**MCC Letterhead**

Enrollee Name <Date of Notice>

Address

Address 2

City, State, Zip

**Dear <Member Name>:**

We’re reaching out to let you know starting < **date care will stop— *At least 10 days’ advance notice required*** > we’ll no longer pay for <type of service>. We know this isn’t news you wanted to hear. Below is some information to help explain why we made this decision and what you can do next.

The health care provider who ordered the care you’ve been getting is <provider’s name>. [*Delete the previous sentence if it is not applicable, and delete this sentence, regardless*.]

**Why we’re no longer paying for this care:**

State and federal laws say TennCare can only pay for care that is covered and medically necessary.The care you’ve been getting doesn’t meet our guidelines for being medically necessary anymore.

**Here’s more information on the guidelines you don’t meet:**

<*Specify in easy-to-understand language each guideline that is not met and explain why each one is not met by this member*.>

**Here’s what TennCare rules say about why this care is not medically necessary:** <<<*Delete any of the five selection(s), below, that do not apply to this decision, and delete this sentence.*

* Your doctor didn’t say you need this care. [TennCare Rule 1200-13-16-.05(1)(a).]
* This care isn’t needed to diagnose or treat your medical problem.

[TennCare Rules 1200-13-16-.05(1)(b) and 1200-13-16-.05(2)-(4).]

* The care isn’t considered safe and effective for you.

[TennCare Rules 1200-13-16-.05(1)(c) and 1200-13-16-.05(5).]

* The care is experimental or investigational. That means there’s not enough proof that it’s safe and that it works for the kind of problem you have.

[TennCare Rules 1200-13-16-.05(1)(d) and 1200-13-16-.05(6).]

* The care isn’t the least costly way to diagnose or treat your problem that will work. [TennCare Rules 1200-13-16-.05(1)(e) and 1200-13-16-.05(7).]>>>

We made this decision using information given to us by your health care provider. Do you want to see your medical records and the guidelines used to make this decision? You can ask us for them. Just call <MCC Phone Number and office hours.>

<<<*Insert the following text* ***if*** *there* ***is*** *a covered, medically necessary alternative available. If not, delete the following text and these directions.*

**Here’s another option:**

Ask your health care provider if they think <**covered, medically necessary alternative**> would be right for you. **We think this will work for your health problem. But, talk to your health care provider and ask if they will order it**.>>>

**What happens next?**

Talk with your health care provider to decide the best next steps for you. If your health care provider wants to have a discussion with our doctor about this care, they can call us at <peer to peer line>.

If you think we made a mistake, you have **60 days** from the date of this letter to file an **appeal** with TennCare. After60 days,it’s **too late** to appeal this decision. There are instructions below for filing an appeal.

If you appeal within **10 days** from the date of this letter, you can ask to keep the same care during your appeal as long as you still have a doctor’s order for the same care. What ifwe pay for the same care you’ve been getting during your appeal and **you lose?** You may have to **pay TennCare back.**

If you have any questions about this letter, please call us at <MCC Phone number and office hours.>

**<E-signature/typed name of any designated staff member/unit at MCC’s discretion>**

**How to file a TennCare appeal**

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

**Three ways to file your appeal:**

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

TennCare Member Medical Appeals

P.O. Box 000593

Nashville, TN 37202-0593

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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