



TENNCARE ADULT MEDICAID BENEFITS

TennCare Adults

TennCare Pregnant and Postpartum Adults

TennCare ECF CHOICES and 1915(c) Waiver Members

**MEMBER HANDBOOK
JANUARY 2023**



TennCare Adult Medicaid

MEMBER HANDBOOK

DentaQuest, LLC

11100 W. Liberty Drive

Milwaukee, WI 53224

855-418-1622

DentaQuest.com



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PHONE NUMBERS TO REMEMBER

English and Spanish speaking telephone representatives are available in our member call center and will help you to:

- Choose a contracted dentist
- Change to another contracted dentist
- Obtain dental health education material
- Obtain information on health fairs and health education classes
- Receive assistance and information on all of your dental plan services
- Get translation and interpreter services
- Receive assistance with filing complaints and appeals

Members can contact TennCare or DentaQuest with questions about TennCare. Here is information for our member call center:

Toll-free telephone number: 855-418-1622

Toll-free number for the hearing impaired: TTY/TDD 800-466-7566

Days/hours: Monday - Friday
(Excluding state-approved holidays)
7 a.m. - 5 p.m. Central Time
Automated System is available
24 hrs. a day/7 days a week.

Tennessee Health Connection 855-259-0701

Transportation Services 855-418-1622

Member Medical Appeals 800-878-3192
TTY/TDD 866-771-7043



TABLE OF CONTENTS

Phone Numbers to Remember	3
Welcome to Your Dental Plan!	5
Using This Handbook	6
How to Find a Dentist Using Our Website	12
Benefits	13
Additional Benefits	15
Dental Care and Other Services	15
Member Rights and Responsibilities	18
Different Treatment Complaint Process	21
Appeal Process	22
Expedited Dental Plan Appeal	23
Fair Hearing	29
Report TennCare Waste, Abuse or Fraud	29
Different Treatment Notice and Complaint Forms	31

WELCOME TO DENTAQUEST, YOUR DENTAL PROGRAM UNDER TENNCARE!

A Dental Home is the dentist's office where you go regularly for dental care. You can find a list of dentists that work with DentaQuest on our website – 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 for a list of participating dentists to be mailed to you. If you have questions or need help finding a dentist you can also call DentaQuest customer service at 855-418-1622.

We hope you will see a dentist on a regular basis:

- That dentist will provide you with any services you need that are covered under this plan
- Do not wait to see your dentist until you have a problem

USING THIS HANDBOOK

This handbook, called the member handbook gives you information:

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

This handbook uses some terms you should understand:

- **“You,” “Your,” “My,” “I” and “Member”** — Refers to the person enrolled in the TennCare dental plan program
- **“We,” “Us,” and “Our”** — Refers to DentaQuest
- **“Your Dentist,” “Participating Dentist,” and “Contracted Dentist”** — Refers to the dentist you choose who will provide your dental care
- **“TennCare Dental Plan,” “Medicaid,” and “TennCare”** — Refers to the Division of TennCare's Pregnancy and Postpartum Oral Health Program
- **“TennCare ID Card,” “ID Card,”** — Refers to the ID card received from your health plan
- **“Auxiliary Aids,” “Auxiliary Services”** — Refers to aids or services such as language interpretation, translation services and materials that can be requested in Braille, large print and audio. Auxiliary aids and services are available upon request at no expense to members on the TennCare dental plan
- **“Member Services,” “Member Call Center,” and “Customer Service”** — Refers to the toll-free phone line you can call for assistance with your pregnancy dental benefits
- **“Emergency,” “Emergencies,” “Emergent,” and “Emergency Services”** — Emergencies are times when there could be serious danger or damage to your health if you don't 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. Call DentaQuest the next day so we can help you get an appointment very soon

Keep this handbook for future use. To keep you informed about the dental plan, we will occasionally send you information such as:

- Health education classes available
- The complaint process
- How to get translator services
- Other important information on the TennCare Pregnancy and Postpartum Oral Health Program
- Being notified by mail of changes in services, benefits or if your dentist leaves TennCare

This handbook is an outline of your DentaQuest dental plan. Our contract with the Division of TennCare has the complete information. We will give you a copy of the contract on request.

The DentaQuest Quality Improvement Program

Because DentaQuest wants to provide you with the very best services, we have a Quality Improvement Program that measures how well we are doing. We use it to look closely at all of the dentists who participate in the program to make sure that they provide the best dental care for your needs. DentaQuest uses 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 DentaQuest at 855-418-1622.

You have the right to request this handbook, auxiliary services and materials in:

- Audio
- Braille
- Larger print
- Other languages

¿Habla español y necesita ayuda con esta carta? Llámenos gratis al 855-418-1622.

If you have a hearing or speech problem you can call us on a TTY/TDD machine. Our TTY/TDD number is 711 (800-466-7566).

Si tiene problemas de audición o del habla, puede llamarnos a través de una máquina de TTY/TDD. El número de TTY/TDD es 711 (800-466-7566).

Hay una línea telefónica en español para los consumidores hispanos de TennCare. Llame a los servicios al cliente 800-690-1606 para más información.

No permitimos el tratamiento injusto en TennCare. Nadie recibe un trato diferente debido a su raza, color de la piel, lugar de nacimiento, idioma, sexo, edad, discapacidad o religión. ¿Cree que lo han tratado injustamente? ¿Tiene más preguntas? ¿Necesita más ayuda? Usted puede llamar gratis a the TennCare Connect al 855-259-0701.

Need help in another language? You can call DentaQuest for assistance in any language at 855-418-1622 or the following numbers. Interpretation and translation services are free to TennCare members.

Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. The following information 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).

ناگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاری یارمەتی زمان، بەخۆرای، بۆ تۆ بەردەستە. پەیوەندی بە 1-888-291-3766 (TRS:711) بکە

تەغللا ریبیەعا اتەمدخ دەعاسملا ویەغللا رەفتەم کلا انجام. اتصل مقبر: 1-888-291-3766
مقر فتاه صملا و مکیلا: 711 وظەلم: اذا ملکت

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 ድርጅቶቻችን በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-291-3766 (መስማት ለተሳናቸው፡-TRS:711)።

સુચના: 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, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 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 تماس بگیرید. (TRS:711)

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

Call us for free at 855-418-1622. We can connect you with the free help or service you need. (For TTY call: 711 800-466-7566)

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:

TennCare

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

Email: HCFA.Fairtreatment@tn.gov

Phone: 855-857-1673 (TRS 711)

You can get a complaint form online at:

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

DentaQuest

TennCare
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:

<http://www.dentaquest.com/state-plans/regions/tennessee/memberpage/member-document/>

U.S. Department of Health & Human Services

Office for Civil Rights

200 Independence Ave SW, Rm 509F, HHH Bldg
Washington, DC 20201

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

You can get a complaint form online at:

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

Or you can file a complaint online at:

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

When do my TennCare benefits start?

You will receive a letter from the Division of TennCare telling you when your TennCare was approved and the date your benefits begin.

Will I be notified if my TennCare benefits end?

When your TennCare coverage ends, you will be sent a letter from the Division of TennCare saying that you are no longer covered by TennCare. 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 TennCare. Any services received after the termination date on the letter will not be paid by TennCare. You will have to pay for any services received after the termination date on the letter.

HOW TO FIND A DENTIST USING OUR WEBSITE

Visit DentaQuest.com and go to the “Members” tab. Select Tennessee and then click on “Find a Dentist”. To start your search, click on “Use your current location” or enter your address, the name of your city or your zip code. Click on “All Plans” and then “Find a Different Plan”. Enter the name of your plan in the search bar (TennCare Medicaid Adults, TennCare ECF CHOICES) in the search bar and select plan. Click on “Confirm Selection”.

You can search for a dental provider in four ways:

1. Dentist by Name – enter the last name of the dental provider and select the name in the drop-down menu.
2. Dentist by Specialty – use this to search for specific kinds of dental providers like General Dentists, Orthodontists and Periodontists.
3. Office or Facility by Name – use this if you know the name of the provider and would like to know the address, phone number, office hours and other information.
4. Places by Type – use this to look for locations like health care clinics and Federally Qualified Health Centers.

No matter which way you search, you can get more information on the dentists like office hours, whether they are accepting new patients or if their location is wheelchair accessible. You can also get directions to their office.

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

Bring your TennCare MCO ID card. DentaQuest does not send out ID cards. If you have other dental coverage, bring that information to show your dentist.

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

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

You can also call us 24 hours a day/7 days a week and we will help you. Here is the information for our member call center:

Toll-free telephone number: 855-418-1622

Toll-free number for the hearing impaired: TTY/TDD 800-466-7566

Days/hours: Monday - Friday
(Excluding state-approved holidays)
7 a.m. - 5 p.m. Central Time
Automated System is available
24 hrs a day/7 days a week.

What if I need to see a dental specialist?

A written referral is not needed, but your dentist will help you find a specialist if you need one.

What if I choose to see a dentist that does not accept TennCare?

You will have to pay for any dental services that are done by dentists who do not accept TennCare unless it is for emergency care.

BENEFITS

What are my TennCare Adult Dental Benefits?

Adults on TennCare have dental benefits for medically necessary dental services. These benefits include:

- Diagnostic x-rays and exams;
- Preventive cleanings;
- Topical fluoride treatments and caries arresting medicament;
- Restorative (fillings);
- Endodontics;

- Scaling and root planing;
- Full mouth debridement;
- Crowns;
- Complete dentures;
- Partial dentures;
- Immediate complete dentures and complete denture relines;
- Tooth extractions;
- Alveoloplasty; (bone contouring for denturing)
- Removal of lateral exostosis; (removal of bone for denturing)
- Removal of torus palatinus; (removal of bone for denturing)
- Removal of torus mandibularis; (removal of bone for denturing)
- Palliative treatment
- Nitrous oxide analgesia, anxiolysis

What services are not covered?

- Services which are not medically necessary for the member's dental health
- Services like tooth whitening or other cosmetic dental care
- Experimental or investigational procedures
- Services which are eligible for reimbursement by another insurance or covered under any other insurance or health care service plan

How do I get these services?

Remember, you can get the most from your dental coverage by:

- Seeing only DentaQuest contracted dentists listed on DentaQuest's website
- Visiting your dentist regularly for checkups
- Following your dentist's advice about regular brushing and flossing
- Getting treatment before you have a toothache
- Keeping your dental appointments

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

Take the prescription the dentist gave you and your TennCare MCO ID card to your nearest drug store.

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

Call your medical health plan or you can contact:

TennCare Pharmacy Program

888-816-1680

ADDITIONAL BENEFITS

Pregnant and Postpartum TennCare Members

Prenatal Dental care is very important for you and your baby's health and well-being! As soon as you find out you are pregnant, you should have a checkup at your Dental Home.

Changes in your body during pregnancy can affect your mouth. Gingivitis, or gum disease, is common during pregnancy. This is when the gums become red, puffy, and bleed easily. Periodontal disease, can happen when gingivitis is not treated. This is when the bone that supports teeth is lost. Cravings for sugary foods and drinks and morning sickness can cause tooth decay.

If you were formerly receiving dental benefits under the TPPOHP program (TennCare Pregnancy and Postpartum Oral Health Program), you will continue to receive your dental benefits as you were before. There are no longer benefit limitations on root canals or crowns.

TennCare IDD Members in ECF CHOICES or 1915(c) Waiver Programs

If you were formerly receiving dental benefits through the ECF CHOICES or 1915(c)(DIDD) dental programs, you will still be eligible for dental benefits. The benefits covered by the adult dental program will be paid for by the adult dental benefit, and you will continue to receive the supplemental covered dental benefits for waiver members through the existing ECF CHOICES and 1915(c) waiver dental processes.

TennCare Members in Nursing Facilities

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

DENTAL CARE AND OTHER SERVICES

What is routine dental care? How soon can I expect to be seen?

Routine dental services include:

- Diagnostic and preventive visits
- Therapeutic services such as fillings, crowns, root canals and/or extractions

Members should be scheduled for appointments:

- Within three (3) weeks for routine services
- Within forty-eight (48) hours for urgent services

Does TennCare cover emergency dental services?

TennCare covers emergency dental services for TennCare Adult members. Examples of emergencies that may be covered are:

- Dislocated jaw
- Traumatic damage to teeth and supporting structures
- Removal of cyst
- 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

What is prior-authorization?

Some dental services will need to be approved (prior-authorized) before you can go to the dentist. TennCare will only cover services you need to stay healthy. If you are no longer eligible for TennCare dental benefits, your provider will have you sign a waiver. The waiver means you will be responsible to pay the provider for the services you receive.

If you are no longer covered by TennCare Adult benefits all prior-authorizations are voided (no longer good) and you will be responsible for paying for all services provided if your TennCare Adult benefits coverage has terminated or expired.

What does medically necessary mean?

For more information please look at 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>

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

Yes, however, you can choose any contracted DentaQuest dentist for your primary dental care.

If you go to a dentist who is not contracted, you will have to pay for your treatment unless it is for emergency treatment.

What if I need to cancel my dental visit?

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

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

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

- Only for services covered by TennCare, and
- Only if you don't have any other way to get there

If you need help with a ride, you can call 855-418-1622. We can give you the phone number of the people you can call to get a ride to your dental appointment. This ride will not cost you anything. You can get a ride for an emergency by calling 911 or a local ambulance service.

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

What services do not need a referral?

You do not need a referral for services that are done by contracted dentists. You can also call Member Services toll-free at 855-418-1622 and we can help you find a dentist.

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

Yes. Our member call center staff can help you find a dentist who speaks your language. We can also help find an office that has an interpreter available. You do not have to use family members or friends as interpreters. You can also call the language line services found in this handbook that speaks your language.

Whom do I call for an Interpreter?

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

How far in advance do I need to call?

In most cases, we need at least forty-eight (48) hours notice. However, you should call us as soon as you have made an appointment with your dentist.

Call us if you need an interpreter with you in the dental office during your appointment. We will:

- Ask you for the language that you speak
- Ask you for the dentist's information
- Schedule an interpreter for your appointment
- Call you back to confirm that an interpreter has been scheduled

Toll-free telephone number: 855-418-1622

Toll-free number for the hearing impaired: TTY/TDD 711
(800-466-7566)

Days/hours: Monday - Friday
(Excluding state-approved holidays)
7 a.m. - 5 p.m. Central Time
Automated System is available
24 hrs a day/7 days a week.

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

Please call us if you get a bill from your dentist.

What information will they need?

Please have your member ID card and the bill you received from your dentist when you call.

What do I have to do if I move?

As soon as you have your new address, give it to the local TennCare Connect and DentaQuest Member Services department at 855-418-1622. Before you get TennCare services in your new area, you must call DentaQuest, unless you need emergency services. You will continue to get care through DentaQuest until TennCare Connect changes your address.

MEMBER RIGHTS AND RESPONSIBILITIES

Members have the right to:

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your dentists and other providers.
2. You have the right to know how your dentists are paid. You have a right to know about what those payments are and how they work.

3. You have the right to know how DentaQuest decides whether a service is covered and/or medically necessary. You have the right to know about the people in DentaQuest's office who decide those things.
4. You have the right to know the names of the dentists and other providers enrolled with DentaQuest and their addresses.
5. You have the right to pick from a list of dentists that is large enough so that you can get the right kind of care when you need it.
6. You have the right to take part in all the choices about your dental care.
7. You have the right to speak for yourself in all treatment choices.
8. You have the right to get a second opinion from another dentist enrolled with DentaQuest about what kind of treatment you need.
9. You have the right to receive service from DentaQuest, dentists and other providers without being treated differently due to your race, color, birth place, language, age, disability, religion, or sex.
10. You have the right to be treated with respect and in a dignified way. You have a right to privacy and to have your medical and financial information treated with privacy. All written record requests will be verified and responded to in a timely fashion.
11. You have the right to talk to your dentists and other providers in private, and to have your dental records kept private. You have the right to look over and copy your dental records and to ask for changes to those records.
12. You have a right to know that dentists, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your dental health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
13. You have a right to know that you are not responsible for paying for covered services for yourself. Dentists, hospitals, and others cannot require you to pay any other amounts for covered services.
14. You have a right to make a living will or advance care plan and be told about Advance Medical Directives.
15. Members will be referred to a provider outside of its network when not available in network. Member copays will be the same for that referral.

Member's responsibilities:

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

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

Do you think you've been treated unfairly?

Do you have more questions or need more help? If you think you've been treated unfairly, call Tennessee Health Connection for free at 855-259-0701.

Advance Directives

When people are very sick, it is possible for machines and medicine to keep them alive when they might otherwise die.

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 are unable to speak. 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 forms in your managed care organization (MCO) member handbook. You can fill those forms out if you like.

DIFFERENT TREATMENT COMPLAINT PROCESS

What should I do if I have a complaint? Who do I call?

We want to help. If you have a complaint, please call us at 855-418-1622 (toll-free) to tell us about your problem. Most of the time, we can help file a complaint right away or within a few days at the most.

If you feel you have been discriminated against, you can also complain to the TennCare's Office of Civil Rights Compliance by calling toll-free: 855-857-1673 or 615-507-6474 for TRS dial 711. If you would like to make your complaint in writing, please send it to the following address:

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

Can someone from DentaQuest help me file a complaint?

Yes. Please call our member call center for help. The toll-free number is 855-418-1622. Tell us that you want to file a complaint. We will answer your questions and help you fill out the complaint form.

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

TennCare Dental Plan
DentaQuest
PO Box 2906
Milwaukee, WI 53201-2906

How long will it take to process my complaint? What if I am not satisfied with the outcome?

TennCare will try to review and decide your complaint within 120 calendar days from the day TennCare receives it. Here is what will happen:

- You send TennCare a written complaint
- TennCare will send you a letter within ten (10) business days. TennCare's letter will acknowledge that it has received your written complaint
- TennCare will review the details of your complaint
- TennCare will send you an answer within 120 calendar days

TennCare's response to your complaint will be in a letter. That letter will give:

- TennCare's decision about your complaint
- The reasons for TennCare's decision
- The specialty area of any dentist we asked to help us with your complaint
- Information about asking TennCare to take another look at your complaint

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 a.m. until 7 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 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 866-211-7228. 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 a.m. until 7 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://www.tn.gov/content/dam/tn/tenncare/documents/medappeal.pdf>
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 866-211-7228. 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 TennCare Member Medical Appeals al **800-878-3192**. Estamos aquí para ayudarlo 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 hoja de apelación médica que se encuentra en la Parte 8 de este manual. Si usted lo autoriza, otra persona, como un amigo o su doctor, puede completar la hoja. Para imprimir una hoja de apelación de la Internet, vaya a:
<https://www.tn.gov/content/dam/tn/tenncare/documents/medappeal.pdf>

Si necesita otra hoja apelación médica o quiere que TennCare se la envíe, llame a **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 **866-211-7228**. (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 **Division of TennCare** al **866-211-7228**. (AVISO: Si su paciente ya solicitó esta apelación acelerada a TennCare, sírvase enviar este certificado y la documentación lo más pronto posible.)

FAIR HEARING

Can I ask for a fair hearing?

If you, as a caretaker of the member of the dental plan, disagree with the dental plan's decision, you have the right to ask for a fair hearing. You may name someone to represent you by writing a letter to DentaQuest telling them the name of the person you want to represent you. A doctor or other medical provider may be your representative. If you want to challenge a decision made by DentaQuest, you or your representative must ask for the fair hearing within 30 days of the date on DentaQuest's letter with the decision. If you do not ask for the fair hearing within 30 days, you may lose your right to a fair hearing. To ask for a fair hearing, you or your representative should send a letter to:

TennCare Member Medical Appeals
P.O. Box 593
Nashville, TN 37202-0593

If you ask for a fair hearing within 10 days from the time you get the hearing notice from DentaQuest, you have the right to keep getting any current service DentaQuest denied or reduced at least until the final hearing decision is made. If you do not request a fair hearing within 10 days from the time you get the hearing notice, the service DentaQuest denied will be stopped.

REPORT TENNCARE WASTE, ABUSE OR FRAUD

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

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 waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for TennCare services that weren't given or necessary
- Not telling the truth about a medical condition to get medical treatment
- Letting someone else use a TennCare ID
- Using someone else's TennCare ID
- Not telling the truth about the amount of money or resources he or she has to get benefits.

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

- Call the OIG Hotline at 800-433-3982
- Visit <http://www.tn.gov/tenncare>. Then click on “Report Fraud”
- You can report directly to DentaQuest:

DentaQuest - TennCare Dental Plan
Attention: Utilization Review Department
PO Box 2906
Milwaukee, WI 53201-2906
Toll free at 855-418-1622

To report waste, abuse or fraud, gather as much information as possible.

- 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
- 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 waste, abuse or fraud

How do I report someone who is misusing/abusing the dental program? How do I report a dentist who I feel is committing fraud?

If you suspect a person who receives benefits or a provider (doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, you have a responsibility and a right to report it.

DIFFERENT TREATMENT COMPLAINT



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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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 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, 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, 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___ 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 comuniquen 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

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 ግለሰቦች: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-259-0701 (መስማት ለተሳናቸው: 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 ໂປດຊາບ: ຖ້າ ທ່ານ ກວດ ັ້ງ ພາສາ ລາວ, ການບໍລິ ການ ຈຸ ວອ ຕ ຫ ັ້ງ ອດ ັ້ງ ການ ສາ, ໂດຍ ບໍ ັ້ງ ສ ັ້ງ ອດ ັ້ງ, ຄ ມ ັ້ງ ມ ັ້ງ ອ ມ ັ້ງ ທ ັ້ງ ກ ັ້ງ. ໂທ 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 OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-259-0701 (TTY- Telefon za osobe sa oštećenim govornom 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 (телетайп: 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 (टिटावाइ: 1-800-848-0298) ।
Persian:	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم میباشد. تماس بگیرید 1-855-259-0701 (TTY: 1-800-848-0298)

- ¿Necesita ayuda para hablar con nosotros o para leer lo que le enviamos?
- ¿Tiene alguna discapacidad y necesita ayuda para su cuidado o para tomar parte en uno de nuestros programas o servicios?
- ¿O tiene más preguntas sobre su atención médica?

Llámenos gratis al 1-855-259-0701. Podemos conectarlo con la ayuda o servicio gratuito que necesite. (Para el sistema TTY (Para los sordos) llame al: 1-800-848-0298)

TennCare Agreement to Release Information

للتحقيق في شكوتك، قد يحتاج برنامج TennCare أو خطة الصحة منظمة الرعاية المدارة الخاصة بك لإخبار الأشخاص الآخرين أو الوكالات الضروريين لتلك الشكوى عن اسمك أو معلومات أخرى عنك.

لتسريع التحقيق في شكوتك، برجاء قراءة، وتوقيع، وإرسال بريد بنسخة من اتفاق الكشف عن المعلومات مع شكوتك. برجاء الاحتفاظ بنسخة لنفسك.

- أدرك أنه أثناء التحقيق في شكوتي، قد يحتاج برنامج TennCare و _____ (اكتب اسم خطة الصحة منظمة الرعاية المدارة الخاصة بك على السطر) لإخبار الأشخاص باسمي أو معلومات أخرى بشأني لأشخاص أو وكالات أخرى. على سبيل المثال، في حال إبلاغي أنني قد تعرضت للتمييز من طبيبي بسبب لوني، فقد تحتاج خطة الصحة منظمة الرعاية المدارة الخاصة بي إلى التحدث مع طبيبي.
- لا يتعين عليك الموافقة على الكشف عن اسمك أو معلومات أخرى. لا يلزم دائماً التحقيق في شكوتك. إذا لم توقع على الكشف، فسنظل نحاول التحقيق في شكوتك. ولكن، إذا لم توافق على السماح لنا باستخدام اسمك أو تفاصيل أخرى، فقد يحد هذا أو يوقف التحقيق في شكوتك. وقد نضطر إلى إغلاق حالتك. ومع ذلك، قبل أن نغلق حالتك إذا لم يعد ممكناً التحقيق في شكوتك لأنك لم توقع على الكشف، فقد نتصل بك لمعرفة ما إذا كنت ترغب في التوقيع على الكشف لكي يستمر التحقيق.

إذا كنت تتقدم بتلك الشكوى من أجل شخص آخر، فلا بد لذلك الشخص أن يوقع على اتفاق الكشف عن المعلومات. هل توقع على هذه بصفتك ممثل مخول؟ فطيفك أيضاً أن تعطينا نسخة من الوثائق التي تعد بموجبها ممثلاً مخولاً.

عند توقيعك على اتفاق الكشف عن المعلومات، أوافق على أنني قد قرأت وفهمت حقوقك المنصوص عليها أعلاه. وأوافق على أن يخبر برنامج TennCare الناس باسمي أو أي معلومات أخرى عني لأشخاص أو وكالات أخرى ضروريين لتلك الشكوى خلال التحقيق والنتائج.

عند توقيعك على اتفاق الكشف عن المعلومات، أوافق على أنني قد قرأت وفهمت حقوقك المنصوص عليها أعلاه. أوافق على أن تخبر خطة الصحة منظمة الرعاية المدارة الخاصة بي الناس باسمي أو أي معلومات أخرى عني لأشخاص أو وكالات أخرى ضروريين لتلك الشكوى خلال التحقيق والنتائج.

يعد اتفاق الكشف عن المعلومات موضع تنفيذ حتى النتيجة النهائية لشكوتك. بإمكانك إلغاء اتفاقك في أي وقت من خلال الاتصال أو مراسلة TennCare أو خطة الصحة منظمة الرعاية المدارة الخاصة بك بدون إلغاء شكوتك. وإذا قمت بإلغاء ذلك الاتفاق، فلا يمكن للمعلومات التي تمت مشاركتها بالفعل أن تعود مجهولة.

التوقيع: _____ التاريخ: _____

الاسم (برجاء الطباعة): _____

العنوان: _____

الهاتف: _____

تحتاج للمساعدة؟ هل تريد الإبلاغ عن أي شكوى؟ برجاء الاتصال أو إرسال بريد يحتوي على الشكوى الموقعة والكاملة واستمارة اتفاق الكشف عن المعلومات الموقع إلى العنوان التالي:

TennCare OCRC

310 Great Circle Road, 3W

Nashville, TN 37243

البريد الإلكتروني: HCFA.fairtreatment@tn.gov

الهاتف: 1-615-507-6474 أو على الهاتف المجاني: 1-855-857-1673

لخدمة ترحيل الاتصالات TRS ، اطلب 711 ثم اسأل عن 855-857-1673

TENNCARE DISCRIMINATION COMPLAINT

لا تسمح القوانين الاتحادية وقوانين الولايات لبرنامج TennCare أن يقوم بالتمييز ضدك بسبب عرقك أو لونك أو مكان ميلادك، أو عجزك، أو عمرك، أو جنسك، أو دينك، أو أي فئة أخرى يحميها القانون. هل تعتقد أنك قد تعرضت للتمييز لهذه الأسباب؟ استخدم تلك الصفحات للإبلاغ عن أي شكوى إلى برنامج TennCare.

يتعين عليك الإجابة على المعلومات التي تحمل علامة نجمة (*). وإن احتجت إلى المزيد من المساحة لتخبرنا بما حدث، فاستخدم أوراق أخرى وارسلها مع شكوتك.

1. * اكتب اسمك وعنوانك.

الاسم: _____

العنوان: _____

الرمز البريدي _____

الهاتف: المنزل (_____) العمل أو المحمول (_____) _____

البريد الإلكتروني: _____

اسم منظمة الرعاية المدارة إخطة الصحة: _____

2. * هل تبلغ عن هذه الشكوى من أجل شخص آخر؟ نعم: _____ لا: _____

إن كانت الإجابة نعم، فمن هو الشخص تعرض للتمييز بسبب العرق، أو اللون، أو مكان الميلاد، أو العجز/الإعاقة، أو العمر، أو الجنس، أو الدين، أي فئة أخرى يحميها القانون؟

الاسم: _____

العنوان: _____

الرمز البريدي _____

الهاتف: المنزل (_____) العمل أم المحمول (_____) _____

ما هي صلتك بذلك الشخص (زوجة، أخ، صديق)؟ _____

اسم منظمة الرعاية المدارة إخطة الصحة الخاصة بذلك الشخص: _____

3. * أي جزء من برنامج TennCare تعتقد أنه قام بالتمييز ضدك:

الخدمات الطبية _____ خدمات طب الأسنان _____ الخدمات الصيدلانية _____

الدعم والخدمات طويلة المدى _____ خدمات الأهلية _____ الالتئامات _____

4. *كيف تعرضت للتمييز؟ هل كان بسبب

عرقك _____ مكان ميلادك _____ لونك _____ عمرك _____

عجزك _____ دينك _____ سبب آخر _____

5. ما هو أنسب وقت للتحدث إليك بشأن هذه الشكوى؟

6. * متى حدث ذلك لك؟ هل تعلم التاريخ؟

تاريخ بداية الحدث: _____ تاريخ آخر مرة حدث ذلك: _____

7. يتعين عليك الإبلاغ عن الشكوى قبل 6 أشهر من تاريخ اليوم الذي تعرضت فيه للتمييز.

يجوز لك الحصول على أكثر من 6 أشهر للإبلاغ عن الشكوى إذا كانت هناك أسباب قوية لانتظار كل هذه الفترة (مثل حالة وفاة في عائلتك أو مرض ما).

8. * ما الذي حدث؟ كيف ولماذا تعتقد أن ذلك حدث؟ من قام بذلك؟ هل تعتقد أن أي هناك شخص آخر تعرض للتمييز؟ يمكنك الكتابة على المزيد من الورق وإرساله مع هذه الصفحات إذا احتجت لمزيد من المساحة.

9. هل هناك شاهد على ذلك التمييز؟ إن كان الأمر كذلك، يرجى إخبارنا بـ:

الاسم العنوان الهاتف

10. هل لديك مزيد من المعلومات تريد أن نطلعنا عليها؟

11. * لا يمكننا استلام شكوى غير موقعة. يرجى كتابة اسمك والتاريخ على السطر أدناه. هل تعد ممثلاً مخولاً للشخص الذي تظن أنه تعرض للتمييز؟ يرجى توقيع اسمك أدناه. وبصفتك الممثل المخول، فلا بد أن يكون لديك دليل على أنه يمكنك التصرف نيابة عن ذلك الشخص. إذا كان المريض أصغر من 18 عام، فيتعين على الوالد والوصي التوقيع للقاصر. **بيان: أوافق على أن المعلومات المتضمنة في تلك الشكوى حقيقية وصحيحة وأعطي برنامج TennCare موافقتي للتحقيق في شكوتي؟**

(وقع اسمك هنا إن كنت أنت الشخص الذي تتعلق به هذه الشكوى) (التاريخ)

(وقع هنا إن كنت الممثل المخول) (التاريخ)

هل تبلغ عن هذه الشكوى لشخص آخر ولكنت لست الممثل المخول للشخص؟ يرجى توقيع اسمك بالأسفل. يتعين على الشخص الذي تبلغ عن هذه الشكوى له التوقيع أعلاه أو إخبار خطة الصحة الخاصة بها/بها أوبرنامج TennCare بأنه لا يوجد مانع من قيامك بالتوقيع لها/ها. بيان: أوافق على أن المعلومات المتضمنة في تلك الشكوى حقيقية وصحيحة وأعطي برنامج TennCare موافقتي للاتصال بي بشأن تلك الشكوى.

(التاريخ)

(وقع هنا إن كنت تبلغ عن هذه الشكوى من أجل شخص آخر)

هل أنت مساعد من برنامج TennCare أو خطة الصحة منظمة الرعاية المدارة التي تساعد العضو بنية طيبة لملء تلك الشكوى؟ إن كان الأمر كذلك، يرجى التوقيع بالأسفل:

(وقع هنا إن كنت مساعد من

(التاريخ)

TennCare أو من خطة الصحة منظمة الرعاية المدارة)

لا يوجد مانع من الإبلاغ عن أي شكوى لخطة الصحة منظمة الرعاية المدارة الخاصة بك أو برنامج TennCare. ويتم التعامل مع المعلومات المتضمنة في تلك الشكوى بسرية. ولا يتم مشاركة الأسماء وأي معلومات أخرى بشأن الأشخاص المستخدمين في تلك الشكوى إلا عند الحاجة. يرجى إرسال اتفاق الكشف عن المعلومات موقعًا مع شكوتك. وفي حال تقديمك لتلك الشكوى نيابة عن شخص آخر، فيتعين على هذا الشخص توقيع اتفاق الكشف عن المعلومات وإرساله مع تلك الشكوى. احتفظ بنسخة من كل شيء ترسله. يرجى إرسال بريد أو بريد إلكتروني بالشكوى الموقعة والكاملة وصفحات اتفاق الكشف عن المعلومات الموقع لنا على:

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

كما يمكنك الاتصال بنا إن احتجت للمساعدة بخصوص تلك المعلومات.

TennCare Agreement to Release Information

للتحقيق في شكوتك، قد يحتاج برنامج TennCare أو خطة الصحة منظمة الرعاية المدارة الخاصة بك لإخبار الأشخاص الآخرين أو الوكالات الضروريين لتلك الشكوى عن اسمك أو معلومات أخرى عنك.

لتسريع التحقيق في شكوتك، برجاء قراءة، وتوقيع، وإرسال بريد بنسخة من **اتفاق الكشف عن المعلومات** مع شكوتك. برجاء الاحتفاظ بنسخة لنفسك.

- أدرك أنه أثناء التحقيق في شكوتك، قد يحتاج برنامج TennCare و _____ (اكتب اسم خطة الصحة منظمة الرعاية المدارة الخاصة بك على المسطر) لإخبار الأشخاص باسمي أو معلومات أخرى بشأني لأشخاص أو وكالات أخرى. على سبيل المثال، في حال إبلاغي أنني قد تعرضت للتمييز من طبيبي بسبب لوني، فقد تحتاج خطة الصحة منظمة الرعاية المدارة الخاصة بي إلى التحدث مع طبيبي.
- لا يتعين عليك الموافقة على الكشف عن اسمك أو معلومات أخرى. لا يلزم دائماً التحقيق في شكوتك. إذا لم توقع على الكشف، فسنظل نحاول التحقيق في شكوتك. ولكن، إذا لم توافق على السماح لنا باستخدام اسمك أو تفاصيل أخرى، فقد يحد هذا أو يوقف التحقيق في شكوتك. وقد نضطر إلى إغلاق حالتك. ومع ذلك، قبل أن نغلق حالتك إذا لم يعد ممكناً التحقيق في شكوتك لأنك لم توقع على الكشف، فقد نتصل بك لمعرفة ما إذا كنت ترغب في التوقيع على الكشف لكي يستمر التحقيق.

إذا كنت تتقدم بتلك الشكوى من أجل شخص آخر، فلا بد لذلك الشخص أن يوقع على **اتفاق الكشف عن المعلومات**. هل توقع على هذه بصفتك ممثل مخلول؟ فليكن أيضاً أن تطعنا نسخة من الوثائق التي تعد بموجبها ممثلاً مخلولاً.

عند توقيعك على **اتفاق الكشف عن المعلومات**، أوافق على أنني قد قرأت وفهمت حقوقي المنصوص عليها أعلاه. وأوافق على أن يخبر برنامج TennCare الناس باسمي أو أي معلومات أخرى عني لأشخاص أو وكالات أخرى ضروريين لتلك الشكوى خلال التحقيق والنتائج.

عند توقيعك على **اتفاق الكشف عن المعلومات**، أوافق على أنني قد قرأت وفهمت حقوقي المنصوص عليها أعلاه. أوافق على أن تخبر خطة الصحة منظمة الرعاية المدارة الخاصة بي الناس باسمي أو أي معلومات أخرى عني لأشخاص أو وكالات أخرى ضروريين لتلك الشكوى خلال التحقيق والنتائج.

يعد **اتفاق الكشف عن المعلومات** موضع تنفيذ حتى النتيجة النهائية لشكوتك. بإمكانك إلغاء اتفاقك في أي وقت من خلال الاتصال أو مراسلة TennCare أو خطة الصحة منظمة الرعاية المدارة الخاصة بك بدون إلغاء شكوتك. وإذا قمت بإلغاء ذلك الاتفاق، فلا يمكن للمعلومات التي تمت مشاركتها بالفعل أن تعود مجهولة.

التوقيع: _____ التاريخ: _____

الاسم (برجاء الطباعة): _____

العنوان: _____

الهاتف: _____

تحتاج للمساعدة؟ هل تريد الإبلاغ عن أي شكوى؟ برجاء الاتصال أو إرسال بريد يحتوي على **الشكوى الموقعة** الكاملة واستمارة **اتفاق الكشف عن المعلومات الموقع** إلى العنوان التالي:

TennCare OCR

310 Great Circle Road, 3W

Nashville, TN 37243

البريد الإلكتروني: HCFA.fairtreatment@tn.gov

الهاتف: 1-615-507-6474 أو على الهاتف المجاني: 1-855-857-1673

لخدمة ترحيل الاتصالات TRS، اطلب 711 ثم اسأل عن 855-857-1673

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