

TENNCARE ADULT DENTAL PLAN

TennCare Adults,
TennCare Employment and
Community First (ECF) CHOICES,
and 1915(c) Waiver Members



MEMBER DENTAL HANDBOOK

Effective 11/1/2025

Renaissance®
866-864-2526
www.renmemberportal.com/mp/rengp

PO Box 1505
Farmington Hills, MI
48333-1505



Renaissance®

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Welcome to Renaissance!

Renaissance has a contract with TennCare to provide dental services to adults with Medicaid. We work with a network of dental care providers to help meet your needs.

This handbook is your guide to the services we offer. It will also give you helpful tips about your benefits. Please read this book and keep it in a safe place in case you need it again. To get a copy of our full contract with TennCare or to get another free copy of this handbook, call us at 866-864-2526 (TTY/TDD 711). You can also view it and find more information about your dental plan on our member portal website at www.renmemberportal.com/mp/rengp.

Using this Handbook

This handbook will help you understand how the program works. Please read it before you call your dentist or other dentists listed on Renaissance's website.

This handbook uses some terms you should understand:

- **"You," "Your," "My," "I," and "Member"**—The person enrolled in the TennCare dental plan program.
- **"We," "Us," and "Our"**—Refers to Renaissance.
- **"Your Dentist," "Participating Dentist," and "Contracted Dentist"**—The dentist you choose who will provide your dental care that has a contract with Renaissance.
- **"Dental Home"**—The dentist's office where you go regularly for dental care and will be assigned when you enter the program.
- **"TennCare Dental Plan," "Medicaid," and "TennCare"**—The Division of TennCareSM and/or TennCare dental plan.
- **"TennCare ID Card," "ID Card," and "Health Care Plan ID Card"**—The ID card you get from your health care plan.
- **"Auxiliary Aids," "Auxiliary Aids or Services"**—Types of help like qualified sign language interpretation or written information in large print, audio, accessible electronic formats, letter reading, Braille, or other alternative (different) formats. TennCare members can ask for free auxiliary aids and services.
- **"Member Services," "Member Call Center," and "Customer Service"**—The toll-free phone line you can call for help with your Renaissance dental plan.
- **"Emergency," "Emergencies," "Emergent," and "Emergency Services"**—Emergencies are times when there could be serious danger or damage to your health if you do not get care right away.
- **"Urgent," "Urgent Services"**—Urgent services are services that are not as serious as emergency services but should not wait until the next scheduled appointment.
- **"Grievance," "Complaint"**—A complaint that you let us know about. You can file a grievance if you have a problem calling us or if you are unhappy with the way a staff member or provider treated you. This is not a complaint about a treatment decision or a service that is not covered or denied (see Appeal).
- **"Appeal"**—The action you can take if you do not agree with a coverage or payment decision made by us. You can appeal if we deny your request for; reduce, limit, or deny coverage of; or stop providing or paying for all or part of a dental service or a dental appliance or device. You can also file an appeal if we do not provide timely dental services.

Important Phone Numbers and Contact Information

Representatives in our Customer Service Department can answer your questions. You can call us anytime. We can help you:

- Choose or change your dentist
- Find out if a service is covered
- Find out how to appeal something we denied
- Find out how to file a grievance when you are unhappy with your care
- Help you understand written materials, and more

We can get an interpreter to help you speak with us or your dentist in any language. We also offer our materials in other languages. Interpreter services and translated materials are free for our members.

We provide free auxiliary aids and services to people with disabilities to communicate with us. Services like qualified sign language interpreters, transcription services, and TTY services. You can also ask to get this Member Handbook and other materials in Braille and large print for free.

Renaissance Toll-free Customer Service	866-864-2526
Toll-free for the Hearing Impaired	TTY/TDD 711
Renaissance Customer Service Hours of Operation	Monday-Friday (Excluding state-approved holidays) 7 a.m. – 5 p.m. Central Time Automated System available 24 hours a day/7 days a week
Renaissance Member Portal Website	www.renmemberportal.com/mp/rengp
TennCare Connect	855-259-0701
Transportation Services	Contact your medical health plan: ▪ BlueCare and TennCare Select members should contact Verida to schedule their transportation: ▪ BlueCare: 1-855-735-4660 ▪ TennCare Select: 1-866-473-7565 ▪ United HealthCare and Wellpoint members should contact Tennessee Carriers to schedule their transportation: ▪ United Healthcare: 1-866-405-0238 ▪ Wellpoint: 1-866-680-0633
TennCare Pharmacy Program	Call OptumRx 888-816-1680
File a TennCare Dental Service Appeal	Call TennCare Member Medical Appeals at 800-878-3192
File a TennCare Eligibility Appeal	Call TennCare Connect at 855-259-0701
File a Civil Rights/Discrimination Grievance (Complaint)	Call TennCare's Office of Civil Rights Compliance ("OCRC") at 615-507-6474 (TDD/TTY 711)
File a Renaissance Dental Customer Service and Quality of Care Grievance (Complaint)	Call Renaissance at 866-864-2526

Report Medicaid Fraud and/or Abuse	▪ For suspected member fraud call the Tennessee Office of Inspector General (OIG) Hotline at 800-433-3982 ▪ For suspected provider fraud call the TennCare Fraud Hotline at 888-687-9611 or visit https://www.tn.gov/tenncare/fraud-and-abuse/program-integrity.html. Then click on "How to Report TennCare Provider Fraud." ▪ For suspected member or provider fraud, you may also call the Renaissance Anti-Fraud Hotline at 800-971-4139 or write to: Renaissance Inquiries PO Box 1505 Farmington Hills, MI 48333-1505
TennCare Notice of Privacy Practices Renaissance Notice of Privacy Practices	▪ https://www.tn.gov/tenncare/legal/tenncare-notice-of-privacy-practices.html ▪ https://renaissancebenefits.com/online-privacy-policy/

Do you need free language or an auxiliary aid or service?

If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you. We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 1-866-864-2526 (TRS/TTY: 711)

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-864-2526 (TRS/TTY: 711).

Arabic: ريبيةعلا

وظةحلم: اذا ملكنتت عغلا ريبيةعلا اتمددةعاسملا ويةعلا رةفوتم لك انجام. اتصل مقبر: 1-866-864-2526

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 1-866-864-2526

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 1-866-864-2526

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-864-2526 번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-864-2526.

Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-864-2526.

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-864-2526.

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-864-2526.

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-864-2526.

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-864-2526.

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-864-2526 पर कॉल करें।

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1-866-864-2526.

Japanese: 日本語

「日本語を話す方は、通訳や翻訳などの言語支援サービスを無料で利用できます」 1-866-864-2526

Persian: فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با
1-866-864-2526 تماس بگیرید.

Your Member Portal Website

As a Renaissance member you have access to our online portal at

www.renmemberportal.com/mp/rengp that will help you:

- Find one of our contracted dentists using our Find a Dentist provider locator tool
- See all your Renaissance dental benefits
- View your member handbook
- Contact us
- View newsletters and other information about your oral health

If asked when using the Provider Locator, please select your plan: Adult; or ECF CHOICES; or 1915(c).

Providing You with the Best Care and Service

The Renaissance Quality Improvement Program exists because we want to give you the very best services. Our Quality Improvement Program measures how well we are doing. We use it to look closely at all the dentists who participate in the program to make sure that they provide the best dental care for your needs. We use the Quality Improvement Program to make changes in how we provide services to keep making them better. For a copy of our Annual Quality Improvement Program, call Renaissance Customer Service at 866-864-2526. From time to time, you might get member satisfaction surveys about your care.

Your Member Benefits

How do I find more information about my benefits?

To learn more about your dental benefits, including what is covered under your plan, please visit our online member portal at www.renmemberportal.com/mp/rengp or call us at 866-864-2526.

When do my TennCare benefits start?

You will get a letter from TennCare telling you when your TennCare coverage was approved and the date your benefits coverage starts. Services you get before this date will not be covered by TennCare Adult. A welcome letter will be sent from us. We will send this when we get your coverage information from TennCare.

Will I be notified if my TennCare benefits end?

When your TennCare coverage ends, you will be sent a letter from TennCare saying that you are no longer covered. This also means that you are no longer covered by us for dental services. The date on the letter will be the last day that you will be covered by TennCare. Any services received after the date on the letter will not be paid by TennCare. You will have to pay for any services you get after the date on the letter.

What is routine dental care?

Routine dental care includes diagnostic and preventive visits and therapeutic services such as fillings, crowns, root canals, and/or extractions.

How soon can I expect to be seen?

You should be scheduled for appointments within 3 weeks for routine services and within 48 hours for urgent services.

How do I find a dentist?

A dental home will be assigned to you if you do not already have a contracted dentist. You can also use the Find a Dentist tool at www.renmemberportal.com/mp/rengp. Call us at 866-864-2526 if you need help finding a contracted dentist or want to change your dentist.

Does my dentist have to be part of the Renaissance network?

Yes. However, you can choose any contracted dentist for your primary dental care. **If you go to a dentist who is not contracted, you will have to pay for your treatment unless it is for emergency treatment.** If you need help finding a dentist, use the Find a Dentist tool at www.renmemberportal.com/mp/rengp or call us at 866-864-2526.

Can a clinic be my Dental Home (rural health clinic/federally qualified health center or county health department dental clinic)?

Yes, a federally qualified health center or rural health clinic or county health department dental clinic can be your Dental Home if you choose and they are contracted with Renaissance.

How many times can I change my Dental Home?

You can change your Dental Home when you need to find the right fit.

If I change my Dental Home, when can I start getting services from that provider?

You can see the new provider starting the month after you ask for the change. Sometimes, depending on the reason, we may be able to change your dentist right away.

Is there any reason I might be denied if I ask to change my Dental Home?

We might turn down your request for one of the reasons listed below:

- The Dental Home you want to change to is not accepting new patients
- The Dental Home you want to change to does not provide the types of dental services you need

Can a Dental Home ask to move me to another Dental Home?

You can be moved from one Dental Home to another for one of the reasons listed below:

- If you do not follow the dentist's advice
- If you are often loud or disruptive while in the dentist's waiting room or treatment area
- If your relationship with your Dental Home is not working for either you or the dentist

What if I am out of town and I need a dental checkup?

Office visits for TennCare services when you are out of town but within the state of Tennessee will be covered as long as the services are received from a Renaissance provider.

What if I need routine dental care or emergency dental services when I am out of town or out of Tennessee?

If you need routine dental care when traveling, you can use the member portal's Find a Dentist tool at www.renmemberportal.com/mp/rengp. If you need help finding a dentist, call us at 866-864-2526.

If you need emergency dental services while traveling, find care at the nearest dental office or hospital emergency department and then call us or your medical health plan.

What if I need dental services when I am out of the country?

Dental services performed out of the country are not covered by TennCare.

Your Dental Benefits Summary

As an adult with TennCare, you have dental benefits for medically necessary dental services.

If you have questions, please visit our member portal at www.renmemberportal.com/mp/rengp or call us at 866-864-2526.

Some of these benefits may include:

- Oral Health Assessments—the dentist will ask about brushing, flossing, and eating habits
- Examinations of Teeth and Oral Cavity—the dentist will look at the entire mouth to check the health of the teeth and gums
- Topical Fluoride—the dentist will put fluoride, which is a mineral, on the teeth to help stop cavities
- Dental Prophylaxis Services—the dentist will give the teeth a good cleaning
- Diagnostic Services—the dentist will use X-rays along with the exam to decide what dental treatment is needed
- Restorative Services—the dentist may need to do a filling or a crown to restore or fix a tooth
- Endodontic Services—the dentist may work on the inside of the teeth, like a root canal
- Oral Surgery—the dentist may need to do surgery on your mouth or jaw
- Periodontic Services—the dentist may need to treat gum disease, like doing a deep cleaning
- Oral Pathology Services—the dentist may remove tissue and send it to a lab to find out if there is an infection or even cancer
- Anesthesia Services*—the dentist may give medicine to keep you from being in pain during surgery or another treatment

* Anesthesia Services are covered for only ECF and/or 1915c waiver members.

What services are NOT covered?

- Services which are not medically necessary for your dental health
- Services like tooth whitening or other cosmetic dental care
- Experimental or investigational procedures
- Services which are eligible for reimbursement by another insurance or covered under any other insurance or health care service plan
- Services that may be limited due to frequency or other benefit limitations and exclusions. If you have questions about this, please visit our member portal at www.renmemberportal.com/mp/rengp or call us at 866-864-2526

How to Get Emergency Care

Does TennCare cover emergency dental services?

TennCare covers emergency dental services for TennCare Adult members. A dental emergency is a service needed to control bleeding, relieve pain, get rid of acute infection, prevent loss of teeth, and treat injuries. If you have a dental emergency, call your dental home and ask what you should do. Your dentist might have a different after-hours phone number.

You have the right to use any provider, hospital, or other setting for emergency dental services.

Examples of emergencies that might be covered are:

- Dislocated jaw
- Traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Unusual amount of bleeding following tooth extraction or other oral surgery procedure
- Treatment and devices for correction of craniofacial anomalies
- Drugs for any of the above conditions

How to Get Covered Services

What services do not need a referral?

You do not need a referral for most dental services that are done by our contracted dentists. Certain dental services performed by a dental specialist may require a referral, including endodontics, oral surgery, and others.

What if I need to see a dental specialist?

Your dentist will tell you if you need to see a dental specialist. You can use the member portal at www.renmemberportal.com/mp/rengp or call us at 866-864-2526 if you need help finding a contracted specialist dentist.

You do not need another referral for ongoing treatment by a dental specialist for the same problem. You may also request a second opinion from another contracted dentist. Call us if you need a second opinion.

If there are no dentists or specialists in our provider network who can give you the care you need or a second opinion, we will get you the care you need from a dentist or specialist outside of our plan. This is called an out-of-network referral. It is important that you get approval from us before you see an out-of-network provider. We will only cover the services by an out-of-network dental provider if you have approval before your appointment. You may have to pay for any out-of-network services not approved by us.

What is prior authorization (PA)?

Some dental services will need to be approved (prior authorized) before you can go to the dentist. Your dentist needs to fill out a Prior Authorization Request Form and send it to us if you need care that requires PA. We must approve the PA request before you can get the care. If we do not approve the service, we will notify the dentist and send you a written notice of the decision. **Prior authorization is not required for emergency dental services.**

TennCare will only cover services that are medically necessary. If we determine that a service you are requesting is not covered or medically necessary, your dentist will have you sign a waiver if you would still like to get that service. The waiver means you will be responsible for paying the provider for the services you get.

If you are no longer covered by TennCare Medicaid benefits all prior authorizations are voided (no longer good) and you will be responsible for paying for all services provided.

What does medically necessary mean?

For more information, please read the TennCare Medical Necessity Rule. This is found on the TennCare website: <https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-16.20111128.pdf>.

How do I get the drugs the dentist has ordered for me (prescriptions)?

Take the prescription the dentist gave you and your health care plan ID card to your nearest drug store.

Who do I call if I have problems getting drugs the dentist ordered for me (prescriptions)?

Call your medical health plan or you can contact the TennCare Pharmacy Program at 888-816-1680.

What if I get a bill from my dentist? Whom do I call?

Please call us at 866-864-2526 if you get a bill from your dentist. Have your health care plan ID card ready and the bill from your dentist when you call.

How do I get the most out of my benefits?

You can get the most from your dental coverage by:

- Seeing only dentists who are in our network and listed on our website
- Visiting your dentist regularly for checkups
- Following your dentist's advice about regular brushing and flossing
- Getting treatment before you have a toothache or other problem
- Keeping your dental appointments

Additional Information

Pregnant and Postpartum TennCare Members

Oral care is important for you and your baby while you are pregnant. Routine dental care can be done during pregnancy. Please call TennCare as soon as you find out you are pregnant.

Members in Nursing Facilities or ICF/IID Long-Term Care Facilities

If you are a member in a nursing facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), you have access to TennCare's Adult Dental Plan. This means you will not need to pay out of pocket for dental services. You are no longer allowed to offset your patient liability with Incurred Medical Expenses (IMEs) that are covered under the dental benefit.

Visiting the Dentist

What to Bring to Your Appointment

What do I need to bring with me to my dentist appointment?

Bring your TennCare health care plan ID card. We do not send out separate ID cards for your dental care. If you have any other dental insurance coverage, bring that information to show your dentist.

What if I need to cancel my dental visit?

Dentists have their own cancellation policies. Make sure you ask your dentist about their cancellation policy and understand when you need to call to make changes to or cancel your appointment.

How to Get to the Dentist

If I do not have a ride, how can I get to the dentist's office?

If you do not have a way to get to your dentist appointment, you may be able to get a ride. You can get help with a ride:

- Only for services covered by TennCare, and
- Only if you do not have any other way to get there

Call your health plan if you need help with a ride to the dentist. This document has more information about scheduling a ride:

<https://www.tn.gov/tenncare/members-applicants/non-emergency-medical-transportation-benefit.html>.

This ride will not cost you anything.

Try to call at least 2 business days before your dental appointment to make sure that you can get a ride. If you change or cancel your dental appointment, you must change or cancel your ride too.

You can get a ride for an emergency by calling 911 or a local ambulance service.

How to Ask for an Interpreter

Can someone interpret for me when I talk with my dentist?

You can search for a dentist who speaks your language using the Find a Dentist tool at www.renmemberportal.com/mp/rengp. We can also help you find a dentist who speaks your language. You do not have to use family members or friends as interpreters. You can also call us at 866-864-2526 for help interpreting into your language.

Whom do I call for an interpreter?

Call us if you cannot find a dentist who speaks your language. Call us if you need help making an appointment or if you need an interpreter for your dental appointment. You can also ask to have an interpreter talk to you about dental information. There is no cost to you for these services.

Do I need to call in advance?

Yes. In most cases, we need at least 48 hours' notice. Please call us at 866-864-2526 as soon as you have made an appointment with your dentist.

Call us at 866-864-2526 if you need an interpreter with you in the dental office during your appointment. We will:

1. Ask you for the language that you speak
2. Ask you for the dentist's information
3. Schedule a virtual interpreter for your appointment, who will join using video chat
4. Call you back to confirm that an interpreter has been scheduled

How to Get Help When the Office is Closed

How do I get dental care after my dentist's office is closed?

If you need dental care after the office is closed and it is not an emergency, you can call your dentist and leave a message with the answering service or voicemail. The dentist's staff will call you back when the office reopens.

Member Rights and Responsibilities

Member Rights

You have rights and responsibilities as a member. Our staff will respect your rights. We will not discriminate against you for using your rights.

1. Be treated with respect and in a dignified way. You have a right to privacy and to have your dental and financial information treated with privacy.
2. Ask for and get information about Renaissance, its policies, its services, its caregivers, and members' rights and duties.
3. Ask for and get information about how Renaissance pays its providers, including any kind of bonus for care based on cost or quality.
4. Ask for and get information about your dental, medical, and insurance records as the federal and state laws say. You can see your dental, medical, and insurance records, get copies of your records, and ask to correct your records if they are wrong.
5. Get services without being treated in a different way because of race, color, national origin, language, sex, age, religion, disability, or other groups protected by the civil rights laws. You have a right to report or file a written complaint if you think you have been discriminated against. If you complain, you have the right to keep getting care without fear of bad treatment from Renaissance, providers, or TennCare. You can file a complaint and learn more about your rights on TennCare's Civil Rights Compliance site at <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>.
6. Get care without fear of physical restraint or seclusion used for bullying, discipline, convenience, or revenge.
7. Make appeals or complaints about Renaissance or your care.
8. Make suggestions about your rights and responsibilities or how Renaissance works.
9. Choose a provider in the Renaissance network. You can turn down care from certain providers.
10. Receive emergency services, 24 hours a day, seven days a week.
11. Be told by your dentist in an easy-to-understand way about your care and all the different kinds of treatment that could work for you, no matter what they cost or even if they aren't covered.
12. Help make decisions about your dental care.
13. Make a living will or advance care plan and be told about advance medical directives.

14. Ask TennCare and Renaissance to look again at any mistake you think they made.
15. Ask about getting on TennCare or keeping your TennCare or about getting your health care.
16. End your TennCare coverage at any time.
17. Exercise any of these rights without changing the way Renaissance or its providers treat you.

Member Responsibilities

You and Renaissance both have an interest in seeing your dental health improve. You can help by accepting these responsibilities.

1. You must notify TennCare if you change your address or phone number. Failure to notify TennCare about an address or phone number change could result in not receiving important information about your eligibility and/or benefits.
2. You must try to follow healthy habits that include exercise, staying away from tobacco and eating a healthy diet.
3. You must become involved in your dentist's decisions about your treatments.
4. You must work together with Renaissance's dentists and other providers to pick treatments for yourself that you have all agreed upon.
5. If you have a disagreement with Renaissance, you must try first to resolve it using Renaissance's complaint process.
6. You must learn about what Renaissance does and does not cover. You must read your member handbook to understand how the rules work.
7. If you make an appointment for yourself, you must try to get to the dentist's office on time. If you cannot keep the appointment, be sure to call and cancel it.
8. You must report misuse by dental and health care providers, other members, Renaissance, or other dental or medical plans.

Talking About Your Health Care Needs and Wishes

Living Will or Advance Care Plan

When people are very sick, they might die without machines and medicine to keep them alive.

Under the Tennessee Right to Natural Death Act, you have the right to decide if you want to be kept alive by these machines and medicine and for how long. You can do this with a "Living Will".

A Living Will must be filled out while you can still think for yourself. Your Living Will needs to be signed in front of two people.

These people cannot be:

1. Related to you by blood or marriage
2. Entitled to any of your belongings after you die
3. Your doctor or the employees in their office where you are a patient

You should make three copies of your Living Will. They should be kept:

1. With your primary care physician (PCP)
2. A person you trust to make medical decisions for you and
3. With your other important papers

Once you sign your Living Will, it is your rule even if you cannot talk. If you want to change your living will, you can at any time while you can still speak for yourself. You can find Living Will information in your health plan member handbook.

IMPORTANT: You do not have to fill out these papers. It is your choice. You may want to talk to a lawyer or friend before you fill out these papers.

Tennessee Durable Power of Attorney for Health Care or Appointment of Health Care Agent

The Durable Power of Attorney for Health care paper lets you name another person to make medical decisions for you. In 2004, Tennessee law changed the Durable Power of Attorney for Health care to Appointment of Health care Agent; either one is OK to use.

This person can only make decisions for you if you are too sick to make them yourself. They can speak for you if you cannot speak for yourself. You might be sick for a short time. These papers must be signed, and either witnessed or notarized. Once the papers are signed by everyone, it is your rule. It stays like this unless you change your mind.

These papers will only be used if you get too sick to be able to say what you want to happen. If you can still think for yourself, you can decide about your health care yourself.

If you fill out these papers, make three copies:

- Give one copy to your PCP to put in your medical file.
- Give one copy to the person who will make a medical/dental decision for you.
- Keep a copy with you to put with your important papers.

IMPORTANT: You do not have to fill out these papers. It is your choice. You may want to talk to a lawyer or friend before you fill out these papers.

TennCare Appeals

An appeal is one way to make sure TennCare decisions are based on accurate information. When you appeal, you are asking to tell a judge the mistake you think TennCare made. It is called a **fair hearing**.

Your right to appeal and right to a fair hearing are explained more in in part “What else does TennCare need to work your appeal?” on page 15 of this handbook.

There are two different kinds of appeals: Dental Service Appeals and Eligibility Appeals. A dental service appeal is the action you can take if you disagree with a dental coverage decision by TennCare or Renaissance. An eligibility appeal is the action you can take if you cannot get or keep TennCare.

Dental Service Appeals

Dental Service Appeals are for people who have TennCare. Dental Service Appeals are for problems like getting your dental plan to OK a service your dentist says you need. Dental Service Appeals go to TennCare Member Medical Appeals. Page 14 tells you more about filing a dental service appeal.

Renaissance will send you a letter if your dentist’s request for you to get a dental service is denied. Renaissance will also send a letter if we try to stop or reduce care you have been getting. The letter will tell you how you can appeal.

Whenever you need a service that Renaissance has denied, you have the right to ask TennCare for an appeal. For problems getting dental care, **call us first at 866-864-2526**.

If you **still** cannot get the dental care you need, you can file a dental appeal by calling **TennCare Member Medical Appeals at 800-878-3192**.

You have 60 days after you find out there is a problem to appeal. So, if you get a denial letter from Renaissance, you have 60 days from the date on the denial letter to file an appeal.

- For dental care you still need, you have **60 days** after TennCare or Renaissance says we will not pay for the dental care.
- For dental care bills you think TennCare should pay, you have **60 days** after you get your first bill.
- For care you paid for, you have **60 days** after you pay for the care.

Keeping Your Care During Your Appeal (Continuation of Benefits)

If you are already getting care, you may be able to keep getting it during your appeal. To keep getting care during your appeal, **all** of these things must be true:

- You must appeal by the date your care will stop or change or within 10 days of the date on the letter from your dental plan (whichever date is later).
- You must say in your appeal that you want to keep getting the care during the appeal.
- The appeal must be for the **kind** and **amount** of care you have been getting that has been stopped or changed.
- You must have a dentist's order for the care (if one is needed).
- The care must be something that TennCare still covers.

IMPORTANT: What if you want to keep getting care **during** your appeal and you lose your appeal? You may have to pay TennCare back for the care you got during your appeal.

Do you think you have an emergency?

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

If one of those things is true for you, you can ask TennCare for an expedited appeal. Your **dentist** can also ask for this kind of appeal for you. But the law requires your dentist to have **your permission (OK) in writing. Write your name, your date of birth, your dentist's name, and your permission for them to appeal for you on a piece of paper. Include your or your authorized representative's signature in writing.**

Then fax or mail it to TennCare Member Medical Appeals (see **below**).

What if you do not send TennCare your OK and your dentist asks for an expedited appeal? TennCare will send you a page to fill out, sign, and send back to us.

After you give your OK in writing, if your appeal is an emergency, you can have your dentist fill out and sign the Provider's Expedited Appeal Certificate like the one on page 20 of this handbook. Your dentist should fax the certificate to **888-345-5575**.

TennCare and your dental plan will then look at your appeal and decide if it should be expedited.

If it should be, you will get a decision on your appeal in about one week. Remember, it could take a few more days if your dental plan needs more time to get your dental records. But, if your dental plan decides your appeal should not be expedited, then you will get a hearing decision within 90 days from the date you filed your appeal.

How to File a Dental Service Appeal

CALL: You can call TennCare Member Medical Appeals for free at 800-878-3192. We are here to help you Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time.

MAIL: You can mail an appeal page or a letter about your problem to:

TennCare Medical Member Appeals

P.O. Box 000593

Nashville, TN 37202-0593

To print an appeal page off the internet, go to:

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

If you give your OK, someone else like a friend or your dentist can fill the page out.

If you need another appeal page or want TennCare to send you one, call **TennCare Member Medical Appeals** at **800-878-3192**. Or you can write your appeal on plain paper. Keep a copy of your appeal. Write down the date that you mailed it to TennCare.

FAX: You can fax your appeal page or letter for free to 888-345-5575. Keep the paper that shows your fax went through.

For all dental appeals, TennCare needs:

1. Your **name** (the name of the person who wants to appeal about their dental care)
2. Your **Social Security number (SSN)**. If you do not have an SSN number, give your date of birth. Include the month, day, and year.
3. The **address** where you get your mail.
4. The **name** of the person to call if TennCare has a question about your appeal (this can be you, or someone else).
5. A **daytime phone number** for that person (this can be your phone number, or another person's phone number).
6. The **services** that you are appealing.

What else does TennCare need to work your appeal?

To get a fair hearing about dental care problems, **you must do both of these things:**

- You must give TennCare **the facts** they need to work your appeal.
- And you must tell TennCare the **mistake** you think we made. It must be something that, if you are right, means that TennCare will pay for this dental care.

Depending on the reason you are filing a dental appeal, here are some other kinds of information you must tell TennCare. Are you appealing about dental care you still need? Tell TennCare:

- The kind of dental care you are appealing about;
- And the reason you want to appeal. Tell TennCare as much about the problem as you can. Be sure you say what mistake you think TennCare made. Send copies of any papers that you think may help TennCare understand your problem.

Are you appealing for dental **care you have already had** that you think TennCare should pay for?

Tell TennCare:

- The **date** you got the dental care you want TennCare to pay for.
- The name of the **dentist** or **other place** that gave you the dental care. (If you have it, include the **address** and **phone number** of the **dentist** or **other place** that gave you the dental care.)
- **If you paid for the dental care**, also give TennCare a **copy of a receipt** that proves you paid. Your receipt must show:
 - The **kind of dental care** you got that you want TennCare to pay for
 - And the name of the **person** who got the dental care
 - And the name of the **dentist** or **other place** that gave you the care
 - And the **date** you got the care
 - And the **amount** you paid for the care

- **If you're getting a bill for the dental care**, give TennCare a copy of the bill. Your bill must show:
 - **The kind of dental care** that you are being billed for
 - And the name of the **person** who got the care
 - And the name of the **dentist** or **other place** that gave you the dental care
 - And the **date** you got the dental care
 - And the **amount** you are being billed

What does TennCare do when you appeal about a dental care problem?

1. **When TennCare gets your appeal, they will send you a letter that says they got your appeal.**
If you think you have an emergency and asked for an expedited appeal, it will say if you can have an expedited appeal.
2. **If TennCare needs more facts to work your appeal, you will get a letter that says what facts they still need.** You should give TennCare all of the facts that they ask for as soon as possible. If you do not, your appeal may end.
3. **TennCare must decide a regular appeal in 90 days.** If you have an emergency appeal, they will try to decide your appeal in about one week (unless they need more time to get your dental records).
4. **To decide your appeal, you may need a fair hearing.** To get a fair hearing, you must say TennCare made a mistake that, if you are right, means you will get the dental care or service you are asking for. You may not get a fair hearing if you are asking for care or services that are not covered by TennCare. A fair hearing lets you tell a judge the mistake you think TennCare made. If TennCare says that you can have a fair hearing, you will get a letter that says when your hearing will be.

What happens at a fair hearing about dental care problems?

1. **Your hearing** can be by phone or in person. The different people who may be at your hearing include:
 - An administrative judge
 - A TennCare attorney
 - A witness for TennCare (someone like a dentist)
2. You can talk for yourself. Or, you can bring someone else, like a friend or a lawyer, to talk for you. You may also ask your dental provider to testify for you.
3. **During the hearing**, you get to tell the judge about the mistake you think TennCare made. You can give the judge facts and proof about your health and dental care. The judge will listen to everyone's side.
4. **After the hearing**, you will get a letter that tells you the judge's answer. What if the judge says you win your appeal? TennCare must agree that it's the right decision based on the facts of your case. Federal law says that **a judge's decision is not final until TennCare OKs it**. If TennCare overturns a judge's decision, we must tell you why in writing. The letter will tell you what to do if you disagree with TennCare's decision.

Remember, you can find out more about your Rights to a Fair Hearing, in "What else does TennCare need to work your appeal?" on page 15 of this handbook.

Eligibility Appeals – Getting or keeping TennCare and other TennCare problems

An appeal about TennCare problems other than dental care is called an **eligibility appeal**. An eligibility appeal is filed with TennCare Connect and then goes to the Eligibility Appeals Unit at TennCare.

An eligibility appeal is used for TennCare problems like:

- You get a letter that says your TennCare will end,
- Or, your TennCare has ended but you didn't get a letter because you moved,
- Or, you think your TennCare co-pays are wrong,
- Or, you think TennCare gave you the wrong benefit package.

If you have a problem like one of those listed above, call TennCare Connect at 855-259-0701. They will check to see if a mistake has been made. If they decide you're right, they will fix the problem. But if they say no, and you still think a mistake has been made in your case, **you can appeal**.

How to File an Eligibility Appeal

ONLINE: You can file an appeal through your account on TennCare Connect.

Go to <https://tenncareconnect.tn.gov/>.

MAIL: You can appeal **in writing**. You can write your appeal on plain paper.

Then, mail your letter about your problem to:

Eligibility Appeals
P.O. Box 23650
Nashville, TN 37202-3650

You can get an appeal page from our website. Go to the How to File an Eligibility Appeal web page at <https://www.tn.gov/tenncare/members-applicants/how-to-file-an-eligibility-appeal.html> and click on the Eligibility form in English or Spanish. Keep a copy of your appeal. Write down the date that you mailed it to TennCare Connect.

FAX: You can fax your appeal page or letter for free to 1-844-202-5618. Keep the paper that shows your fax went through.

To file an eligibility appeal in writing you must include:

- Your **full name** (first name, middle initial, last name).
- Your **Social Security number**, if you have one.
- The **names of other people who live with you** with the same problem.
- Your **daytime phone number** with the best time to call.
- The **specific mistake** you think was made. Tell as much about the problem as you can.
- Send **copies** of any papers that show why you think the mistake was made.

Keep a copy of your appeal. Write down the date that you mailed it to TennCare.

Renaissance Dental Customer Service and Quality of Care Grievances (Complaints)

We want you to be happy with the services you get from Renaissance and our providers. If you are not happy, you can file a grievance/complaint with us. Call us at 866-864-2526. Grievances are complaints that you may have if you are unhappy with our plan or if you are unhappy with the way a staff person or provider treated you.

How to File a Grievance with Renaissance

We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, let us know right away at 866-864-2526. If you aren't happy with us or your dentist, you can file a grievance at any time. Renaissance has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits. These are examples of when you might want to file a grievance:

- Your provider or a Renaissance staff member did not respect your rights
- You had trouble getting an appointment with your provider in an appropriate amount of time
- You were unhappy with the quality of care or treatment you received
- Your provider or a Renaissance staff member was rude to you
- Your provider or a Renaissance staff member was insensitive to your cultural needs or other special needs you may have

You can file your grievance on the phone by calling us at 866-864-2526. You can also file your grievance in writing via mail at:

Renaissance
PO Box 1505
Farmington Hills, MI
48333-1505

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance by calling us at 866-864-2526. We will let you know when we have received your grievance. We may contact you for more information.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be your representative. If you decide to have someone represent you or act for you, inform Renaissance in writing at the address above. Include the name of your representative and their contact information. Your grievance will be resolved within 90 calendar days of submission. We will send you a letter of our decision.

Can someone from Renaissance help me file a grievance/complaint?

Please call us at 866-864-2526 for help. Tell us that you want to file a grievance. We will answer your questions.

Once you get the form from our member call center, fill it out and mail the form to:

Renaissance
PO Box 1505
Farmington Hills, MI
48333-1505

Civil Rights/Discrimination Complaint Process

What should I do if I have a civil rights/discrimination complaint? Who do I call?

If you believe that Renaissance, a provider, or TennCare failed to provide you with your TennCare services, or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights grievance/complaint with TennCare's Office of Civil Rights Compliance ("OCRC") by email at HCFA.fairtreatment@tn.gov, mail at 310 Great Circle Road Floor 3W, Nashville, TN 37243, OCRC's website at <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>, or calling 615-507-6474 (TDD/TTY 711). If you need help filing a discrimination grievance/complaint call TennCare Connect for free at 855-259-0701.

You can find the discrimination forms in English, Spanish, and Arabic, policies, and more information about civil rights and help, like for food or other things on OCRC's website.

Also, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD/TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Can someone from Renaissance help me file a discrimination complaint?

First call TennCare Connect for help with filing a discrimination complaint/grievance at 855-259-0701. If you called TennCare Connect and still need help, call OCRC at 615-507-6474. If you were unable to contact TennCare Connect or OCRC please call Renaissance at 866-864-2526 for help. Tell us that you want to file a complaint. We will answer your questions.

Treating Provider's Certificate: Expedited TennCare Appeal

Treating Provider's Certificate: Expedited TennCare Appeal

A typical appeal for a medical service is decided in up to ninety (90) days. However, an expedited appeal, because of a patient's health, must be decided within one week (or up to three weeks if the health plan is given additional time to obtain and review a patient's medical records). An appeal will only be expedited if waiting up to ninety (90) days for a decision, "could seriously jeopardize the enrollee's life, physical health, or mental health or their ability to attain, regain, or maintain full function."

To request an expedited appeal for your patient:

1. Read the statement below. If you agree, indicate your certification and sign and date in the spaces provided.

☐ I certify that I am the treating clinician of the patient named below, and that ***the acute presentation of this medical condition is of sufficient severity that waiting up to ninety (90) days for a decision on an appeal could seriously jeopardize the enrollee's life, physical health, or mental health or their ability to attain, regain, or maintain full function.***

Provider's

Signature: _____ Date: _____

2. Identify the desired service. _____

3. Identify the patient.

(Name)

(SS#) or (date of birth)

4. At your discretion, please attach a narrative and/or medical records that support this request.
5. **Please attach** a copy of your office's **letterhead** so that TennCare has your contact information.
6. Fax this completed form and any accompanying documentation to the **Division of TennCare** at **888-345-5575**. (NOTICE: If your patient has already requested this expedited appeal from TennCare, please submit this certificate and documentation as soon as possible.)

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RDA 2045

TennCare Discrimination Complaint Form



TennCare Discrimination Complaint Form

Federal and State laws do not allow the TennCare Program to treat you differently because of your race, color, national origin, disability, age, sex, religion, or any other group protected by law. Do you think you have been treated differently for these reasons? Use these pages to report a complaint to TennCare.

The information marked with a star (*) must be answered. If you need more room to tell us what happened, use other sheets of paper and mail them with your complaint.

1.* Write your name, date of birth, email address, phone number, address, and health plan name.

2.* Are you reporting this complaint for someone else?

If yes, who do you think was treated differently because of their race, color, national origin, disability, age, sex, religion, or any other group protected by law? Tell us their name, date of birth, email address, phone number, address, health plan name, and your relationship to this person (spouse, parent, friend):

3.* Which part of the TennCare Program do you think treated you in a different way?

Was it Medical Services, Dental Services, Pharmacy Services, Behavioral Health, Long-Term Services & Supports, Eligibility Services, Appeals, or another area?

4.* How were you treated in a different way?

Was it your Race, National Origin, Color, Sex, Age, Disability, Religion, or another group?

5. What is the best time to talk to you about this complaint?

6.* When did this happen to you?

Do you know the date? When did it start and when was it the last time that it happened?

7. Complaints must be reported by 6 months from the date you think you were treated in a different way.

You may have more than 6 months to report your complaint if there is a good reason (like a death in your family or an illness) why you waited.

8.* What happened?

How and why do you think it happened? Who did it? Do you think anyone else was treated in a different way? You can write on more paper and send it in with these pages if you need more room.

9. Did anyone see you being treated differently?

If yes, tell us their name, address, and phone number.

10. Do you have more information you want to tell us about?

11.* We cannot take a complaint that is not signed.

Please write your name and the date below. Are you the Authorized Representative of the person who thinks they were treated differently? Please sign your name below. As the Authorized Representative, you must have proof that you can act for this person. If the patient is less than 18 years old, a parent or guardian should sign for the minor. Declaration: I agree that the information in this complaint is true and correct and give my OK for TennCare to investigate my complaint.

Are you reporting this complaint for someone else but you are not the person's Authorized Representative? Please sign your name below. The person you are reporting this complaint for must sign above or must tell his/her health plan or TennCare that it is okay for them to sign for him/her. Declaration: I agree that the information in this complaint is true and correct and give my OK for TennCare to contact me about this complaint.

Are you a helper from TennCare or the MCO/Health Plan assisting the member in good faith with the completion of the complaint? If so, please sign below:

It is okay to report a complaint to your MCO/Health Plan or TennCare. Information in this complaint is treated privately. Names or other information about people used in this complaint are shared only when needed. Please mail a signed Agreement to Release Information page with your complaint. If you are filing this complaint on behalf of someone else, have that person sign the Agreement to Release Information page and mail it with this complaint. Keep a copy of everything you send. Please mail or email the completed, signed Complaint and the signed Agreement to Release Information pages to us at:

TennCare, [Office of Civil Rights Compliance](#)
310 Great Circle Road; Floor 3W • Nashville, TN 37243
615-507-6474 or for free at 855-857-1673 (TRS 711)
HCFA.Fairtreatment@tn.gov

You can also call us if you need help with this information.



Agreement to Release Information

To investigate your complaint, TennCare may need to tell other persons or organizations important to this complaint your name or other information about you.

To speed up the investigation of your complaint, read, sign, and mail one copy of this Agreement to Release Information with your complaint. Please keep one copy for yourself.

- I understand that during the investigation of my complaint TennCare may need to share my name, date of birth, claims information, health information, or other information about me to other persons or organizations. And TennCare may need to gather this information about you from persons or organizations. For example, if I report that my doctor treated me in a different way because of my color, TennCare may need to talk to my doctor and gather my medical records.
- You do not have to agree to release your name or other information. It is not always needed to investigate your complaint. If you do not sign the release, we will still try to investigate your complaint. If you don't agree to let us use your name or other details, it may limit or stop the investigation of your complaint. We may have to close your case. Before we close your case because you did not sign the release, we may contact you to find out if you want to sign a release so the investigation can continue.

If you are filing this complaint for someone else, we need that person to sign the Agreement to Release Information. Are you signing this as an Authorized Representative? Then you must also give us a copy of the documents appointing you as the Authorized Representative.

By signing this Agreement to Release Information, I agree that I have read and understand my rights written above. I agree to TennCare sharing my name or other information about me to other persons or organizations important to this complaint during the investigation and outcome.

This Agreement to Release Information is in place until the final outcome of your complaint. You may cancel your agreement at any time by calling or writing to TennCare without canceling your complaint. If you cancel your agreement, information already shared cannot be made unknown. **Please write your name and the date and tell us your address and phone number here:**

Do you need help?

If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you. We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at **855-259-0701 (TTY: 800-848-0298 or TRS: 711)**.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-259-0701

Arabic: العربية

وظ قحلم: اذا ملكتت ةغللا ربيةعلا ا تم دخ دةعاسملا وى ةغللا رةفوتم كل انج ام. اتصل مقبر: 855-259- 0701

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

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

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-259-0701 번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-259-0701 .

Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ (መስማት ለተሳናቸው፡ 800-848-0298) .

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສັຍຄ່າ ແມ່ນມີພ້ອມໃຫ້ທ່ານ ໂທ 855-259-0701

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855-259-0701

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો બિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 855-259-0701

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

Hindi: हिंदी

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

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 855-259-0701

Japanese: 日本語

「日本語を話す方は、通訳や翻訳などの言語支援サービスを無料で利用できます」 855-259-0701

Persian: فارسی

توجه: اگر به زبان فارسی گفتگ و می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. ب 855-259-0701

The [Beneficiary Support System](#) (BSS) helps people who are enrolled in the CHOICES, Employment and Community First (ECF) CHOICES, and the Katie Beckett program. They also help people who want to enroll into these programs. For help call 888-723-8193.

The TennCare Program does not discriminate against people because of their race, color, national origin including limited English proficiency and primary language, age, disability, religion, or sex. If you need reasonable modifications or think you were treated differently, or discriminated against you can file a grievance (complaint) with TennCare's Office of Civil Rights Compliance at:

Website: <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>

Email: HCFA.Fairtreatment@tn.gov

Mail: 310 Great Circle Road Floor 3W, Nashville, TN 37243,

Need help filing a grievance? Call TennCare Connect at 855-259-0701

OCRC: 615-507-6474 (TRS 711)

Authorization to Release Member Information Form



Authorization to Release Member Information Form

Legal Basis

Based on the Privacy Rule of the Health Information Portability and Accountability Act (HIPAA), TennCare must receive authorization and consent to release your information in most cases when the purpose of the disclosure is not directly related to TennCare's Treatment, Payment or Healthcare Operations activities (45 CFR 164.508). TennCare includes programs like TennCare Medicaid, CHOICES, and CoverKids.

Instructions for Submission

You must complete pages 2 and 3 of this form and return it to TennCare. You can return it by mail or email using the information below:

Division of TennCare
Attn: Privacy Office
310 Great Circle Road
Nashville, TN 37243
Privacy.TennCare@tn.gov

Important Information

- Giving your permission is up to you. You don't have to share your health facts.
- You don't have to sign this form if you don't want to, and you don't need to send your information to anyone you don't want to. You will still get benefits and treatment.
- You can take back your permission. You must tell us in writing. Mail it or email it using the contact information above.
- What if you take back your permission? It won't take back the health facts we have already shared. But, we won't share any more of your health facts.
- If we share your health facts with the people or agencies you named, they may share it with others. Not everyone has to follow privacy rules.
- **You have a right to get a copy of the permission you gave us.** If you need another copy, call the TennCare Privacy Office at **1-866-797-9469**. We can charge for copies of records as allowed by law.

Other Important Information

- If you want to send this form by email, contact the Privacy Office. They will help you send it in a safe way since it has your private information.
- If you want to send this form to TennCare in a way that is not listed on the form, or if you need help, call **TennCare Connect** at **855-259-0701** Monday through Friday, or email the **TennCare Privacy Office** at Privacy.TennCare@tn.gov.

You always have the right to file a privacy complaint

Division of TennCare
Attn: Privacy Office
310 Great Circle Road Nashville, TN 37243
Phone: 1-866-797-9469
Email: Privacy.TennCare@tn.gov

U.S. Dept. of Health and Human Services Region IV,
Office of Civil Rights
Medical Privacy, Complaint Division
Atlanta Federal Center Suite 3B70 61 Forsyth Street, SW
Atlanta, GA 30303-0064
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

You will not be punished if you ask for help or if you make a complaint.

Puede obtener estas hojas en español. Visite nuestro sitio web en tn.gov/tenncare. O bien, llame **TennCare Connect** al **855-259-0701**.



Authorization to Release Member Information Form

1. Who is the Member?

Name of Member (Last, First, Middle Initial):

Phone Number:

ID Number (Member ID or last 4 digits of SSN):

Date of Birth (MM/DD/YYYY):

Address:

City, State and Zip Code:

Email:

Who is completing this form? Check One:

- ☐ I am the Member OR
- ☐ I have the legal right to act for this person. (Check one below; if "other" fill in blank.)
- ☐ **Legal Guardian** ☐ **Authorized Representative** ☐ **Other (please describe):**

2. Who can my health facts be given to?

Name (like family members who live with me, or a place of business):

Organization Name (if you want to send to an organization):

Address:

City, State, and Zip Code:

Phone Number (with area code):

3. What health facts can we share?

We'll only share the health facts and records you allow and we have. Tell us the health facts and records you allow us to share. Give the date or place they come from if you can.

Health Fact(s):

Date(s) I Received Care (if applicable):

Name of the Place(s) I Received Care (if applicable):

If you give us your OK to share these other kinds of health information, tell us by checking the boxes.

- | | |
|--|---|
| ☐ HIV/AIDS | ☐ Sexual/Physical/Mental Abuse Records |
| ☐ Alcohol/Substance Abuse Records | ☐ Mental Health Records |

For any health facts you gave your **OK** share, facts we share may include medicine you take now or have taken. It doesn't include psycho-therapy notes, which you must OK separate from any other facts.

Puede obtener estas hojas en español. Visite nuestro sitio web en www.tennessee.gov/tenncare. O bien, llame **TennCare Connect** al 855-259-0701.

Authorization to Release Member Information Form

4. Why are you giving out this health information?

Is it to get health treatment, for court or work? Or are you asking for these records to be sent directly to you for your own use? Please describe:

5. When does my permission end?

We have your permission for as long as you tell us we do, but this permission can't be for more than 1 year. Tell us when to stop sharing your health facts. **If you don't tell us how long your permission lasts, then we will end your permission one year from when you sign.**

☐ My OK ends on this date: _____ OR

☐ My OK ends when this happens:

(It can be something like "you can share my medical records this one time.")

6. Signature of the Member (if Member is signing)

I give my **OK** to share the information listed in this form. This form can be an original or a copy.

Signature or Mark ("X") of Member:

Date:

If signed "X" please tell us the person's name who helped you:

Helper's Address, City, State, Zip Code:

Helper's phone number:

7. Signature of the Authorized Representative (if somebody else is signing)

Authorized Representative means you have legal proof you can act for this person. You must give us a copy of this proof.

A representative must sign for a member who cannot legally sign on his or her own. If the patient is less than 18 years old, a parent or guardian should sign for the minor.

Signature of Person signing on behalf of patient:

Phone:

Date:

Address, City, State, Zip Code:

Printed Name:

NOTICE TO ANY RECIPIENT OTHER THAN THE MEMBER

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Puede obtener estas hojas en español. Visite nuestro sitio web en www.tennessee.gov/tenncare. O bien, llame **TennCare Connect** al 855-259-0701.

Report TennCare Fraud, Waste and Abuse

Do you want to report TennCare fraud, waste, and abuse?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care provider, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste, or abuse, which is against the law. For example, tell us if you think someone is:

- Getting paid for TennCare services that were not given or necessary
- Not telling the truth about a medical condition to get medical treatment
- Letting someone else use a TennCare ID
- Using someone else's TennCare ID
- Not telling the truth about the amount of money or resources they have in order to get benefits

To report fraud, waste, and abuse, choose one of the following:

- For suspected member fraud call the Tennessee Office of Inspector General (OIG) Hotline at 800-433-3982
- For suspected provider fraud call the TennCare Fraud Hotline at 888-687-9611 or visit <https://www.tn.gov/tenncare/fraud-and-abuse/program-integrity.html>. Then click on "How to Report TennCare Provider Fraud."
- For suspected member or provider fraud, you may also call the Renaissance Anti-Fraud hotline at 800-971-4139 or write to:
Renaissance Inquiries
PO Box 1505
Farmington Hills, MI
48333-1505

When reporting fraud, waste, and abuse, gather as much information as possible:

1. When reporting about a provider (a doctor, dentist, counselor, etc.) include:
 - Name, address, and phone number of provider
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)
 - Medicaid number of the provider and facility, if you have it
 - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation
 - Dates of events
 - Summary of what happened
 - Patient and/or claim information, if applicable and available
2. When reporting about someone who gets benefits, include:
 - The person's name
 - The person's date of birth, Social Security number, or case number if you have it
 - The city where the person lives
 - Specific details about the fraud, waste, and abuse.

Notice of Nondiscrimination

Discrimination is against the law on the basis of race, color, national origin including limited English proficiency and primary language, age, disability, or sex. TennCare does not exclude people or treat them less favorably (differently) because of race, color, national origin, age, disability, or sex.

How You Can Get Disability Related Help

TennCare provides people with disabilities reasonable modifications. Reasonable modifications are reasonable requests for changes to a rule, policy, practice, or service to help a person with a disability related need. TennCare has free auxiliary aids and services to communicate effectively with you.

Auxiliary aids and services are types of help like:

- Qualified sign language interpreters and
- Written information in large print, audio, accessible electronic formats, letter reading, Braille, or other formats

Language Help

TennCare offers free language help to people whose primary language is not English like:

- Qualified interpreters and
- Translations - Information written in other languages

Who to Contact

TennCare Connect

Do you need help like applying or renewing your TennCare, need auxiliary aids and services, or language help to talk with TennCare? Call TennCare Connect for free at 855-259-0701.

TennCare's Office of Civil Rights Compliance

Reasonable Modifications

If you need reasonable modifications, contact TennCare's Office of Civil Rights Compliance ("OCRC").

Grievance/Complaint

If you believe that TennCare failed to provide these services, or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance/complaint with TennCare's OCRC by email at HCFA.fairtreatment@tn.gov, mail at 310 Great Circle Road Floor 3W, Nashville, TN 37243, OCRC's website at <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>, or calling 615-507-6474 (TRS 711). If you need help filing a grievance call TennCare Connect for free at 855-259-0701.

More Information

You can find forms, policies and more information about civil rights and help like for food or other things on OCRC's website: <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>.

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Advance Directive For Health Care Form

ADVANCE DIRECTIVE FOR HEALTH CARE* (Tennessee)

Instructions: Parts 1 and 2 may be used together or independently. Please mark out/void any unused part(s). Part 5, Block A or Block B must be completed for all uses.

I, _____, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

Part I Agent: I want the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: _____ Relation: _____ Home Phone: _____ Work Phone: _____
Address: _____ Mobile Phone: _____ Other Phone: _____

Alternate Agent: If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: _____ Relation: _____ Home Phone: _____ Work Phone: _____
Address: _____ Mobile Phone: _____ Other Phone: _____

My agent is also my personal representative for purposes of federal and state privacy laws, including HIPAA.

When Effective (mark one): ☐ I give my agent permission to make health care decisions for me at any time, even if I have capacity to make decisions for myself. ☐ I do not give such permission (this form applies only when I no longer have capacity).

Part 2 Indicate Your Wishes for Quality of Life: By marking “yes” below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management. By marking “no” below, I have indicated conditions I would not be willing to live with (that to me would create an **unacceptable** quality of life).

☐ Yes ☐ No	Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
☐ Yes ☐ No	Permanent Confusion: I become unable to remember, understand, or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.
☐ Yes ☐ No	Dependent in all Activities of Daily Living: I am no longer able to talk or communicate clearly or move by myself. I depend on others for feeding, bathing, dressing, and walking. Rehabilitation or any other restorative treatment will not help.
☐ Yes ☐ No	End-Stage Illnesses: I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where oxygen is needed most of the time and activities are limited due to the feeling of suffocation.

Indicate Your Wishes for Treatment: If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked “no” above) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking “yes” below, I have indicated treatment I want. By marking “no” below, I have indicated treatment I **do not want**.

☐ Yes ☐ No	CPR (Cardiopulmonary Resuscitation): To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.
☐ Yes ☐ No	Life Support / Other Artificial Support: Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys, and other organs to continue to work.
☐ Yes ☐ No	Treatment of New Conditions: Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.
☐ Yes ☐ No	Tube feeding/IV fluids: Use of tubes to deliver food and water to a patient’s stomach or use of IV fluids into a vein, which would include artificially delivered nutrition and hydration.

PLEASE SIGN ON PAGE 2

Page 1 of 2

Part 3 Other instructions, such as hospice care, burial arrangements, etc.: _____

(Attach additional pages if necessary)

Part 4 Organ donation: Upon my death, I wish to make the following anatomical gift for purposes of transplantation, research, and/or education (mark one):

- ☐ Any organ/tissue ☐ My entire body ☐ Only the following organs/tissues: _____
- ☐ No organ/tissue donation

SIGNATURE

Part 5 Your signature must **either** be witnessed by two competent adults (“Block A”) **or** by a notary public (“Block B”).

Signature: _____ Date: _____
(Patient)

Block A Neither witness may be the person you appointed as your agent or alternate, and at least one of the witnesses must be someone who is not related to you or entitled to any part of your estate.

Witnesses:

1. I am a competent adult who is not named as the agent. I witnessed the patient’s signature on this form. _____
Signature of witness number 1
2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient’s estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient’s signature on this form. _____
Signature of witness number 2

Block B You may choose to have your signature witnessed by a notary public instead of the witnesses described in Block A.

STATE OF TENNESSEE

COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who signed as the “patient.” The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____
Signature of Notary Public

WHAT TO DO WITH THIS ADVANCE DIRECTIVE: (1) provide a copy to your physician(s); (2) keep a copy in your personal files where it is accessible to others; (3) tell your closest relatives and friends what is in the document; (4) provide a copy to the person(s) you named as your health care agent.

* This form replaces the old forms for durable power of attorney for health care, living will, appointment of agent, and advance care plan, and eliminates the need for any of those documents.