



# TENNCARE DENTAL PLAN

**MEMBER HANDBOOK  
JANUARY 2023**





## DentaQuest TennCare DENTAL PLAN

# MEMBER HANDBOOK

### **DentaQuest, LLC**

11100 W. Liberty Drive

Milwaukee, WI 53224

855-418-1622

[DentaQuest.com](http://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

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

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**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.

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**Tennessee Health Connection** 855-259-0701

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**Transportation Services** 855-418-1622

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

## TENNCARE KIDS

Check In, Check Up, Check Back!

TennCare Kids (also referred to as EPSDT or Early Periodic Screening, Diagnosis and Treatment) is the name for TennCare's program to keep children healthy. Your child and teen need regular health checkups, even if they seem healthy. These visits help your doctor find and treat problems early.

In TennCare Kids, checkups for children are provided until they reach age 21.

TennCare Kids also pays for medically necessary care and medicine to treat problems found at the checkup. This includes medical, dental, speech, hearing, vision, and behavioral (mental health, alcohol or drug abuse problems).

If your child hasn't had a checkup lately, call your child's dental home dentist today for a dental appointment. When you call your child's dentist ask for a TennCare Kids checkup. You can go to your child's dental home dentist to get TennCare Kids checkups.

For your child's dental care you may see your Dental Home dentist or any contracted dentist who participates in the TennCare Dental Plan.

And, if someone else, like your child's teacher, is worried about your child's health, you can get a TennCare Kids checkup for your child.

TennCare Kids checkups may include:

- Health history
- Complete physical exam
- Laboratory tests (as needed)
- Immunizations (shots)
- Vision/hearing screening
- Developmental/behavioral screening (as needed)
- Advice on how to keep your child healthy
- Dental evaluation

Please read more about TennCare Kids in your Member Handbook.



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# WELCOME TO DENTAQUEST, YOUR CHILD'S DENTAL PROGRAM UNDER TENNCARE!

Dental care is very important for your child's health and well-being! Your child needs to have checkups every six months at his or her Dental Home. A Dental Home is the dentist's office where your child goes regularly for dental care.

You can find a list of dentists that work with DentaQuest on our website – [www.dentaquest.com](http://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

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## 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 Dental Home 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 child or children enrolled in the TennCare Dental Plan program
- **"We," "us," and "our"** — Refers to DentaQuest
- **"Your dentist," "Participating Dentist," and "Contracted Dentist"** — Refers to the Dental Home dentist you choose who will provide your dental care.
- **"TennCare Dental Plan," "Medicaid," and "TennCare"** — Refers to the Division of TennCare and/or TennCare Dental Plan

- **“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.
- **“My Child”** — Refers to the parent or legal guardian of the child or children enrolled in 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 the TennCare Dental Plan
- **“Emergency,” “Emergencies,” “Emergent,” and “Emergency Services”** — Emergencies are times when there could be serious danger or damage to your child’s health if he or she doesn’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 Dental Plan
- 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.

### **Member Satisfaction Survey Results**

Each year DentaQuest calls TennCare members to ask how happy they are with their dental care and dental plan. We will continue working with members and dentists to improve satisfaction.

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 Tennessee Health Connection al 855-259-0701.

Need help in another language? You can call DentaQuest for assistance in any language at 855-418-1622 or the numbers below. 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. 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).

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

قەغلا ریبیەعا انتەخدە عاسملا ویەغلا رفوتە کلا انجام. اتصل مقبر: 1-888-291-3766  
مقر فتاه صملا و مכלلا: 711 وظەحلم: اذا مکتت

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) .

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, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, 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](mailto: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>

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### **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:**

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

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### **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.

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## **WHAT IS A DENTAL HOME?**

A Dental Home can be a general dentist or a pediatric dentist who treats children. Your Dental Home will provide your child with services that prevent teeth problems. This dentist also can fix most teeth problems. Your child's Dental Home also can send your child to a dental specialist for teeth problems that are harder to fix, if that kind of treatment is needed.

As a DentaQuest member you have a Dental Home. A Dental Home is a dentist you see regularly. This dentist will provide the care you need and always be available.

Your Dental Home will work with you so you can stay healthy. It is important to go back to the same Dental Home at each appointment.

### **Your Dental Home will provide:**

Complete dental care

- A dental health plan designed for you
- Guidance about growth and diet
- How to correctly care for your teeth

Healthy teeth and gums are an important part of overall health. For a longer healthier life have regular checkups every six months. Children should see the dentist by age one.

So don't wait! Call your Dental Home and make an appointment today.

If you have questions about your Dental Home or benefits call toll free 855-418-1622 or visit our website at [www.dentaquest.com](http://www.dentaquest.com)

**Remember:** Once you choose a Dental Home you are responsible for keeping all of your dental appointments and always arriving on time. If you are moving or need to change your Dental Home please call customer service for help at 855-418-1622.

### **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 "TennCare" 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 the member's ID card. 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 your child needs dental care after the office is closed and it is **not** an emergency, you can call your child's Dental Home office 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)  
7:00 a.m. - 5:00 p.m. Central Time  
Automated System is available  
24 hrs a day/7 days a week.

### **Can a clinic be my child's Dental Home (Rural Health Clinic/ Federally Qualified Health Center or County Health Department Dental Clinic)?**

Yes, a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or County Health Department Dental Clinic can be your Dental Home if you choose and they are contracted with DentaQuest. Give us a call with any questions at 855-418-1622.

### **How Can I Change My Child's Dental Home?**

You can change your Dental Home by calling us at 855-418-1622. Or you can write us at:

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

If your dentist decides to no longer participate in DentaQuest's provider network, call us. You can ask to keep seeing that dentist to finish specific dental procedures that were started.

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

You can change your child's Dental Home as necessary to find the right fit.

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

Once you have changed your child's dentist, this change will be

effective the month after you ask. Sometimes, depending on the circumstances, we may be able to change your dentist right away.

### **Is there any reason I might be denied if I ask to change my child's Dental Home?**

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

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

### **Can a Dental Home ask to move my child to another Dental Home?**

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

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

### **What if my child needs to see a dental specialist who is not my child's Dental Home?**

Your child's Dental Home will refer you to a dental specialist as needed.

### **What if I choose to take my child to a dentist that is out of network?**

You will have to pay for any out-of-network services not authorized by DentaQuest, except for emergency care

### **What if I choose to take my child to 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.

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## **BENEFITS**

### **What are my child's TennCare dental benefits?**

TennCare members under age 21 have covered benefits as part of TennCare Kids. TennCare Kids is Tennessee's EPSDT health program.

These benefits include:

- Oral Health Assessments – your dentist will ask you about your brushing, flossing, and eating habits
- Examinations of Teeth and Oral Cavity – your dentist will look at your entire mouth to check the health of your teeth and gums
- Topical Fluoride – your dentist will put fluoride, which is a mineral, on your teeth to help stop cavities
- Application of Dental Sealants – your dentist will place a thin coating on the grooves of your back teeth to protect them
- Dental Prophylaxis Services – your dentist will give your teeth a good cleaning
- Diagnostic Services – your dentist will use x-rays along with the exam to decide what dental treatment you need
- Restorative Services – your dentist may need to do a filling or a crown to restore or fix your tooth
- Orthodontic Services – your dentist may refer you for braces if your teeth qualify under TennCare
- Endodontic Services – your dentist may work on the inside of your teeth, such as a root canal
- Oral Surgery – your dentist may need to do surgery on your mouth or jaw, such as taking out your wisdom teeth
- Periodontic Services – your dentist may need to treat your gum disease, such as doing a deep cleaning
- Oral Pathology Services – your dentist may remove tissue and send it to a lab to find out if you may have an infection or even cancer
- Anesthesia Services – your dentist may give you medicine to keep you from being in pain during surgery or another treatment
- Braces are covered if a member has a handicapping malocclusion. For more information on orthodontic coverage and the definition of handicapping malocclusion, scan the TennCare Medicaid or TennCare Standard QR code or learn more at [bit.ly/tenn-care-medicaid-ortho-coverage](https://bit.ly/tenn-care-medicaid-ortho-coverage) or [bit.ly/tenn-care-standard-ortho-coverage](https://bit.ly/tenn-care-standard-ortho-coverage).



TennCare Medicaid



TennCare Standard



## **What services are not covered?**

- Services which are not medically necessary for the member's dental health
- Our dentists make decisions about treatment based on if the treatment is right for you and if you have insurance. DentaQuest does not reward our dentists if they deny services and does not give out bonuses to dentists who do not approve treatment that you need
- Services like tooth whitening or other cosmetic dental care
- Experimental or investigational procedures
- Services which are eligible for reimbursement by insurance or covered under any other insurance or health care service plan.

## **How do I get these services for my child?**

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

- Seeing only DentaQuest contracted dentists listed on DentaQuest's website
- Visiting your Dental Home regularly for checkups
- Following your Dental Home'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 my child (prescriptions)?**

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

## **Who do I call if I have problems getting drugs the dentist ordered for my child (prescriptions)?**

Call your medical health plan or you can contact:

TennCare Pharmacy Program

888-816-1680

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## **DENTAL CARE AND OTHER SERVICES**

### **What is routine dental care? How soon can I expect my child 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 children under the age of 21. 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

TennCare also covers dental services your child gets in a hospital. This includes services the doctor provides and other services your child might need, like anesthesia. You have the same benefits and coverage for emergency services as you do for routine services.

If your child is in a medical health plan, the health plan will pay for these services.

### **What is Prior-Authorization?**

Some services will need to be approved (prior-authorized) by DentaQuest before you can get them. An approval that you got from a plan not in the TennCare program will not work. TennCare will only cover services you need to stay healthy. If you don't have TennCare anymore 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 all prior-authorizations are voided (no longer good) and you will be responsible for paying for all services provided if your TennCare coverage has terminated or expired.

### **What are some examples of services that needs to be approved (prior-authorized)?**

- Orthodontic Services/Braces
- Root canals

- Crowns
- Extraction of un-erupted wisdom teeth

### **How do I get urgent dental care for my child and who do I call?**

Call your child's Dental Home immediately to find out how your child can get in for a dental appointment. If your Dental Home office is closed, do all of the following:

- Call your Dental Home dentist anytime and leave a message with the answering service so they can contact you as soon as the office opens
- Call DentaQuest at 855-418-1622. The regular hours are from 7 a.m. to 5 p.m. Central Time, but you can call 24 hours a day, 7 days a week or at anytime and leave a message. Let us know you have an urgent dental need so we can assist you right away. If you leave a message DentaQuest will return your call and provide the assistance you need in getting in to see the dentist for care.

### **How soon can I expect my child to be seen in an emergency?**

Your child can get emergency dental services immediately after you make contact with your medical health plan or DentaQuest to tell them about the emergency.

### **What does Medically Necessary mean?**

For more information please look at the TennCare Medical Necessity Rule, scan the QR code or learn more at [bit.ly/tenncare-medical-necessity](http://bit.ly/tenncare-medical-necessity).



### **What is TennCare Kids?**

TennCare Kids is the program for children under the age of 21. TennCare Kids (EPSDT) includes well-child checkups, dental checkups and immunizations. These checkups are very important. Even though you may feel well, you could still have a health problem. You may see the Primary Care Provider (PCP) your TennCare health plan has assigned you/your child for medical care. For you/your child's dental care you may see your Dental Home dentist or any contracted dentist who participates in the TennCare Dental Plan.

### **How and when do I get TennCare Kids dental checkups for my child?**

We will help you keep track of the services that your child needs in order to stay healthy. We will send you a postcard or call to remind you

to make an appointment. Your Dental Home may also send a reminder to you that it is time for your dental checkup.

**Does my child’s 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.

**Do I have any co-payments?**

Your ID card will tell you if you will have a TennCare co-payment or you can ask your dentist. Or you can call DentaQuest at 855-418-1622 to ask if you have a co-payment. If you do have a co-payment it will be the same amount at each dental visit.

You will not be asked to make a co-payment for “preventive services”. Preventive services includes services at your regular check-up, such as teeth cleaning, fluoride treatments, and dental sealants. You have a list of preventive services in this handbook in the benefit table and you can ask your dentist if the service is preventive or not at your dental visit. Remember if you are no longer TennCare eligible, you will be responsible to pay for all services you receive. TennCare and DentaQuest may use whatever legal methods are available to collect when you are responsible for payment.

TennCare members at certain income levels may be required to make co-payments. If you have questions about co-payments you can call DentaQuest at 855-418-1622 or the Tennessee Health Connection for free at 855-259-0701.

**What if I need to cancel my child’s dental visit?**

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

**What if I am out of town and my child is due for a TennCare Kids dental checkup?**

Office visits for TennCare Kids services when your child is out of town but within the state of Tennessee will be covered as long as the services are received from a DentaQuest provider.

## **If I do not have a ride, how can I get my child 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 are a child under the age of 21, you can have someone ride with you. 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.

## **Who do I call for a ride to a dental appointment?**

Call DentaQuest at 855-418-1622 (toll-free) to learn more or set up a ride. You should call as soon as you know your next appointment date. You must call at least 48 hours before the appointment.

Members under the age of 18 may be required to travel with an adult.

## **What if my child needs routine dental care or emergency dental services when he or she is out of town or out of Tennessee?**

- If your child needs routine dental care when traveling, call us toll-free at 855-418-1622 and we will help you find a dentist

If your child needs emergency dental services while travelling, seek care at the nearest dental office or hospital emergency department and then call your medical health plan or DentaQuest.

## **What if my child needs dental services when he or she is out of the country?**

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

## **What if my child needs to see a dental specialist?**

A dental specialist is a dentist who has special or advanced training in treating certain types of dental conditions. One kind of specialist is an oral surgeon, who performs surgeries in the mouth. If it is needed, your dentist will help you find a dental specialist for your care.

## **How soon can I expect my child to be seen by a dental specialist?**

- If the dental specialist is providing urgent care, your child will be seen no later than 48 hours from the time you saw your Dental Home dentist.
- If the dental specialist is providing therapy or your child needs to see the specialist to get a diagnosis, your child will be seen no later than 21 days from the time you saw your Dental Home dentist.
- If the specialist is providing services to prevent teeth problems, your child will be seen no later than 30 days from the time you saw your Dental Home dentist.

## **What services do not need a referral?**

Your child does 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. However, you do not need a referral from your dentist to see a specialist. If you need to see a specialist over and over, you don't have to ask your Dental Home dentist or get a referral each time.

## **Can someone interpret for me when I talk with my child's 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 child's dentist.

Call us if you need an interpreter with you in the dental office during your child's 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)*  
 7:00 a.m. - 5:00 p.m. Central Time  
 Automated System is available  
 24 hrs a day/7 days a week.

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

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

**What information will they need?**

Please have your child's member ID card and the bill you received from your child's 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 Tennessee Health Connection 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 Tennessee Health Connection 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 you or your child's dentists and other providers.
2. You have the right to know how your child's 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 your child can get the right kind of care when your child needs it.
6. You have the right to take part in all the choices about your child's dental care.
7. You have the right to speak for your child 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 your child needs, at no cost to you.
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 child's dentists and other providers in private, and to have your child's dental records kept private. You have the right to look over and copy your child's 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 your child can advise you about your child's health status, medical care, and treatment. Your child's 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 your child. 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 child's dental health improve. You can help by assuming these responsibilities.

1. You and your child must try to follow healthy habits, such as encouraging your child to exercise, to stay away from tobacco, and to eat a healthy diet.
2. You must become involved in the dentist's decisions about you and your child's treatments.
3. You must work together with DentaQuest's dentists and other providers to pick treatments for your child 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 your child, 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. Immediately informing TennCare, DentaQuest and DHS of any of these things:
  - An address change each and every time you move
  - A phone number change each and every time you change phone numbers
  - A name change

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**

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.

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.

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## **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 7:00 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 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.

## 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 7:00 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, scan the QR code or learn more at [bit.ly/tenncare-medical-appeal](https://bit.ly/tenncare-medical-appeal).



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 la Unidad de Soluciones de TennCare (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 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](http://bit.ly/tenncare-medical-appeal).



Si necesita otra hoja apelación médica o quiere que TennCare se la envíe, llame a la **Unidad de Apelaciones Médicas 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 **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 **Bureau 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, your child has 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.

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## 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.**

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**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?**

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**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:

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(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 material?**

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.

<b>Spanish:</b>	<b>Español</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-259-0701 (TTY: 1-800-848-0298).
<b>Kurdish:</b>	<b>کوردی</b> ئێگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگۆزارێکمان پێرمانی بەخۆرای، بۆ تۆ بەردەستە. پەیوەندی بە 1-855-259-0701 (TTY: 1-800-848-0298) بکە.
<b>Arabic:</b>	<b>العربية</b> مۆرب لڤریتا، نإچإلإب لکل رفإوإتت ؤیوغللإ دتءاسلإلإ تءادخ نإف، ؤغللإ رفلذإ شدحتت تنك اذإ؛ بظو حلم 1-855-259-0701 (مئسل او مصلإ فتاه مؤر) 1-800-848-0298.
<b>Chinese:</b>	<b>繁體中文</b> 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)。
<b>Vietnamese:</b>	<b>Tiếng Việt</b> 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).
<b>Korean:</b>	<b>한국어</b> 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-259-0701 (TTY: 1-800-848-0298)번으로 전화해 주십시오.
<b>French:</b>	<b>Français</b> 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).
<b>Amharic:</b>	<b>አማርኛ</b> ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-259-0701 (መስማት ስተሳናቸው: 1-800-848-0298)።
<b>Gujarati:</b>	<b>ગુજરાતી</b> સુચના: જો તમે ગુજરાતી બોલતા છે, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-259-0701 (TTY: 1-800-848-0298).
<b>Laotian:</b>	<b>ລາວ</b> ໂປດຊາບ: ຖ້າວ່າ ທ່ານ ກຽມ ກຳລັງ ນຳ ພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ພາສາ ລາວ ຈຳນວນ ມີ ອັດຕະໂນ ຈຳນວນ ພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄຳ ເນັ ມີ ອັດຕະໂນ ອັນ ທີ່ ບໍ່ ມີ ຄ່າ. ໂທ 1-855-259-0701 (TTY: 1-800-848-0298).
<b>German:</b>	<b>Deutsch</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-259-0701 (TTY: 1-800-848-0298).
<b>Tagalog:</b>	<b>Tagalog</b> 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).
<b>Hindi:</b>	<b>हिंदी</b> 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।
<b>Serbo-Croatian:</b>	<b>Srpsko-hrvatski</b> OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-259-0701 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-848-0298).
<b>Russian:</b>	<b>Русский</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-259-0701 (телефайп: 1-800-848-0298).
<b>Nepali:</b>	<b>नेपाली</b> ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-259-0701 (टिटावाड: 1-800-848-0298) ।
<b>Persian:</b>	<b>توجه:</b> 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, 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 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:

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(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](mailto: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](mailto:HCFA.fairtreatment@tn.gov)

<b>Vietnamese:</b>	<b>Tiếng Việt</b> 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).
<b>Korean:</b>	<b>한국어</b> 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-259-0701 (TTY: 1-800-848-0298)번으로 전화해 주십시오.
<b>French:</b>	<b>Français</b> 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).
<b>Amharic:</b>	<b>አማርኛ</b> ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገለግሉዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-259-0701 (መስማት ስተሳናቸው: 1-800-848-0298)።
<b>Gujarati:</b>	<b>ગુજરાતી</b> 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).
<b>Laotian:</b>	<b>ລາວ</b> ໂປດຊາວ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄຸນນະພາບອັນສອບູນທ່ານ. ໂທສ 1-855-259-0701 (TTY: 1-800-848-0298).
<b>German:</b>	<b>Deutsch</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-259-0701 (TTY: 1-800-848-0298).
<b>Tagalog:</b>	<b>Tagalog</b> 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).
<b>Hindi:</b>	<b>हिंदी</b> 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।

<b>Serbo-Croatian: Srpsko-hrvatski</b> <b>ОБАВЈЕШТЕНЈЕ:</b> Ако говорите srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-259-0701 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1- 800-848-0298).
<b>Russian: Русский</b> <b>ВНИМАНИЕ:</b> Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-259-0701 (телетайп: 1-800-848-0298).
<b>Nepali: नेपाली</b> <b>ध्यान दिनुहोस्:</b> तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-259-0701 (टिटिवाइ: 1-800-848-0298) ।
<b>Persian:</b> <b>توجه:</b> اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم میباشند. 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؟ فعليك أيضاً أن تعطينا نسخة من الوثائق التي تعد بموجبها ممثلاً مخولاً.

عند توقيعني 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 توقيعني 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 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](mailto: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 \_\_\_\_\_ الالتزامات \_\_\_\_\_

### **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 أو الوصي 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 ولكنك 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 أوبرنامج TennCare بأنه لا يوجد مانع من قيامك بالتوقيع لها. 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**

التحقيق 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 دائمًا 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 بذلك الشكوى من أجل شخص آخر، فلا بد لذلك الشخص أن يوقع على **اتفاق الكشف عن المعلومات**. هل توقع على هذه بصفتك ممثل مخول؟ فعليك أيضاً أن تعطينا نسخة من الوثائق التي تعد بموجبها ممثلاً مخولاً.

عند توقيع **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 توقيع **على اتفاق الكشف عن المعلومات**، أوافق على أنني قد قرأت وفهمت حقوقي المنصوص عليها أعلاه. وأوافق 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.

بعد **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 OCRC

310 Great Circle Road, 3W

Nashville, TN 37243

البريد الإلكتروني: [HCFA.fairtreatment@tn.gov](mailto:HCFA.fairtreatment@tn.gov)

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

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







## **DentaQuest, LLC**

11100 W. Liberty Drive  
Milwaukee, WI 53224  
855-418-1622  
[DentaQuest.com](https://www.DentaQuest.com)

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