



# Welcome to the community

**Tennessee CoverKids**

Member Handbook | 2023

**United  
Healthcare  
Community Plan**

**CoverKids**

<b>FREE Phone Numbers to call for help</b>	
<b>CoverKids Member Services</b> Call about your health care	<b>1-866-600-4985</b> TTY/TDD Line: <b>711</b>
<b>Nurse Help Line</b>	<b>1-866-600-4985</b>
<b>DentaQuest</b> Call about dental (teeth) care for children under age 19	<b>888-291-3766</b>
<b>OptumRx Pharmacy Services</b>	<b>844-568-2179</b>
<b>Fraud Hotline</b> Call to report CoverKids fraud or abuse	<b>1-866-600-4985</b>
<b>Population Health</b>	<b>1-866-600-4985</b>
<b>TennCare Connect</b> Call for questions about eligibility	<b>855-259-0701</b>
<b>Community Resources</b> Call for help with connecting to food banks, housing services, and other life needs.	<b>1-866-600-4985</b>



# CoverKids<sup>SM</sup> and your health plan, UnitedHealthcare Community Plan

## Member Handbook 2023

**¿Necesita un manual de CoverKids en español? Para conseguir un manual en español, llame al 1-866-600-4985**

### **Your Right to Privacy**

There are laws that protect your privacy. They say we can't tell others certain facts about you. Read more about your privacy rights in Part 6 of this handbook.

### **IMPORTANT:**

Even if you don't use your CoverKids, the state still pays for you to have it. If you don't need your CoverKids anymore, please call TennCare Connect for free at **855-259-0701**.

<b>Do you need free help with this letter?</b>	
If you speak a language other than English, help in your language is available for free. This page tells you how to 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 1-866-600-4985, TTY: 711.
<b>Kurdish:</b>	<b>کوردی</b> گەداری: ئەگەر بە زمانی کوردی قسە دەکەیت، خزمەتگۆزارێمانی پارمەتی زمان، بەخۆراییی بۆ تۆ بەردەستە. یەبووندی بکە بە 1-866-600-4985 (TTY 711).
<b>Arabic:</b>	<b>العربية</b> ملحوظة: إذا كنت تتحدث اذکر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-600-4985 الهاتف النصي 711.
<b>Chinese</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1-866-600-4985, TTY: 711
<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 1-866-600-4985, TTY: 711.
<b>Korean:</b>	<b>한국어</b> 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-600-4985, TTY: 711번으로 전화해 주십시오
<b>French:</b>	<b>Français</b> ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-600-4985 (TTY 711).
<b>Amharic:</b>	<b>አማርኛ</b> ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚስተለው ቁጥር ይደውሉ። 1-866-600-4985, TTY: (711)።
<b>Gujarati:</b>	<b>ગુજરાતી</b> ધ્યાન આપશો: જો તમે અંગ્રેજી ના બોલતા હો તો, ભાષા સહાયતા સેવાઓ, મફતમાં, તમને ઉપલબ્ધ રહે છે. કોલ કરો 1-866-600-4985 નંબર પર, TTY: 711.
<b>Laotian:</b>	<b>ພາສາລາວ</b> ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທ 1-866-600-4985, TTY: 711
<b>German:</b>	<b>Deutsch</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-600-4985, TTY: 711.
<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 1-866-600-4985, TTY: 711.
<b>Hindi:</b>	<b>हिंदी</b> ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-600-4985, TTY: 711 पर कॉल करें।
<b>Serbo-Croatian:</b>	<b>Srpsko-hrvatski</b> OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-600-4985, TTY: 711.

<b>Russian:</b>	<b>Русский</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-600-4985, TTY: 711
<b>Nepali:</b>	<b>नेपाली</b> ध्यान दिनुहोस्: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छैन। 1-866-600-4985 (TTY 711) मा फोन गर्नुहोस्।
<b>Persian:</b>	توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. با 1-866-600-4985 TTY: 711 تماس بگیرید

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

Call us for free at **1-866-600-4985**. We can connect you with the free help or service you need (for TTY call: **711**).

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

Here are three places where you can file a complaint:

<p><b>TennCare Office of Civil Rights Compliance</b></p> <p>310 Great Circle Road, 3W Nashville, Tennessee 37243</p> <p>Email: <b>HCFA.Fairtreatment@tn.gov</b></p> <p>Phone: <b>855-857-1673</b> TRS: <b>711</b></p> <p>You can get a complaint form online at: <b><a href="https://www.tn.gov/content/dam/tn/tenncare/documents/complaintform.pdf">https://www.tn.gov/content/dam/tn/tenncare/documents/complaintform.pdf</a></b></p>	<p><b>UnitedHealthcare Community Plan</b></p> <p>Attn: Appeals and Grievances P.O. Box 5220 Kingston, NY 12402-5220</p> <p>Phone: <b>1-866-600-4985</b> TTY: <b>711</b></p> <p>You can get a complaint form online at: <b><a href="http://www.tn.gov/hcfa/article/civil-rights-compliance">http://www.tn.gov/hcfa/article/civil-rights-compliance</a></b></p>	<p><b>U.S. Department of Health &amp; Human Services</b></p> <p>Office for Civil Rights 200 Independence Ave SW Rm 509F, HHH Bldg Washington, DC 20201</p> <p>Phone: 800-368-1019 TDD: 800-537-7697</p> <p>You can get a complaint form online at: <b><a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a></b></p> <p>Or you can file a complaint online at: <b><a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a></b></p>
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CoverKids

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## Welcome to CoverKids and your health plan, UnitedHealthcare Community Plan

This is your CoverKids member handbook. This handbook tells you how to use CoverKids to get care. CoverKids provides health insurance to some children under age 19 and some pregnant women. CoverKids is a program of the state of Tennessee's Division of TennCare.

**Having other insurance, even Medicare, is not allowed for anyone who has CoverKids.**

**If you have or get other health insurance, call TennCare Connect at 855-259-0701 and ask to end your CoverKids.**

### **Why is it important to know about your CoverKids?**

Because it helps you know about the kind of health care benefits CoverKids covers. It also helps you know if you must pay copays for CoverKids benefits. We'll tell you more about your CoverKids benefits and copays later in this handbook.

TennCare/CoverKids sent you a letter to tell you that you have CoverKids and what day your CoverKids started. If you have questions or problems about your CoverKids dates, you can call TennCare Connect for free at **855-259-0701**.

**IMPORTANT:** State law says you must tell CoverKids about any changes that may affect your coverage. You **must** report these changes within 10 days of the change, and you must give CoverKids the proof they need to make the change. Call or make changes on the online TennCare Connect portal right away if:

- You move\*\*
- You change jobs
- The number of people in your family changes
- Your income changes
- You get group health insurance

\*\* Anytime you move, you must tell CoverKids about your new address.

**Why?** TennCare/CoverKids sends you important information about your CoverKids coverage and benefits in the mail. If they don't have your current address, you **could lose** your CoverKids. Call TennCare Connect at **855-259-0701** to tell them about your new address, or you can make changes online by creating a free TennCare Connect account at **[tenncareconnect.tn.gov](https://tenncareconnect.tn.gov)**.

## Your CoverKids Health Plan

UnitedHealthcare Community Plan is your CoverKids health plan that helps you get **physical or behavioral health care (mental health, alcohol and substance use services)**. For questions about getting physical or behavioral health care, call us at **1-866-600-4985**. It's a free call.

Do you have questions about your health? Do you need to know what kind of doctor you should see? Call our Nurse Help Line at **1-866-600-4985**. It's a free call.

## Your Pharmacy Health Plan

You have prescription coverage through CoverKids. CoverKids' pharmacy plan is called **OptumRx**. You will receive a separate pharmacy card. If you need a prescription filled, you can go to the pharmacy and use your OptumRx member identification card.

**Before you go, make sure the pharmacy you use accepts CoverKids.**

To find out, go to the **Find a Network Pharmacy Tool** at **[https://www.optumrx.com/oe\\_coverkids/landing](https://www.optumrx.com/oe_coverkids/landing)**. Enter the information requested to find pharmacies near you that accept CoverKids. Or, you can call CoverKids Pharmacy Services for assistance, twenty-four hours a day, seven days a week at **844-568-2179**.

Do you need more help? Do you have questions about your card? Call CoverKids Pharmacy Services at **844-568-2179**.

Learn more about your prescription coverage in Part 1 and Part 2.

## Dental Health Plan for children


CoverKids only covers routine dental care for children under the age of 19. CoverKids dental health plan is **DentaQuest**. They can help you if you have questions about dental care. To find a DentaQuest dentist, go to **<http://www.dentaquest.com/state-plans/regions/tennessee/>**. Then click Find a Dentist. Or you can call DentaQuest at **888-291-3766**.

**NOTE:** CoverKids does **not** cover any routine dental care, including oral surgery, if you are 19 or older.

# Part 1:

# Using your CoverKids Health Plan

Every CoverKids member has a member card. This is what your card looks like:

	CoverKids
Health Plan (80840)	
Member ID: 001800316	Group Number: TNTNCARE
Member: REISSUE M ENGLISH	Payer ID: 95378
PCP Name: TERRACE PEDIATRIC GROUP	
	Effective Date 11/14/2012
COPAY Level 2:OV/SPEC/IPH \$5/\$5/\$5	
0501	Cover Kids Benefit: N Administered by UnitedHealthcare Community Plan, Inc.

Printed: 11/17/20	
You should always see your Primary Care Provider (PCP) before receiving medical treatment from any provider (except for emergencies). In a medical emergency, care may be obtained from the closest medical care provider. Notify both your Primary Care Provider and your local UnitedHealthcare office after receiving such care.	
For Members: <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a>	866-600-4985
NurseLine:	866-600-4985
Dental:	888-291-3766
Mental Health:	866-600-4985
For Providers:	800-690-1606
Medical Claims:	PO Box 5220, Kingston, NY, 12402-5220

Here are some of the things that your card has on it:

- **Member Name** is the name of the person who can use this card.
- **ID Number** is the number that tells us who you are.
- **Group Number** is the number that tells us you are a CoverKids member.
- **Provider Networks** is the choice of doctors, hospitals, and other health care providers that take your CoverKids card.
- **Copays** are what you pay for each health care service. Not everyone has copays.
- **Benefit Indicator** is the kind of CoverKids benefit package you have. Your benefit package is the kind of services or care CoverKids covers for you.

Carry your card with you at all times. You'll need to show it when you go to see your doctor and when you go to the hospital.

This card is only for you. Don't let anyone else use your card. If your card is lost or stolen, or if it has the wrong information on it, call us **at 1-866-600-4985** for a new card. It's a free call.

If you have questions about CoverKids, you can:



**Write us:**

CoverKids Member Services  
UnitedHealthcare Community  
Plan  
8 Cadillac Drive, Suite 100  
Brentwood, TN 37027



**Call Us**

**1-866-600-4985**

## CoverKids Provider Network

### In Network

The doctors and other people and places who work with CoverKids are called the **Provider Network**. All of the CoverKids providers are listed in our **Provider Directory**. You can find the Provider Directory online at [myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan). Or call us at **1-866-600-4985** to get a list. Providers may have signed up or dropped out after the list was printed. But the online Provider Directory is updated every week. You can also call us at **1-866-600-4985** to find out if a provider is in our network.

Sometimes your doctor can't provide the care or treatment you need because of ethical (moral) or religious reasons. Call us at **1-866-600-4985**. We can help you find a doctor who can provide the care or treatment you need.

To find doctors who speak other languages, you can check the CoverKids Provider Directory online at [myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan).

You **must** go to doctors who take CoverKids for CoverKids to pay for your health care.

### Out of Network

A doctor who is not in the Provider Network and doesn't take CoverKids is called an **Out-of-Network provider**. Most of the time if you go to a doctor who is Out-of-Network, **CoverKids will not pay**.

But, sometimes, like in emergencies or to see specialists, CoverKids will pay for a doctor who is Out-of-Network. Unless it's an emergency, you must have an **OK** first. The sections **Specialists** and **Emergencies** tell you more about when you can go to someone who is Out-of-Network.



If you were already getting care or treatment when your CoverKids started, you may be able to keep getting the care without an OK or referral. Call us at **1-866-600-4985** to find out how.

### How to get free language help at your health care visits

If English is not your first language, you can ask for an interpreter when you go to get your care. This is a free service for you. **Before your appointment, call us or your provider** so you can get help with language services.

You can also check in our Provider Directory to find doctors who speak other languages online at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

You can also get free help to communicate with your doctor like a sign language interpreter, writing notes, or a story board. **Before your appointment, call us or your provider** to get this help.

## Doctor Visits

### **Your Primary Care Provider– the main person you go to for your care**

You can have one main person for your health care. He or she can be a doctor, a nurse practitioner, or a physician’s assistant. This person is called your **Primary Care Provider (PCP)**.

The name of your PCP is sometimes listed on the front of your card. What if your card does not list the name of your PCP? Call us **at 1-866-600-4985** for the name of your PCP or find out about other PCPs in our network. What if you want to change your PCP?

**The next page tells you how.**

Most PCPs have regular office hours, but you can call your PCP anytime. If you call after regular office hours, they will tell you how to reach the doctor. If you can’t talk to someone after hours, call us **at 1-866-600-4985**

If your PCP is new for you, you should get to know your PCP. Call to get an appointment with your PCP as soon as you can. This is even more important if you’ve been getting care or treatment from a different doctor. We want to make sure that you keep getting the care you need. But even if you feel OK, you should call to get a check-up with your PCP.

### **Before you go to your first appointment with your PCP:**

1. Ask your past doctor to send your medical records to your PCP. This will not cost you anything. These records are yours. They will help your PCP learn about your health.
2. Call your PCP to schedule your appointment.
3. Have your CoverKids card ready when you call.
4. Say you are a CoverKids member and give them your CoverKids ID number.
5. Write down your appointment date and time. If you’re a new patient, the provider may ask you to come early. Write down the time they ask you to be there.

6. Make a list of questions you want to ask your PCP. List any health problems you have.

#### **On the day of your appointment:**

1. Take all your medicines and list of questions with you so your PCP will know how to help you.
2. Be on time for your visit. If you cannot keep your appointment, call your PCP to get a new time.
3. Take your CoverKids ID card with you. Your PCP may make a copy of it. If you have any other insurance, take that ID card with you, too.
4. Pay your copay if you have one. You can find out more about copays in Part 3 of this handbook.

Your PCP will give you **most** of your health care. Your PCP can find and treat health problems early. He or she will have your medical records. Your PCP can see your whole health care picture. Your PCP keeps track of all the care you get.

## **Changing your PCP**

There are many reasons why you may need to change your PCP. You may want to see a PCP whose office is closer to you. Or your PCP may stop working with us. If you do not find a new PCP, we will help find one for you, so that you can keep getting your care.

#### **To change your PCP:**

1. Find a new PCP in the CoverKids network. To find a new PCP, look in our Provider directory. Or you can go online at [myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan), or call **1-866-600-4985**.
2. Then call the new PCP to make sure that he or she is in the CoverKids provider network. **Be sure to ask** if he or she is taking new patients.

**Need help finding a new PCP?** Call us at **1-866-600-4985** We'll work with you to find a new PCP who is taking new patients.

#### **Is your teenager ready for an adult health care provider?**

We can help you find a new provider and ease some concerns about this change. You can call Population Health at **1-866-600-4985** for assistance.

## Behavioral Health Care (Mental Health or Substance Use Disorder Services)

You do **not** need to see your PCP before getting behavioral health services. But, you will need to get your care from someone who is in our network. If you're getting care now, ask your provider if they take CoverKids.

A Community Mental Health Agency (CMHA) is one place you can go for mental health or substance use disorder services. Most CMHAs take CoverKids.

### Before your first visit:

1. **Ask** your past doctor to send your records to your new provider. This will not cost you anything. They will help your provider learn about your needs.
2. **Have your CoverKids card ready** when you call to schedule your appointment with your new provider.
3. Say you are a CoverKids member and give your CoverKids **ID number**.
4. **Write down** your appointment date and time. If you are a new patient, the provider may ask you to come early. Write down the time they ask you to be there.
5. **Make a list** of questions you want to ask your provider. List any problems that you have.

### On the day of your appointment:

1. **Take** all your medicines and list of questions with you so your provider will know **how to help you**.
2. **Be on time** for your visit. If you cannot keep your appointment, call your provider to get a new time.
3. **Take** your CoverKids **ID card** with you. Your provider may make a copy of it.
4. **Pay** your copay if you have one. You can find out more about copays in Part 3 of this handbook.

If you need help finding mental health and substance use disorder services, call us at **1-866-600-4985**. Or, if you have questions about mental health and substance use disorder services, call us at **1-866-600-4985**. It's a free call.



## Specialist Providers

A **specialist** is a doctor who gives care for a certain illness or part of the body. One kind of specialist is a cardiologist, who is a heart doctor. Another kind of specialist is an oncologist, who treats cancer. There are many kinds of specialists.

Your PCP may send you to a specialist for care. If the specialist is not in our Provider Network, your provider must get an OK from us first. If you have copays, your copay is the same even if the specialist is Out-of-Network.

You **do not** have to see your PCP first to go to a women's health doctor. A women's health doctor is called an OB/GYN.

The women's health specialist must still be in our network. More information about women's health care is in Part 2 of this handbook.

And remember, you **do not** have to see your PCP first to see any specialist or a behavioral health provider for mental health, alcohol or substance abuse services.

If you need help finding a specialist doctor, call us **at 1-866-600-4985**.

## Hospital Care

**If you need hospital care, your network provider or behavioral health provider will set it up for you.**

**You must have your network provider's OK to get hospital care.**

Unless it is an emergency, we will only pay for hospital care if your network provider sends you.

## Physical Health Emergencies

Always carry your CoverKids card with you. In case of an emergency, doctors will know you have CoverKids. You can get emergency health care any time you need it.

Emergencies are times when there could be serious danger or damage to your health if you don't get medical care right away. See Part 8 of this handbook for a full definition of an emergency.

Emergencies might be things like:	These are not usually emergencies:
<ul style="list-style-type: none"> <li>• Shortness of breath, not able to talk</li> <li>• A bad cut, broken bone, or a burn</li> <li>• Bleeding that cannot be stopped</li> <li>• Strong chest pain that does not go away</li> <li>• Strong stomach pain that doesn't stop</li> <li>• Seizures that cause someone to pass out</li> <li>• Not able to move your legs or arms</li> <li>• A person who will not wake up</li> <li>• Drug overdose</li> </ul>	<ul style="list-style-type: none"> <li>• Sore throat</li> <li>• Cold or Flu</li> <li>• Lower back pain</li> <li>• Earache</li> <li>• Stomachache</li> <li>• Small, not deep, cuts</li> <li>• Bruise</li> <li>• Arthritis</li> <li>• Headache, unless it is very bad and like you never had before.</li> </ul>

If you think you have an emergency, go to the nearest hospital Emergency Room (ER). In an emergency, you can go to a hospital that is not in the Provider Network. If you can't get to the ER, call 911 or your local ambulance service.

If you are not sure if it's an emergency, call your PCP. You can call your PCP anytime. Your PCP can help you get emergency care if you need it.

If you need emergency care, you don't have to get an OK from anyone before you get emergency care.

After the ER treats you for the emergency, you will also get the care the doctor says you need to keep stable. This is called post-stabilization care.

After you get emergency care, tell your PCP or specialist. Your PCP specialist needs to know about the emergency to help you with the follow-up care later. Try to call your PCP or specialist within 24 hours of getting emergency care.

## Mental Health Emergencies

You can get help for a mental health or substance use disorder emergency anytime even if you are away from home. And you don't have to get an OK from anyone before you get emergency care.

If you have a mental health or substance use disorder emergency, go to the nearest mental health crisis walk in center or ER right away. What if you don't know where your closest mental health crisis walk in center is? Call **Mental Health Crisis Services** at: **855-CRISIS-1** (or **855-274-7471**) right away. These calls are free.

Or, you can call your provider. Your provider can help you get emergency care if you need it. CoverKids pays for mental health or substance use disorder emergencies even if the doctor or hospital isn't in the Provider Network.

Emergencies are times when there could be serious danger or damage to your health or someone else's if you don't get help right away. See Part 8 of this handbook for a full definition of an emergency.

Emergencies might be things like:	These are usually NOT emergencies:
<ul style="list-style-type: none"> <li>• Planning to hurt yourself</li> <li>• Thinking about hurting another person</li> </ul>	<ul style="list-style-type: none"> <li>• Needing a prescription refill</li> <li>• Asking for help to make an appointment</li> </ul>

**If you have this kind of emergency:**

- Go to the nearest mental health crisis walk in center or ER right away
- Call 911 or
- Call **Mental Health Crisis Services for Adults at 855-CRISIS-1 (or 855-274-7471)**.
- These calls are free.

**Children under age 18**

If you are under 18 years-old or your child is under age 18 and has a behavioral health (mental health or substance use disorder) emergency:

- Go to the nearest ER or
- Call 911 or

**Call the statewide crisis line or the regional phone number in your area. Your call will be routed to a crisis specialist for help. 24/7 STATEWIDE CRISIS LINE: 855-274-7471 (855-CRISIS-1)**

**To reach an agency directly:**

**Youth Villages**

- (866) 791-9221 (North Middle TN)
- (866) 791-9222 (South Middle TN)
- (866) 791-9227 (Rural West TN)
- (866) 791-9226 (Memphis Region)
- (866) 791-9224 (East Region)
- (866) 791-9225 (South East Region)

**Mental Health Cooperative**  
(615) 726-0125 (Davidson County)

**Frontier Health**  
(877) 928-9062 (Upper East TN)

**Helen Ross McNabb**  
(865) 539-2409 (East TN)

Youth Villages, Frontier Health, Helen Ross McNabb, and Mental Health Co-Operative offer statewide crisis services for children under age 18. If you go to the ER, someone from one of these agencies in your area may come help evaluate your child's need for care.

If you have problems reaching someone at the number listed for your area, call **1-866-600-4985**. We will help you. You can also call 911. These calls are free.

Always carry your CoverKids card with you. In case of an emergency, doctors will know that you have CoverKids.

After the ER treats you for the emergency, you will also get the care that the doctor says you need to keep stable. This is called post-stabilization care.

After you get emergency care, tell your provider. Your provider needs to know about the emergency to help you with follow-up care later. **Try to call your provider within 24 hours of getting emergency care.**

## Emergency Care away from home

Emergency care away from home works just like you were at home. **In an emergency**, you can go to a hospital that is Out-of-Network. Go to the nearest ER or call 911. Please note that emergency care away from home is not a covered benefit if you are out of the country. If you have a mental health, alcohol or drug abuse emergency, you can call **Mental Health Crisis Services** for free at: **855-CRISIS-1** or **(855-274-7471)**. You still must call your provider and CoverKids within 24 hours of getting the emergency care away from home.

Show your CoverKids card when you get the emergency care. Ask the ER to send the bill to CoverKids. If the ER says no, ask if they will send the bill to you at home. Or if you have to pay for the care, get a receipt.

When you get home, call us at **1-866-600-4985** and tell us you had to pay for your health care or that you have a bill for it. We will work with you and the provider to put in a claim for your care.

## **Part 2:**

# **Services that CoverKids pays for**

## Benefit Packages

You can find a list of CoverKids services on the next pages. Some of the services have limits. This means that CoverKids will pay for only a certain amount of that care. The services that are listed as **medically necessary** mean that you can have those services if your doctor, health plan, and CoverKids all agree that you need them.

If you have questions about what your physical health or behavioral health services are, call us at **1-866-600-4985**.

### Benefits for CoverKids

All CoverKids covered services must be medically necessary, as defined in the CoverKids rules. The definition of medically necessary is in Part 8 of this handbook. For more information on Services Covered with limits, please see “Care with limits” starting on page 16.

CoverKids Services	Covered/Not Covered
<b>Chiropractic services</b>	Covered  Not covered for pregnant women age 19 and older
<b>Clinic services and other ambulatory health care services</b>	Covered
<b>Dental services</b>	Covered with limits  Not covered for pregnant women age 19 and older
<b>Disposable medical supplies</b>	Covered
<b>Durable medical equipment (DME)</b>	Covered with limits
<b>Emergency air and ground ambulance</b>	Covered
<b>Emergency care</b>	Covered
<b>Home health services</b>	Covered with limits
<b>Hospice care</b>	Covered
<b>Inpatient hospital services, including rehabilitation hospital services</b>	Covered
<b>Inpatient mental health and substance abuse services</b>	Covered
<b>Lab and X-ray services</b>	Covered
<b>Occupational therapy services</b>	Covered with limits

<b>Outpatient mental health and substance abuse services</b>	Covered
<b>Outpatient services</b>	Covered
<b>Physical therapy services</b>	Covered with limits
<b>Physician services</b>	Covered
<b>Prenatal care and prepregnancy family services and supplies</b>	Covered
<b>Prescription drugs</b>	Covered
<b>Routine health assessments and immunizations</b>	Covered
<b>Skilled nursing facility services</b>	Covered with limits
<b>Speech therapy services</b>	Covered with limits
<b>Surgical services</b>	Covered
<b>Vision services</b>	Covered with limits  Not covered for pregnant women age 19 and older

## Care with limits

Benefits are covered as medically necessary. But some CoverKids benefits have limits. These kinds of care have limits:

1. **Durable Medical Equipment**
2. **Home Health Services**
3. **Occupational Therapy**
4. **Physical Therapy**
5. **Skilled Nursing Facility**
6. **Speech Therapy**
7. **Vision Services**

### 1. **Durable Medical Equipment**

Durable Medical Equipment (DME) is any equipment that provides therapeutic benefits because of certain medical conditions and/or illness. Some DME services need prior authorization (an OK).

There is a **limit** to the amount CoverKids will pay for DME. It's called the Maximum Allowable Charge, which is the cost to purchase the DME. The limit depends on the



kind of Durable Medical Equipment you need. What if you rent the same kind of equipment from multiple DME providers, and **the total rental charges are more than** what it would cost to buy the equipment?

You will be responsible for the amount that goes over what CoverKids will pay (the Maximum Allowable Charge).

Hearing aids are **limited** to 1 hearing aid per ear each calendar year up to the age 5, then 1 hearing aid per ear every 2 years thereafter.

## **2. Home Health Services**

There are 2 kinds of Home Health care: Home Health Nursing and Home Health Aide Care. Services can be part-time or off and on during a certain period of time. Only Home Health Nursing Services have limits. These services are limited to 125 visits per calendar year for care given or supervised by a registered nurse.

## **3. Occupational Therapy**

Occupational Therapy includes medically necessary and appropriate treatment that helps people who have physical or behavioral health problems learn to do the activities of daily life as a result of an illness or injury. Services are limited to 52 visits per calendar year.

## **4. Physical Therapy**

Physical Therapy includes medically necessary and appropriate treatment of a disease or an injury of the muscles or joints. Services are limited to 52 visits per calendar year.

## **5. Skilled Nursing Facility**

Skilled Nursing Facility includes medically necessary and appropriate inpatient care provided to members requiring medical, rehabilitative, or nursing care in a restorative setting. Services are limited to 100 days per calendar year following approved hospitalization.

## **6. Speech Therapy**

Speech Therapy by a licensed speech therapist is covered for restoration of speech after a loss or impairment; and to initiate speech due to developmental delays (as long as there is continued progress). The loss or impairment must not be caused by mental, psychoneurotic or personality disorder. Services are limited to 52 visits per calendar year.

## **7. Vision Services**

For children under age 19, vision services are limited to one vision exam (including refractive exam and glaucoma testing) per calendar year, one set of lenses (including

bi-focal, tri-focal, etc.) per calendar year; and one set of eyeglass frames every 2 calendar years.

For pregnant women age 19 and older, vision services are limited to medical evaluation and management of abnormal conditions and disorders of the eye.

Have you used all your benefits? We can offer suggestions and options for continuing care. You can call Population Health at **1-866-600-4985** for assistance.

## Other CoverKids Services

Some services are covered by TennCare **only in special cases**. These are services like:

- 1 Population Health,**
- 2 Hospice Care,**
- 3 Sterilization,**
- 4 Abortion, and**
- 5 Hysterectomy**

More about these services can be found below.

### Population Health

**Population Health services provide you with information on how to stay healthy. If you have an ongoing illness or unmet health needs, Population Health services can help you do things like:**

- Understand your illness and how to feel better
- Help you or your child find a primary care doctor and get to your appointments
- Develop a plan of care based on your doctor's or your child's doctor's advice for medical and behavioral health needs
- Be a partner to you or your child to coordinate care with all of your health care providers
- Have a healthy pregnancy and healthy delivery
- Help with getting your prescription medications
- Help keep you or your child out of the hospital by getting care in the community
- Identify community organizations that can provide non-medical supports and resources to improve the health and well-being of you or your child

- Help you with lifestyle changes that you want to make like quitting smoking or managing your weight
- Help explain important health information to you or to your doctors

Population Health services are provided whether you are well, have an ongoing health problem or have a terrible health episode. Population Health services are available to you depending on your health risks and need for the service.

**Population Health can provide you with a care manager. A care manager can help you get all the care you need.** You may be able to have a care manager if you:

- Go to the ER a lot, or if you have to go into the hospital a lot, or
- Need health care before or after you have a transplant, or
- Have a lot of differently doctors for different health problems, or
- Have an ongoing illness that you don't know how to deal with.
- Need help finding resources and developing a plan of care to help your child with disabilities or behavioral health needs including Severe and Persistent Mental Illness (SPMI)
- Need help with resources to assist with economic and social conditions.

To see if you can have a care manager, or if you want to participate in the Population Health services, you (or someone on your behalf) can call **1-866-600-4985**.

**Hospice Care** is a kind of medical care for people who are terminally ill. You must use a hospice provider in our network. For help with hospice care, call us at **1-866-600-4985**.

**Sterilization** is the medical treatment or surgery that makes you not able to have children. To have this treatment, you must:

- Be an adult age 21 or older.
- Be mentally stable and able to make decisions about your health.
- Not be in a mental institution or in prison.
- Fill out a paper that gives your OK. This is called a Sterilization Consent Form. You can call us at **1-866-600-4985** to get this paper.

You must fill the paper out at least 30 days before you have the treatment. But in an emergency like premature delivery or abdominal surgery, you can fill the paper out at least 72 hours before you have the treatment.

**Abortion** may only be covered in limited cases, like if you have a physical illness that you could die from without an abortion.

Your doctor must fill out a paper called Certification of Medical Necessity for Abortion.

**Hysterectomy** is a medical surgery that removes reproductive organs. A hysterectomy can be covered when you must have it to fix other medical problems. After a hysterectomy, you will not be able to have children. But, CoverKids **will not** pay for this treatment if you have it just so you won't have children. CoverKids pays for this treatment **only if it is for a covered reason and medically necessary**.

You have to be told in words and in writing that having a hysterectomy means you are not able to have children. You have to sign a paper called the Acknowledgment of Hysterectomy form.

## Preventive Care – Care that keeps you well

CoverKids covers preventive care for children and women expecting a baby.

**Preventive care** helps to keep you well and catches health problems early so they can be treated.

**NOTE:** You will not have copays for preventive care.

Some preventive care services are:

- Checkups for children
- Care for women expecting a baby
- Well baby care
- Shots and tests
- Birth Control Information

## Pregnancy

**If you are pregnant**, seeing a doctor can help you to have a healthier baby. Care before your baby is born is called **prenatal care**. There are **no copays** when you are pregnant.

You can get this kind of care from your PCP, and/or from a specialist called an Obstetrician/Gynecologist. This kind of specialist is sometimes called an **OB/GYN doctor**.

You **do not** have to see your PCP first to go to an OB/GYN doctor. But, the OB/GYN doctor must still be in our Provider Directory so that CoverKids will pay for the services. If you are already more than **three months** pregnant and you are already seeing an OB/GYN doctor when you get your CoverKids, you can still see that doctor to get your care. But, he or she has to say OK to the amount that CoverKids pays. Call us at **1-866-600-4985** to find out if you can still see this doctor. We may ask you to change to an OB/GYN doctor who is in our Provider Directory if it is safe to change.

Go to **all** of your OB/GYN visits, even if you feel fine. Your doctor will tell you how often to have checkups while you are pregnant. After your first visit, you may see your doctor every **4 weeks**. Then after 7 months, you may see your doctor every **2 or 3 weeks**. When it gets close to when your baby is due, you may see your doctor every week.

Do what your doctor says to take care of you and your baby. Remember to take the vitamins that your doctor tells you to. **Don't smoke or drink alcohol while you are pregnant.**

If your doctor prescribes medicine for you while you are pregnant, you **do not** have to pay a co-pay for it at the drug store. But, you have to tell the pharmacist that you are pregnant so he will not charge you a co-pay.

## After your baby is born

**You and your baby both need follow-up care!** Care for mom after childbirth is called postpartum care. Be sure you schedule follow up appointments with your doctor so your doctor can make sure you are OK after giving birth. You should see your doctor twice in the first three months after you have your baby. If you have complications or problems, your doctor may want to check on you more. Both your physical health and mental health are important. Talk to your doctor if you're feeling sad, crying a lot and you don't know why, or everything feels overwhelming and hopeless.

Some women may need to see their regular doctor (PCP), or a specialist, in the weeks and months after delivery to care for things like high blood sugar or high blood pressure.

Your baby needs a check-up with a doctor (PCP) a few weeks after birth. TennCare will cover your baby when he or she is born. Don't forget to let us know your baby was born. Care after your baby is born is called **postnatal care**. Postnatal care includes circumcisions done by a doctor and special screenings for newborns.

You **must** find a PCP for your baby and it's best to choose a PCP for your baby **before** he or she is born. The baby's doctor must be in our provider directory for TennCare to pay for healthcare services.

Call the doctor ahead of time to make the appointment for your baby's checkup.

### **Here's how to make sure your baby gets on CoverKids or TennCare**

- After your baby is born, the hospital will give you papers to get a Social Security number for your baby. **Fill out those papers and mail them to the Social Security office.**
- **Tell CoverKids about your baby as soon as you can.** Call TennCare Connect at **855-259-0701**.  
Tell them that you have filled out papers for the baby's Social Security number.
- When you get your baby's Social Security card in the mail, be sure to tell us. If your baby has TennCare or CoverKids, call **855-259-0701**. Give them your baby's Social Security number.

**It is important to do these things as soon as your baby is born.**

## **Preventive Care for Children: Health care for your child and teen**

### **Check In, Check Up, and Check Back!**

The CoverKids program strives 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 CoverKids, checkups for children are free.**

CoverKids 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 or substance use disorder problems).

If your child hasn't had a checkup lately, call your child's PCP today for an appointment. Ask for a regular health checkup. You can go to your child's PCP or the Health Department to get checkups.

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

### 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

If your child's PCP (pediatrician) finds anything wrong, CoverKids also gives your child the medical, dental, speech, hearing, vision, and behavioral (mental health or substance use disorder) treatment that he or she needs.

Children should go to the doctor for checkups even if they are not sick. They should have checkups when they are

- At birth
- 3-5 days old
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- And then every year until age 19

The vaccination shots that children need to get, to keep from getting sick, are for:

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles
- Mumps
- Rubella (MMR)
- HIB
- Flu (influenza)
- Hepatitis A and B
- Chicken pox (varicella)
- Pneumococcal
- Rotavirus
- Human papillomavirus (HPV)
- Meningitis

Look at the schedule of shots listed in Part 8 of this handbook. It is called Children and Teen Immunization Schedule. It will help you know when your child should get his or her shots.

Or, you can ask your child's PCP when your child should get his or her shot.

## Dental Care for children (for teeth)

If you are a child under the age of 19, you also have a dental plan for your teeth called **DentaQuest**. Their phone number is **888-291-3766**. You can call DentaQuest to find a dentist. Or, if you have questions about caring for your child's teeth, you can call them. It's a free call.

Children's teeth need special care. Children should have a checkup and cleaning every six months. Children need to start seeing a dentist the time the first tooth comes in the mouth, or no later than the first birthday.

CoverKids will pay for other dental care if it is medically necessary. Braces are covered **only** if they are medically necessary.

You do **not** need to see your PCP before you go to a dentist. But, you will need to go to a DentaQuest dentist.

**This dental care is only for children under age 19. CoverKids does not pay for any routine dental care for pregnant women 19 and older.**

## Vision care for children (for eyes)

Children's eyes also need special care. Children under 19 years old can have their eyes checked and get eyeglass lenses and frames as medically necessary. Your CoverKids eye doctor will show you which frames you can choose from.

CoverKids will pay for other vision care if it is medically necessary. Contacts are covered instead of eyeglass lenses.

Children do **not** have to see their PCP before seeing their CoverKids eye doctor. But, the eye doctor must be in our Provider Directory.

**This vision care is for children under age 19. CoverKids does not pay for any routine vision care for pregnant women 19 and older.**



## Non-Covered Services

Here is a list of some services that are **not** covered for anyone by CoverKids. Or, you can call us **at 1-866-600-4985** for a full list.

### **Some Non-Covered Services are:**

1. Services that are not medically necessary. But preventive care (care you need to stay well) is covered.
2. Services that are experimental or investigative.
3. Surgery for your appearance.
4. Any medical or behavioral health (mental health or substance use disorder) treatment if you are in local, state, or federal jail or prison.
5. Services that you got before you had CoverKids or after your CoverKids ends.
6. Personal hygiene, luxury, or convenience items.
7. Custodial Care and Sitter Services
8. Services mainly for convalescent care or rest cures.
9. Foot care for comfort or appearance, like flat feet, corns, calluses, toenails.
10. Sex reassignment surgery and any treatment connected to it.
11. Radial keratotomy or other surgery to correct a refractive error of the eye.
12. Services given to you by someone in your family or any person that lives in your household.
13. Midwife services outside a licensed health care facility.
14. Charges in excess of maximum allowable charge.
15. Services or supplies for orthognathic surgery.
16. Treatment and therapies for maintenance purposes.
17. Self-treatment or training.
18. Telephone or email consultations or charges to complete a claim form or to provide medical records. Network providers should not bill you for missed appointments nor are the charges for missed appointments covered.
19. Any charges for handling fees.
20. Drugs and supplies available over-the-counter that do not require a prescription by Federal or state law.

**21. Medicines for:**

- Hair growth
- Cosmetic purposes
- Controlling your appetite
- Treatment of impotence
- Treatment of infertility

**22. Medicines that the FDA (Food and Drug Administration) says are:**

- DESI or Drug Efficacy Study Implementation – this means that research says they are not effective.
- LTE or less than effective – this means that research says they are less effective than IRS – this means that the medicines are identical, related, or similar to LTE medicines.

**Some services are covered for children under age 19 but not for pregnant women over age 19.**

Services that are **not covered** for pregnant women over 19 include:

1. Routine Dental Services
2. Chiropractic Services
3. Eyeglasses, contact lens, or eye exams.

## **Part 3:**

# **How the CoverKids Program works for you**

## What you pay for your health care – Copays

### Your Copays

Preventive care is care that helps you stay well, like checkups, shots, pregnancy care, and childbirth. This kind of care is always free. You do not have copays for preventive care. More information about preventive care is in Part 2.


For other care like hospital stays or sick child visits, you **may** have to pay part of the cost. Copays are what you pay for each health care service you get.

**Not everyone** on CoverKids has copays. Your CoverKids card will tell you if you have copays and what they are. Copays depend on:

- The kind of CoverKids you have, and
- On your family's monthly income before taxes, and
- How many people in your family live with you.

You should only have to pay your copay for your care. You should not be billed for the rest of the cost of your care. If you are billed for the rest of the cost, you can appeal. See Part 4 of this handbook to find out what to do if you get a bill for your care.

Your CoverKids card tells you if you have copays for doctors, specialists, hospital and ER visits.

	CoverKids
Health Plan (80840)	
Member ID: 001800316	Group Number: TNTNCARE
Member: REISSUE M ENGLISH	Payer ID: 95378
PCP Name: TERRACE PEDIATRIC GROUP	
	Effective Date 11/14/2012
<b>COPAY Level 2:OV/SPEC/IPH \$5/\$5/\$5</b>	
0501	Cover Kids Benefit: N Administered by UnitedHealthcare Community Plan, Inc.

Printed: 11/17/20	
You should always see your Primary Care Provider (PCP) before receiving medical treatment from any provider (except for emergencies). In a medical emergency, care may be obtained from the closest medical care provider. Notify both your Primary Care Provider and your local UnitedHealthcare office after receiving such care.	
For Members:	www.myuhc.com/communityplan
NurseLine:	866-600-4985
Dental:	888-291-3766
Mental Health:	866-600-4985
For Providers:	800-690-1606
Medical Claims:	PO Box 5220, Kingston, NY, 12402-5220

There are three benefit levels for copays in CoverKids – Level 1, 2, or 3. Your card will tell you which level you are in.

The following pages tell you more about CoverKids copays and where to call if you have questions.

## CoverKids Copays

Do you pay copays for a PCP, Specialist, ER visit, and hospital stay? Not sure? Check your CoverKids card or call CoverKids Member Services at **1-800-600-4985**.

	BENEFIT LEVEL		
	1	2	3
<b>Office/Outpatient Services</b>			
<b>Primary Care Visit</b> <ul style="list-style-type: none"> <li>Office visit with family practice, general practice, internal medicine, OB/GYN, pediatrics, and walk in clinics</li> <li>Includes nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) working under the supervision of a primary care provider</li> </ul>	\$15 Copay	\$5 Copay	No Copay
<b>Specialist Visit and Outpatient Surgery</b> <ul style="list-style-type: none"> <li>Office visit with any specialty provider</li> <li>Outpatient surgery including invasive diagnostic services (e.g. colonoscopy) - <b>Single copay per date of service</b></li> </ul>	\$20 Copay	\$5 Copay	No Copay
<b>Behavioral Health (Mental Health, Alcohol and Drug Abuse) Services</b> <ul style="list-style-type: none"> <li>Office visit</li> <li>Outpatient Mental health and substance use disorder - <b>Single copay per date of service</b></li> </ul>	\$15 Copay	\$5 Copay	No Copay
<b>Chiropractors</b> <ul style="list-style-type: none"> <li>Only covered for children under age 19</li> </ul>	\$15 Copay	\$5 Copay	No Copay

	BENEFIT LEVEL		
	1	2	3
<b>Rehabilitation and Therapy Services</b> <ul style="list-style-type: none"> <li>Including Speech, Physical and Occupational</li> <li>Limited to 52 visits per therapy type per Calendar Year</li> </ul>	\$15 Copay	\$5 Copay	No Copay
	BENEFIT LEVEL		
	1	2	3
Pharmacy - Benefits managed by OptumRx			
<b>30 and 90-Day Supply/Specialty Pharmacy Drugs</b>	\$5 generic \$20 preferred brand \$40 non-preferred brand	\$1 generic \$3 preferred brand \$5 non-preferred brand	No Copay
Non-Emergency Care			
<b>Emergency Room Visit deemed as NOT a True Medical Emergency</b> <ul style="list-style-type: none"> <li>Facility (Medical &amp; Behavioral Health (Mental Health and Substance Use Disorder)</li> <li>MUST be an In-Network Provider. If Out of Network provider, CoverKids will NOT pay.</li> </ul>	\$50 Copay	\$10 Copay	No Copay
Inpatient Stays			

	BENEFIT LEVEL		
	1	2	3
<b>Inpatient Facility (Medical and Behavioral Health [Mental Health, Alcohol and Drug Abuse])</b> <ul style="list-style-type: none"> <li>Copay waived if readmitted within 48 hours of initial visit for same episode of illness or injury</li> <li>Rehabilitation services</li> <li>Mental Health and Substance Use Disorder Treatment</li> </ul>	\$100 Copay per admission	\$5 Copay per admission	No Copay
<b>Vision Services- These Services are only eligible for children under age 19. When both frames and lenses are ordered at the same time, one copay is charged</b>			
<b>Prescription Eyeglass Lenses</b> <ul style="list-style-type: none"> <li>Including bifocal or trifocal</li> <li>Limited to one per Plan Year</li> </ul>	\$15 Copay \$85 Max Benefit	\$5 Copay \$85 Max Benefit	No Copay
<b>Prescription Contact Lenses instead of Eyeglass Lenses</b> <ul style="list-style-type: none"> <li>Limited to one per Plan Year</li> </ul>	\$15 Copay \$150 Max Benefit	\$5 Copay \$150 Max Benefit	No Copay
<b>Frames</b> <ul style="list-style-type: none"> <li>Limited to every 2 Plan Years</li> </ul>	\$15 Copay \$100 Max Benefit	\$5 Copay \$100 Max Benefit	No Copay

The following services do <b><u>NOT</u></b> require a copay
<b>Preventive Care</b>
<b>Office Visits</b> <ul style="list-style-type: none"> <li>Routine Health Assessments</li> <li>Immunizations</li> <li>Annual hearing and vision screening</li> </ul>
<b>Office/Outpatient Services</b>

<ul style="list-style-type: none"> <li>• Lab and X-Ray</li> </ul>
<b>Emergency Care</b>
<ul style="list-style-type: none"> <li>• Emergency Room Visit Deemed as an Emergency</li> </ul>
<b>Services for Pregnant Women</b>
<b>Pregnant Women do not have copays</b>
<b>Ambulance</b>
<ul style="list-style-type: none"> <li>• Land and Air</li> </ul>
<b>Home Health</b>
<ul style="list-style-type: none"> <li>• Home Nursing Care limited to 125 visits per Calendar Year</li> </ul>
<b>Hospice</b>
<ul style="list-style-type: none"> <li>• Copay waived for all services if member is under hospice care</li> </ul>
<b>Vision Services - These Services are only eligible for Children under 19.</b>
<b>Annual Vision Exam</b> <ul style="list-style-type: none"> <li>• Including refractive exam and annual glaucoma testing</li> <li>• Must go to an In-Network provider</li> </ul>

The CoverKids program has a limit on the total amount of copays you will pay each calendar year. This is called an **out of pocket limit**. The copays you pay will help you reach your out of pocket limit each calendar year.

Your family's out of pocket limit every calendar year is based on the income you report to CoverKids. This limit is the **most** you will pay in copays each calendar year. The most you'll pay in copays each year is 5% of your family income. Do you need to know your yearly out of pocket limit? Call CoverKids Member Services at **1-866-600-4985**.

**If your income changes or your family size changes**, your copays might change, too. You must report any changes in family size or income to TennCare Connect by calling **855-259-0701** within 10 days.

Do you have questions about copays? We can answer those questions too. Call CoverKids Member Services for free at **1-866-600-4985**.



## **Part 4:**

# **Help for problems with your CoverKids**

## Kinds of problems and what you can do

You can have different kinds of problems with your health care.

You can fix some problems just by making a phone call. If you have complaints or problems about your health care, call us **at 1-866-600-4985** for help.

Some problems may take more work to fix. Here are some examples of different kinds of problems and ways that you can fix them.

## Need a new CoverKids card?

If your card is lost or stolen, or if the information on your card is wrong, you can get a new one.

- For a new CoverKids card, call **1-866-600-4985**.

You don't have to wait for your new card to get your care or medicine. Tell your doctor or the drug store that you have CoverKids.

## Need to find a doctor or change your doctor?

You can learn how to find a new doctor in Part 1 of this handbook.

Are you changing because you are unhappy with the doctor you have? Please tell us. Call us **at 1-866-600-4985**.

## Need to make a complaint about your care?

If you are not happy with the care that you are getting, call us **at 1-866-600-4985**. Tell us that you need to make a complaint.

No one can do anything bad to you if you make a complaint. We want to help you get good care.

## Need to change your health plan?

If you want to change health plans because you're having problems getting health care, tell us. Call us at **1-866-600-4985**. We'll help you fix the problem. You **don't** have to change health plans to get the care you need.

- Do you want to change health plans so you can see a doctor that takes that plan?
- **Remember!** You must make sure that all of your doctors take your new health plan. You'll only be able to see doctors that take your new plan.
- **What if you have an OK from your health plan for care you haven't gotten?** If you change plans and still need the care, you'll have to get a new OK from your new plan.

### Check these things before you decide to change health plans:

- Does the doctor take the health plan you want to change to?
- Is the health plan you want to change to taking new CoverKids members?

### There are two times when it's easy to change your health plan.

1. When you first get CoverKids, you have **90 days to change your health plan**. When you get CoverKids, they send you a letter. That letter says how to change your health plan within the first 90 days.
2. Once a year during your "open enrollment month." **When** you can change depends on where you live.

### Find your county below:

- **Do you live in one of these West TN counties?** Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton, or Weakley

If so, you can change your health plan **only** during the month of **March**. Your new health plan assignment would begin May 1<sup>st</sup>. Until then, we would continue to provide your care.

- **Do you live in one of these Middle TN counties?** Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, or Wilson

If so, you can change your health plan **only** during the month of **May**. Your new health plan assignment would begin July 1<sup>st</sup>. Until then, we would continue to provide your care.

- **Do you live in one of these East TN counties?** Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, or Washington

If so, you can change your health plan **only** during the month of **July**. Your new health plan assignment would begin September 1<sup>st</sup>. Until then, we would continue to provide your care.

**IMPORTANT:** You have until the **last day** of your open enrollment month to ask to change your health plan.

**Other reasons that you can ask to change your health plan are if:**

- You have family members in the health plan you want to change to
- **Or**, CoverKids made a mistake by giving you a health plan that doesn't do business in the area where you live
- **Or**, you moved and your health plan doesn't do business in the area where you now live.

**You may be able to change your health plan if you have a hardship reason to change. But to meet hardship, all of these things must be true for you:**

1. You have a medical condition that requires difficult, extensive, and ongoing care, and
2. Your specialist no longer takes your health plan, and
3. Your health plan doesn't have a specialist that can give you the care that you need, and
4. Your health plan can't work with your specialist to get you the care that you need, and
5. Your specialist takes the health plan you want to change to, and
6. The health plan you want to change to is taking new CoverKids members.

**\*\*A specialist** is a doctor who gives care for a certain illness or part of the body. One kind of specialist is a cardiologist who is a doctor that treats you for heart problems. Another is an oncologist who is a doctor that treats you for cancer. There are many different kinds of specialists.

**To Ask to Change Your Health Plan you must tell CoverKids:**

- Your **Social Security number**. If you don't have that number, give your date of birth. Include the month, day and year.
- The name of **the health plan you want**.
- And, the **reason you want to change health plans**.

Call CoverKids Member Medical Appeals at **800-878-3192**. Tell them you want to change your health plan.

Or you can write to them on plain paper. If you write to CoverKids Member Medical Appeals, make sure you tell them:

- Your name (first, middle initial and last name)
- Your Social Security Number
- The name of the health plan listed above that you want to change to
- The name and social security number of anyone else in your family that also needs to change to this health plan
- Your daytime phone number and the best time to call.



**Mail to:**

CoverKids Member  
Medical Appeals  
P.O. Box 000593  
Nashville, TN 37202-00593



**Fax to:**

**888-345-5575**

## Need help getting your prescription medicines?

If you need help getting your prescription medicine, please call OptumRx at **844-568-2179**.

### **Do you need a doctor to prescribe your medicine for you?**

What if you need to find a doctor or your doctor won't prescribe the medicine you need? Call us at **1-866-600-4985**.

**Do you need an OK from CoverKids to get your medicine? It’s called a “prior authorization” or PA.**

If your medicine needs an OK, call your doctor. Ask your doctor to:

- Call OptumRx to get OptumRxs’ OK for this medicine.
- Or, change your prescription to one that doesn’t need an OK.

**What if your doctor asks for an OK and OptumRx says no?**

You can ask your doctor to prescribe a different medicine that doesn’t need an OK. Or if you think OptumRx made a mistake, you can appeal. You have 60 days after OptumRx says no to appeal. For more information on how to appeal see Part 5 of this handbook.

**Did the drug store say that they can’t fill your prescriptions because you don’t have CoverKids/ OptumRx?** Before your CoverKids ends, you will get a letter in the mail. The letter will say why your CoverKids is ending. It will also say how to appeal. But, if you move and don’t tell CoverKids, you may not get the letter. You may not find out that your CoverKids ended until you go to the drug store.

Do you think CoverKids made a mistake? Call **TennCare Connect** at **855-259-0701**. They can tell you if you have CoverKids, or if it ended. If you think CoverKids made a mistake, they can tell you if you still have time to appeal.

**Need help getting your health care services?**

Part 2 of this handbook tells you about the health care services that CoverKids pays for.

For problems about physical and/or behavioral health (mental health, alcohol or drug abuse) care, always call us at **1-866-600-4985** first.

If you still can’t get the care you need, you can call **CoverKids Member Medical Appeals** at **800-878-3192**. Call Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time. But if you have an emergency, you can call anytime.

**Do you need an OK before CoverKids will pay for your health care? It’s called a “prior authorization” or PA. If your care needs an OK, call your doctor. Your doctor has to ask us for an OK.**

### **Did we say no when your doctor asked for an OK for your care?**

Call your doctor and/or behavioral health (mental health, alcohol or drug abuse) provider and tell him or her that we said no.

If you or your doctor thinks we made a mistake, you can appeal. You have 60 days after your health plan says **no** to appeal. For information on Medical Service Appeals, go to Part 5 of this handbook.

### **Are you getting billed? Did you have to pay?**

Sometimes you might get a bill if the doctor doesn't know that you have CoverKids. Every time you get care, you **must**:

- Tell the doctor or other place you get care that you have CoverKids.
- Show them your CoverKids card.

If you've gotten health care that you think CoverKids should pay for, call us at **1-866-600-4985**. If you're getting bills for the care, we can help you find out why. If you paid for the care, we'll see if we can pay you back.

Or you can appeal. Medical Service appeals are for people who have CoverKids.

**You have 60 days after you find out there's a problem to appeal.** If you're getting bills, you have 60 days from when you get your first bill to appeal. If you paid for the care, you have 60 days after you pay to appeal.

For information on Medical Service Appeals, go to Part 5 of this handbook.

### **You can ask to end your CoverKids. There are 2 ways to ask to end your CoverKids:**

1. **Call** TennCare Connect for free at **855-259-0701** and let them know you want to end your CoverKids.
2. **Send a letter** to TennCare Connect that says you want to end your CoverKids. Include your name, social security number and make sure you **sign** the letter.

**IMPORTANT:** If you don't **sign your letter** it will delay your request. You may have to send in another request with your signature.

Do you want to end CoverKids for other family members? Put their names and Social Security numbers in the letter too.



**Mail to:**

TennCare Connect  
P.O. Box 305240  
Nashville, TN 37230-5240



**Fax to:**

**855-315-0669**

**Other ways that your CoverKids can end:**

- If something changes for you and you don't meet the rules for CoverKids anymore.
- If you **move** out of the CoverKids area.
- If you reach age 19.
- If you get other health insurance.
- If you let someone else use your CoverKids card.
- If you don't follow the rules of CoverKids.
- If you don't fill out renewal papers for your CoverKids when you are asked to. CoverKids members must renew their CoverKids each year. When it's time to see if you still qualify for CoverKids, CoverKids will send you a letter and a Renewal Packet in the mail.

**Before your CoverKids ends,** you will get a letter in the mail. The letter will tell you why your CoverKids is ending. It also tells you how to file an appeal if you think they've made a mistake.



# Part 5:

# CoverKids Appeals

## Two Kinds of Appeals: The difference between Eligibility Appeals and Medical Service Appeals

An appeal is one way to fix mistakes in CoverKids. When you appeal, you're asking to tell a judge the mistake you think CoverKids made. It's called a **fair hearing**.

Your right to appeal and right to a fair hearing are explained more in Part 6 of this handbook.

**There are 2 different kinds of appeals: Eligibility Appeals and Medical Appeals.**

### **Eligibility Appeals:**

Eligibility appeals are for problems like getting or keeping CoverKids or if you think your income or co-pay amounts are wrong. Eligibility appeals go to the Eligibility Appeals Unit at TennCare Connect. Page 48 tells you more about filing an eligibility appeal.

### **Medical Service Appeals:**

Medical Service appeals are for people who have CoverKids. Medical Service appeals are for problems like getting your health plan to OK a service your doctor says you need.

You should only have to pay your copay for your care. You should not be billed for the rest of the cost of your care. If you are billed for the rest of the cost, you can appeal. See Part 4 of this handbook to find out what to do if you get a bill for your care.

UnitedHealthcare Community Plan will send you a letter if your doctor's request for you to get a medicine or medical service is denied. UnitedHealthcare Community Plan will also send a letter if we try to stop or reduce care you have been getting. The letter will tell you how you can appeal.

Whenever you need a service that UnitedHealthcare Community Plan has denied, you have the right to ask CoverKids for an appeal. For problems getting health care, always call us at **1-866-600-4985** first.

If you **still** can't get the care you need, you can file a medical appeal by calling **CoverKids Member Medical Appeals at 800-878-3192**.

**May I ask my doctor to file my appeal for me?** Yes. But the law requires your doctor to have your permission (OK) in writing, this is called your written authorization. Write **your name, your date of birth, your doctor's name, and your permission for them**

**to appeal for you** on a piece of paper. Then fax or mail it to CoverKids Member Medical Appeals (see **below**).

What if you don't send CoverKids your OK and your doctor asks for an expedited appeal? CoverKids will send you a page to fill out, sign and send back to us.

**You have 60 days after you find out there's a problem to appeal.** So, if you get a denial letter from UnitedHealthcare Community Plan, you have 60 days from the date on the denial letter to file an appeal.

- For care or medicine you still need, you have **60 days** after CoverKids or UnitedHealthcare says we won't pay for the care.
- For health care bills you think CoverKids should pay, you have **60 days** after you get your first bill.
- For care you paid for, you have **60 days** after you pay for the care.

### **Do you think you have an emergency?**

Usually, your appeal is decided within **90 days** after you file it. But, if you have an emergency and your health plan agrees that you do, you will get an **expedited** appeal. An expedited appeal will be decided in about one week. It could take longer if UnitedHealthcare Community 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 one of those things is true for you, you can ask CoverKids for an emergency appeal. Remember, your **doctor** can also ask for this kind of appeal for you. But the law requires your doctor to have **your permission (OK) in writing.**

After you give your OK in writing your doctor can help by completing a Provider's Expedited Appeal Certificate like the one in Part 8 of this handbook. If your appeal is an emergency, you can have your doctor sign the Provider's Expedited Appeal Certificate. Your doctor should fax the certificate to **888-345-5575.**

CoverKids and your health plan UnitedHealthcare Community Plan will then look at your appeal and decide if it should be expedited. **If it should be,** you will get a decision on your appeal in about one week. Remember, it could take a few more days if your health plan needs more time to get your medical records. 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



**CALL:** You can call CoverKids Member Medical Appeals for free at **800-878-3192**. We're here to help you Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time.



**MAIL:** You can mail an appeal page **or** a letter about your problem to:

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

You can use the medical appeal page in Part 8 of this handbook. Someone else like a friend or your doctor can fill the page out, but you must give your OK. To print an appeal page off the Internet, go to:

**<https://www.tn.gov/content/dam/tn/tenncare/documents/medicalappeal.pdf>**. If you need another medical appeal page or want CoverKids to send you one, call **CoverKids Member Medical Appeals** at **800-878-3192**. Or, you can write your appeal on plain paper.

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



**FAX:** You can fax your appeal page or letter for free to **888-345-5575**.

Keep the paper that shows your fax went through.

**For all medical appeals, CoverKids needs:**

- Your **name** (the name of the person who wants to appeal about their care or medicine)
- Your **Social Security number (SSN)**. If you don't have the SSN, give your date of birth. Include the month, day and year.
- The **address** where you get your mail.
- The **name** of the person to call if CoverKids has a question about your appeal (this can be you, or someone else).
- A **daytime phone number** for that person (this can be your phone number, or another person's phone number).

**What else does CoverKids need to work your appeal?**

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

- You must give CoverKids **the facts** they need to work your appeal.
- And you must tell CoverKids the **mistake** you think we made. It must be something that, if you're right, means that CoverKids will pay for this care.

Depending on the reason you are filing a medical appeal, here are some other kinds of information you must tell CoverKids:

**Are you appealing about care or medicine you still need? Tell CoverKids:**

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

**Are you appealing because you want to change health plans? Tell CoverKids:**

- The **name of the health plan you want**.
- And the **reason you want to change health plans**.

**Are you appealing for care you've already gotten** that you think CoverKids should pay for? Tell CoverKids:

- The **date** you got the care or medicine you want CoverKids to pay for.
- The name of the **doctor** or **other place** that gave you the care or medicine.
- (If you have it, include the **address** and **phone number** of the **doctor** or **other place** that gave you the care.)

- **If you paid for the care or medicine**, also give CoverKids a **copy of a receipt** that proves you paid. Your receipt must show:
  - The **kind of care** you got that you want CoverKids to pay for
  - And the name of the **person** who got the care
  - And the name of the **doctor or other place** that gave you the care
  - And the **date** you got the care
  - And the **amount** you paid for the care
- If you're getting a bill for the care or medicine, give CoverKids a copy of a bill. Your bill must show:
  - The **kind of care** that you're being billed for
  - And the name of the **person** who got the care
  - And the name of the **doctor or other place** that gave you the care
  - And the **date** you got the care
  - And the **amount** you are being billed

## How to appeal health care problems

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

1. **When CoverKids gets your appeal, they will send you a letter that says they got your appeal.** If you asked for an emergency appeal, it will say if you can have an emergency appeal.
2. **If CoverKids needs more facts to work your appeal, you'll get a letter that says what facts they still need.** You should give CoverKids all of the facts that they ask for, as soon as possible. If you don't, your appeal may end.
3. **CoverKids must decide a regular appeal in 90 days.** If you have an emergency appeal, they'll try to decide your appeal in about one week (unless they need more time to get your medical records).
4. **To decide your appeal, you may need a fair hearing.** To get a fair hearing, you must say CoverKids made a mistake that, if you're right, means you'll get the health care or service you're asking for. You may **not** get a fair hearing if you're asking for care or services that are not covered by CoverKids. A fair hearing lets you tell a judge the mistake you think CoverKids made.

If CoverKids says that you can have a fair hearing, you will get a letter that says when your hearing will be.

## What happens at a fair hearing about health care problems?

1. **Your hearing** can be by phone or in person. The different people who may be at your hearing include:
  - An administrative judge,
  - a CoverKids lawyer,
  - a state witness (someone like a doctor or nurse from CoverKids), and
  - You. You can talk for yourself, or you can bring someone else, like a friend or a lawyer, to talk for you.
2. **During the hearing**, you get to tell the judge about the mistake you think CoverKids made. You can give the judge facts and proof about your health and medical care. The judge will listen to everyone's side.
3. **After the hearing**, you will get a letter that tells you the judge's answer. What if the judge says you win your appeal? TennCare must agree that it's the right decision based on the facts of your case. Federal law says that **a judge's decision is not final until TennCare OKs it**. If TennCare overturns a judge's decision, we must tell you why in writing. You can file an appeal in Chancery Court if you still disagree with TennCare's actions.

Remember, you can find out more about your Rights to a Fair Hearing, in Part 6 of this handbook.

## Eligibility Appeals - Getting or keeping CoverKids and other CoverKids problems

An appeal about CoverKids problems *other than health care* is called an **eligibility appeal**.




An eligibility appeal goes to the Eligibility Appeals Unit at TennCare Connect.

An eligibility appeal is used for CoverKids problems like:

- You get a letter that says your CoverKids will end,
- **Or**, your CoverKids has ended but you didn't get a letter because you moved,
- **Or**, you think your CoverKids copays are wrong.

If you have a problem like one of those listed above, call TennCare Connect at **855-259-0701**. They will check to see if a mistake has been made. If they decide you're right, they will fix the problem. But if they say no, and you still think a mistake has been made in your case, **you can appeal**.

## How to File an Eligibility Appeal

How to File an Eligibility Appeal	
	<p><b>CALL:</b> You can call TennCare Connect for free at <b>866-259-0701</b>. We're here to help you Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time.</p>
	<p><b>MAIL:</b> You can write your appeal on plain paper, and mail to:</p> <p><b>TennCare Connect</b> <b>P.O. Box 305240</b> <b>Nashville, TN 37230</b></p> <p>To print an appeal form off the Internet, go to: <a href="https://www.tn.gov/tenncare/members-applicants/how-to-file-an-eligibility-appeal.html">https://www.tn.gov/tenncare/members-applicants/how-to-file-an-eligibility-appeal.html</a> and click on the Eligibility Appeal link.</p> <p>Keep a copy of your appeal. Write down the date that you mailed it to TennCare Connect.</p>
	<p><b>FAX:</b> You can fax your appeal page or letter for free to <b>1-855-315-0669</b>.</p> <p>Keep the paper that shows your fax went through.</p>

### For all eligibility appeals, the eligibility appeals unit needs:

- Your **full name** (first name, middle initial, last name)
- Your **Social Security Number** if you have one
- The **names of other people who live with you** with the same problem
- Your **daytime phone number** with the best time to call
- The **specific mistake** you think was made. Tell as much about the problem as you can.



- Send **copies** of any papers that show why you think the mistake was made

**What else does the eligibility appeals unit need to work your appeal?**

To get a fair hearing, **you must do both of these things:**

1. You must give the eligibility appeals unit **the facts** they need to work your appeal.
2. And you must tell the eligibility appeals unit the **mistake** you think we made. It must be something that, if you're right, means that you can keep or get back your CoverKids coverage; or that your CoverKids co-pays will change.

## **Part 6:**

# **Your Rights and Responsibilities**

## Your rights and responsibilities as a CoverKids member

### You have a 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.
- Ask for and get information about CoverKids, its policies, its services, its caregivers, and members' rights and duties.
- Ask for and get information about how CoverKids pays its providers, including any kind of bonus for care based on cost or quality.
- Ask for and get information about your medical records as the federal and state laws say. You can see your medical records, get copies of your medical records, and ask to correct your medical records if they are wrong.
- **Get services without being treated in a different way** because of race, color, national origin, language, sex, age, religion, disability or other groups protected by the civil rights laws. You have a right to report or file a written complaint if you think you have been treated in a differently. Being treated differently means you've been discriminated against. If you complain, you have the right to keep getting care without fear of bad treatment from providers or CoverKids. To file a complaint or learn more about your rights visit:  
<https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>
- Get care without fear of physical restraint or seclusion used for bullying, discipline, convenience or revenge.
- Make appeals or complaints about CoverKids or your care. Part 5 of this handbook tells you how.
- Make suggestions about your rights and responsibilities or how CoverKids works.
- Choose a PCP in the UnitedHealthcare Community Plan network. You can turn down care from certain providers.
- Get medically necessary care that is right for you, when you need it. This includes getting **emergency services, 24 hours a day, 7 days a week.**
- Be told in an easy-to-understand way about your care and all of the different kinds of treatment that could work for you, no matter what they cost or even if they aren't covered.
- Help to make decisions about your health care.
- Make a living will or advance care plan and be told about Advance Medical Directives.
- Change health plans. If you are new to CoverKids, you can change health plans once during the 90 days after you get CoverKids. After that, you can ask to change health plans through an appeal process. There are certain reasons why you can change health plans. Part 4 of this handbook tells you more about changing health plans.

- Ask CoverKids to look again at any mistake you think they make about getting on CoverKids or keeping your CoverKids or about getting your health care.
- End your CoverKids at any time.
- Exercise any of these rights without changing the way CoverKids or its providers treat you.

### **Your rights to stay with UnitedHealthcare Community Plan**

As a UnitedHealthcare Community Plan member, you **cannot** be moved from UnitedHealthcare Community Plan just because:

- Your health gets worse.
- You already have a medical problem. This called a pre-existing condition.
- Your medical treatment is expensive.
- Of how you use your services.
- You have a behavioral health (mental health or substance use disorder) condition.
- Your special needs to make you act in an uncooperative or disruptive way.

### **The only reasons you can be moved from CoverKids are:**

- If you reach age 19.
- If you get other health insurance.
- If you **move** out of the CoverKids area.
- If you let someone else use your ID cards, or if you use your CoverKids to get medicines to sell.
- If you end your CoverKids or your CoverKids ends for other reasons.
- If you don't **renew** your CoverKids when it is time, or if you don't give CoverKids information they ask for when it is time to renew.
- If you don't let CoverKids know that you moved, and they can't find you.
- If you lie to get or keep your CoverKids.
- Upon your death.

### **You have the responsibility to:**

- Understand the information in your member handbook and other papers that we send you.
- Show your CoverKids ID card whenever you get health care.
- Go to your PCP for all your medical care unless:
  - Your PCP sends you to a specialist for care.
  - You are pregnant or getting well-woman checkups.
  - It is an emergency.
- Use providers who are in the provider network. But, you can see anyone if it is an emergency. And, you can see anyone who has been approved.

- Let your PCP know when you have had to go to the Emergency Room. You (or someone for you) need to let your PCP know by 24 hours of when you got care at the ER.
- Give information to CoverKids and to your health care providers so that they can care for you.
- Follow instructions and rules that are in the handbook about your coverage and benefits. You must also follow instructions and rules from the people who are giving you health care.
- Help to make the decisions about your health care.
- Work with your PCP so that you understand your health problems. You must also work with your PCP to come up with a treatment plan that you both say will help you.
- Treat your health care giver with respect and dignity.
- Keep health care appointments and call the office to cancel if you can't keep your appointment.
- Not let anyone else use your CoverKids ID card and let us know if it is lost or stolen.
- Tell CoverKids of any changes like:
  - If you or a family member changes your name, address, or phone number.
  - If you have a change in family size.
  - If you or a family member gets a job, lose your job, or change jobs.
  - If you or a family member has other health insurance or can get other health insurance.
- Pay any copays you need to pay.
- Let us know if you have another insurance company that should pay your medical care. The other insurance company could be insurance like auto, home, or worker's compensation.

## Your Right to Appeal

In CoverKids, you get your health care through your CoverKids health plan, UnitedHealthcare Community Plan. You have rights when an action is taken that keeps you from getting health care when you need it.

- 1. You have the right to get an answer from your health plan when you or your doctor asks for care.**
2. For some kinds of care, your doctor must get your health plan's OK before CoverKids will pay for it. It's called a "prior authorization" or "PA". What if your doctor asks your health plan to OK care for you? Your health plan must decide in 14 days. If you can't wait 14 days for the care you need, you can ask them to decide sooner.

Or you can appeal before the end of the 14 days. **You have the right to get a letter from your CoverKids plan if:**

- Your CoverKids health plan says no when you or your doctor ask for health care.
- **Or**, you have to wait too long to get health care.
- **Or**, your CoverKids health plan stops or changes your health care.

The letter must say **why** you can't get the care and **what you can do** about it.

If your **health plan** decides to change care you're getting, you should get a letter at least **10 days before** it happens. If they decide to change your **hospital** care, you should get a letter **2 business days before** it happens. What if your **doctor** decides to change care you're getting? For these kinds of care, you should get a letter **2 business days before** it happens:

- Behavioral health (mental health or substance use disorder) treatment for a priority member which includes a child with Serious Emotional Disturbance (SED) or an adult with Severe and Persistent Mental Illness (SPMI)
- Behavioral Health (mental health or substance use disorder) treatment in a hospital or other place where you must stay to get the care (inpatient psychiatric or residential services)
- Care for a long term health problem when your health plan can't give you the next kind of care you need for that problem.
- Home health services.
- If your health plan or doctor doesn't send your letter in time, they **can't** change your care.

### **3. You have the right to appeal if:**

- CoverKids says no when you or your doctors ask for health care.
- **Or**, CoverKids stops or changes your health care.
- **Or**, you have to wait too long to get health care
- **Or**, you have health care bills you think CoverKids should have paid for, but didn't.

You **only** have **60 days** to appeal after you find out that there is a problem.

Someone who has the legal right to act for you can also file an appeal for you. You can name a relative, friend, advocate, attorney, doctor or someone else to act for you.

For more information about filing an appeal, see Part 5 of your handbook.

## Your Right to Privacy

This notice describes how medical information about you may be used and disclosed. It also tells you how you can get access to this information. Please review it carefully.

Your CoverKids is **not** changing. You don't have to do anything.

These papers tell you how we keep your health facts private. The federal government tells us we must give you these papers. These papers tell you:

1. the kinds of health information we have
2. how we share it
3. who we share it with
4. what to do if you don't want your health information shared with certain people
5. and your rights about your health information

### Your Health Information is Private

We know you value the privacy of your health information. We call this kind of information your health facts or “**Protected Health Information**” (**PHI**). PHI is any information used to identify you and to record your health and medical history.

Federal and state law say we must follow privacy rules to keep your PHI safe and secure. Everyone who works with us and for us must also follow these privacy rules.

#### 1. The kinds of health information we have

When you applied for CoverKids you told us certain facts about you. Like your name, where you live, and how much money you make. We also have health facts like:

- A list of the health services and treatments you get
- Notes or records from your doctor, drug store, hospital, or other health care providers
- Lists of the medicine you take now or have taken before
- Results from x-rays and lab tests
- Genetic information (“genetics” are family traits like hair color or eye color. It can also be health conditions that you have in common with your blood relatives.)

## **2. How we share it**

We can only share your PHI as the law lets us. The privacy rules let us share PHI for your care, to pay your health claims, and run our program. We share your PHI to:

- Show you have CoverKids and to help you get the health care you need.
- Pay your health plan and health care providers.
- Check how CoverKids benefits are being used and to check for insurance fraud.

## **3. Who we share it with**

- With you. We can help you schedule checkups and send you news about health services.
- Other people involved in your care, like family members or caregivers. You can ask us not to share your PHI with certain people.

And we can share your PHI with everyone who works with CoverKids like:

- Health providers like doctors, nurses, hospitals, and clinics.
- Your health plan or other companies that have contracts with CoverKids.
- People helping with appeals if you file a CoverKids appeal. Your appeal may be in person or over the phone. Sometimes other people may be with you in your appeal hearing.
- Federal, state, or local government agencies providing or checking on health care.

The privacy rules also say we can share PHI with people like:

- Coroners, funeral homes, or providers who work with services like organ transplants.
- Medical researchers. They must keep your PHI private.
- Public health agencies to update their records for births, deaths, or to track diseases.
- The court when the law says we must or when we're ordered to.
- The police or for other legal reasons. We can report abuse or neglect.
- Other agencies – like for military or veterans' activities, national security, jails.

We can also share your PHI if we remove the identifiable information that tells who you are. But, we can't share your PHI with just anyone. And even when we do share it, we can only share the information the person needs to actually do their job. And we can't share your genetic information to make decisions about your eligibility for CoverKids.



**Sometimes we'll need your OK in writing before we can share your PHI. We'll ask you to sign a paper giving us your OK if we need to use or share (disclose) any of the following information:**

- To use or share notes a therapist takes during therapy sessions (these are called psychotherapy notes);
- To use or share PHI with companies who will use the information to try to get other people's business (for marketing purposes); and
- Sharing (disclosures) PHI with someone else for money.

**Can you take back your OK?** Yes. You can take back your OK anytime. But you must tell us in writing. We can't take back the PHI we've already shared.

#### **4. What to do if you don't want your health information shared with certain people**

You must ask us in writing not to share certain facts about your health. You must tell us what information you don't want shared and **who** you don't want us to share your PHI with. There are other times when we won't share your PHI if you ask us. We'll say OK if we can. But we might not say OK if you are a minor child or if we're allowed to share the PHI by law. If we can't say OK, we'll send you a letter that says why.

#### **5. Your rights about your PHI**

- You can see and get copies of your records in paper or if we have them in electronic form, you can get them electronically. You must ask in writing to do so. You may have to pay money for the cost of copying and mailing your copies. If we can't give you the information you want, we'll send you a letter that says why.
- You can talk to CoverKids about how we share your PHI.

#### **And you have the right to:**

- Ask us in writing not to share certain facts about your health.
- Ask us to not show your PHI in certain records.
  - Ask us to change PHI that's wrong. You must ask in writing and tell us why we need to change it. If we can't make the change, we'll send a letter that says why.
  - Ask us in writing to contact you in a different way or in a different place. If writing or talking to you in place puts you in danger, tell us.
  - Ask us in writing for a list of who we've shared your PHI with.

The list will say who got your PHI for the six (6) years before the date of your request. But, it won't list the times we've shared when you've given us your OK or other times when the law says we didn't need to get your permission. For example, when we use PHI:

- to help you get health care, or
- to help with payment for your care, or
- to run our program, or
- to give to law enforcement if we're required to do so.

## CoverKids' Responsibility to You

CoverKids safeguards your information to protect its privacy and security. If your PHI is not safeguarded and it gets out, we have to notify you and federal authorities. But we only have to notify you:

- If the kind of information that got out would identify who you are (like your name, your Social Security Number, or your date of birth) or your treatment records,
- Depending on who the person was that used or saw your PHI,
- If anyone actually used or saw your PHI,
- What we did to lessen the risk that your PHI was used.

### Requests – Ask us in writing

Your requests must be in writing. Be sure you tell us what you're asking us to do. Write your name and CoverKids ID number or Social Security Number on your letter. **Keep a copy of the letter for your records.**



#### Mail to:

TennCare Privacy Office  
Division of TennCare  
310 Great Circle Road  
Nashville, TN 37228

**Do you have questions? Do you need help making your request?**



**CALL: TennCare  
Connect  
at 855-259-0701.**

## Changes in this Notice

CoverKids' policies and procedures about requests may change without notice. We'll use the policies and procedures we have in place when you make your request.

Federal privacy rules and CoverKids privacy practices may also change. If important changes are made, we'll send you the changes in writing. We have the right to apply the changes to all the health facts we have. Or only to new health facts we get.

## Questions or Complaints

Do you have questions? Do you think your privacy rights have been violated? You will not be punished if you complain or ask for help. Call TennCare Connect at **855-259-0701** for free.

Or contact:

<b>Division of TennCare</b> Attn: Privacy Office 310 Great Circle Road Nashville, TN 37243 Phone: <b>866-797-9469</b> Email: Privacy.TennCare@tn.gov	<b>U.S. Dept. of Health and Human Services</b> <b>Region IV, Office of Civil Rights</b> Medical Privacy Complaint Division Atlanta Federal Center Suite 3B70 61 Forsyth Street, SW Atlanta, GA 30303-8931 Phone: <b>866-627-7748</b> Website: <a href="http://www.hhs.gov/ocr">www.hhs.gov/ocr</a>
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## Your Responsibility to Report Fraud and Abuse

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

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

### Fraud and abuse for CoverKids members can be things like:

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

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

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

To tell us about fraud and abuse, call the **UnitedHealthcare Community Plan Hotline for free at 1-866-600-4985.**

You can also tell us about fraud and abuse online. Go to <https://www.tn.gov/tenncare/fraud-and-abuse/program-integrity.html>. Then click on "Report TennCare Fraud".

## **Part 7:**

# **Health care papers you may need**

**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:(\_\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Name of this person's MCO/Health Plan:

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**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?**

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**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.**

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**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.*

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(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.*

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(Sign here if you are 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 Phone: 1-615-507-6474 or for free at 1-855-857-1673 (TRS 711)  
 310 Great Circle Road, 3W Email: HCFA.fairtreatment@tn.gov  
 Nashville, TN 37243

<b>Do you need free help with this letter?</b>	
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> ناگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریه‌کانی یارمەتی زمان، بەخۆراییی، بۆ تۆ بەردەستە. پەیوەندی بە TTY (1-800-848-0298) 1- 855-259-0701 بکە.
<b>Arabic:</b>	<b>العربية</b> ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-259-0701 (رقم هاتف الصم والبكم: 1-800-848-0298).
<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> ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-855-259-0701 (መስማት ለተሳናቸው: 1-800-848-0298).
<b>Gujarati:</b>	<b>ગુજરાતી</b>

<p>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).</p>	
<b>Laotian:</b>	<b>ລາວສາລາວ</b> ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ຄມ່ນມີພ້ອມໃຫ້ທ່ານ. 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 (телетайп: 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 (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 میباشد. با 1-855-259-0701 تماس بگیرید. (TTY: 1-800-848-0298)

- **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)**

## Advance Directives

Advance Directives are your written wishes about what you want to happen, if you get too sick to be able to say.

### Living Will or Advance Care Plan

Machines and medicine can keep people alive when they otherwise might 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 a Living Will. In 2004, Tennessee law changed the Living Will to **Advance Care Plan**. Either one is ok to use.

A Living Will or Advance Care Plan needs 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 be able to say.

Your papers must be signed, and either witnessed or notarized.

If your papers are witnessed, your papers need to be signed in front of two people who will be your witnesses. These people:

- Cannot be related to you by blood or marriage.
- Cannot receive anything you own after you die.
- Cannot be your doctor or any of the staff who work in the place where you get health care.

Once they are signed by everyone, it is your rule. It stays like this unless you change your mind.

### Tennessee Durable Power of Attorney for Health Care or Appointment of Health Care Agent

The Durable Power of Attorney for Health Care paper lets you name another person to make medical decisions for you. In 2004, Tennessee law changed the Durable Power of Attorney for Health Care to **Appointment of Health Care Agent**. Either one is ok to use.

This person can only make decisions if you are too sick to make your own. He or she can say your wishes for you if you can't speak for yourself. Your illness can be temporary.

These papers must be signed, and either witnessed or notarized. Once the papers are signed by everyone, it is your rule. It stays like this unless you change your mind.

These papers will only be used if you get too sick to be able to say what you want to happen. As long as you can still think for yourself, you can decide about your health care **yourself**.

If you fill out these papers, make **3** copies:

- **Give** 1 copy to your PCP to put in your medical file.
- **Give** 1 copy to the person who will make a medical decision for you.
- **Keep** a copy with you to put with your important papers.

**IMPORTANT:** You **do not** have to fill out these papers. It is your choice. You may want to talk to a lawyer or friend before you fill out these papers.

Tennessee has created a legal document called a Declaration for Mental Health Treatment (DHMT) that can also help. The DMHT allows you to plan ahead by writing down your requests in case of a mental health crisis. It describes what services you want to occur when receiving mental health treatment. More information about the DMHT can be found online. Go to:

**[https://www.tn.gov/content/dam/tn/mentalhealth/documents/Declaration for Mental Health Treatment-Form.pdf](https://www.tn.gov/content/dam/tn/mentalhealth/documents/Declaration%20for%20Mental%20Health%20Treatment-Form.pdf)**



**ADVANCE DIRECTIVE FOR HEALTH CARE\***  
(Tennessee)

**Instructions:** Parts 1 and 2 may be used together or independently. Please mark out/void any unused part(s). Part 5, Block A or Block B must be completed for all uses.

I, \_\_\_\_\_, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

**Part I Agent:** I want the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Alternate Agent:** If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

My agent is also my personal representative for purposes of federal and state privacy laws, including HIPAA.

**When Effective** (mark one):  I give my agent permission to make health care decisions for me at any time, even if I have capacity to make decisions for myself.  I do not give such permission (this form applies only when I no longer have capacity).

**Part 2 Indicate Your Wishes for Quality of Life:** By marking “yes” below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management. By marking “no” below, I have indicated conditions I would not be willing to live with (that to me would create an **unacceptable** quality of life).

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Permanent Unconscious Condition:</b> I become totally unaware of people or surroundings with little chance of ever waking up from the coma.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Permanent Confusion:</b> I become unable to remember, understand, or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Dependent in all Activities of Daily Living:</b> I am no longer able to talk or communicate clearly or move by myself. I depend on others for feeding, bathing, dressing, and walking. Rehabilitation or any other restorative treatment will not help.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>End-Stage Illnesses:</b> I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where oxygen is needed most of the time and activities are limited due to the feeling of suffocation.</p>

**Indicate Your Wishes for Treatment:** If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked “no” above) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking “yes” below, I have indicated treatment I want. By marking “no” below, I have indicated treatment I **do not want**.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>CPR (Cardiopulmonary Resuscitation):</u></b> To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Life Support / Other Artificial Support:</u></b> Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys, and other organs to continue to work.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Treatment of New Conditions:</u></b> Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Tube feeding/IV fluids:</u></b> Use of tubes to deliver food and water to a patient’s stomach or use of IV fluids into a vein, which would include artificially delivered nutrition and hydration.

PLEASE SIGN ON PAGE 2

Page 1 of 2

**Part 3 Other instructions, such as hospice care, burial arrangements, etc.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages if necessary)

**Part 4 Organ donation:** Upon my death, I wish to make the following anatomical gift for purposes of transplantation, research, and/or education (mark one):

Any organ/tissue       My entire body       Only the following organs/tissues: \_\_\_\_\_  
 No organ/tissue donation

**SIGNATURE**

**Part 5** Your signature must **either** be witnessed by two competent adults (“Block A”) **or** by a notary public (“Block B”).

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
: (Patient)

**Block A** Neither witness may be the person you appointed as your agent or alternate, and at least one of the witnesses must be someone who is not related to you or entitled to any part of your estate.

Witnesses:

- 1. I am a competent adult who is not named as the agent. I witnessed the patient’s signature on this form. \_\_\_\_\_  
Signature of witness number 1
- 2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient’s estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient’s signature on this form. \_\_\_\_\_  
Signature of witness number 2

**Block B** You may choose to have your signature witnessed by a notary public instead of the witnesses described in Block A.

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who signed as the “patient.” The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: \_\_\_\_\_  
Signature of Notary Public

**WHAT TO DO WITH THIS ADVANCE DIRECTIVE:** (1) provide a copy to your physician(s); (2) keep a copy in your personal files where it is accessible to others; (3) tell your closest relatives and friends what is in the document; (4) provide a copy to the person(s) you named as your health care agent.

\*This form replaces the old forms for durable power of attorney for health care, living will, appointment of agent, and advance care plan, and eliminates the need for any of those documents.

Page 2 of 2

# Part 8:

# More Information

## CoverKids Immunization Schedule

### **Under CoverKids for children under 19 we cover:**

Regular, periodic visits to the doctor to see if the child is developing normally and to see if he or she has any physical or behavioral health (mental health, alcohol or drug abuse) problems, dental, or other conditions. These visits are called “screenings” (or “screens”) and need to happen according to the American Academy of Pediatrics (AAP) Periodicity Schedule.

### **For example:**

- Children from birth through age 30 months have the right to get 12 screens
- Children from age 3 through age 11 have the right to get 9 screens
- Children from age 12 through age 18 have the right to get 7 screens

In addition, a child has a right to get a “screening” whenever the child is referred to a doctor by someone such as a teacher who notices a change in the child’s health or behavior.

### **Screenings include the following:**

- A comprehensive health and development history
- A comprehensive, unclothed physical exam
- Appropriate immunizations (shots)
- Appropriate vision and hearing tests
- Appropriate laboratory tests
- Developmental/behavioral screening (as needed)
- Health education (advice on how to keep your child healthy)

### **You also get other services in addition to screening services:**

- Treatment, including rehabilitation, for any health problems (physical, mental or developmental) or other conditions discovered during a “screening”. You can also get scheduling assistance for services.
- Regular visits to a dentist for checkups and treatment through DentaQuest;
- Regular, periodic tests of the child’s hearing and eyesight. Includes treatment of any problems with hearing and eyesight;
- Immunizations (shots) for diphtheria, tetanus, pertussis, polio, measles, mumps, rubella (MMR), HIB, influenza, Hepatitis A and B vaccines, varicella, Rotavirus, Human papillomavirus (HPV) and Meningitis, pneumococcal; and
- Routine lab tests. (Note a test for lead in the blood and sickle cell anemia will be done if the child is in a situation that might put him or her at risk for either or both of these things)
- If your child has a high level of lead in his or her blood, lead investigations will be done. If you think that your child has been around things that have a high lead content, such as old paint, tell your doctor; and

- Health education; and
- Other necessary health care, diagnostic services, treatment and other measures necessary to correct improve defects or prevent defects from worsening; if your child has physical and mental illnesses and conditions that are found in the screening process, they are treated.
- Basic health education for child and parents is part of the preventive services CoverKids gives you.

**Copayments are not required for preventive services.**





## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.

## INFORMATION FOR PARENTS

## 2022 Recommended Immunizations for Children 7–18 Years Old

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Dengue	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB							
<b>7-8 Years</b>	Shaded	Shaded		Shaded		Shaded		Shaded	Shaded	Shaded	Shaded	Shaded
<b>9-10 Years</b>		Checkered	Checkered	Shaded	Shaded	Shaded	ONLY in places where dengue spreads	Shaded	Shaded	Shaded	Shaded	Shaded
<b>11-12 Years</b>		Shaded		Shaded	Shaded	Shaded		Shaded	Shaded	Shaded	Shaded	Shaded
<b>13-15 Years</b>		Shaded		Shaded	Shaded	Shaded		Shaded	Shaded	Shaded	Shaded	Shaded
<b>16-18 Years</b>				Shaded	Shaded	Shaded		Shaded	Shaded	Shaded	Shaded	Shaded

**More information:** Everyone 6 months and older should get a flu vaccine every year if they do not have contraindications

All 11- through 12- year olds should get one shot of Tdap.  
All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.

All 11- through 12- year olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.  
Ages 10 years and older at increased risk should receive a serogroup B meningococcal (MenB) vaccine. Ages 16-18 years old who are not at increased risk **may** be vaccinated with a MenB vaccine.

Ages 9-16 years who live in dengue endemic areas **AND** have laboratory confirmation of previous dengue infection

### COVID-19 vaccination is recommended for ages 6 months and older. Talk to your child's doctor or nurse about the vaccines recommended for their age.



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at [www.cdc.gov/vaccines/hcp/acip-recs](http://www.cdc.gov/vaccines/hcp/acip-recs).



These shaded boxes indicate the vaccine **SHOULD** be given if a child is catching up on missed vaccines.



This shaded box indicates children not at increased risk **MAY** get the vaccine if they wish after speaking to a provider.



This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Dengue</b>	Dengue vaccine protects against dengue.	Bite from infected mosquito	May be no symptom, fever, headache, pain behind the eyes, rash, joint pain, body ache, nausea, loss of appetite, feeling tired, abdominal pain	Severe bleeding, seizures, shock, damage to liver, heart, and lungs, death
<b>Diphtheria</b>	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
<b>Human Papillomavirus</b>	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
<b>Measles</b>	MMR*** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Meningococcal Disease</b>	MenACWY and MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
<b>Mumps</b>	MMR*** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
<b>Pertussis</b>	Tdap* vaccine protects against pertussis.	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Pneumococcal Disease</b>	Pneumococcal vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Polio</b>	Polio vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Rubella</b>	MMR*** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	Tdap* and Td** vaccines protect against tetanus.	Exposure through cuts on skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\*Tdap combines protection against diphtheria, tetanus, and pertussis.

\*\*Td combines protection against diphtheria and tetanus.

\*\*\*MMR combines protection against measles, mumps, and rubella.

If you have any questions about your child's vaccines, talk to your child's doctor or nurse.

## Legal Definitions

**Emergency Medical Condition** – a sudden beginning of a medical condition showing itself by acute symptoms of enough severity (including severe pain) so that a careful layperson, with an average knowledge of health and medicine, could reasonably expect not having immediate medical attention to result in:

- serious danger to the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child);
- serious damage to bodily functions; or
- serious dysfunction of any bodily organ or part.

**Medically Necessary** – To be medically necessary, a medical item or service must satisfy each of the following criteria:

- It must be recommended by a licensed physician who is treating the enrollee or other licensed health care provider practicing within the scope of his or her license who is treating the enrollee;
- It must be required in order to diagnose or treat an enrollee's medical condition;
- It must be safe and effective;
- It must not be experimental or investigational; and
- It must be the least costly alternative course of diagnosis or treatment that is adequate for the enrollee's medical condition.

When applied to the care of the inpatient, it further means that the enrollee's medical condition requires that services cannot be safely provided to the enrollee as an outpatient.

# Health Plan Notices of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective January 1, 2023

By law, we<sup>1</sup> must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to access your HI.
- By law, we must follow the terms of this notice.

HI is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or e-mail. We will also post the new notice at this website ([www.uhccommunityplan.com](http://www.uhccommunityplan.com)). We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

## **How we collect, use, and share your information We collect, use, and share your HI with:**

- You or your legal representative.
- Government agencies.

**We have the right to collect, use and share your HI for certain purposes.** This must be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** We may collect, use, and share your HI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may collect, use, and share your HI with your providers to help with your care.
- **For Health Care Operations.** We may suggest a disease management or wellness program. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** We may collect, use, and share your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.

- **For Reminders on Benefits or Care.** We may collect, use and share your HI to send you appointment reminders and information about your health benefits.
- **For Communications to You.** We may use the phone number or email you gave us to contact you about your benefits, healthcare or payments.

**We may collect, use, and share your HI as follows:**

- **As Required by Law.**
- **To Persons Involved with Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.
- **For Workers' Compensation.** To comply with labor laws.
- **For Research.** To study disease or disability.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law. We may give HI to funeral directors.
- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates** if needed to give you services. Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
  1. Alcohol and Substance Abuse
  2. Biometric Information
  3. Child or Adult Abuse or Neglect, including Sexual Assault
  4. Communicable Diseases
  5. Genetic Information
  6. HIV/AIDS

7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

## Your rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website ([www.uhccommunityplan.com](http://www.uhccommunityplan.com)).
- **To ask that we correct or amend** your HI. Depending on where you live, you can also ask us to delete your HI. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

## Using your rights

- **To Contact your Health Plan. Call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446**, or TTY/RTT **711**.

- **To Submit a Written Request.** Mail to: UnitedHealthcare Privacy Office MN017-E300, P.O. Box 1459, Minneapolis MN 55440
- **Timing.** We will respond to your phone or written request within 30 days.
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

**You may also notify the Secretary of the U.S. Department of Health and Human Services.** We will not take any action against you for filing a complaint.

<sup>1</sup> This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus Wisconsin Insurance; Health Plan of Nevada, Inc.; Optimum Choice, Inc.; Oxford Health Plans (NJ), Inc.; Physicians Health Choice of Texas, LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Incorporated; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Community Plan of Georgia, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of America; UnitedHealthcare Insurance Company of River Valley; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United Healthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; and UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.



# Financial Information Privacy Notice

**THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.**

Effective January 1, 2023

We<sup>2</sup> protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

## Information we collect

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others. This may be premium payment data.

## Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

## Confidentiality and security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

## Questions about this notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center **at 1-866-633-2446**, or TTY/RTT **711**.

<sup>2</sup> For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: ACN Group of California, Inc.; AmeriChoice Corporation.; Benefitter Insurance Solutions, Inc.; Claims Management Systems, Inc.; Dental Benefit Providers, Inc.; Ear Professional International Corporation; Excelsior Insurance Brokerage, Inc.; gethealthinsurance.com Agency, Inc. Golden Outlook, Inc.; Golden Rule Insurance Company; HealthMarkets Insurance Agency; Healthplex of CT, Inc.; Healthplex of ME, Inc.; Healthplex of NC, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Management, LLC; Life Print Health, Inc.; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Global Solutions (India) Private Limited; Optum Health Care Solutions, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, LLC; Solstice Administrators of Alabama, Inc.; Solstice Administrators of Arizona, Inc.; Solstice Administrators of Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators of Texas, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; U.S. Behavioral Health Plan, California; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; and USHEALTH Group, Inc.; and Vivify Health, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.

