Patient Name:
Patient ID Number:
Physician:

## Starting

Your doctor has decided to **stop** the following care:

**Discharging Level of Care (circle the correct level of care)**:

Inpatient psych/dual ☐ Subacute ☐
Inpatient Detox ☐ Residential Treatment ☐
Inpatient Rehab ☐

## Why we're stopping this care:

TennCare **only** pays for care that is **medically necessary.**

To be medically necessary, your doctor must say you need (or order) this care [TennCare Rule 1200-13-16-.05(1)(a)]. But, your doctor **doesn't** think you still need the care you've been getting.

State law and the TennCare Rules say **TennCare can only pay for care that is medically necessary** [T. C. A. § 71-5-144; TennCare Rules 1200-13-16-.01(34), 1200-13-16-.02, and 1200-13-16-.06(11)].

To get a copy of these rules, call your health plan. You can **also** get a copy of your medical records and anything else that was used to make this decision.

**Wellpoint: 833-731-2153**
**BlueCare: 800-225-8698**
**TennCare Select: 800-225-8698**
**UnitedHealthcare: 800-690-1606**

**Planning For Your Discharge (Release from the Hospital):** Your doctor must give you a safe discharge plan when you leave. If you are not happy with the discharge plan, please call your health plan. The numbers are listed above.

**If you think you are being discharged too soon:**

- You can talk to the hospital staff, your doctor, and your health plan about your concerns.
- You also have the right to appeal to TennCare.
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step-by-step instructions for filing an appeal are on page 2-3.

**Please sign and date in the space below to show that you received this notice and that you know your rights. By signing, you also agree that the following are true:**

- You have received your discharge plan. Your discharge plan includes a follow up appointment(s) scheduled within 7 days of your discharge.
- You know that you have the right to appeal. How to appeal is described below.

| Signature of Patient or Representative | Date/Time |
|---|---|
| | |

## How to file a TennCare appeal

You can get an appeal page online at tn.gov/tenncare. Click "Members/Applicants" then click on "How to file a medical appeal." Or, TennCare can mail you an appeal page. You can call them for free at **1-800-878-3192.**

**Three ways to file your 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
2. Fax. You can fax your appeal page or letter for free to 1-888-345-5575.
3. Call. You can call TennCare for free at **1-800-878-3192.** They are there to help you Monday through Friday, 8:00 a.m. until 4:30 p.m., Central Time.

**What to say in your appeal letter:**

When you file an appeal, you're asking for a chance to tell a judge about a mistake you think TennCare made. It's called a fair hearing. To get a fair hearing, you must send them all of this information:

- Your name;
- Your Social Security number or the number on your TennCare card (If you don't have those numbers, give your full date of birth.);
- Your current mailing address;
- The name of who to call if they have questions about your appeal;
- A daytime phone number for this person;
- What kind of care you are appealing about;
- What kind of mistake you think we made (The mistake must be something that, if you're right, means TennCare will pay for the care.);
- If your appeal is for care you already received then…
  - The date you got care; and
  - The name of the doctor or other place that gave you the care. Include the address and phone number if you have it.

**What papers to send with your appeal:**

- If you paid for care and want to be paid back:

    - A copy of the receipt to prove you paid for the care. If you don't have it, ask your doctor, drug store, or other place for another copy.
- If you haven't paid for the care, but you're getting a bill:
    - A copy of the bill, including the date you first got a bill for the care. You can't use a statement from the collection agency.

**If** you **don't** give TennCare all of the facts and papers they need. They may not be able to work your appeal. So, you may **not** get a fair hearing.

You can file an appeal yourself. Or, you can allow a friend, family member, lawyer, or other person to speak for you. Your **doctor** can also appeal for you. But, he or she must have **your OK in writing** to do so. To give your doctor your OK, write all the information below on a piece of paper:

- **Your name;**
- **Date of birth;**
- **Doctor's name; and**
- **Your OK for them to appeal for you.**

Then fax or mail this paper to TennCare (see **Three ways to file your appeal** for the address and fax number). What if you don't send them your OK in writing and your doctor has asked for an appeal? TennCare will send you a page to fill out, sign, and send back to them.

**Do you think you have an emergency?**
Usually, your appeal is decided within 90 days after you file it. But, if you think you have an emergency and your health plan agrees, you'll get an **expedited** appeal. An expedited appeal will be decided in about one week. (It could take longer if your health plan needs more time to get your medical records.)

An emergency means waiting 90 days for a "yes" or "no" decision could put your life or physical or mental health in real danger. If you think you have an emergency, you can ask TennCare for an expedited appeal by calling **1-800-878-3192.**

Your doctor can help by completing a "Provider's Expedited Appeal Certificate." He or she can get the page from TennCare's website. **Go to tn.gov/tenncare.** Click "Providers >TennCare Providers News, Notices & Forms," and then click "Miscellaneous Provider Forms." Your doctor should fax this certificate and your medical records to TennCare.

TennCare **and** your health plan will then look at your appeal and decide if it should be expedited. **If it should be**, you will get a decision on your appeal in about one week. (Remember, it could take longer if your health plan needs more time to get your medical records.)