



Member Handbook

Amerigroup Community Care, Tennessee

800-600-4441 (TRS 711)
myamergroup.com/tn

Important contact information/FREE phone numbers to call for help	
CoverKids Member Services Contact Amerigroup Member Services for help with the following: <ul style="list-style-type: none"> • PCP changes • ID cards • Understanding your benefits • Finding a provider near you • Free translation and interpreter services 	800-600-4441 (TRS 711). We're available Monday through Friday 8 a.m. to 5 p.m. Central time. To connect with us anytime, access your online account at myamerigroup.com/TN . Once you log in, you can live chat with a representative or send a secure message to our Member Services team.
OptumRx Call about your pharmacy plan	844-568-2179
24-hour Nurse HelpLine	English: 866-864-2544 (TRS 711) Español: 866-864-2545 (TRS 711)
DentaQuest Call about dental (teeth) care for children under age 19	888-291-3766
Fraud hotline Call to report CoverKids fraud or abuse	800-600-4441 (TRS 711)
Population Health	800-600-4441 (TRS 711)
TennCare Connect Call for questions about eligibility	855-259-0701

CoverKidsSM and your health plan, Amerigroup Community Care

Member Handbook 2020

¿Necesita un manual de CoverKids en español? Para conseguir un manual en español, llame al 800-600-4441 (TRS 711).

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**.

Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-600-4441 (TRS: 711).

Kurdish: کوردی

ئاگاداری: ئه‌گه‌ر به زمانی کوردی قسه ده‌که‌یت، خزمه‌تگوزاریه‌کانی یارمه‌تی زمان، به‌خو‌راییی، بو‌ تو به‌رده‌سته. په‌یوه‌ندی به 1-800-600-4441 (TRS: 711) بکه.

Arabic: ربيّة

وظة‌حلم: اذا متتكل قة‌لغا ربيّة‌لعا ات‌مدد دة‌عالمسا ويّة‌لغا رة‌قومّة‌ك ان‌جام. اتصل مقبر: 1-800-600-4441 (TRS: 711) مقر فتاه صملا و مليكا

Chinese: 繁體中文

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 1-800-600-4441 (TRS: 711)。

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-600-4441 (TRS: 711).

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-600-4441 (TRS: 711) 번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-600-4441 (TRS: 711).

Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-600-4441 (መስማት ለተሳናቸው: TRS: 711)፡

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-600-4441 (TRS: 711).

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-600-4441 (TRS: 711).

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-600-4441 (TRS: 711).

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-600-4441 (TRS: 711).

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-600-4441 (TRS: 711) पर कॉल करें।

Serbo-Croatian: Srpsko-hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-600-4441 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Russian:	Русский ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-600-4441 (телетайп: TRS: 711).
Nepali:	नेपाली ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-800-600-4441 (टिप्टाईप: TRS: 711).
Persian:	فارسی توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-600-4441 تماس بگیرید. (TRS: 711)

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

Call us for free at 1-800-600-4441. We can connect you with the free help or service you need. (For TRS 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>TennCare Office of Civil Rights Compliance 310 Great Circle Road, 3W Nashville, TN 37243</p> <p>Email: HCFA.Fairtreatment@tn.gov Phone: 855-857-1673 (TRS 711)</p> <p>You can get a complaint form online at: https://www.tn.gov/content/dam/tn/tenncare/documents/complaintform.pdf</p>	<p>Amerigroup Nondiscrimination Coordinator 22 Century Blvd., Suite 220 Nashville, TN 37214</p> <p>Email: tn.nondiscrimination@amerigroup.com</p> <p>Phone: 1-800-600-4441 (TRS 711) Fax: 1-866-796-4532</p>	<p>U.S. Department of Health & Human Services 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 You can get a complaint form online at: http://www.hhs.gov/ocr/office/file/index.html Or you can file a complaint online at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</p>
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Welcome to CoverKids and your health plan, Amerigroup

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 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 TennCare Connect 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.

Your CoverKids Health Plan

Amerigroup is your CoverKids health plan that helps you get **physical or behavioral health care (mental health, alcohol, and drug abuse services)**. For questions about getting physical or behavioral health care, call us at **800-600-4441 (TRS 711)**. 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 24-hour Nurse HelpLine at **866-864-2544 (TRS 711)**. It's a free call.

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 CoverKids OptumRx member 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/CoverKids>. Enter the information requested to find pharmacies near you that accept CoverKids OptumRx. Or, you can call us for assistance, 24 hours a day, 7 days a week at **888-816-1680**.

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

Learn more about your prescription coverage in Parts 1 and 2 of this handbook.

Dental health plan for children

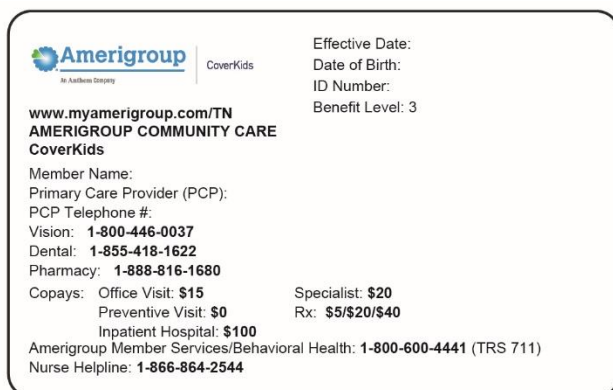
CoverKids only covers routine dental care for children under the age of 19. CoverKids dental health plan is **DentaQuest**. They can help you if you have questions about dental care. To find a DentaQuest dentist, go to **www.dentaquest.com/state-plans/regions/tennessee**. Then click Find a Dentist. Or 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 ID card. This is what your card looks like:



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 **800-600-4441 (TRS 711)** for a new card. It's a free call.

If you have questions about CoverKids, you can:



Write us:

CoverKids Member Services
Amerigroup Community Care
P.O. Box 62509
Virginia Beach, VA 23466-2509



Call us:

**800-600-4441
(TRS 711)**

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 myamerigroup.com/TN. Or call us at **800-600-4441 (TRS 711)** to get a list mailed to you. Providers may have signed up or dropped out after the list was printed. But the online Find a Doctor search tool is updated every week. This tool is available at myamerigroup.com/tn/care/find-a-doctor.html. You can also call us at **800-600-4441 (TRS 711)** or send us a secure message through your online account at myamerigroup.com/TN 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 **800-600-4441 (TRS 711)**. 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 myamerigroup.com/TN.

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 **800-600-4441 (TRS 711)** 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 or Find a Doctor tool to search for doctors who speak other languages online at **myamerigroup.com/TN**.

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 800-600-4441 (TRS 711) 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 **800-600-4441 (TRS 711)**.

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 checkup 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, use our Find a Doctor tool at myamerigroup.com/TN or look in our provider directory. Then log in to your secure online account to change your PCP right from the website. You can also call Member Services at **800-600-4441 (TRS 711)** if you need help choosing or changing your PCP.
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 **800-600-4441 (TRS 711)** or send us a secure message anytime through your online account at myamerigroup.com/TN. 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 **800-600-4441 (TRS 711)** for assistance.

Behavioral health care (mental health, alcohol or drug abuse 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, alcohol, or drug abuse 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, alcohol, and drug abuse services, call us at **800-600-4441 (TRS 711)**. Or, if you have questions about mental health, alcohol, and drug abuse services, call us at **800-600-4441 (TRS 711)**. 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 for well-woman checkups. A women's health doctor is called an OB-GYN (obstetrician/gynecologist). 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 and alcohol or substance abuse services.

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

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 your PCP is not available,

you can call 24-hour Nurse HelpLine at 866-864-2544 (TRS 711) for advice on where to go for care.

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 or 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, alcohol or drug abuse 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, alcohol or drug abuse 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, alcohol or drug abuse 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">• Planning to hurt yourself• Thinking about hurting another person	<ul style="list-style-type: none">• Needing a prescription refill• Asking for help to make an appointment

If you have this kind of emergency:

- Go to the nearest mental health crisis walk-in center or ER right away.

- Call 911.
- 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, alcohol or drug abuse) emergency:

- Go to the nearest ER.
- Call 911.
- Call the statewide crisis line or the regional phone number in your area. Your call will be routed to a crisis specialist for help. For the 24/7 STATEWIDE CRISIS LINE call 855-274-7471 (855-CRISIS-1)

To reach an agency directly, call:

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 **800-600-4441 (TRS 711)**. 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 it would 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 **800-600-4441 (TRS 711)** 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 **800-600-4441 (TRS 711)**.

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 18.

CoverKids services	Covered/Not covered
Behavioral health crisis services (mental health, alcohol and drug abuse services)	Covered
Chiropractic services	Covered Not covered for pregnant women age 19 and older
Community health clinic services	Covered
Dental services (non-routine)	Covered Not covered for pregnant women age 19 and older
Durable medical equipment (DME)	Covered with limits
Emergency air and ground ambulance	Covered
Home health services	Covered with limits
Hospice care	Covered
Immunizations/vaccinations	Covered
Inpatient and outpatient substance abuse benefits	Covered
Inpatient hospital services	Covered

CoverKids services	Covered/Not covered
Lab and x-ray services	Covered
Medical supplies	Covered
Non-emergency transportation	Not covered
Occupational therapy services	Covered with limits
Organ transplant and donor procurement	Covered
Outpatient hospital services	Covered
Outpatient behavioral health services (mental health, alcohol and drug abuse services)	Covered
Pharmacy services	Covered
Physical exams and checkups, diagnostic and treatment services	Covered
Physical therapy services	Covered with limits
Physician services	Covered
Private duty nursing	Not covered
Psychiatric inpatient facility services	Covered
Psychiatric rehabilitation services	Covered
Psychiatric residential treatment services	Covered
Reconstructive breast surgery	Covered
Renal dialysis services	Covered
Skilled nursing facility	Covered with limits
Speech therapy services	Covered with limits
Temporomandibular Joint (TMJ) – Non-surgical treatment	Covered
Vision services	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. 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 one hearing aid per ear each calendar year up to age 5, then one hearing aid per ear every two years thereafter.

2. Home health services

There are two 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 two calendar years.

For pregnant women ages 19 and older, vision services are limited to medical evaluation and management of abnormal conditions and disorders of the eye. The first pair of cataract glasses or contact lens/lenses after cataract surgery are covered.

Have you used all your benefits? We can offer suggestions and options for continuing care. You can call Population Health at **800-600-4441 (TRS 711)** for assistance.

Other CoverKids services

Other covered services are Population Health, hospice care, sterilization, abortion, and hysterectomy. More about these services can be found below.

Population Health

If you are well, Population Health services provide you with information on how to stay healthy. If you have ongoing illness or an unhealthy behavior, Population Health services can help you do things like:

- Understand your illness and how to feel better
- Quit smoking
- Manage your weight
- Have a healthy pregnancy and a healthy baby
- Develop a plan of care based on your child's doctor's advice for both medical and behavioral health needs
- Make choices to help your child feel better
- Keep your child out of the hospital
- Help with pharmacy benefit navigation
- Help your child get the right care at the right place at the right time
- Coordinate care and partner with your child's health care provider
- Help you understand your child's health care providers
- Help you explain important information about your child to his or her providers
- Help you locate and be assigned a primary care physician/pediatrician for your child

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.
- Need health care before or after you have a transplant.
- Have a lot of different doctors for different health problems.
- 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 Population Health services, you (or someone on your behalf) can call **800-600-4441 (TRS 711)**.

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 **800-600-4441 (TRS 711)**.

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 **800-600-4441 (TRS 711)** 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 is the medical treatment that ends pregnancy. CoverKids pays for this treatment only if:

- You are pregnant because of rape or incest.
- You have a life-endangering physical problem, injury, or 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 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 **800-600-4441 (TRS 711)** 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 **four weeks**. Then after seven months, you may see your doctor every **two or three weeks**. When it gets close to when your baby is due, you may see your doctor every week. If you have complications in pregnancy, your doctor may want to see you more often.

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, take drugs not prescribed for you, 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 copay for it at the drug store. But, you have to tell the pharmacist that you are pregnant so they will not charge you a copay.

After your baby is born

After your baby is born, you should have follow-up care for you and your baby. Care after your baby is born is called **postnatal care**. Postnatal care includes circumcision done by a doctor and special screenings for newborns.

Both you and your baby need follow-up care. You should see your doctor 7-84 days after you have your baby. Your doctor will check to make sure you are OK.

IMPORTANT: Tell CoverKids about your baby as soon as possible so you can make sure he or she gets covered. Depending on your income, your baby may qualify for TennCare instead of CoverKids.

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, alcohol or drug abuse) 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, alcohol or drug abuse) treatment that he or she needs.

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

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

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

- | | |
|--------------|--------------------------|
| • Diphtheria | • Flu (influenza) |
| • Tetanus | • Hepatitis A and B |
| • Pertussis | • Chickenpox (varicella) |
| • Polio | • Pneumococcal |

- Measles
- Mumps
- Rubella (MMR)
- HIB
- 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 under age 19 should have a checkup and cleaning every six months. Children need to start seeing a dentist by age 3 or even earlier for some children.

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 **800-600-4441 (TRS 711)** 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. But if you had a mastectomy, reconstructive breast surgery is covered.
4. Reversal of sterilization.
5. Artificial insemination, in-vitro fertilization, or any other treatment to create pregnancy.
6. Treatment of impotence.
7. Autopsy or necropsy.
8. Physical exams that a new job says you need.
9. Any medical or behavioral health (mental health, or alcohol or drug abuse) treatment if you are in local, state, or federal jail or prison.
10. Services that are covered by workers' compensation insurance.
11. Services that you got before you had CoverKids or after your CoverKids ends.
12. Personal hygiene, luxury, or convenience items.
13. Custodial Care and Sitter Services
14. Services mainly for convalescent care or rest cures.
15. Foot care for comfort or appearance, like flat feet, corns, calluses, toenails.
16. Transsexual surgery and any treatment connected to it.
17. Radial keratotomy or other surgery to correct a refractive error of the eye.
18. Services given to you by someone in your family or any person that lives in your household.

19. Midwife services outside a licensed health care facility.
20. Charges in excess of maximum allowable charge.
21. Services or supplies for orthognathic surgery.
22. Treatment and therapies for maintenance purposes.
23. Self-treatment or training.
24. Services or supplies for methadone maintenance therapy and buprenorphine maintenance therapy.
25. 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, and the charges for missed appointments are not covered.
26. Any charges for handling fees.
27. Drugs and supplies available over-the-counter that do not require a prescription by Federal or State law.
28. Medicines for:
 - Hair growth
 - Cosmetic purposes
 - Controlling your appetite
 - Treatment of impotence
 - Treatment of infertility
29. Medicines that the FDA (Food and Drug Administration) says are:
 - DESI – this means that research says they are not effective.
 - LTE – 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. But if you had cataract surgery, your first pair of cataract glasses or contact lens/lenses is covered.

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.
- Your family's monthly income before taxes.
- 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.



	CoverKids	Effective Date:
www.myamergroup.com/TN		Date of Birth:
AMERIGROUP COMMUNITY CARE		ID Number:
CoverKids		Benefit Level: 3
Member Name:		
Primary Care Provider (PCP):		
PCP Telephone #:		
Vision: 1-800-446-0037		
Dental: 1-855-418-1622		
Pharmacy: 1-888-816-1680		
Copays: Office Visit: \$15 Specialist: \$20		
Preventive Visit: \$0 Rx: \$5/\$20/\$40		
Inpatient Hospital: \$100		
Amerigroup Member Services/Behavioral Health: 1-800-600-4441 (TRS 711)		
Nurse Helpline: 1-866-864-2544		

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

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 **800-600-4441 (TRS 711)**.

	Benefit level		
	1	2	3
Office/Outpatient services			
Primary care visit <ul style="list-style-type: none"> Office visit with family practice, general practice, internal medicine, OB-GYN, pediatrics, and walk in clinics Includes nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) working under the supervision of a PCP 	\$15 copay	\$5 copay	No copay
Specialist visit and outpatient surgery <ul style="list-style-type: none"> Office visit with any specialty provider Outpatient surgery including invasive diagnostic services (e.g. colonoscopy) - Single copay per date of service 	\$20 copay	\$5 copay	No copay
Behavioral health (mental health, alcohol and drug abuse) services <ul style="list-style-type: none"> Office visit Outpatient mental health and substance abuse - Single copay per date of service 	\$15 copay	\$5 copay	No copay
Chiropractors	\$15 copay	\$5 copay	No copay

	Benefit level		
	1	2	3
<ul style="list-style-type: none"> Only covered for children under age 19 			
Rehabilitation and therapy services <ul style="list-style-type: none"> Including speech, physical, and occupational Limited to 52 visits per therapy type per calendar year 	\$15 copay	\$5 copay	No copay
	Benefit level		
	1	2	3
Pharmacy - Benefits managed by OptumRx			
30- and 90-day supply/Specialty pharmacy drugs	\$5 generic \$20 preferred brand \$40 non-preferred brand	\$1 generic \$3 preferred brand \$5 non-preferred brand	No copay
Non-emergency care			
Emergency room visit deemed as NOT a true medical emergency <ul style="list-style-type: none"> Facility (medical and behavioral health [mental health, alcohol and drug abuse]), including urgent care MUST be an in-network provider. If out-of-network provider, CoverKids will NOT pay. 	\$50 copay	\$10 copay	No copay
Inpatient stays			

	Benefit level		
	1	2	3
Inpatient facility (medical and behavioral health [mental health, alcohol and drug abuse]) <ul style="list-style-type: none"> Copay waived if readmitted within 48 hours of initial visit for same episode of illness or injury Rehabilitation services Mental health, alcohol and drug abuse treatment 	\$100 copay per admission	\$5 copay per admission	No copay
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.			
Prescription eyeglass lenses <ul style="list-style-type: none"> Including bifocal or trifocal Limited to one per plan year 	\$15 copay \$85 max benefit	\$5 copay \$85 max benefit	No copay
Prescription contact lenses instead of eyeglass lenses <ul style="list-style-type: none"> Limited to one per plan year 	\$15 copay \$150 max benefit	\$5 copay \$150 max benefit	No copay
Frames <ul style="list-style-type: none"> Limited to every two plan years 	\$15 copay \$100 max benefit	\$5 copay \$100 max benefit	No copay

The following services do <u>NOT</u> require a copay
Preventive care
Office visits <ul style="list-style-type: none"> Routine health assessments Immunizations Annual hearing and vision screening
Office/outpatient services

<ul style="list-style-type: none"> • Lab and x-ray
Emergency care
<ul style="list-style-type: none"> • Emergency room visit deemed as an emergency
Services for pregnant women
Pregnant women do not have copays
Ambulance
<ul style="list-style-type: none"> • Land and air
Home health
<ul style="list-style-type: none"> • Home nursing care limited to 125 visits per calendar year
Hospice
<ul style="list-style-type: none"> • Copay waived for all services if member is under hospice care
Vision services - These services are only eligible for children under age 19.
Annual vision exam <ul style="list-style-type: none"> • Including refractive exam and annual glaucoma testing • Must go to an in-network provider

The CoverKids program has a limit on the total amount of copays you will pay each calendar year. This is called out of pocket. 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 **800-600-4441 (TRS 711)**.

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. Please send us a secure message anytime through your members-only online account at **myamerigroup.com/TN**. Or call CoverKids Member Services for free at **800-600-4441 (TRS 711)**.

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 **800-600-4441 (TRS 711)** 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, You can live chat with an Amerigroup representative or send a secure message using your online account at myamerigroup.com/TN. You can also call **800-600-4441 (TRS 711)**.

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. Live chat with us or send a secure message through your online account at myamerigroup.com/TN. You can also call us at **800-600-4441 (TRS 711)**.

Need to make a complaint about your care?

If you are not happy with the care that you are getting, call us at **800-600-4441 (TRS 711)**. 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 **800-600-4441 (TRS 711)**. 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 1st. 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 1st. 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 1st. 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.
- CoverKids made a mistake by giving you a health plan that doesn't do business in the area where you live.
- 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.
2. Your specialist no longer takes your health plan.
3. Your health plan doesn't have a specialist that can give you the care that you need.
4. Your health plan can't work with your specialist to get you the care that you need.
5. Your specialist takes the health plan you want to change to.
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.**
- **The reason you want to change health plans.**

Call TennCare 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 TennCare 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:

TennCare Member Medical Appeals
P.O. Box 820
Nashville, TN 37202-9968



Fax to:

866-581-5735

Need help getting your prescription medicines?

If you need help getting your prescription medicine, please call OptumRx Member Services 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 **800-600-4441 (TRS 711)**.

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 the CoverKids' OptumRx pharmacy program at **844-568-2179** to get an 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 CoverKids' OptumRx says no?

You can ask your doctor to prescribe a different medicine that doesn't need an OK. If OptumRx says no, they will send you a letter telling you how to appeal. An appeal is one way to tell them you think they made a mistake. Whenever you need medicine that OptumRx denies, you have a right to ask CoverKids for an appeal. For more information on how file a CoverKids medical 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? 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 **800-600-4441 (TRS 711)** first.

If you still can't get the care you need, you can call **TennCare Member Medical Appeals** at **800-878-3192**. Call Monday through Friday from 8 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 **800-600-4441 (TRS 711)**. 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 two 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:

Fax to:



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



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 grievances and appeals

Two kinds of appeals: The difference between administrative 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 two different kinds of appeals: administrative appeals and medical appeals.

Administrative appeals:

Administrative appeals are for problems like getting or keeping CoverKids or if you think your income or copay amounts are wrong. Administrative appeals go to the Eligibility Appeals Unit at TennCare Connect. Page 50 tells you more about filing an administrative 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, or getting assigned to the health plan you want. Medical service appeals go to TennCare Member Medical Appeals. Page 47 tells you more about filing a medical service appeal.

Amerigroup will send you a letter if your doctor's request for you to get a medicine or medical service is denied. Amerigroup 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 Amerigroup has denied, you have the right to ask CoverKids for an appeal. For problems getting health care, always call us at **800-600-4441 (TRS 711)** first.

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

You have 60 days after you find out there's a problem to appeal. So, if you get a denial letter from Amerigroup, 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

Amerigroup 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 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 one of those things is true for you, you can ask CoverKids for an emergency appeal. 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**. 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 TennCare 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.

After you give your OK in writing, your doctor can help by completing a Provider's Expedited Appeal Certificate like the one in Part 7 of this handbook. If your appeal is an emergency, you can have your doctor sign the Provider's Expedited Appeal Certificate. Your doctor should fax the certificate to **866-211-7228**.

CoverKids 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 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	
	<p>1. MAIL: You can mail an appeal page or a letter about your problem to:</p> <p>TennCare Medical Member Appeals P.O. Box 000593 Nashville, TN 37202-0593</p> <p>You can use the medical appeal page in Part 8 of this handbook. If you give your OK, someone else like a friend or your doctor can fill the page out. To print an appeal page off the internet, go to: http://www.tn.gov/assets/entities/tenncare/attachments/medicalappeal.pdf. If you need another medical appeal page or want CoverKids to send you one, call TennCare Member Medical Appeals at 800-878-3192. Or, you can write your appeal on plain paper.</p> <p>Keep a copy of your appeal. Write down the date that you mailed it to TennCare.</p>
	<p>FAX: You can fax your appeal page or letter for free to 888-345-5575.</p> <p>Keep the paper that shows your fax went through.</p>
	<p>CALL: You can call TennCare Member Medical Appeals for free at 800-878-3192. We're here to help you Monday through Friday from 8 a.m. until 4:30 p.m. Central time.</p>

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**. If you don't have the SSN number, 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**.
- 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.
 - The name of the **person** who got the care.
 - The name of the **doctor or other place** that gave you the care.
 - The **date** you got the care.

- 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.
 - The name of the **person** who got the care.
 - The name of the **doctor or other place** that gave you the care.
 - The **date** you got the care.
 - The **amount** you are being billed.

How to appeal problems getting or keeping CoverKids

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 to keep getting your care during your appeal, it will say if you can keep getting your care. 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:
 - A judge who does not work for CoverKids
 - 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? CoverKids 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 CoverKids OKs it**. If CoverKids overturns a judge's decision, we must tell you why in writing.

Remember, you can find out more about your rights to a fair hearing in Part 6 of this handbook.

Administrative appeals - Getting or keeping CoverKids and other CoverKids problems

An appeal about CoverKids problems *other than health care* is called an **administrative appeal**. An administrative appeal goes to the Eligibility Appeals Unit at TennCare Connect.

An administrative appeal is used for CoverKids problems like:

- You get a letter that says your CoverKids will end.
- Your CoverKids has ended but you didn't get a letter because you moved.
- 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 administrative appeal

There are two ways to file an administrative appeal:

1. Appeal **by phone** by calling TennCare Connect for free at **855-259-0701**.
2. Appeal **in writing**. You can write your appeal on plain paper.

To file an administrative appeal in writing you, must include:

- Your **full name** (first name, middle initial, last name)
- Your **Social Security number**
- 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.

Then, mail your letter about your problem to:



TennCare Connect
Eligibility Appeals Unit
P.O. Box 23650
Nashville, TN 37202-3650

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

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 file a written complaint if you think you have been treated in a disability, or any other group protected by the civil rights laws. If you complain or appeal, you have the right to keep getting care without fear of bad treatment from providers or CoverKids.
- 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 Amerigroup 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 TennCare, you can change health plans once during the 90 days after you get TennCare. 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 made 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 Amerigroup

As an Amerigroup member, you **cannot** be moved from Amerigroup 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, alcohol or drug abuse) 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 (ER). 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 workers' compensation.

Your right to appeal

In CoverKids, you get your health care through your CoverKids health plan, Amerigroup. 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.
 - You have to wait too long to get health care.
 - 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 **two 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 **two business days before** it happens:

- Behavioral health (mental health, alcohol or drug abuse) 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, alcohol or drug abuse) 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.
- CoverKids stops or changes your health care.
- You have to wait too long to get health care.
- 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. Your rights about your health information

Your health information is private

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

Federal law says we must follow privacy rules to keep your PHI private. This law started on April 14, 2003. 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 take out the PHI that tells who you are. **But, we can't share your PHI with everyone.** 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).
- 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 the PHI 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 health information

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.

- 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 PHI 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 health facts for the six years before the date of your request. But, it won't list the times we've shared when you've given us your OK. The privacy rules give other times that won't be on the list. Like when we use PHI:

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

CoverKids' responsibility to you

CoverKids safeguards your PHI 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 PHI 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:

Division of TennCare
Attn: Privacy Office
310 Great Circle Road
Nashville, TN 37243

Phone: **615-507-6820**
Fax: **615-734-5289**

Email: Privacy.TennCare@tn.gov

U.S. Dept. of Health and Human Services
Region IV, Office of Civil Rights
Medical Privacy Complaint Division
Atlanta Federal Center Ste. 3B70
61 Forsyth St., SW
Atlanta, GA 30303-8931

Phone: **866-627-7748**

Website: [hhs.gov/ocr](https://www.hhs.gov/ocr)

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 **Amerigroup Hotline for free at 800-600-4441 (TRS 711).**

You can also tell us about fraud and abuse online. Go to www.tn.gov/tenncare/fraud-and-abuse/program-integrity.html. Then click on "Report TennCare Fraud" on the left hand side of the page.

Part 7:

Health care papers you may need



Discrimination Complaint Form

Federal and State laws do not allow TennCare 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 Home: (____) _____ Work or Cell: (____) _____

Email Address: _____

Name of MCO/Health Plan: _____

Name of TennCare Program: _____

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, age, sex, religion, or any other group protected by law**?

Name: _____

Address: _____

_____, ZIP: _____

Telephone Home: (____) _____ Work or Cell: (____) _____

How are you connected to this person (spouse, brother, friend)?: _____

Name of this person's MCO/Health Plan: _____

3.*Which part of the CoverKids program do you think treated you in a different way:

Medical Services _____ Dental Services _____ Pharmacy Services _____

Eligibility Services _____ Appeals _____ Other _____

4.*How do you think you were treated in a different way? Was it your:

Race _____ National Origin _____ Color _____ Sex _____ Age _____

Disability _____ Religion _____ Other _____

5. What is the best time to talk to you about this complaint? _____

6.* When did this happen to you? Do you know the date?

Date it started: _____ Date of the last time it happened: _____

7. Complaints must be reported by 6 months from the date you think you were treated in a different way. You may have more than 6 months to report your complaint if there is a good reason (like a death in your family or an illness) why you waited. _____

8.* What happened? How and why do you think it happened? Who did it? Do you think anyone else was treated in a different way? You can write on more paper and send it in with these pages if you need more room. _____

9. Did anyone see you being treated differently or is there anyone who would have more information about what happened? If so, please tell us his/her:

Name: _____

Address: _____

Telephone: (____) _____

10. Do you have more information you want to tell us about? _____

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 person is less than 18 years old, a parent or guardian should sign for the minor. **Declaration:** *I agree that the information in this complaint is true and correct and give my OK for TennCare to investigate my complaint.*

(Sign your name here if you are the person this complaint is for)

(Date)

(Sign here if you are the Authorized Representative)

(Date)

Are you reporting this complaint for someone else but you are **not** the person's Authorized Representative? Please sign your name below. **The person you are reporting this complaint for must sign above or must tell us or TennCare that it is okay for them to sign for him/her.**
Declaration: *I agree that the information in this complaint is true and correct and give my OK for TennCare to contact me about this complaint.*

(Sign here if you are reporting this for someone else) (Date)

Are you an assisting person from TennCare or somewhere else helping the person in good faith with the completion of the complaint? If so, please sign below:

(Sign here if you are an assisting person) (Date)

It is okay to report a complaint to us 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 the completed, signed Complaint **and** the signed Agreement to Release Information pages to:

Office of Civil Rights Compliance (OCRC)
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

Agreement to Release Information

To investigate your complaint, TennCare or a TennCare Contractor may need to tell other persons or agencies 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 _____ (write name of TennCare Contractor (like your health plan) on the line) may need to tell people my name or other information about me to other persons or agencies. For example, if I report that my doctor treated me in a different way because of my color, my MCO/Health Plan may need to talk to my doctor.
- 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. But, if you don't agree to let us use your name or other details, it may limit or stop the investigation of your complaint. And, we may have to close your case. However, before we close your case if your complaint can no longer be investigated 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 telling people my name or other information about me to other persons or agencies important to this complaint during the investigation and outcome.

By signing this Agreement to Release Information, I agree that I have read and understand my rights written above. I agree to my MCO/Health Plan or TennCare Contractor telling people my name or other information about me to other persons or agencies 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 end the Release Agreement, it only applies to the future sharing of information. This will not change information that has already been shared about you. But we will not share any more information.

Signature: _____ Date: _____

Name (Please print): _____

Address: _____

Telephone: (____) _____

Need help? Please contact or mail a completed, **signed Complaint and a signed Agreement to Release Information form:**

TennCare, Office of Civil Rights Compliance (OCRC)
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

If you change your mind and want to end the Release Agreement, contact OCRC.

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 Healthcare or Appointment of Healthcare Agent

The Durable Power of Attorney for Healthcare paper lets you name another person to make medical decisions for you. In 2004, Tennessee law changed the Durable Power of Attorney for Healthcare to **Appointment of Healthcare 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 **three** copies:

- **Give** one copy to your PCP to put in your medical file.
- **Give** one 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:

www.tn.gov/content/dam/tn/mentalhealth/documents/Declaration_for_Mental_Health_Treatment-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 1 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	Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Confusion: I become unable to remember, understand, or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent in all Activities of Daily Living: 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	End-Stage Illnesses: 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.

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	CPR (Cardiopulmonary Resuscitation): 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	Life Support / Other Artificial Support: 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	Treatment of New Conditions: Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.

<input type="checkbox"/>	<input type="checkbox"/>	Tube feeding/IV fluids: 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.
Yes	No	

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

Treating Provider's Certificate: Expedited TennCare Appeal

A typical appeal for a medical service is decided in up to ninety (90) days. However, an expedited appeal, because of a patient's health, must be decided within one week (or up to three weeks if the health plan is given additional time to obtain and review a patient's medical records). An appeal will only be expedited if waiting up to ninety (90) days for a decision, "could seriously jeopardize the enrollee's life, physical health, or mental health or their ability to attain, regain, or maintain full function."

To request an expedited appeal for your patient:

1. Read the statement below. If you agree, indicate your certification and sign and date in the spaces provided.

☐ I certify that I am the treating clinician of the patient named below, and that ***the acute presentation of this medical condition is of sufficient severity that waiting up to ninety (90) days for a decision on an appeal could seriously jeopardize the enrollee's life, physical health, or mental health or their ability to attain, regain, or maintain full function.***

Provider's
signature: _____ Date: _____

2. Identify the desired service: _____

3. Identify the patient.

(Name) (SS#) or (date of birth)

4. At your discretion, please attach a narrative and/or medical records that support this request.
5. **Please attach** a copy of your office's **letterhead** so that TennCare has your contact information.
6. Fax this completed form and any accompanying documentation to the **Division of TennCare** at **866-211-7228**. (NOTICE: If your patient has already requested this expedited appeal from TennCare, please submit this certificate and documentation as soon as possible.)

Part 8:

More information

CoverKids immunization schedule

Under CoverKids for children under age 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 nine screens
- Children from age 12 through age 18 have the right to get seven 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)

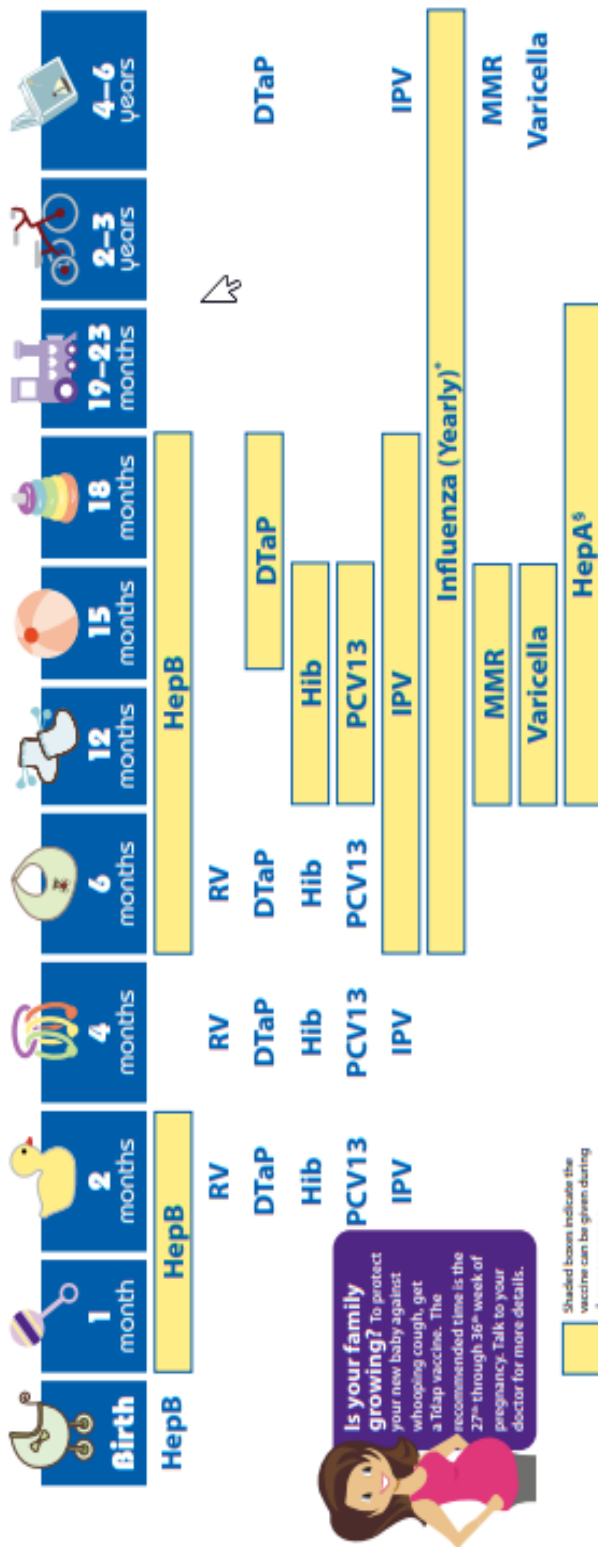
You also get other services in addition to screening services:

- 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
- 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.
- Health education
- 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.

2020 Recommended Immunizations for Children from Birth Through 6 Years Old



NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

† Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



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™

Talk to your child's doctor or nurse about the vaccines recommended for their age.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB						
7-8 Years	Everyone 6 months and older should get a flu vaccine every year.	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 (MenACWY). A booster shot is recommended at age 16.	Teens 16-18 years old may be vaccinated with a serogroup B (MenB) vaccine.						
9-10 Years											
11-12 Years											
13-15 Years											
16-18 Years											

- 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/imz/parents/.
- 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.

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.
- 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.
- 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.

