Chapter 8: Your rights and responsibilities

Introduction

This chapter includes your rights and responsibilities as a member of our plan. We must honor your rights. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

[***Note:*** *Plans may add to or revise this chapter as needed to reflect NCQA required language or language required by state Medicaid program*.]

[*Plans should refer to other parts of the Evidence of Coverage using the appropriate chapter number and section. For example, "refer to* ***Chapter 9****,* ***Section A****." An instruction* [*insert reference, as applicable*] *appears with many cross references throughout the Evidence of Coverage. Plans may always include additional references to other sections, chapters, and/or member materials when helpful to the reader.*]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

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# Your right to get services and information in a way that meets your needs

[*Plans may edit the section heading and content to reflect the types of alternate format materials available to plan members. Plans may not edit references to language except as noted below*.]

[*Plans must insert a translation of this section in all languages that meet the language threshold*.]

We must ensure **all** services are provided to you in a culturally competent and accessible manner. We must also tell you about our plan’s benefits and your rights in a way that you can understand. We must tell you about your rights each year that you are in our plan.

* To get information in a way that you can understand, call [*insert if applicable*: your care coordinator or] Member Services. Our plan has free interpreter services available to answer questions in different languages.
* Our plan can also give you materials [*insert if required to provide materials in any non-English languages per 42 CFR § 422.2267(a):* in languages other than English including <required languages> and] in formats such as large print, braille, or audio. To obtain materials in one of these alternative formats, please call Member Services or write to <Plan name, address>. [*Plans must describe:*
* *how they request a member’s preferred language other than English and/or alternate format,*
* *how they keep the member’s information as a standing request for future mailings and communications so the member doesn’t need to make a separate request each time,* ***and***
* *how a member can change a standing request for preferred language and/or format*.]
* If English is not your first language, you can ask for an interpreter when you get your care. This is a free service for you. **Before your appointment, call us or your provider** so you can get help with language services.
* You can also check in our Provider Directory to find doctors who speak other languages. [*Plan should insert other ways to access this information if available.*]
* You can also get free help to communicate with your doctor like a sign language interpreter, writing notes, or a story board. **Before your appointment, call us or your provider** to get this help.
* Si el inglés no es su primer idioma, puede pedir un intérprete para sus consultas. Éste es un servicio gratuito para usted. **Antes de** **su cita, llámenos** **o llame a su proveedor** para que pueda recibir ayuda con servicios lingüísticos.
* También puede consultar nuestro Directorio de Proveedores para buscar médicos que hablan otros idiomas. <DSNP – if this information is available anywhere else, i.e. your website, reference other ways to access>
* También puede recibir ayuda gratuita para comunicarse con su doctor, como un intérprete de lenguaje de señas, escribir notas o un guión gráfico. **Antes de su cita, llámenos o llámenos a su proveedor** para recibir esta ayuda.

If you have trouble getting information from our plan because of language problems or a disability and you want to file a complaint, call:

* Medicare at 1-800-MEDICARE (1-800-633-4227). You can call 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
* TennCare, Office of Civil Rights Compliance at 1-855-857-1673 (TRS 711) To file a complaint or learn more about your rights visit [www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html](https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html)
* U.S. Department of Health & Human Services Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697. To file a complaint or learn more about your rights visit: [www.hhs.gov/ocr/complaints/index.html](https://www.hhs.gov/ocr/complaints/index.html)

# Our responsibility for your timely access to covered services and drugs

[*Plans may edit this section to add specific requirements for minimum access to care and remedies*.]

You have rights as a member of our plan.

* You have the right to choose a primary care provider (PCP) in our network. A network provider is a provider who works with us. You can find more information about what types of providers may act as a PCP and how to choose a PCP in **Chapter 3** of your *Evidence of Coverage*.
* Call [*insert if applicable:* your care coordinator or] Member Services or look in the *Provider and Pharmacy Directory* to learn more about network providers and which doctors are accepting new patients.
* [*Plans may edit this sentence to add other types of providers that members may use without a referral*.] You have the right to a women’s health specialist without getting a referral. A referral is approval from your PCP to use a provider that is not your PCP. [*If applicable, replace the previous sentences with*: We do **not** require you to get referrals. ***or*** We do **not** require you to use network providers.]
* You have the right to get covered services from network providers within a reasonable amount of time.
* This includes the right to get timely services from specialists.
* If you can’t get services within a reasonable amount of time, we must pay for out-of-network care.
* You have the right to get emergency services or care that is urgently needed without prior approval (PA).
* You have the right to get your prescriptions filled at any of our network pharmacies without long delays.
* You have the right to know when you can use an out-of-network provider. To learn about out-of-network providers, refer to **Chapter 3** of your *Evidence of Coverage*.
* [*Plans should include any additional state requirements regarding covered services or drugs here*.]

**Chapter 9** of your *Evidence of Coverage* tells what you can do if you think you aren’t getting your services or drugs within a reasonable amount of time. It also tells what you can do if we denied coverage for your services or drugs and you don’t agree with our decision.

# Our responsibility to protect your personal health information (PHI)

We protect your PHI as required by federal and state laws.

Your PHI includes information you gave us when you enrolled in our plan. It also includes your medical records and other medical and health information.

You have rights when it comes to your information and controlling how your PHI is used. We give you a written notice that tells about these rights and explains how we protect the privacy of your PHI. The notice is called the “Notice of Privacy Practice.”

## C1. How we protect your PHI

We make sure that no unauthorized people look at or change your records.

Except for the cases noted below, we don’t give your PHI to anyone not providing your care or paying for your care. If we do, we must get written permission from you first. You, or someone legally authorized to make decisions for you, can give written permission.

Sometimes we don’t need to get your written permission first. These exceptions are allowed or required by law:

* We must release PHI to government agencies checking on our plan’s quality of care.
* We must release PHI by court order.
* We must give Medicare your PHI. If Medicare releases your PHI for research or other uses, they do it according to federal laws. TennCare exchanges PHI under restricted and limited use to process and pay claims, in accordance with federal regulations.

## C2. Your right to look at your medical records

* You have the right to look at your medical records and to get a copy of your records. [*Insert if applicable*: We may charge you a fee for making a copy of your medical records.]
* You have the right to ask us to update or correct your medical records. If you ask us to do this, we work with your health care provider to decide if changes should be made.
* You have the right to know if and how we share your PHI with others.

If you have questions or concerns about the privacy of your PHI, call Member Services.

[*Plans may insert custom privacy practices*.]

# Our responsibility to give you information

[*Plans may edit the section to reflect the types of alternate format materials available to plan members and/or languages primarily spoken in the plan’s service area*.]

As a member of our plan, you have the right to get information from us about our plan, our network providers, and your covered services.

If you don’t speak English, we have interpreter services to answer questions you have about our plan. To get an interpreter, call Member Services. This is a free service to you. [*Plans must insert information about the availability of written materials in languages other than English, stating specifically which languages are offered*.] We can also give you information in large print, braille, or audio. [*If applicable, plans insert information about the availability of written materials in other formats*.] If you want information about any of the following, call Member Services:

* How to choose or change plans
* Our plan, including:
* financial information
* how plan members have rated us
* the number of appeals made by members
* how to leave our plan
* Our network providers and our network pharmacies, including:
* how to choose or change primary care providers
* qualifications of our network providers and pharmacies
* how we pay providers in our network
* Covered services and drugs, including:
* services (refer to **Chapters 3 and 4** of your *Evidence of Coverage*) and drugs (refer to **Chapters 5 and 6** of your *Evidence of Coverage*) covered by our plan
* limits to your coverage and drugs
* rules you must follow to get covered services and drugs
* Why something is not covered and what you can do about it (refer to **Chapter 9** of your *Evidence of Coverage*), including asking us to:
* put in writing why something is not covered
* change a decision we made
* pay for a bill you got

# Inability of network providers to bill you directly

Doctors, hospitals, and other providers in our network cannot make you pay for covered services. They also cannot balance bill or charge you if we pay less than the amount the provider charged. To learn what to do if a network provider tries to charge you for covered services, refer to **Chapter 7** of your *Evidence of Coverage*.

# Your right to leave our plan

No one can make you stay in our plan if you do not want to.

* You have the right to get most of your health care services through Original Medicare or another Medicare Advantage (MA) plan.
* You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from another MA plan.
* Refer to **Chapter 10** of your *Evidence of Coverage:*
* For more information about when you can join a new MA or prescription drug benefit plan.
* For information about how you will get your TennCare benefits if you leave our plan.

# Your right to make decisions about your health care

You have the right to full information from your doctors and other health care providers to help you make decisions about your health care.

## G1. Your right to know your treatment choices and make decisions

Your providers must explain your condition and your treatment choices in a way that you can understand. You have the right to:

* **Know your choices.** You have the right to be told about all treatment options.
* **Know the risks.** You have the right to be told about any risks involved. We must tell you in advance if any service or treatment is part of a research experiment. You have the right to refuse experimental treatments.
* **Get a second opinion.** You have the right to use another doctor before deciding on treatment.
* **Say no.** You have the right to refuse any treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to. You have the right to stop taking a prescribed drug. If you refuse treatment or stop taking a prescribed drug, we will not drop you from our plan. However, if you refuse treatment or stop taking a drug, you accept full responsibility for what happens to you.
* **Ask us to explain why a provider denied care.** You have the right to get an explanation from us if a provider denied care that you think you should get.
* **Ask us to cover a service or drug that we denied or usually don’t cover.** This is called a coverage decision. **Chapter 9** of your *Evidence of Coverage* tells how to ask us for a coverage decision.

## G2. Your right to say what you want to happen if you are unable to make health care decisions for yourself

[***Note:*** *Plans that would like to provide members with state-specific information about advance directives may do so. Include contact information for the appropriate state agency*.]

Sometimes people are unable to make health care decisions for themselves. Before that happens to you, you can:

* Fill out a written form **giving someone the right to make health care decisions for you**.
* **Give your doctors written instructions** about how to handle your health care if you become unable to make decisions for yourself, including care you do **not** want.

The legal document that you use to give your directions is called an “advance directive.” There are different types of advance directives and different names for them. Examples are a living will and a power of attorney for health care.

You are not required to have an advance directive, but you can. Here’s what to do if you want to use an advance directive:

* **Get the form.** You can get the form from your doctor, a lawyer, a legal services agency, or a social worker. Pharmacies and provider offices often have the forms. You can find a free form online and download it. [*Insert if applicable*: You can also contact Member Services to ask for the form.]
* **Fill out the form and sign it.** The form is a legal document. You should consider having a lawyer or someone else you trust, such as a family member or your PCP, help you complete it.
* **Give copies to people who need to know.** You should give a copy of the form to your doctor. You should also give a copy to the person you name to make decisions for you. You may want to give copies to close friends or family members. Keep a copy at home.
* If you are being hospitalized and you have a signed advance directive, **take a copy of it to the hospital**.
* The hospital will ask if you have a signed advance directive form and if you have it with you.
* If you don’t have a signed advance directive form, the hospital has forms and will ask if you want to sign one.

You have the right to:

* Have your advance directive placed in your medical records.
* Change or cancel your advance directive at any time.

Call Member Services for more information.

## G3. What to do if your instructions are not followed

If you signed an advance directive and you think a doctor or hospital didn’t follow the instructions in it, you can make a complaint with your state Department of Health.

# Your right to make complaints and ask us to reconsider our decisions

**Chapter 9** of your *Evidence of Coverage* tells you what you can do if you have any problems or concerns about your covered services or care. For example, you can ask us to make a coverage decision, make an appeal to change a coverage decision, or make a complaint.

You have the right to get information about appeals and complaints that other plan members have filed against us. Call Member Services to get this information.

## H1. What to do about unfair treatment or to get more information about your rights

If you think we treated you unfairly – and it is **not** about discrimination for reasons listed in **Chapter 11** of your *Evidence of Coverage* – or you want more information about your rights, you can call:

* Member Services.
* The TN SHIP program at 1-877-801-0044 For more details about TN SHIP>, refer to **Chapter 2** [*insert reference, as applicable*].
* [*Insert this section if applicable*: The Ombudsperson Program 1-877-236-0013 or 615-532-3893 (TDD). For more details about this program, refer to **Chapter 2** of your *Evidence of Coverage*.]

Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. (You can also read or download “Medicare Rights & Protections,” found on the Medicare website at [www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf](https://www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf).)

# Your responsibilities as a plan member

[*Plans may modify this section to include additional member responsibilities*.]

As a plan member, you have a responsibility to do the things that are listed below. If you have any questions, call Member Services.

* **Read the *Evidence of Coverage*** to learn what our plan covers and the rules to follow to get covered services and drugs. For details about your:
* Covered services, refer to **Chapters 3 and 4** of your *Evidence of Coverage*. Those chapters tell you what is covered, what is not covered, what rules you need to follow, and what you pay.
* Covered drugs, refer to **Chapters 5 and 6** of your *Evidence of Coverage*.
* **Tell us about any other health or prescription drug coverage** you have. We must make sure you use all of your coverage options when you get health care. Call Member Services if you have other coverage.
* **Tell your doctor and other health care providers** that you are a member of our plan. Show your Member ID Card when you get services or drugs.
* **Help your doctors** and other health care providers give you the best care.
* Give them information they need about you and your health. Learn as much as you can about your health problems. Follow the treatment plans and instructions that you and your providers agree on.
* Make sure your doctors and other providers know about all of the drugs you take. This includes prescription drugs, over-the-counter drugs, vitamins, and supplements.
* Ask any questions you have. Your doctors and other providers must explain things in a way you can understand. If you ask a question and you don’t understand the answer, ask again.
* **Be considerate.** We expect all plan members to respect the rights of others. We also expect you to act with respect in your doctor’s office, hospitals, and other provider offices.
* [*Plans should edit the bullets below as needed to reflect the costs applicable to their members*.] **Pay what you owe.** As a plan member, you are responsible for these payments:
  + Medicare Part A and Medicare Part B premiums. For most <plan name> members, Medicaid pays for your Medicare Part A premium and for your Medicare Part B premium.
* [*Delete this bullet if the plan does not have cost sharing*:] For some of your [*insert if the plan has cost sharing for long-term services and supports*: long-term services and supports [*or drugs*]] covered by the plan, you must pay your share of the cost when you get the [*insert if the plan has cost sharing for services:* service [*or drug*]]. This will be a [*insert as appropriate*: [*copayment/copay*] (a fixed amount)]. [I*nsert if the plan has cost sharing for long-term services and supports*: **Chapter 4** [*plans may insert reference, as applicable*] tells what you must pay for your long-term services and supports.] **Chapter 6** [*plans may insert reference, as applicable*] tells what you must pay for your drugs.
* **If you get any services or drugs that are not covered by our plan, you must pay the full cost.** (**Note:** If you disagree with our decision to not cover a service or drug, you can make an appeal. Please refer to **Chapter 9** [*plans may insert reference, as applicable*] to learn how to make an appeal.)
* **Tell us if you move.** If you plan to move, tell us right away. Call [*insert if applicable*: your care coordinator or] Member Services.
* **If you move outside of our service area, you cannot stay in our plan.** Only people who live in our service area can be members of this plan. **Chapter 1** of your *Evidence of Coverage* tells about our service area.
* We can help you find out if you’re moving outside our service area. [*Plans that do not offer plans outside the service area may delete the following sentence*:] During a special enrollment period, you can switch to Original Medicare or enroll in a Medicare health or prescription drug plan in your new location. We can tell you if we have a plan in your new area.
* Tell Medicare and TennCare your new address when you move. Refer to **Chapter 2** of your *Evidence of Coverage* for phone numbers for Medicare and TennCare
* **If you move and stay in our service area, we still need to know.** We need to keep your membership record up to date and know how to contact you.
* **Call** [*insert if applicable*: **your care coordinator or**] **Member Services for help if you have questions or concerns.**

## I1. Estate Recovery

Estate Recovery is the way TennCare collects money from the estates of people who received TennCare long-term services and supports and passed away. TennCare is required by federal law to recoup (get back) these payments after the death of the member This is referred to as “estate recovery.” The kinds of care that must be paid back are listed below.

Your “estate” is the property, belongings, money, and other assets that you own at the time of your death. Estate recovery is using the value of your property after you die to pay TennCare back for care you got. Keep reading to find out who has to pay TennCare back and how much your estate will have to pay back.

TennCare can’t ask for the money back until **after** your death. TennCare can’t ask for more money back than what was paid for. TennCare can’t ask your family to pay for your care out of their own pockets.

If the value of all of your assets at the time of your death is less than TennCare’s bill, TennCare is only allowed to get the value of your assets and no more. For example, if the only thing that you own at the time of your death is a home valued at $50,000 but TennCare has a bill of $75,000, then TennCare is only allowed to collect $50,000. TennCare cannot ask your family to pay for the remaining amount.

## I2. Who has to pay TennCare back for their care?

TennCare **must** ask to be paid back for money it spent on your care if you are age 55 and older and got care in a nursing home or ICF/IID, home care—called home and community-based services or HCBS, home health or private duty nursing.

## I3*.* What kinds of care must be paid back to TennCare?

TennCare **must** ask to be repaid for:

* Care in a nursing home or ICF/IID.
* Home care, known as home and community-based services or HCBS.
* Home Health or private duty nursing.
* Hospital care and prescription drugs related to your long-term care services.

## I4. How much will your estate have to pay TennCare back for your care?

To provide long-term care, TennCare contracts with a health insurance company (also called a “managed care organization” or “MCO”). When someone receives TennCare, TennCare pays a monthly premium to the insurance company. The monthly premium is called a “capitation rate.” In return, the insurance company pays the health care provider (like a nursing facility or other entity providing long-term care in the home/community) for the person’s care. Under federal law, TennCare must ask to be paid back the premium payment it made to the insurance company for you.

The premium payment made to the insurance company is the same each month, no matter what services you actually receive that month. The premium payment can also be different depending on what type of long-term care you have and the part of the state you live in.

## I5*.* TennCare may not have to get the money back from your estate if:

* You do not have money, property, or other assets when you die or
* The things you left can’t be used to pay people you owe through probate court.   
  An example is life insurance money.

## I6*.* What if I sell or give away my home while I am receiving TennCare?

Then you must tell TennCare that you sold or gave away your home, which can affect your TennCare eligibility. You must also tell TennCare about any transfer made five years before you received TennCare. If you do not tell them about the transfer, they can have the transfer set aside and ask to be paid back from your estate, family member(s), or any other person that participated in the transfer.

## I7*.* What are the reasons that TennCare can delay estate recovery?

In some situations, estate recovery is delayed or “deferred,” which means that TennCare will not go after your estate until a later date. TennCare defers estate recovery for an individual’s estate when:

* You have a surviving husband or wife. TennCare cannot collect money from your estate until the death of your husband or wife.
* You have a child that is under the age of 21. TennCare cannot collect money from your estate until your child is over the age of 21.
* You have a blind or permanently disabled child. TennCare cannot recover until the death of the disabled child.
* You have a son or daughter whose care kept you out of the nursing home for **at least** two years. TennCare cannot collect money from your estate until your son or daughter no longer lives at the property.
* Your brother or sister whose care kept you out of the nursing home lived in your home for a year **before** you got nursing home or home care. If the brother or sister passes away or no longer resides at the property, then the deferral no longer exists.
* If the property is the family’s only income, like a family farm.

## I8*.* How will your family find out if your estate owes money to TennCare?

To find out if the estate owes money to TennCare, your family or representative must submit a Request for Release Form to TennCare in one of three ways:

* Get the Request for Release online at: <https://www.tn.gov/content/dam/tn/tenncare/documents/releaseform.pdf>
* Get the Request for Release from the Probate Court Clerk’s office by asking for a “Request for Release from Estate Recovery”.
* Get the Request for Release from TennCare by sending a fax to: 615-413-1941 or a letter to Division of TennCare Estate Recovery Unit

310 Great Circle Rd. 4th Floor

Nashville, TN 37243

## I9*.* What if you do have to pay TennCare money from your estate?

Your family or representative has many options if there is a TennCare claim:

* They can pay the TennCare claim from your remaining belongings
* Your estate can be admitted to “Probate.” When this happens, a Court will appoint someone known as an administrator (or if you have a will this person is known as an executor) to sell your property, to pay any debts that you might have had while alive, and then give your heirs the remaining property/money if there is anything left. Your family or TennCare can request that an administrator be appointed for your estate.

They may apply for a deferral of Estate Recovery.