



COVERKIDS MEMBER HANDBOOK

JANUARY 2023



CoverKids



Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-291-3766 (TRS 711).

ئاگاداری: ئهگهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمهتی زمان، بهخۆرای، بۆ تو بهردهسته. پهیومندی به بکه (1-888-291-3766 (TRS 711).

دەعاسملا و یەغللا رەفوتە کەل انجام. اتصل مقبر: 1-888-291-3766
وظەحلم: اذا ملکتە غللا ریبیەعلا اتمدخ
مقر فتاه صملا و مکبلا: 711

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 1-888-291-3766 (TRS 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-291-3766 (TRS 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-888-291-3766 (TRS 711).번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-291-3766 (TRS 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ
1-888-291-3766 (መስማት ለተሳናቸው: TRS:711) .

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો
1-888-291-3766 (TRS 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ
ດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ
1-888-291-3766 (TRS 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen
kostenlos sprachliche Hilfsdienstleistungen zur
Verfügung. Rufnummer: 1-888-291-3766 (TRS 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari
kang gumamit ng mga serbisyo ng tulong sa wika nang
walang bayad. Tumawag sa 1-888-291-3766 (TRS:711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा
सहायता सेवाएं उपलब्ध हैं। 1-888-291-3766 (TRS 711). पर
कॉल करें।

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge
jezičke pomoći dostupne su vam besplatno.
Nazovite 1-888-291-3766 (TRS- Telefon za osobe sa
oštećenim govorom ili sluhom: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам
доступны бесплатные услуги перевода. Звоните
1-888-291-3766 (телетайп: TRS:711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति
भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस्
1-888-291-3766 (टिटिवाइ: TRS:711 ।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی
بصورت رایگان برای شما فراهم می باشد . با
1-888-291-3766 (TRS:711) تماس بگیرید .

- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs and services?
- Or do you have more questions about your healthcare?

Call us for free at 1-888-291-3766. We can connect you with the free help or service you need. (For TTY call: 711)

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

Mail:

TennCare
Office of Civil Rights Compliance
310 Great Circle Road, 3W
Nashville, TN 37243

Email: HCFA.Fairtreatment@tn.gov

Phone: 1-855-857-1673 (TRS 711)

You can get a complaint form online at bit.ly/tn-complaint-form or scan the QR code.



Dental Benefit Management (DBM) Information

DentaQuest
TN CoverKids
Attn: Customer Service
PO Box 2906
Milwaukee, WI 53201-2906

Phone: 1-888-291-3766 (TRS 711)
TTY/TDD: 711 and ask for 1-800-466-7566.

You can get a complaint form online at bit.ly/tn-dentaquest-complaint-form or scan the QR code.



U.S. Department of Health & Human Services

Office for Civil Rights
200 Independence Ave SW, Rm 509F, HHH Bldg
Washington, DC 20201

Phone: 1-800-368-1019
(TDD): 1-800-537-7697

You can get a complaint form online at <https://bit.ly/tn-civil-rights-complaint-form> or scan the QR code.



You can file a complaint online at <https://bit.ly/tn-online-complaint> or scan the QR code.



What is CoverKids?

CoverKids is Tennessee's Children's Health Insurance Plan (CHIP). This plan is for children in the CoverKids Program. The rules of the program are there to help children stay healthy.

Who is DentaQuest?

DentaQuest works with CoverKids to make sure the dental plan runs well. DentaQuest will work with you to make sure you can get the dental care you need. We can answer any questions that you have about your dental plan. Our phone number is 1-888-291-3766.

FREE Phone Numbers to call for help:

Customer Service – 1-888-291-3766

TTY/TDD: 711 and ask for 1-800-466-7566

Fraud and Abuse or Grievance – 1-888-291-3766

LEP Assistance – 1-888-291-3766

Where to get handbook in Spanish.

¿Necesita un manual de CoverKids Program en español? Para conseguir un manual en español, llame a DentaQuest al 1-888-291-3766 libre.

How to Use This Handbook

How to get free language help at health care visits. Customer Service 1-888-291-3766 or TDD/TTY: 711 and ask for 1-800-466-7566.

If English is not your first language, you can ask for an interpreter when you go to get your care. This is a free service for you. Call us or your provider before your appointment so someone can help you with language services. You can also check in the DentaQuest Provider Directory to find doctors who speak other languages. You can also find doctors who speak other languages on-line at www.DentaQuest.com. Interpretation and translation services are provided at no cost to CoverKids members. We can provide a translator for you over the phone. If you have a hearing or speech problem you can call us on a TTY/TDD machine. TTY/TDD: 711 and ask for 1-800-466-7566.

This handbook will tell you all about your dental plan. It tells you what to do to schedule an appointment. It tells you what is covered by your dental plan. It gives you phone numbers that you will need to call to get more information. All of the things that you need to know about your dental program are in this handbook.

You have the right to get this Handbook in:

- Audio
- Larger print
- Braille
- Other languages

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Enrollment

Enclosed are a welcome letter and a DentaQuest CoverKids Identification (ID) card for your dental care. It is very important to keep this card in a safe place and not lose it. You will need to take this card with you each time you visit the dentist. It is against the law to let someone else use your DentaQuest CoverKids ID card. If your card is lost, damaged, or stolen, please contact DentaQuest CoverKids Customer Service at **1-888-291-3766** Monday through Friday 8 am to 5 pm Central Standard Time or visit the website at **www.DentaQuest.com**. When you receive your ID card, prior to seeking dental services please call Customer Service to find out when Your CoverKids dental benefits will begin or look at your CoverKids approval letter, it will have the date your CoverKids benefits begin. **Services received before the effective date will not be covered.**

If your CoverKids enrollment ends, you will be sent a letter saying that you are no longer covered by the CoverKids health plan. This also means that you are no longer covered by DentaQuest for dental services. **The date stated by the letter will be the last day that you will be covered by CoverKids. Any services received after the termination date on the letter will not be paid by CoverKids. You will have to pay for any services received after the termination date on the letter.**

Coverage

Some services will need to be approved by DentaQuest before you can get them. An approval that you got from a provider not in the CoverKids program will not be valid. CoverKids will only cover services you need to stay healthy.

Your dentist may say you need certain dental services. Talk to your dentist before you receive these services so you are fully aware of what you may have to pay. Your dentist will look at the Office Reference Manual for CoverKids and let you know if you may have to pay for the services because it may not be covered by CoverKids.

How to get a list of DentaQuest Providers - In-Network

The dentists and places that provide dental care for DentaQuest are called the Provider Network. Before making an appointment or receiving dental services make sure the dentist is still a DentaQuest CoverKids provider.

You can find a complete list of all participating provider and providers in your area online at www.DentaQuest.com. When you use “Find a Dentist” on our website you can see and print a list of dentists close to where you live. If you cannot print a list from our website you can ask customer service to mail you a hard copy of participating dentists. You can also call us at 1-888-291-3766 for help finding a dentist.

Oral Health Matters

Working together to improve your oral health.

GOOD ORAL HEALTH FOR INFANTS AND YOUNG CHILDREN STARTS EARLY!

Helpful Brushing Tips

Even before your baby’s teeth show, you should clean the gums with a damp cloth after meals and at bedtime. Your dentist can show you how.

Baby teeth are important and once teeth show, you should clean them with a soft-bristled toothbrush (with a fluoride toothpaste the size of a grain of rice) after meals and at bedtime. It is good to wean your child from pacifiers and the bottle between 9 and 12 months of age.

Helpful Sleeping Tips

Do not put your baby to sleep with a bottle because it may cause a type of tooth decay known as Early Childhood Caries (ECC), which causes pain and infection. Try one of these instead:

- Offer a blanket or favorite toy
- Give baby a warm bath
- Rock baby to sleep
- As a last resort, allow WATER ONLY in the bottle

It may take about 3 to 7 nights of the child crying to break the bedtime bottle habit.

Starting regular dental care as soon as possible is good for your child's health. The American Academy of Pediatric Dentistry recommends children have a dental home and their first check-up with the dentist by age one or earlier, if necessary.

A dental home is a dentist your child sees regularly every six months for checkups. This dentist will take care of your child by providing the dental services he or she needs and always being available to care for your child. So don't wait! Find a CoverKids dentist in your community today and establish a dental home for your child.

Remember a dental home provides your child:

- Complete dental care and a dental plan designed for your child
- Guidance about growth, development and diet
- Guidance on how to correctly care for your child's teeth

If you need help finding a dentist and have CoverKids call DentaQuest Customer Service at 1-888-291-3766 or visit our website **www.DentaQuest.com**.

Members Through Age 18

CoverKids members through age 18 are covered for a lot of services under the CoverKids program; please see the benefit tables on pages 34-38 for details about copays for each service. Exams will be used to see if other services are needed. Some of the services that are available to you include:

- Cleanings - 2 per calendar year
- X-Rays - Bitewings (age 2 and older) 1 set per calendar year
- Full Mouth X-Rays 1 set per every 3 calendar years
- Crowns or Caps if they are approved
- Root canal treatment for baby teeth or permanent teeth if the treatment is approved

- Anesthesia - Provided only when medically indicated
- Sealants - Provided for permanent molars only
- Fluoride Treatment
- Space maintainers
- Fillings
- Extractions (tooth pulling)
- Periodontic services - Your dentist may need to treat you for gum disease; this could include doing a deep cleaning
- Oral pathology services - Your dentist may remove tissue and send it to a lab to detect an infection or a possible cancer

Please refer to the benefit tables on pages 36-41 for a complete list of services and service details available to you.

Dentist Appointments

In DentaQuest, you will go to a dental home for your dental care. A dental home is a dentist your child sees regularly. This dentist will take care of your child by providing the dental services they need.

When you call the dentist, you should have these items ready:

- Pen or pencil
- Your ID card
- Your calendar

When you call the dentist's office, tell them that you are a CoverKids member. Let them know that you would like to make an appointment to see the dentist. See which dates and times work best for you. Write down the date and time of the appointment on your calendar. When the date of your appointment comes, just go to the dentist's office. It's that easy. If you have been going to a different dentist, please ask the old dentist to send your dental records to your new dentist. If you are not able to keep your scheduled appointment, call the dentist office to let them know you will not be coming and to reschedule the appointment.

At the Dentist's Office

When you go to the dentist's office, you should bring your DentaQuest CoverKids ID card. Just show the receptionist your ID card. The dentist will see you shortly. The dentist will also give you helpful tips on taking care of your mouth, teeth, and gums.

Emergency Services

Your child can also see a DentaQuest dentist for emergencies. You should ask your dentist how to contact him or her in an emergency. Your dentist may have a different telephone number to call in an emergency. Four emergency services are covered per year - two visits during regular office hours and two visits after office hours, if they are provided by a dentist who participates in the CoverKids network. If you see a dentist who is not participating, you can be billed for the services.

If you obtain services from an Out-of-Network Provider in the event of a true emergency, the Out-of-Network Provider may or may not file a claim for you. If you are charged or receive a bill, you must submit a claim to be considered for benefits. You must submit the claim within 120 calendar days from the date the service was received. If you do not submit the claim within 120 calendar days, it will not be considered.

If you have an emergency, you can call DentaQuest any time of the day or night. We always have someone here who can help you get emergency treatment. Please call us at: **1-888-291-3766**.

Orthodontic Benefits

Braces will only be covered for your child if they are determined to be medically necessary and have been approved before they are placed.

If you have questions about orthodontic benefits please call DentaQuest CoverKids Customer Service at 1-888-291-3766. The Lifetime Orthodontic Maximum limit is \$1,250 and is not applicable to the family's five percent (5%) cost sharing or your annual benefit limit of \$1,000.

Member Rights

Know Your Rights

As a member of the CoverKids program, you have rights. There are laws that protect your privacy. They say we can't tell others certain facts about you. Read more about your privacy rights in the section below.

You have the right to:

- Be treated with respect, dignity, and privacy. You have a right to privacy and to have your dental, medical and financial information treated with privacy
- Know about DentaQuest, CoverKids and your dentist
- Ask for and get information about DentaQuest, its policies, its services, its quality program, its caregivers, and members' rights and duties
- Be able to choose a dental caregiver from the CoverKids directory
- Be able to refuse care from a specific dentist
- Receive information about CoverKids and the services available to you
- Make decisions about your dental care
- File a complaint or appeal about DentaQuest or a dental caregiver
- Ask for a second opinion from a dentist in or out of network. This is at no charge and you do not need to file a complaint
- Have access to your dental records. Ask for and get information about your dental records as the federal and state laws say. You can see your dental records, get copies of your dental records, and ask to correct your dental records if they are wrong
- Prepare an Advance Directive
 - Advance directives are your written wishes about what you want to happen if you get too sick to speak for yourself. When people are very sick, it is possible for machines and medicine to keep them alive when they might otherwise die. Doctors used to decide how long someone should be kept alive.

- Under the Tennessee Right to Natural Death Act, you can make your own choice. You can decide if you want to be kept alive by machines and for how long by filling out either a living will or an advance care plan. A living will or advance care plan are papers or forms that need to be filled out while you can still think for yourself. These papers tell your friends and family what you want to happen to you, if you get too sick to speak for yourself. Your papers have to be signed and either witnessed or notarized. If your papers are witnessed, they need to be signed in front of two people who will be your witnesses.
 - One of these people cannot be related to you by blood or marriage.
 - These people cannot receive anything you own after you die.
 - These people cannot be your doctor or any of the staff who work in the place where you get health care.
- Once they are signed by everyone, it is your rule. It stays like this unless you change your mind. 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 if you are too sick to make your own. He or she can say your wishes for you if you can't speak for yourself. Your illness can be temporary. These papers have to 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. As long as you can still think for yourself, you can decide about your health care yourself.
- Not be discriminated against by the health care provider on the basis of age, sex, race, physical or mental handicap, national origin, ethnicity, religion, sexual orientation, and genetic

information, source of payment or type, or degree of illness or condition

- You may voluntarily leave the CoverKids program even if you qualify for benefits. You can do this by calling the CoverKids Eligibility Contractor at 1-866-620-8864
 - Have DentaQuest keep your health information private pursuant to state and federal laws
 - Be told of changes in services or if your dentist leaves the CoverKids network
-

Member Responsibilities

As a member of the CoverKids program, there are some things that you need to do. You are responsible for:

- Using the CoverKids dental program
- Making appointments and receiving dental services from an in-network DentaQuest CoverKids provider
- Knowing, understanding and following the terms and conditions of this handbook
- Listening to the dentist
- Taking care of your teeth
- Making appointments and keeping appointments
- Canceling appointments as early as possible
- Paying your co-payments
- Making sure you are the only person who uses your CoverKids ID card and letting DentaQuest CoverKids know if it is lost or stolen
- Showing your DentaQuest CoverKids ID card when you go to the dentist
- Answering questions about your health that will help your dentist take care of you
- Letting your dentist know if you have had care in an emergency room within 24 hours or been to another dentist recently

- Immediately informing TennCare, DentaQuest and DHS of any of these things:
 1. An address change each and every time you move
 2. A phone number change each and every time you change phone numbers
 3. A name change

Failure to notify about an address change could result in member's not receiving important eligibility and/or benefit information. Please contact CoverKids toll-free at 1-866-620-8864 to report the change and have your family CoverKids ID number available.

Fraud and Abuse

Most CoverKids Program members and providers are honest. But even a few dishonest people can hurt the CoverKids Program. People who lie on purpose to get CoverKids may be fined or sent to jail.

If you find out about a case of fraud and abuse in the CoverKids Program, you must tell us about it. But you don't have to tell us your name.

Fraud and abuse for the CoverKids Program members can be things like:

- Lying about facts to get or keep your CoverKids Program Benefits
- Hiding any facts so that you can get or keep CoverKids
- Letting someone else use your CoverKids Dental ID card
- Selling or giving your prescription medicines to anyone else

Fraud and abuse for CoverKids Program providers can be things like:

- Billing the CoverKids Program for services that were never given
- Billing the CoverKids Program twice for the same service

To tell us about fraud and abuse, call DentaQuest for free at 1-888-291-3766. Here are some other places that you can call or write to tell us about fraud and abuse:

Agencies Contact Information:
Office of Inspector General (OIG)
1-800-433-3982 toll-free

Office of Inspector General
P.O. Box 282368
Nashville, TN 37228

You can also tell us about fraud and abuse online.

Go to: <http://www.tennessee.gov/tenncare/>

Then click on “Fraud and Abuse” on the left hand side of the page.

TENNCARE DISCRIMINATION COMPLAINT

Federal and State laws do not allow the TennCare Program to treat you differently because of your race, color, birthplace, 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 and address.

Name: _____

Address: _____

_____ Zip _____

Telephone: (____) _____ Date of Birth: _____

Email Address: _____

Name of MCO/Health Plan: _____

2.* Are you reporting this complaint for someone else? Yes: _____ No: _____

If Yes, who do you think was treated differently because of their race, color, birthplace, disability/handicap, age, sex, religion, or any other group protected by law?

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Date of Birth: _____

How are you connected to this person (wife, brother, friend)?

Name of this person's MCO/Health Plan: _____

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

Medical Services____ Dental Services____ Pharmacy Services____ Behavioral Health ____

Long-Term Services & Supports____ Eligibility Services____ Appeals____

4.* How do you think you were you treated in a different way? Was it your:

Race____ Birthplace____ Color____ Sex____ Age____ Disability____ Religion____ Other_____

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?

Date it started: _____ Date of the last time 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 so, please tell us their:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 on the line 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.*

(Sign your name here if you are the person this complaint is for) (Date)

(Sign here if you are the Authorized Representative) (Date)

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.*

(Sign here if you reporting this for someone else) (Date)

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:

(Sign here if you are a helper from TennCare or the MCO/Health Plan) (Date)

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.

TennCare 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.

Signature: _____ Date: _____

Name (Please print): _____

Address: _____

Telephone: _____

Need help? Want to report a complaint? Please contact or mail a completed, signed Complaint and a signed Agreement to Release Information form:

TennCare OCRC
310 Great Circle Road, 3W
Nashville, TN 37243

Phone: 1-615-507-6474 or for free at 1-855-857-1673 (TRS 711)
Email: HCFA.Fairtreatment@tn.gov

Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: Español
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-259-0701 (TTY: 1-800-848-0298).

Kurdish: کوردی
ناگداری: نەگەر بە زمانی کوردی قەسە دەکەیت، خەزمەتگۆزارێمانی پارمەتی زمان، بەخۆرای، بۆ تۆ بەردەستە. پەیوەندی بە TTY (1-800-848-0298) 1- 855-259-0701 بەکە.

Arabic: العربية
ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-259-0701 (رقم هاتف الصم والبكم: 1-800-848-0298).

Chinese: 繁體中文
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-259-0701 (TTY 1-800-848-0298)。

Vietnamese: Tiếng Việt
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-259-0701 (TTY: 1-800-848-0298).

Korean: 한국어
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-259-0701 (TTY: 1-800-848-0298)번으로 전화해 주십시오.

French: Français
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-259-0701 (ATS : 1-800-848-0298).

Amharic: አማርኛ
ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዙዎት ተዘጋጅተዋል: ወደ ሚክተለው ቁጥር ይደውሉ 1-855-259-0701 (መስማት ስተተናቸው: 1-800-848-0298).

Gujarati: ગુજરાતી
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-259-0701 (TTY: 1-800-848-0298).

Laotian: ພາສາລາວ
ເບີດຊາບ: ຖ້າວ່າທ່ານອາໄສຢູ່ໃນລາວ, ການບໍລິການຊ່ວຍເຫຼືອພາສາລາວ ຈຳນວນ 1-855-259-0701 (TTY: 1-800-848-0298).

German: Deutsch
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-259-0701 (TTY: 1-800-848-0298).

Tagalog: Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-259-0701 (TTY: 1-800-848-0298).

Hindi: हिंदी
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-259-0701 (TTY: 1-800-848-0298) पर कॉल करें।

Serbo-Croatian: Srpsko-hrvatski
OBAVJESTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-259-0701 (TTY- Telefon za osobe sa oštećenim govornim ili sluhom: 1- 800-848-0298).

Russian: Русский
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-259-0701 (телефайп: 1-800-848-0298).

Nepali: नेपाली
ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-855-259-0701 (टिपिटाइप: 1-800-848-0298)।

Persian: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم میباشند. 1-855-259-0701 (TTY: 1-800-848-0298) تماس بگیرید.

- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

Call us for free at 1-855-259-0701. We can connect you with the free help or service you need.

(For TTY call: 1-800-848-0298)

TENNCARE QUEJA DE DISCRIMINACIÓN

Las leyes federales y estatales no permiten que el Programa TennCare lo trate de manera diferente debido a su **raza, color de la piel, lugar de nacimiento, discapacidad, edad, sexo, religión o cualquier otro grupo protegido por la ley**. ¿Piensa que ha sido tratado de manera diferente por estas razones? Use estas hojas para presentar una queja a TennCare.

Es obligatorio proporcionar la información marcada con un asterisco (*). Si necesita más espacio para decirnos lo que pasó, use otras hojas de papel y envíelas con su queja.

1.* Escriba su nombre y dirección.

Nombre: _____

Dirección: _____

_____ Código postal _____

Teléfono: Hogar: (____) _____ Trabajo o Celular: (____) _____

Dirección de correo electrónico: _____

Nombre del MCO/plan de seguro médico:

2.*¿Está usted presentando esta queja en nombre de otra persona?

Sí: _____ No: _____

Si respondió Sí, ¿quién piensa usted que fue tratado de manera diferente debido a su **raza, color de la piel, lugar de nacimiento, discapacidad, edad, sexo, religión o cualquier otro grupo protegido por la ley**?

Nombre: _____

Dirección: _____

_____ Código postal _____

Teléfono: Hogar: (____) _____ Trabajo o Celular: (____) _____

¿Qué relación tiene usted con esta persona (cónyuge, hermano, amigo)?

Nombre del MCO/plan de seguro médico de esa persona:

3.* ¿Cuál parte del Programa TennCare cree que lo trató de una manera diferente?

Servicios médicos___ Servicios dentales___ Servicios de farmacia___ Salud conductual___
Servicios y apoyos de largo plazo___ Servicios de elegibilidad___ Apelaciones___

4.* ¿Por qué cree que lo trataron de una manera diferente? Fue a causa de su

Raza___ Lugar de nacimiento___ Color de la piel___ Sexo___ Edad___
Discapacidad___ Religión___ Otra cosa_____

5. ¿Cuál es la mejor hora para llamarlo acerca de esta queja?

6.* ¿Cuándo sucedió esto? ¿Sabe la fecha?

Fecha en que comenzó: _____ Última fecha en que sucedió: _____

7. Las quejas deben reportarse no más de 6 meses de la fecha en que piensa que fue tratado de una manera diferente. Si tiene una causa justificada (como enfermedad o fallecimiento en la familia), puede reportar su queja más de 6 meses después.

8.* ¿Qué sucedió? ¿Cómo y por qué piensa que pasó? ¿Quién lo hizo? ¿Piensa que alguna otra persona también fue tratada de una manera diferente? Si necesita más lugar, puede escribir en otra(s) hoja(s) y enviarlas con estas hojas.

9. ¿Alguien vio cómo lo trataban de una manera diferente? Si es así, por favor, proporcione la siguiente información sobre esa persona:

Nombre

Dirección

Teléfono

10. ¿Tiene usted más información que nos desee dar?

11.*No podemos aceptar ninguna queja que no esté firmada. Por favor, escriba su nombre y la fecha en la línea de abajo. ¿Es usted el Representante Autorizado de la persona que piensa que fue tratada de manera diferente? Firme abajo. Como el Representante Autorizado, usted debe tener un comprobante de que puede actuar en nombre de esta persona. Si el paciente es menor de 18 años de edad, uno de los padres o tutor debe firmar en su nombre. **Declaración:** *Declaro que la información presentada en esta queja es verídica y correcta y doy mi autorización para que TennCare investigue mi queja.*

(Firme aquí si usted es la persona de quien trata esta queja) (Fecha)

(Firme aquí si usted es el Representante Autorizado) (Fecha)

¿Está usted reportando esta queja en nombre de otra persona pero usted **no** es el Representante Autorizado de la persona? Firme abajo. **La persona para quien usted está reportando esta queja debe firmar arriba o debe decirle a su plan de seguro médico o a TennCare que está bien que él/ella firme en su lugar.** **Declaración:** *Afirmo que la información contenida en esta queja es verdadera y correcta y doy mi permiso para que TennCare se comunique conmigo acerca de esta queja.*

(Firme aquí si está reportando en nombre de otra persona) (Fecha)

¿Es usted ayudante de TennCare o del MCO/plan de seguro médico y está ayudando al miembro de buena fe a presentar la queja? Si es así, por favor firme abajo:

(Firme aquí si usted es ayudante de TennCare o del MCO/plan de seguro médico) (Fecha)

Está bien que reporte una queja a su MCO/plan de seguro médico o a TennCare. La información contenida en esta queja se trata de manera privada. Los nombres y otros datos sobre las personas que aparecen en esta queja sólo se divulgan cuando es necesario. Por favor, envíe una hoja de Autorización para Divulgar Información con su queja. Si está presentando esta queja en nombre de otra persona, pídale a la persona que firme la hoja de Autorización para Divulgar Información y envíela por correo con esta queja. Conserve una copia de todo lo que envíe. Envíe las hojas firmadas de la Queja y la Autorización para Divulgar Información a:

TennCare OCRC
310 Great Circle Road, 3rd Floor
Nashville, TN 37243
Teléfono: 1-615-507-6474 o gratis en el 1-855-857-1673
Para TRS gratis, marque el 711
Correo electrónico: HCFA.Fairtreatment@tn.gov

También puede llamarnos si necesita ayuda con esta información.

Acuerdo de divulgación de información de TennCare

Para investigar su reclamo, es posible que TennCare deba informar a otras personas u organizaciones importantes su nombre u otra información sobre usted.

Para acelerar la investigación de su reclamo, lea, firme y envíe por correo postal una copia de este Acuerdo de divulgación de información junto con él. Guarde una copia para usted.

- Comprendo que durante la investigación de mi reclamo, es posible que TennCare deba compartir mi nombre, fecha de nacimiento, información sobre reclamaciones, información médica u otra información sobre mí con otras personas u organizaciones. Igualmente, es posible que TennCare deba recopilar esta información sobre usted a través de personas u organizaciones. Por ejemplo, si denuncié que mi médico me trató de una manera diferente debido a mi color, es posible que TennCare deba hablar con mi médico y recopilar mis registros médicos.
- Usted no estará obligado a aceptar la divulgación de su nombre u otra información. No siempre será necesario investigar su reclamo. Si no firma la autorización de divulgación, igualmente intentaremos investigar su reclamo. Si no acepta permitirnos usar su nombre u otros datos, la investigación de su reclamo se podrá ver limitada o suspendida. Es posible que tengamos que cerrar su caso. Antes de cerrar su caso por el hecho de que usted no firmó la autorización de divulgación, podremos comunicarnos con usted para averiguar si desea firmar una autorización de divulgación para que la investigación pueda continuar.

Si usted presenta este reclamo en nombre de otra persona, necesitaremos que esa persona firme el Acuerdo de divulgación de información. ¿Está firmando este documento como representante autorizado? Entonces, también deberá proporcionarnos una copia de los documentos que lo designan a usted como el representante autorizado.

Al firmar este Acuerdo de divulgación de información, acepto que he leído y comprendo los derechos que se mencionaron anteriormente. Acepto que TennCare comparta mi nombre u otra información sobre mí con otras personas u organizaciones que sea importante para este reclamo durante la investigación y el resultado del mismo.

Este Acuerdo de divulgación de información tendrá vigencia hasta el resultado final de su reclamo. Usted podrá cancelar su acuerdo en cualquier momento llamando o escribiendo a TennCare sin cancelar su reclamo. Si cancela el acuerdo, no se podrá eliminar por completo la información que ya se haya compartido.

Firma: _____ Fecha: _____

Nombre (en letra de imprenta): _____

Dirección: _____

Teléfono: _____

¿Desea realizar un reclamo? Envíe por correo postal un reclamo completado y **firmado** y un formulario del Acuerdo de divulgación de información firmado a la siguiente dirección:

OCRC de TennCare
310 Great Circle Road, 3W
Nashville, TN 37243

Teléfono: 1-615-507-6474 o en forma gratuita al
1-855-857-1673 (TRS 711)

Correo electrónico: HCFA.Fairtreatment@tn.gov

¿Necesita ayuda gratuita con esta carta?

Si usted habla un idioma diferente al inglés, existe ayuda gratuita disponible en su idioma. Esta página le indica cómo obtener ayuda en otro idioma. Le indica también sobre otras ayudas disponibles.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-259-0701 (TTY: 1-800-848-0298).

Kurdish: كوردی

ئاگاداری: ئهگهر به زمانی کوردی قهسه دهکمیت، خزمهتگوزاریهکانی یارمتهی زمان، بهخواری، بو تو بهردهسته. پهیوهندی به
TTY (1-800-848-0298) 1- 855-259-0701 بکه.

Arabic: العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-259-0701 (رقم هاتف الصم والبكم: 1-800-848-0298).

Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-259-0701 (TTY 1-800-848-0298)。

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-259-0701 (TTY: 1-800-848-0298).

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-259-0701 (TTY: 1-800-848-0298)번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-259-0701 (ATS : 1-800-848-0298).

Appeal Process

There are 3 ways to file an appeal.

1. **Mail.** You can mail an appeal page or a letter about your problem to:

TennCare Member Medical Appeals
P.O. Box 000593
Nashville, TN 37202-0593

You can get an appeal page from our website. Go to **tn.gov/tenncare**. Click “Members/Applicants” then click on “How to file a medical appeal”. Or, to have TennCare mail you an appeal page, call them for free at **800-878-3192**.

2. **Fax.** You can fax your appeal page or letter for free to **888-345-5575**.
3. **Call.** You can call TennCare Member Medical Appeals for free at **800-878-3192**.

We’re here to help you Monday through Saturday from 7:00 a.m. until 7:00 p.m. Central Time.

Hay 3 maneras de presentar una apelación.

1. **Por correo.** Usted puede enviar una hoja de apelación o una carta referente a su problema a:

TennCare Member Medical Appeals
P.O. Box 000593
Nashville, TN 37202-0593

Puede obtener una hoja para apelación en nuestro sitio web. Visite **tn.gov/tenncare**. Haga clic en “For Members/Applicants” y luego en “How to file a medical appeal”. O, para que TennCare le envíe una hoja de apelación por correo, llámelos gratis al **800-878-3192**.

2. **Fax.** Si lo desea, puede enviar la hoja o carta de apelación gratis por fax al **888-345-5575**.
3. **Llame.** Puede llamar gratis a la Unidad de Apelaciones Medicas para Miembros de TennCare (TennCare Member Medical Appeals) al **800-878-3192**. Estamos aquí para ayudarle de lunes a sábado de las 7:00 a.m. hasta las 7:00 p.m., horario del Centro.

Expedited Dental Plan 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, you may be able to get an expedited appeal. This means your appeal will be decided in 3 days from the time that TennCare gets the record from DentaQuest. An emergency means that if you don't get a decision on your appeal quickly, it could cause serious harm to

- your life;
- your physical health;
- your mental health; or
- your ability to reach, get back or keep your mind and body as healthy as possible.

If one of those things is true for you, you can ask TennCare for an expedited appeal. There's a Provider's Expedited Appeal Certificate page in **Part 8** of this handbook. If your appeal is an emergency, you can have your doctor sign the Provider's Expedited Appeal Certificate. Your doctor should fax the certificate to 888-345-5575. Your health plan will review the certificate and make a decision about your appeal. If your health plan thinks the appeal should be expedited, you will get a decision on your appeal within the expedited timeline mentioned above. But, if your health plan decides your appeal should not be expedited, then you will get a hearing within 90 days from the date you filed your appeal.

How to file a Medical Appeal

There are 2 ways to file a medical appeal:

- 1. Call.** You can call TennCare Member Medical Appeals for free at **800-878-3192**. We're here to help you Monday through Saturday from 7:00 a.m. until 7:00 p.m. Central Time.
- 2. Or, appeal in writing.** You can use the medical appeal page in Part 8 of this handbook. If you give your OK, someone else like a friend or your doctor can fill the page out. To print an appeal page off the Internet, go to <https://bit.ly/tn-medical-appeal-form> or scan the QR code.



If you need another medical 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.

There are 2 ways you can file a medical appeal in writing. Pick one of the choices below:

1. Mail. You can mail an appeal page or a letter about your problem to:

**TennCare Member Medical Appeals
P.O. Box 000593
Nashville, TN 37202-0593**

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

2. Or Fax. You can fax your appeal page or letter for free to **888-345-5575.**

Keep the paper that shows your fax went through.

¿Cree que tiene una emergencia?

Usualmente, la apelación se decide en un lapso de 90 días después de presentarla. Sin embargo, si tiene una emergencia, podrá obtener una apelación acelerada. Esto significa que la apelación se decidirá en 3 días a partir del momento en que TennCare obtenga el registro de DentaQuest. Una emergencia significa que si usted no obtiene una decisión sobre su apelación rápidamente, eso podría causar graves daños a:

- Su vida,
- Su salud física,
- Su salud mental, o
- Su capacidad de recuperar, alcanzar o mantener su cuerpo y su mente tan saludables como sea posible.

Si cualquiera de esas situaciones es verdadera para usted, puede solicitar una apelación acelerada a TennCare. En la Parte 8 de este manual hay una página con un Certificado de apelación acelerada del proveedor. Si su apelación es una emergencia, puede pedirle a su médico que firme el Certificado de apelación acelerada del proveedor. Su médico debe enviar el certificado por fax al 888-345-5575. Su plan de salud revisará el certificado y tomará una decisión sobre su apelación. Si su plan de salud considera que la apelación debe acelerarse, usted recibirá una decisión sobre su apelación dentro del plazo para las apelaciones aceleradas mencionado anteriormente. Sin embargo, si su plan de salud decide que no es necesario acelerar su

apelación, entonces usted tendrá una audiencia en un lapso de 90 días a partir de la fecha en la que haya presentado su apelación.

Cómo presentar una apelación médica

Hay 2 maneras de presentar una apelación médica:

- 1. Por teléfono.** Puede llamar gratis a la Unidad de Apelaciones Médicas para Miembros de TennCare (TennCare Member Medical Appeals) al 800-878-3192. Estamos aquí para ayudarle de lunes a sábado de las 7:00 a.m. hasta las 7:00 p.m., horario del Centro.
- 2. O puede apelar por escrito.** Puede usar la página de apelación médica en la Parte 8 de este manual. Si lo autoriza, alguna otra persona, como un amigo o su médico, puede diligenciar esta página. Para imprimir la página de apelación de Internet, escanee el código QR u obtenga más información en bit.ly/tenncare-medical-appeal. Si necesita otra hoja apelación médica o quiere que TennCare se la envíe, llame a la **Unidad de Apelaciones Medicas para Miembros de TennCare (TennCare Member Medical Appeals) al 800-878-3192**. O bien, puede escribir su apelación en una hoja de papel normal.

Hay 2 maneras de enviar una apelación médica por escrito. Elija una de las siguientes opciones:

- 1. Por correo.** Usted puede enviar una hoja de apelación o una carta referente a su problema a:

TennCare Member Medical Appeals

P.O. Box 000593

Nashville, TN 37202-0593

Conserve una copia de su apelación. Escriba la fecha en que se la envió a TennCare.

- 2. O por fax.** Si lo desea, puede enviar la hoja o carta de apelación gratis por fax al **888-345-5575**. Conserve la hoja que dice que su fax pasó.

Treating Provider's Certificate: Expedited TennCare Appeal

An expedited appeal is an administrative appeal for a medical service that must be either approved or denied within three (3) business days, as opposed to up to ninety (90) days, because of the patient's health. 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 the absence of a decision within three business days 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.

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.)

Certificado del proveedor de cabecera:

Apelación acelerada de TennCare

Una apelación acelerada es una apelación administrativa para un servicio médico que, a causa de la salud del paciente, debe ser aprobada o denegada en un plazo de tres (3) días hábiles, a diferencia de hasta noventa (90) días. Una apelación solamente se acelerará si esperar hasta noventa (90) días para una decisión “podría poner en grave peligro la vida, la salud física o la salud mental del afiliado o su capacidad de conservar, recuperar o mantener plena función”.

Para solicitar una apelación acelerada para su paciente:

1. Lea la siguiente afirmación. Si está de acuerdo, indíquelo en su certificación y firme y escriba la fecha en los espacios provistos.

Afirmo que soy el médico responsable del paciente mencionado más abajo, y que ***la presentación aguda de esta afección es de tal gravedad que la ausencia de una decisión en un plazo de tres días hábiles podría poner en grave peligro la vida, la salud física o la salud mental del afiliado o su capacidad de conservar, recuperar o mantener plena función.***

Firma del proveedor: _____

Fecha: _____

2. Identifique el servicio deseado.

3. Identifique al paciente.

(Nombre)

(SS#) o (fecha de nacimiento)

4. A su discreción, adjunte una narrativa y/o expedientes médicos que apoyen esta solicitud.

Envíe este formulario completado y la documentación correspondiente por fax a **Bureau of TennCare** al **888-345-5575**. (AVISO: Si su paciente ya solicitó esta apelación acelerada a TennCare, sírvase enviar este certificado y la documentación lo más pronto posible.)

Questions about Your Dental Program?

DentaQuest can answer any questions that you have about your dental plan. If you would like to ask DentaQuest questions please call us at 1-888-291-3766.

If you would like more information on oral health and taking care of your teeth, please visit our website www.DentaQuest.com. On the website you can read and print educational materials about oral health.

Co-payment (or Co-pay)

A co-payment is when you have to pay any part of your bill each time you get certain dental services. This is a fixed charge. To find out what your co-pay is, and for what applicable services, please call DentaQuest at 1-888-291-3766 or you can look at the co-pay in the benefit table attachment.

There are no co-pays for “preventive services.” If you would like to know if the service that you are going to get is a “preventive service,” please refer to the benefit table attachment. For example, if you go to the dentist on Monday and have a filling, you will have to pay your co-pay and the rest will be paid. If you go back to the dentist on Tuesday and have another filling, you will have to pay your co-pay and the rest will be paid.

Maximum Out of Pocket Expenses

Families are not required to pay more than 5% annual family income for out of pocket expenses. If you have paid enough co-pay that you have reached your “maximum,” you will not have any more co-payments until the next calendar year. DentaQuest will send you a maximum Out of Pocket Expense letter once you meet your 5% annual cost sharing. To find out if you have reached your maximum co-payment limit, please contact DentaQuest at **1-888-291-3766**.

CoverKids Dental Plan PROVIDER DIRECTORY

The CoverKids Dental Provider Directory includes general dentists, pediatric dentists and the two dental specialists closest to your zip code area. However, if you want help finding a dentist, including a variety of dental specialists, please call DentaQuest CoverKids Customer Service at 1-888-291-3766 to request a hard copy of the provider directory Monday through Friday 8 am to 5 pm Central Standard Time or go to the DentaQuest website at www.DentaQuest.com to view specialists or a complete statewide participating provider directory. To request a hard copy of the Member Handbook call DentaQuest CoverKids Customer Service at 1-888-291-3766.

Finding a Dentist

DentaQuest will help you find a dentist or dental specialist. There are many dentists available to treat you.

For information on which dentists you can go to please contact DentaQuest. Our phone number is 1-888-291-3766. We can help you find the closest dentist that is in the program. To obtain the full extent of benefits, you must receive services from a dentist who participates in your plan network. Only dentists that are in the CoverKids program can treat you for non-emergency services. The names of all dentists and dental specialists in the CoverKids program are available to you in a provider directory, on DentaQuest's website at www.DentaQuest.com, or request a hard copy by calling DentaQuest at 1-888-291-3766.

To find doctors who speak other languages, you can also check in the DentaQuest Provider Directory. You can also find doctors who speak other languages online at www.DentaQuest.com.

When you call DentaQuest, you should have these items ready:

- Pen or pencil
- Your ID card

When you call DentaQuest, tell them that you are a CoverKids member. Let DentaQuest know why you want to go to the dentist or dental specialist. DentaQuest will give you the names of dentists in your area. You don't need a referral to see a dentist who is a specialist as long as the provider is in the CoverKids network. However, you can ask your dental home dentist to provide suggestions or recommendations on what specialists are nearby or needed. If you need to see a specialist over and over, you don't have to ask your regular dentist or get a referral each time. You are also able to get a second opinion from another provider in the CoverKids network at any time. A referral for a second opinion is not needed and the second opinion will be at no cost to you. In addition to calling DentaQuest customer service you can also visit our website at **www.DentaQuest.com** to request a hard copy provider directory of dentists that are available to treat you.

If you have questions about dental services please call 1-888-291-3766 or TTY/TDD: 711 and ask for 1-800-466-7566 or LEP 1-888-291-3766.

If English is not your first language, you can ask for an interpreter when you go to get your care. This is a free service for you. Call us or your provider before your appointment so someone can help you with language services. You can also check in the DentaQuest Provider Directory to find doctors who speak other languages. You can also find doctors who speak other languages on-line at **www.DentaQuest.com**. We can provide a translator for you over the phone. If you have a hearing or speech problem you can call us on a TTY/TDD machine. TTY/TDD: 711 and ask for 1-800-466-7566.

Attachment A - Schedule of Benefits

Group I

To receive benefits from this Plan, make sure the Provider is a member of the CoverKids Provider Network. If you receive dental services from an Out-of-Network Provider, you will be responsible for the full payment of the Out-of-Network Provider's charge except in cases of emergency.

No Benefits are payable for dental services received from Out-of-Network Providers except in cases of emergency. If you see an in-network dentist for an emergency, you have the same benefits and coverage as you do for routine services.

Your dentist will tell you if a dental service is going to be paid by CoverKids or not before he or she treats you.

Your dentist may say you need certain dental services. Talk to your dentist before you receive these services so you are fully aware of what you may have to pay. Your dentist will look at the Office Reference Manual for CoverKids and let you know if you may have to pay for the dental services because it may not be covered by CoverKids.

Dental Benefits	Group One Child
<p>Preventive</p> <ul style="list-style-type: none"> • Fluoride treatments - Fluoride varnish 1 year of age or older up to age 18 - 2 per calendar year • Dental sealants - For permanent molars, 1 per lifetime per tooth • Cleanings - 2 cleanings per calendar year • Silver Diamine Fluoride (SDF) four applications per tooth per lifetime 	<p>No co-payment</p>
<p>Diagnostic Services</p> <ul style="list-style-type: none"> • Oral exams - 2 oral exams per calendar year • X-rays - Bitewings 2 years of age and older 1 set per calendar year • Full mouth x-rays 1 set every three calendar years 	<p>No co-payment</p>

Dental Benefits	Group One Child
Emergency Services <i>Example - Minor procedure to get patient out of pain</i>	\$15 co-payment
Restorative Services • Filling • Crowns	\$15 co-payment
Extractions	\$15 co-payment
Anesthesia - Provided only when medically indicated	\$15 co-payment
Other Dental Services	\$15 co-payment
Orthodontic Services	\$15 co-payment
Lifetime Orthodontic Maximum amount per person*	\$1,250
Deductibles	None
Annual Benefit Maximum per child	\$1,000
Out of Pocket Maximum as a Percentage (%) of Annual Family Income	5%

* The Lifetime Orthodontic Maximum limit is not applicable to the family's five percent (5%) cost sharing.

Please keep in mind there are certain covered dental services that will be subtracted from your \$1,000 annual benefit cap. The amount of payment made to your dentist will be decided once DentaQuest receives and processes your dental claim and determines how much money remains in your \$1,000 annual benefit cap.

If you have exceeded your \$1,000 annual benefit cap you will be responsible for payment to your dentist for those services. If you have questions about your dental benefits or payments for dental services please call DentaQuest at 1-888-291-3766 or speak with your dentist.

Attachment A - Schedule of Benefits

Group II

To receive benefits from this Plan, make sure the Provider is a member of the CoverKids Provider Network. If you receive dental services from an Out-of-Network Provider, you will be responsible for the full payment of the Out-of-Network Provider's charge except in cases of emergency.

No Benefits are payable for dental services received from Out-of-Network Providers except in cases of emergency. If you see an in-network dentist for an emergency, you have the same benefits and coverage as you do for routine services.

Your dentist will tell you if a dental service is going to be paid by CoverKids or not before he or she treats you.

Your dentist may say you need certain dental services. Talk to your dentist before you receive these services so you are fully aware of what you may have to pay. Your dentist will look at the Office Reference Manual for CoverKids and let you know if you may have to pay for the services because it may not be covered by CoverKids.

Dental Benefits	Group Two Child
<p>Preventive</p> <ul style="list-style-type: none"> • Fluoride treatments - Fluoride varnish 1 year of age or older up to age 18 - 2 per calendar year • Dental sealants - For permanent molars, 1 per lifetime per tooth • Cleanings - 2 cleanings per calendar year • Silver Diamine Fluoride (SDF) four applications per tooth per lifetime 	<p>No co-payment</p>
<p>Diagnostic Services</p> <ul style="list-style-type: none"> • Oral exams - 2 oral exams per calendar year • X-rays - Bitewings 2 years of age and older 1 set per calendar year • Full mouth x-rays 1 set every three calendar years 	<p>No co-payment</p>

Dental Benefits	Group Two Child
Emergency Services <i>Example - Minor procedure to get patient out of pain</i>	\$5 co-payment
Restorative Services • Filling • Crowns	\$5 co-payment
Extractions	\$5 co-payment
Anesthesia - Provided only when medically indicated	\$5 co-payment
Other Dental Services	\$5 co-payment
Orthodontic Services	\$5 co-payment
Lifetime Orthodontic Maximum amount per person*	\$1,250
Deductibles	None
Annual Benefit Maximum per child	\$1,000
Out of Pocket Maximum as a Percentage (%) of Annual Family Income	5%

* The Lifetime Orthodontic Maximum limit is not applicable to the family's five percent (5%) cost sharing.

Please keep in mind there are certain covered dental services that will be subtracted from your \$1,000 annual benefit cap. The amount of payment made to your dentist will be decided once DentaQuest receives and processes your dental claim and determines how much money remains in your \$1,000 annual benefit cap.

If you have exceeded your \$1,000 annual benefit cap you will be responsible for payment to your dentist for those services. If you have questions about your dental benefits or payments for dental services please call DentaQuest at 1-888-291-3766 or speak with your dentist.

Attachment A - Schedule of Benefits

Group AI/AN

To receive benefits from this Plan, make sure the Provider is a member of the CoverKids Provider Network. If you receive dental services from an Out-of-Network Provider, you will be responsible for the full payment of the Out-of-Network Provider's charge except in cases of emergency.

No Benefits are payable for dental services received from Out-of-Network Providers except in cases of emergency. If you see an in-network dentist for an emergency, you have the same benefits and coverage as you do for routine services.

Your dentist will tell you if a dental service is going to be paid by CoverKids or not before he or she treats you.

Your dentist may say you need certain dental services. Talk to your dentist before you receive these services so you are fully aware of what you may have to pay. Your dentist will look at the Office Reference Manual for CoverKids and let you know if you may have to pay for the services because it may not be covered by CoverKids.

Dental Benefits	American Indian/ Alaskan Native (AI/AN) Child
<p>Preventive</p> <ul style="list-style-type: none"> • Fluoride treatments - Fluoride varnish 1 year of age or older up to age 18 - 2 per calendar year • Dental sealants - For permanent molars, 1 per lifetime per tooth • Cleanings - 2 cleanings per calendar year • Silver Diamine Fluoride (SDF) four applications per tooth per lifetime 	<p>No co-payment</p>
<p>Diagnostic Services</p> <ul style="list-style-type: none"> • Oral exams - 2 oral exams per calendar year • X-rays - Bitewings 2 years of age and older 1 set per calendar year • Full mouth x-rays 1 set every three calendar years 	<p>No co-payment</p>

Dental Benefits	American Indian/ Alaskan Native (AI/AN) Child
Emergency Services <i>Example - Minor procedure to get patient out of pain</i>	No co-payment
Restorative Services <ul style="list-style-type: none"> • Filling • Crowns 	No co-payment
Extractions	No co-payment
Anesthesia - Provided only when medically indicated	No co-payment
Other Dental Services	No co-payment
Orthodontic Services	No co-payment
Lifetime Orthodontic Maximum amount per person*	\$1,250
Deductibles	None
Annual Benefit Maximum per child	\$1,000
Out of Pocket Maximum as a Percentage (%) of Annual Family Income	Not applicable

* The Lifetime Orthodontic Maximum limit is not applicable to the family's five percent (5%) cost sharing.

Please keep in mind there are certain covered dental services that will be subtracted from your \$1,000 annual benefit cap. The amount of payment made to your dentist will be decided once DentaQuest receives and processes your dental claim and determines how much money remains in your \$1,000 annual benefit cap.

If you have exceeded your \$1,000 annual benefit cap you will be responsible for payment to your dentist for those services. If you have questions about your dental benefits or payments for dental services please call DentaQuest at 1-888-291-3766 or speak with your dentist.

DentaQuest[®]

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