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APPEALS

Legal Authority: 42 CFR 431.205; 42 CFR 431.206; 42 CFR 431.230; 42 CFR 431.221

1. Policy Statement

Applicants and enrollees in TennCare Medicaid and CoverKids may file an appeal with HCFA when dissatisfied with an action taken on the individual's eligibility case. Appeal requests will be given prompt and careful attention, and corrective action, when indicated, will be taken immediately. Tennessee Health Connection (TNHC) or HCFA staff will provide the appellant with a HCFA Appeal form, or complete the form on the individual's behalf. HCFA must provide whatever assistance the complainant requires in appealing for a fair hearing.

2. Appeal Rights

Every applicant and recipient of TennCare Medicaid and CoverKids has the right to appeal if he or she is aggrieved by an action or lack of action taken by HCFA. Individuals should be informed of their right to a hearing, how to obtain a hearing, and that the individual may represent himself or herself, use legal counsel, a relative, a friend or other spokesman. An individual must be informed of his or her hearing rights:

- At application;
- When an action taken by HCFA affects his or her claim;
- When a skilled nursing facility or nursing facility notifies a resident of a transfer or discharge (not including movement to a bed within the same certified facility); and
- When an individual receives an adverse action from a preadmission screening and annual resident review under §1919(e)(7) of the Social Security Act.

HCFA will inform the individual of free legal representation that is readily available in the individual's area. All HCFA hearing records and decisions are available for public inspection and copying, subject to the disclosure safeguards provided by federal regulations. The names and addresses of appellants will be kept confidential.

3. Appealable Actions

Appeals may arise from conflicts or dissatisfaction related to an action or lack of action by HCFA such as, but not limited to:

- A decision regarding eligibility for TennCare Medicaid or CoverKids, such as a denial for eligibility or eligibility begin date;
- Termination of TennCare Medicaid or CoverKids benefits;
- Failure to make a timely eligibility determination;
- Discriminatory treatment or practice (See Rights and Responsibilities policy); and

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• Amount of a co-pay obligation for TennCare Medicaid or CoverKids.

4. Timely Appeal

An appeal filed within 40 days from the date of the termination or denial notice is considered timely. Benefits will be continued if the request is filed within 20 days of the notice or before the end date of coverage if that is later, pending the final decision of the Administrative Judge. However, the individual must be informed that if HCFA's decision is upheld, he or she may be responsible for repaying the benefits paid pending the decision. If benefits are to continue pending the outcome of the appeal, the Eligibility Appeals Unit will manually continue the benefits, as applicable.

If benefits are continued, HCFA will not terminate benefits before a decision is reached unless:

- It is determined at the hearing the issue at hand is one of federal or state law or policy; and
- HCFA informs the beneficiary in writing that services will be terminated or reduced pending the hearing decision.

5. Good Cause for an Untimely Appeal

Appeals may be accepted after the 40 day time limit if the appellant can show good cause as to why the appeal could not be filed within 40 days. In addition, benefits can be continued if the appellant can show good cause for failing to file the request within 20 days. The decision regarding good cause is made by designated attorneys within the Eligibility Appeals Unit.

6. Filing an Appeal

An individual may file an appeal by phone, mail, or fax. Individuals may file appeals with TNHC.

Mailing Address:

Tennessee Health Connection P.O. Box 305240 Nashville, TN 37230-5240

Toll-free Phone:

1-855-259-0701

Toll-free Fax:

1-855-315-0669

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