325.

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

We look at the facts we have for you before we make our decision. And we use those facts to review you for each kind of Medicare Savings Program. But, you don't qualify for a Medicare Savings Program (MSP). [Tenn.Comp.R&Reg. 1200-13-20]

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. Keep reading to learn about your denial and reasons you may have a fair hearing.

Who is denied: [REDACTED] (Age: 86)

Why you are denied for QMB:

We sent you a letter asking for more facts but you didn't send us what we needed. So we did not have enough information to decide if you qualify. [Tenn.Comp.R&R 1200 13 20]

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:

You sent us the facts we needed.

More Information about your denial.

Remember, we look at the facts we have for you before we make our decision. And we use those facts to review you for each kind of Medicare Savings Program. The monthly income and resource limit can be different between each kind. To learn more about the different groups, go to <https://tn.gov/tennicare>.

Keep reading this letter to find out how to appeal if you think we made a mistake.

Part 3: Filing appeals.

If you think we made a mistake, you can appeal. An appeal is one way to fix problems in TennCare or tell us if you think we made a mistake. We'll take a new look at your case.

Were you denied and think we made a mistake? You have **until June 6, 2021** to file an appeal.

Before we give you a hearing, we'll check to see if we made a mistake. If we decide you're right, we'll fix the problem.

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

The TennCare Advocacy Program can help you.

Call them for free at **800-758-1638**.

Your Right to Privacy

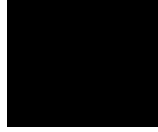
There are laws that protect your privacy. They say we can't tell others certain facts about you. You can read about the rules on our website. Go to **<https://tn.gov/tenncare>**. Click on "Legal." Then in the middle of the page, click on "HIPAA Privacy Information." If you want us to mail you a copy, call **TennCare Connect** for free at **855-259-0701**.

People who lie on purpose to get TennCare or CoverKids may be fined or sent to jail.

Are you eligible for other kinds of benefits like unemployment income, retirement income or disability? If so, you must apply for those benefits also to keep coverage with us.

We do not allow unfair treatment in our program.

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



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After you report a change, we may ask you for proof or more information. Be sure to keep the originals for your records and only send us a copy.

Sending us Information

When you send us your copy (or copies) you must:

- **Send THIS page.** It includes a barcode and that will help us know you've sent something to us.
- **AND write your name, your date of birth and this number ([REDACTED])** on each additional page you send us.

There are several ways to get this to us. You only have to pick one:

1. Use your online account at <https://tenncareconnect.tn.gov>. With TennCare Connect you can also view your case information, update your records, renew your coverage when it's time and view your letters.

Haven't created an online account yet? Go to <https://tenncareconnect.tn.gov> and click on the Create Account button. After you create an account and have logged in, select Link My Case from the menu option at the top. You'll need to enter your Social Security Number (SSN) to link your case to your TennCare Connect account. Or you can enter your Person ID which is found in this letter next to your name.

2. Use the TennCare Connect mobile app. Using the app, you can take a photo of the file(s) we need and send it to us right from your phone! With TennCare Connect you can also view your case information, update your records and view your letters.

Haven't downloaded it yet? Go to the iTunes or Google Play store and look for TennCare Connect. After installing the app, create an account by clicking the Create Account button. You'll need to enter your Social Security Number (SSN) to link your case to your TennCare Connect account. Or you can enter your Person ID which is found in this letter next to your name.

3. Fax it to: **855-315-0669**
Be sure to keep the page that says your fax went through.

4. Mail it to: TennCare Connect
 P.O. Box 305240
 Nashville, TN 37230-5240

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

YOU ADDED AN ASSISTING PERSON WHEN YOU APPLIED

When you applied, [REDACTED] was added as your Assisting Person. This means they have your permission (OK) to sign an application on the applicant's behalf, complete and submit a renewal form, receive copies of the applicant or beneficiary's notices and other communications from the agency and act on behalf of the applicant or beneficiary in all other matters with the agency.

If this is ok, you don't have to do anything else.

What if you want to change or end this Assisting Person?

You can change or end this Assisting Person at any time. This will not change facts we've already shared with them, but we won't share anything else.

There are several ways to change or end this Assisting Person. You only have to pick one:

ONLINE using your online account at <https://tenncareconnect.tn.gov>.

BY MOBILE APP using the TennCare Connect mobile app.

BY PHONE. Call TennCare Connect for free at **855-259-0701**.

BY FAX: 855-315-0669

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

BY MAIL: TennCare Connect
P.O. Box 305240
Nashville, TN 37230-5240

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Estate Recovery Fact Sheet

What is TennCare (Medicaid) Estate Recovery?

TennCare is required by federal and state law to seek repayment from the estates of members who got TennCare long-term care benefits after they turned 55 years old.

States must seek repayment for money paid for these types of care:

- Nursing facility (or other long-term institutional services);
- HCBS (Home and Community-Based Services), including home health and private duty nursing;
- Hospital and prescription drug services while the person was getting care in a nursing facility or HCBS; and
- States may try to get money back for any other items covered by the Medicaid State Plan.

Whose estate is subject to TennCare (Medicaid) Estate Recovery?

Any deceased member who got TennCare benefits for care in a nursing facility or HCBS **after** they turned 55 years old.

What amounts must be repaid to TennCare (Medicaid)?

TennCare is a managed care program. This means that TennCare contracts with an insurance company. You might know this as an MCO (Managed Care Organization). TennCare pays the MCO a monthly rate to provide services the member needs. These services don't affect the monthly rate. What does affect the monthly rate? Things like age, if disabled, region of the state lived in, and other factors. This monthly rate may exceed \$5,000 per month for people who receive long-term services and supports.

After the member's death, TennCare seeks repayment from the estate. It only seeks repayment for the portion of the monthly rate that it paid for long-term services and supports. TennCare can't seek repayment until after the member's death. It can seek repayment only from the member's estate. This means that surviving family members are not personally responsible for repaying these amounts.

How do I find out if the estate owes money to TennCare (Medicaid)?

You must complete a REQUEST FOR RELEASE and send it to us with the proof we need.

You will get a release if:

- No money is owed to TennCare, or
- The estate is not subject to estate recovery.

Is there money owed? If so, TennCare will give the estate representative a claim explaining the amount that is owed. This amount only applies to things the deceased member owned. This would include things like their house, car or bank accounts. Surviving family members are not personally responsible for paying this amount.

What are the exceptions from estate recovery?

- Was the member younger than 55 years old at the time of death? TennCare will not recover from the member's estate.
- Does the member have a surviving spouse? TennCare will not recover money from the estate until the time of the surviving spouse's death.
- Does the member have a surviving child under the age of 21? TennCare will not recover money from the estate until the child reaches the age of 21.
- Does the member have a surviving child who is blind or permanently and totally disabled? TennCare will not recover money from the estate until the death of the disabled child.
- Is the property of the estate the only income-producing asset of the survivors? These may be a family farm or other family business. TennCare will not recover from the estate.
- Does the member have a surviving sibling? TennCare will not recover from the estate **until** the sibling no longer resides in the home **if** the sibling:
 - o Lawfully resided in the member's home for 1 year immediately before the member's admission to the medical institution; **and**
 - o Lawfully resided in the home on a continuous basis since the member's admission to the medical institution.
- Does the member have a surviving caretaker son or daughter? TennCare will not recover from the estate **until** they no longer reside in the home **if**:
 - o They lawfully resided in the home for at least 2 years immediately before the member's admission to the medical institution;
 - o They provided care to the member for at least those 2 years. And this care let the member reside at home instead of the institution; **and**
 - o They lawfully resided in the home on a continuous basis since the member's admission to the medical institution.

Where can I get more information?

Mail: Division of TennCare
Estate Recovery Unit
310 Great Circle Road, 4th Floor
Nashville, TN 37243

Phone: 866-389-8444

Fax: (615) 413-1941

How can I get a REQUEST FOR RELEASE?

- You can call, fax or write us using the information above.
- You can get one online at:
<https://www.tn.gov/content/dam/tn/tenncare/documents/releaseform.pdf>.
- You can also get a copy from your local Probate Clerk.



Do You Need Special Help?

Here are some places you can call for help.

All of these numbers are free calls.

Do you have questions or need help with TennCare? Or, do you need help because you have a health, mental health, learning problem or disability?

- Call **TennCare Connect** at **855-259-0701**.

Do you have a hearing or speech problem and have questions or need help?

- Call the **Tennessee Relay Services (TNRS)** at **800-848-0298**. Ask them to connect you with the TennCare Connect at 855-259-0701.

Do you need help with prescription or refills at the drug store?

- First, call **your doctor**. Then, if you still need help call the **TennCare Member Medicaid Appeals** at **800-878-3192**.

Do you have questions about Medicare for people over age 65 and for the disabled?

- Call Tennessee's **State Health Insurance Assistance Program (SHIP)** at **877-801-0044**.

Do you need help getting health care, mental health care or drug or alcohol treatment?

- First, call **your health plan**. If you still need help call the **TennCare Advocacy Program** at **800-758-1638**.
- Then, if you still need help, call the **TennCare Member Medicaid Appeals** at **800-878-3192**.

Do you need help talking with us or reading what we send you?

Do you have a disability and need help getting care or taking part in one of our programs or services?

Or do you have more questions about your health care?

Call us for free at 855-259-0701.

We can connect you with the free help or service you need. (For TTY call: 800-848-0298)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or online. Here are two places where you can file a complaint:

Division of TennCare Office of Civil Rights Compliance

310 Great Circle Road

Nashville, Tennessee 37243

Email: HCFA.Fairtreatment@tn.gov

Phone: 855-857-1673 (TRS 711)

You can get a complaint form online at:

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

U.S. Department of Health & Human Services Office for Civil Rights

200 Independence Ave SW, Rm 509F, HHH Bldg

Washington, DC 20201

Phone: 800-368-1019

(TDD): 800-537-7697

You can get a complaint form online at:

<https://hhs.gov/ocr/office/file/index.html>

Or you can file a complaint online at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-259-0701 (TTY: 800-848-0298).

Kurdish: کوردی

ئاگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریه‌کانی یارمەتی زمان، بەخۆراییی، بۆ تۆ بەردەستە. پەیوەندی بە 855-259-0701 (TTY: 800-848-0298) بکە.

Arabic: العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0701-259-855 (رقم هاتف الصم والبكم: 800-848-0298).

Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-259-0701 (TTY 800-848-0298)。

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-259-0701 (TTY: 800-848-0298).

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-259-0701 (TTY: 800-848-0298)번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-259-0701 (ATS: 800-848-0298).

Amharic: አማርኛ

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ 855-259-0701 (መስማት ለተሳናቸው፡ 800-848-0298) ይደውሉ

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 855-259-0701 (TTY: 800-848-0298).

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນອາດມີຢູ່, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີໂຮງຮຽນທີ່ທ່ານ. ໂທ 855-259-0701 (TTY: 800-848-0298).

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855-259-0701 (TTY: 800-848-0298).

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 855-259-0701 (TTY: 800-848-0298).

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 855-259-0701 (TTY: 800-848-0298) पर कॉल करें।

Serbo-Croatian: Srpsko-hrvatski

ОБАВЈЕШТЕНЈЕ: Ако говорите srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 855-259-0701 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 800-848-0298).

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 855-259-0701 (телетайп: 800-848-0298).

Nepali: नेपाली

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 855-259-0701 (टिटिवाइ: 800-848-0298) ।

Persian: فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 855-259-0701 (TTY: 800-848-0298)



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

April 27, 2021

We've made a change to how we send our letters. When possible, we try to put all of the letters mailing to your household on the same day in one envelope.

That means there may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

If you have questions or need more help, please call **TennCare Connect** at **855-259-0701**.

Want to save time? Create Your TennCare Connect Account Today!

Access your coverage from anywhere at any time. From your online account, you can read the letters we send you about your coverage and renew your coverage when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to <https://tenncareconnect.tn.gov> to get started!

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

April 27, 2021



Notice of Decision

This letter is for: [REDACTED] (Age: 86 and Person ID: [REDACTED])

This letter tells you about the decision we made for each person in your home when **you applied**. 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 denial.

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

Part 3: Filing appeals.

Part 4: Other Information.

Part 1: About your denial.

We looked at the facts we have for you. We use those facts to review you for our coverage groups to decide if you qualify. But you don't qualify. [Tenn.Comp.R&Reg. 1200-13-20]

What if you think you **do** qualify? This letter tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. Keep reading to learn about your denial and reasons you may have a fair hearing.

Who is denied: [REDACTED] (Age: 86)

Why you are denied for TennCare Medicaid:

We sent you a letter asking for more facts but you didn't send us what we needed. So we did not have enough information to decide if you qualify. [Tenn.Comp.R&R 1200 13 20]

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:

You sent us the facts we needed.

More Information about your denial.

Remember, we look at the facts we have for you before we make our decision. And we use those facts to review you for our coverage groups. Things like age, income, and resources can be different between each group. To learn more about the different groups go to <https://tn.gov/tenncare>.

Keep reading this letter to find out how to appeal if you think we made a mistake.

Did you give us all of the facts we requested and were still denied? We are sending your application to the Health Insurance Marketplace. Health coverage, and help paying for it, may be available to you through them. They will let you know if you qualify for another kind of health coverage. If you have questions, call the Marketplace at 800-318-2596. For TTY/TDD call 855-889-4325.

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

We look at the facts we have for you before we make our decision. And we use those facts to review you for each kind of Medicare Savings Program. But, you don't qualify for a Medicare Savings Program (MSP). [Tenn.Comp.R&Reg. 1200-13-20]

What if you think you **do** qualify? This letter also tells you how to file an appeal if you disagree with our decision. When you appeal, you're asking to tell your side to a judge or hearing officer. It's called a fair hearing. Keep reading to learn about your denial and reasons you may have a fair hearing.

Who is denied: [REDACTED] (Age: 86)

Why you are denied for QMB:

We sent you a letter asking for more facts but you didn't send us what we needed. So we did not have enough information to decide if you qualify. [Tenn.Comp.R&R 1200 13 20]

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:

You sent us the facts we needed.

More Information about your denial.

Remember, we look at the facts we have for you before we make our decision. And we use those facts to review you for each kind of Medicare Savings Program. The monthly income and resource limit can be different between each kind. To learn more about the different groups, go to <https://tn.gov/tennicare>.

Keep reading this letter to find out how to appeal if you think we made a mistake.

Part 3: Filing appeals.

If you think we made a mistake, you can appeal. An appeal is one way to fix problems in TennCare or tell us if you think we made a mistake. We'll take a new look at your case.

Were you denied and think we made a mistake? You have **until June 6, 2021** to file an appeal.

Before we give you a hearing, we'll check to see if we made a mistake. If we decide you're right, we'll fix the problem.

What if we decide you're wrong?

If you still think we made a mistake about a fact, you can have a fair hearing. If you don't think we made a mistake about a fact, you can't have a fair hearing. You don't have a right to a fair hearing just because you don't like this decision or think it will cause problems for you.

How to file an eligibility appeal

There are 2 ways to appeal:

1. Appeal **by phone** by calling TennCare Connect free at **855-259-0701**.
2. Or, appeal **in writing**. You can get an appeal page from our website. Go to <https://tn.gov/tenncare>. Click "Members/Applicants" then click on "How to file an eligibility appeal." Or, you can write your appeal on plain paper. If you write your appeal on plain paper, **be sure you include:**
 - Your full name (first name, middle initial, last name)
 - Your Social Security Number
 - The names of anyone else in your household with the same problem
 - Your daytime phone number and the best time to call
 - The reason why you want to appeal - tell us as many facts as you can
 - Any proof that shows why you think we made a mistake

Mail your appeal to this address: TennCare Connect
Eligibility Appeals
P.O. Box 305240
Nashville, TN 37230-5240

Keep a copy of your appeal. Write down the date that you sent it to us.

Or, **fax** your appeal to **855-315-0669**. It's a free fax line.
Keep the page that shows your fax went through.

Someone who has the legal right to act for you can also file an appeal for you. Legal Services or Legal Aid may give you free help with your appeal. To find a Legal Aid or Legal Services office in your area, go to <https://tn.gov/tenncare>. Click "Members/Applicants." Then click on "How to file an eligibility appeal."

Part 4: Other Information.

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" page with this letter. Or call **TennCare Connect** for free at **855-259-0701**.

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

The TennCare Advocacy Program can help you.

Call them for free at **800-758-1638**.

Your Right to Privacy

There are laws that protect your privacy. They say we can't tell others certain facts about you. You can read about the rules on our website. Go to <https://tn.gov/tenncare>. Click on "Legal." Then in the middle of the page, click on "HIPAA Privacy Information." If you want us to mail you a copy, call **TennCare Connect** for free at **855-259-0701**.

People who lie on purpose to get TennCare or CoverKids may be fined or sent to jail.

Are you eligible for other kinds of benefits like unemployment income, retirement income or disability? If so, you must apply for those benefits also to keep coverage with us.

We do not allow unfair treatment in our program.

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



How to Report Changes or Send Information to TennCare

This page tells you how to send us proof or information we need from you.


To Report Changes

1. Call TennCare Connect at **855-259-0701**.
2. Use your online account for TennCare Connect at <https://tenncareconnect.tn.gov>
3. Use the TennCare Connect mobile app.

After you report a change, we may ask you for proof or more information. Be sure to keep the originals for your records and only send us a copy.

Sending us Information

When you send us your copy (or copies) you must:

- **Send THIS page.** It includes a barcode and that will help us know you've sent something to us.
- **AND write your name, your date of birth and this number ()** on each additional page you send us.

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State of Tennessee
Division of TennCare
P.O. Box 305240
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YOU ADDED AN ASSISTING PERSON WHEN YOU APPLIED

When you applied, [REDACTED] was added as your Assisting Person. This means they have your permission (OK) to sign an application on the applicant's behalf, complete and submit a renewal form, receive copies of the applicant or beneficiary's notices and other communications from the agency and act on behalf of the applicant or beneficiary in all other matters with the agency.

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BY MOBILE APP using the TennCare Connect mobile app.

BY PHONE. Call TennCare Connect for free at **855-259-0701**.

BY FAX: 855-315-0669

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BY MAIL: TennCare Connect
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Nashville, TN 37230-5240

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Estate Recovery Fact Sheet

What is TennCare (Medicaid) Estate Recovery?

TennCare is required by federal and state law to seek repayment from the estates of members who got TennCare long-term care benefits after they turned 55 years old.

States must seek repayment for money paid for these types of care:

- Nursing facility (or other long-term institutional services);
- HCBS (Home and Community-Based Services), including home health and private duty nursing;
- Hospital and prescription drug services while the person was getting care in a nursing facility or HCBS; and
- States may try to get money back for any other items covered by the Medicaid State Plan.

Whose estate is subject to TennCare (Medicaid) Estate Recovery?

Any deceased member who got TennCare benefits for care in a nursing facility or HCBS **after** they turned 55 years old.

What amounts must be repaid to TennCare (Medicaid)?

TennCare is a managed care program. This means that TennCare contracts with an insurance company. You might know this as an MCO (Managed Care Organization). TennCare pays the MCO a monthly rate to provide services the member needs. These services don't affect the monthly rate. What does affect the monthly rate? Things like age, if disabled, region of the state lived in, and other factors. This monthly rate may exceed \$5,000 per month for people who receive long-term services and supports.

After the member's death, TennCare seeks repayment from the estate. It only seeks repayment for the portion of the monthly rate that it paid for long-term services and supports. TennCare can't seek repayment until after the member's death. It can seek repayment only from the member's estate. This means that surviving family members are not personally responsible for repaying these amounts.

How do I find out if the estate owes money to TennCare (Medicaid)?

You must complete a REQUEST FOR RELEASE and send it to us with the proof we need.

You will get a release if:

- No money is owed to TennCare, or
- The estate is not subject to estate recovery.

Is there money owed? If so, TennCare will give the estate representative a claim explaining the amount that is owed. This amount only applies to things the deceased member owned. This would include things like their house, car or bank accounts. Surviving family members are not personally responsible for paying this amount.

What are the exceptions from estate recovery?

- Was the member younger than 55 years old at the time of death? TennCare will not recover from the member's estate.
- Does the member have a surviving spouse? TennCare will not recover money from the estate until the time of the surviving spouse's death.
- Does the member have a surviving child under the age of 21? TennCare will not recover money from the estate until the child reaches the age of 21.
- Does the member have a surviving child who is blind or permanently and totally disabled? TennCare will not recover money from the estate until the death of the disabled child.
- Is the property of the estate the only income-producing asset of the survivors? These may be a family farm or other family business. TennCare will not recover from the estate.
- Does the member have a surviving sibling? TennCare will not recover from the estate **until** the sibling no longer resides in the home **if** the sibling:
 - o Lawfully resided in the member's home for 1 year immediately before the member's admission to the medical institution; **and**
 - o Lawfully resided in the home on a continuous basis since the member's admission to the medical institution.
- Does the member have a surviving caretaker son or daughter? TennCare will not recover from the estate **until** they no longer reside in the home **if**:
 - o They lawfully resided in the home for at least 2 years immediately before the member's admission to the medical institution;
 - o They provided care to the member for at least those 2 years. And this care let the member reside at home instead of the institution; **and**
 - o They lawfully resided in the home on a continuous basis since the member's admission to the medical institution.

Where can I get more information?

Mail: Division of TennCare
Estate Recovery Unit
310 Great Circle Road, 4th Floor
Nashville, TN 37243

Phone: 866-389-8444

Fax: (615) 413-1941

How can I get a REQUEST FOR RELEASE?

- You can call, fax or write us using the information above.
- You can get one online at:
<https://www.tn.gov/content/dam/tn/tenncare/documents/releaseform.pdf>.
- You can also get a copy from your local Probate Clerk.



Do You Need Special Help?

Here are some places you can call for help.

All of these numbers are free calls.

Do you have questions or need help with TennCare? Or, do you need help because you have a health, mental health, learning problem or disability?

- Call **TennCare Connect** at **855-259-0701**.

Do you have a hearing or speech problem and have questions or need help?

- Call the **Tennessee Relay Services (TNRS)** at **800-848-0298**. Ask them to connect you with the TennCare Connect at 855-259-0701.

Do you need help with prescription or refills at the drug store?

- First, call **your doctor**. Then, if you still need help call the **TennCare Member Medicaid Appeals** at **800-878-3192**.

Do you have questions about Medicare for people over age 65 and for the disabled?

- Call Tennessee's **State Health Insurance Assistance Program (SHIP)** at **877-801-0044**.

Do you need help getting health care, mental health care or drug or alcohol treatment?

- First, call **your health plan**. If you still need help call the **TennCare Advocacy Program** at **800-758-1638**.
- Then, if you still need help, call the **TennCare Member Medicaid Appeals** at **800-878-3192**.

Do you need help talking with us or reading what we send you?

Do you have a disability and need help getting care or taking part in one of our programs or services?

Or do you have more questions about your health care?

Call us for free at 855-259-0701.

We can connect you with the free help or service you need. (For TTY call: 800-848-0298)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or online. Here are two places where you can file a complaint:

Division of TennCare Office of Civil Rights Compliance

310 Great Circle Road

Nashville, Tennessee 37243

Email: HCFA.Fairtreatment@tn.gov

Phone: 855-857-1673 (TRS 711)

You can get a complaint form online at:

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

U.S. Department of Health & Human Services Office for Civil Rights

200 Independence Ave SW, Rm 509F, HHH Bldg

Washington, DC 20201

Phone: 800-368-1019

(TDD): 800-537-7697

You can get a complaint form online at:

<https://hhs.gov/ocr/office/file/index.html>

Or you can file a complaint online at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-259-0701 (TTY: 800-848-0298).

Kurdish: کوردی

ئاگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریهکانی یارمەتی زمان، بەخۆراییی، بۆ تۆ بەردەستە. پەیوەندی بە 855-259-0701 (TTY: 800-848-0298) بکە.

Arabic: العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0701-259-855 (رقم هاتف الصم والبكم: 800-848-0298).

Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-259-0701 (TTY 800-848-0298)。

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-259-0701 (TTY: 800-848-0298).

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-259-0701 (TTY: 800-848-0298)번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-259-0701 (ATS: 800-848-0298).

Amharic: አማርኛ

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ 855-259-0701 (መስማት ለተሳናቸው፡ 800-848-0298) ይደውሉ

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 855-259-0701 (TTY: 800-848-0298).

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 855-259-0701 (TTY: 800-848-0298).

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855-259-0701 (TTY: 800-848-0298).

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 855-259-0701 (TTY: 800-848-0298).

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 855-259-0701 (TTY: 800-848-0298) पर कॉल करें।

Serbo-Croatian: Srpsko-hrvatski

ОБАВЈЕШТЕНЈЕ: Ако говорите srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 855-259-0701 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 800-848-0298).

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 855-259-0701 (телетайп: 800-848-0298).

Nepali: नेपाली

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 855-259-0701 (टिटावाइ: 800-848-0298) ।

Persian: فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 855-259-0701 (TTY: 800-848-0298)