

COVERKIDSSM DENTAL PLAN



MEMBER DENTAL HANDBOOK

Effective 11/1/2025

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

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48333-1505



Renaissance.

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Welcome to Renaissance!

Renaissance has a contract with TennCare to provide dental services to children in the Tennessee Children's Health Insurance Plan (CHIP), known as CoverKids.

This handbook is your guide to the services we offer your child. It will also give you helpful tips about your child's benefits and how to help them stay healthy. 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:

- **"Your Child," "Child," and "Member"**—The member child enrolled in the CoverKids dental plan program.
- **"You," "Your"**—The child's legal guardian or parent.
- **"We," "Us," and "Our"**—Refers to Renaissance.
- **"Your Dentist," "Participating Dentist," and "Contracted Dentist"**—The dentist you choose who will provide your child's dental care that has a contract with Renaissance.
- **"Dental Home"**—The dentist's office where your child goes regularly for dental care and will be assigned when they enter the program.
- **"TennCare Dental Plan," "Medicaid," "CoverKids," and "TennCare"**—The Division of TennCareSM and/or TennCare Dental Plan and the CoverKids Dental Plan.
- **"CoverKids ID Card," "ID Card," and "Health Care Plan ID Card"**—The ID card you get from your child's 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. CoverKids 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 child's Renaissance dental plan.
- **"Emergency," "Emergencies," "Emergent," and "Emergency Services"**—Emergencies are times when there could be serious danger or damage to your child's health if they 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 your child. 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 child’s 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 their 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
TennCare Pharmacy Program	Call OptumRx 888-816-1680
File a CoverKids Dental Service Appeal	Call TennCare Member Medical Appeals at 800-878-3192
File a CoverKids 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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: ربيعة

وظةحلم: اذا ملكنتت تغللا ربيعةا اتمدخدةعاسملا ويةغللا رفوتم 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

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

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, 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 Child's Member Portal Website

Because your child is a Renaissance member, you can access our online portal at

<https://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 child's Renaissance dental benefits
- View their member handbook
- Contact us
- View newsletters and other information about their oral health

If asked when using the Provider Locator, make sure you pick your child's plan: CoverKids.

Providing Your Child with the Best Care and Service

The Renaissance Quality Improvement Program exists because we want to give them 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 child's 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 their care.

Your Child's Member Benefits

How do I find more information about their dental benefits?

To learn more about their dental benefits please visit our online member portal at www.renmemberportal.com/mp/rengp or call us at 866-864-2526.

When do their CoverKids benefits coverage start?

You will get a letter from TennCare telling you when their CoverKids was approved and the date the benefits coverage starts. Services they get before this date will not be covered by CoverKids. You will also get a welcome letter from us. We will send this when we get your child's coverage information from TennCare.

Will I be notified if their CoverKids benefits coverage ends?

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

What is routine dental care?

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

How soon can they expect to be seen?

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

How do I find a dentist for my child?

A dental home will be assigned to them if they 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 their dentist.

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

Yes. However, you can choose any contracted dentist for your child's primary dental care. **If your child goes to a dentist who is not contracted, you will have to pay for the 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 child's 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 their Dental Home if you choose and they are contracted with Renaissance.

How many times can I change my child's Dental Home?

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

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

They 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 child's dentist right away.

Is there any reason I might be denied if I ask to change their 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 they need

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

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

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

What if they are out of town and they are due for a CoverKids dental checkup?

Office visits for CoverKids services when they 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 they need routine dental care or emergency dental services when they are out of town or out of Tennessee?

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

What if they need dental services when he or she is out of the country?

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

Your Child's Dental Benefits Summary

CoverKids members have dental benefits for medically necessary dental services through age 18.

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
- Application of Dental Sealants—the dentist will place a thin coating on the grooves of the back teeth to protect them
- 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
- Orthodontic Services—the dentist may refer to an orthodontist for braces if they qualify under CoverKids
- 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 child's mouth or jaw, like taking out wisdom teeth
- 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 your child from being in pain during surgery or another treatment

Orthodontic Services

Braces are covered if they are determined to be medically necessary before they are placed. This includes if a child has a handicapping malocclusion. That means your child's teeth are causing a nutritional deficiency, speech pathology, or injury to the soft tissue in their mouth from an overbite. Any of these conditions must be documented and treated by your child's doctor and/or speech pathologist and/or orthodontist before they can request approval for orthodontic services like braces. If you have any questions about orthodontic benefits, call us at 866-864-2526.

What services are NOT covered?

- Services that are not medically necessary for your child's dental health
- Services like tooth whitening or other cosmetic dental care
- Experimental or investigational procedures
- Services that 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 any questions, please go to our member portal at www.renmemberportal.com/mp/rengp or call us at 866-864-2526.

How to Get Emergency Care

Does CoverKids cover emergency dental services?

CoverKids covers emergency dental services.

What is a Dental Emergency?

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 your child has a dental emergency, call their dental home and ask what you should do. Their dentist might have a different after-hours phone number.

You and your child have the right to use any provider, hospital, or other setting for emergency dental services. CoverKids also covers dental services they get in a hospital. This includes services the doctor provides and other services they might need, like anesthesia. They have the same benefits and coverage for emergency services as they do for routine services.

If they are in a medical health plan, the health plan may pay for these 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?

They do not need a referral for services that are done by Renaissance contracted dentists. Certain dental services performed by a dental specialist may require a referral, including orthodontics, oral surgery, and others.

What if they need to see a dental specialist?

Their dentist will tell you if your child needs to see a 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.

They do not need another referral for ongoing treatment by a dental specialist for the same problem. You can 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 them the care, they need or a second opinion, we will get them the care they need from a dentist or specialist outside of our plan. This is called an out-of-network referral. You must get the approval from us before they are seen by an out-of-network provider. We will only cover the services by an out-of-network dental provider if your child has approval before their 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 they can go to the dentist. Their dentist needs to fill out a Prior Authorization Request Form and send it to us if they need care that requires a PA. We must approve the PA request before they 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.**

CoverKids will only cover services that are medically necessary. If they are no longer eligible for CoverKids dental benefits, their provider will have you sign a waiver. The waiver means you will be responsible for paying the provider for the services they get.

If your child is no longer covered by CoverKids benefits, all prior authorizations are voided (no longer good). You will be responsible for paying for all services provided if the child's CoverKids coverage has ended or expired.

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 them (prescriptions)?

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

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

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

What if I get a bill from my child's dentist? Who do I call?

If you get a bill from their dentist, call us at 866-864-2526. Have your child's health care plan ID card ready and the bill from their dentist when you call.

What is my child's copay?

A copay is when you pay a part of their bill each time they get dental services. This is a fixed charge. To find out what their copay is, please call us at 866-864-2526.

There are no copays for preventive services. If you would like to know if their service is considered preventive, please call us or visit the website portal at www.renmemberportal.com/mp/rengp.

For services that you pay a copay, if they have more than one appointment you will pay the copay at each appointment. For example, if they have a filling done on Monday and a different filling on Tuesday, you will pay the copay at each appointment.

What are my maximum out-of-pocket expenses?

Families are not required to pay more than five percent (5%) of their annual family income for out-of-pocket expenses. If you have paid enough copays that you have reached your maximum, you will not have any more copays until the next calendar year. Renaissance will send you a Maximum Out-of-Pocket Expense letter once you meet your five percent annual cost sharing. To find out if you have reached your out-of-pocket maximum, please call us at 866-864-2526.

Going to the Dentist

What to Bring to Your Child's Appointment

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

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

What if I need to cancel their dental visit?

If you cannot keep an appointment, call the dentist's office at least 24 hours in advance to cancel.

How to Ask for an Interpreter

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

You can search for a dentist who speaks your language using the Find a Dentist tool at www.renmemberportal.com/mp/rengp. Our member call center staff 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.

Who 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 child's dental appointment. You can also ask to have an interpreter talk to you about dental information. There are no charges 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 their dentist.

Call us at 866-864-2526 if you need an interpreter during their appointment. We will:

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

How to Get Help When the Office is Closed

How does my child get dental care after their dentist's office is closed?

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

Children's Oral Health

How does my child get the most out of their benefits?

They can get the most from their dental coverage by:

- Seeing only contracted dentists who are listed on the Find a Dentist tool
- Visiting the dentist regularly for checkups
- Following the dentist's advice about regular brushing and flossing
- Getting treatment before they have a toothache or other problem
- Keeping their dental appointments

Helping them have healthy teeth starts at birth. Their gums should be wiped twice a day. Use a wet gauze pad or a clean, damp cloth. Gently wipe all the surfaces of their gums. The first dental visit should happen within six months after their first tooth appears, but no later than their first birthday.

When they have teeth, start using a soft infant toothbrush and small amount of fluoride toothpaste (about the size of a grain of rice). Do not worry about them not being able to spit out the toothpaste. The toothpaste left in their mouth helps to protect their teeth.

A visit to the dentist can keep them from getting cavities, gum disease, and other problems. After the first appointment, they should see the dentist once every 6 months or sooner if they have dental problems. Regular dental visits can prevent major problems that cause them to miss school and you to miss work. Be sure to schedule the next dental visit before leaving the dentist's office.

Keep their teeth healthy with these tips:

- Brush twice a day
- Floss daily
- Do not share toothbrushes
- Replace toothbrushes every three to four months
- Store toothbrushes with bristles on top
- Do not cover toothbrushes. They need to dry out.
- Children should never be put to bed with juice or milk. This can rot their teeth.
- Only water should be given after brushing at bedtime
- Use soap and water to clean baby bottles, sippy cups, pacifiers, and teething toys
- Talk to their dentist if they use a pacifier or suck their fingers or thumbs
- They should drink fluoridated water and use fluoride toothpaste
- Eat a well-balanced diet and avoid sugary foods and drinks

Member Rights and Responsibilities

Member Rights

Your child has rights and responsibilities as our member. Our staff will respect their rights. We will not discriminate against them for using their rights.

1. Be treated with respect and in a dignified way. They have a right to privacy and to have their 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 their dental, medical, and insurance records as the federal and state laws say. You can see their dental, medical, and insurance records, get copies of their records, and ask to correct their 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 they have been discriminated against. If you complain, they have the right to keep getting care without fear of bad treatment from Renaissance, providers, or TennCare. You can file a complaint for them and learn more about their 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 their care.
8. Make suggestions about their rights and responsibilities or how Renaissance works.
9. Choose a provider in the Renaissance network. You can turn down care for them from certain providers.
10. Receive emergency services for them, 24 hours a day, seven days a week.
11. Be told by their dentist in an easy-to-understand way about your care and all the different kinds of treatment that could work for them, no matter what they cost or even if they aren't covered.
12. Help make decisions about their dental care.
13. Ask TennCare and Renaissance to look again at any mistake you think they made.
14. Ask about them getting on CoverKids or keeping their CoverKids or about getting their health care.
15. End their TennCare coverage at any time.
16. Exercise any of these rights without changing the way Renaissance or its providers treat them.

Member Responsibilities

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

1. You must tell TennCare if you change their address or phone number. Failure to tell TennCare about an address or phone number change could result in not getting important information about your child's eligibility and/or benefits.
2. They must try to follow healthy habits that include exercise, staying away from tobacco and eating a healthy diet.
3. You and your child must become involved in their dentist's decisions about treatments.
4. You and your child must work together with Renaissance's dentists and other providers to pick treatments that you have all agreed upon.
5. If you have a disagreement with Renaissance, you and your child must try first to resolve it using Renaissance's complaint process.

6. You and your child must learn about what Renaissance does and does not cover. You must read their member handbook to understand how the rules work.
7. If you make an appointment for them, 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 and your child 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 would like 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.

CoverKids Appeals

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

Your right to appeal and right to a fair hearing are explained more in part "What else does CoverKids 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 CoverKids or Renaissance. An eligibility appeal is the action you can take if you cannot get or keep CoverKids for your child.

Dental Service Appeals

Dental Service Appeals are for people who have CoverKids. Dental Service Appeals are for problems like getting your child's dental plan to OK a service your child's dentist says they need. Dental Service Appeals go to Member Medical Appeals. Page 15 tells you more about filing a dental service appeal.

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

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

If you **still** cannot get the dental care they need, you can file a dental appeal by calling **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** CoverKids or Renaissance says we will not pay for the dental care.
- For dental care bills you think CoverKids 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.

Do you think your child has an emergency?

Usually, your appeal is decided within **90 days** after you file it. But, if they have an emergency and your dental plan agrees that they 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 their dental records.

An emergency means waiting 90 days for a "yes" or "no" decision could put their life or physical or mental health in real danger.

If one of those things is true for them, you can ask CoverKids for an expedited appeal. Their **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 child's name, date of birth, dentist's name, and your permission for their dentist 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 Member Medical Appeals (see **below**).

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

If one of those things is true for them, you can ask CoverKids for an expedited appeal. Their **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 child's name, date of birth, dentist's name, and your permission for their dentist 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 Member Medical Appeals (see **below**).

CoverKids and their 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 their dental plan needs more time to get their dental records. But, if their dental plan decides your appeal should not be expedited, then you will get a hearing decision within 90 days from the date you filed the appeal.

How to File a Dental Service Appeal

CALL: You can call 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:

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/tennicare/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 CoverKids to send you one, call **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 CoverKids.

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, CoverKids needs:

1. Your **child's name** (the name of the person who wants to appeal about their dental care)
2. Your child's **Social Security number (SSN)**. If you do not have an SSN number, give their date of birth. Include the month, day, and year.
3. The **address** where you get your child's mail.
4. The **name** of the person to call if CoverKids 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 CoverKids need to work your appeal?

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

- You must give CoverKids **the facts** they need to work your appeal.
- And you must tell CoverKids the **mistake** you think we made. It must be something that, if you are right, means that CoverKids 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 CoverKids. Are you appealing about dental care your child still needs? Tell CoverKids:

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

Are you appealing for dental **care they have already had** that you think CoverKids should pay for? Tell CoverKids:

- The **date** they got the dental care you want CoverKids to pay for.
- The name of the **dentist** or **other place** that gave them the dental care. (If you have it, include the **address** and **phone number** of the **dentist** or **other place** that gave them the dental care.)
- **If you paid for the dental care**, also give CoverKids a **copy of a receipt** that proves you paid. Your receipt must show:
 - The **kind of dental care** they got that you want CoverKids 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 them the care
 - And the **date** they got the care
 - And the **amount** you paid for the care
- **If you're getting a bill for the dental care**, give CoverKids 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 them the dental care
 - And the **date** they got the dental care
 - And the **amount** you are being billed

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

- **When CoverKids 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.
- **If CoverKids needs more facts to work your appeal, you will get a letter that says what facts they still need.** You should give CoverKids all of the facts that they ask for as soon as possible. If you do not, your appeal may end.
- **CoverKids 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 child's dental records).
- **To decide your appeal, you may need a fair hearing.** To get a fair hearing, you must say CoverKids made a mistake that, if you are right, means your child 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 CoverKids. A fair hearing lets you tell a judge the mistake you think CoverKids made. If CoverKids 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?

- **Your hearing** can be by phone or in person. The different people who may be at your hearing include:
 - An administrative judge
 - A CoverKids attorney
 - A witness for CoverKids (someone like a dentist),
- 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.
- **During the hearing**, you get to tell the judge about the mistake you think CoverKids made. You can give the judge facts and proof about your child's health and dental care. The judge will listen to everyone's side.
- **After the hearing**, you will get a letter that tells you the judge's answer. What if the judge says you win your appeal? CoverKids 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 CoverKids OKs it**. If CoverKids overturns a judge's decision, we must tell you why in writing. The letter will tell you what to do if you disagree with CoverKids' decision.

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

Eligibility Appeals—Getting or keeping CoverKids and other CoverKids problems

An appeal about CoverKids 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 CoverKids problems like:

- You get a letter that says your child's CoverKids will end,
- Or, your CoverKids has ended but you didn't get a letter because your child moved,
- Or, you think their CoverKids copays are wrong,
- Or, you think CoverKids gave them 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 child's **full name** (first name, middle initial, last name).
- Your child's **Social Security** number if they 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 your child gets 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 your child.

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 your child has 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 child's health care services or your benefits. These are examples of when you might want to file a grievance:

- Their provider or a Renaissance staff member did not respect their rights
- You had trouble getting an appointment with their provider in an appropriate amount of time
- They were unhappy with the quality of care or treatment they received
- Their provider or a Renaissance staff member was rude to them
- Their provider or a Renaissance staff member was insensitive to their cultural needs or other special needs they 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 child's 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 your child with their CoverKids 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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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 رفوتم 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 નિ: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

توجہ: اگر بہ زبان فارسی گفتگو 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.

- | | |
|--|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Sexual/Physical/Mental Abuse Records |
| <input type="checkbox"/> Alcohol/Substance Abuse Records | <input type="checkbox"/> 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:

Address, City, State, Zip Code:

Date:

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 CoverKids Fraud, Waste and Abuse

Do you want to report CoverKids 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 CoverKids services that were not given or necessary
- Not telling the truth about a medical condition to get medical treatment
- Letting someone else use a CoverKids ID
- Using someone else's CoverKids 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 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 your child needs 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).

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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**.

<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.