

Discrimination Complaint

Federal and State laws do not allow the TennCare Program to treat you differently because of your **race, color, birthplace, disability/handicap, 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: _____

2. Are you reporting this complaint for someone else?*

 Yes: _____ No: _____

If Yes, who do you think was treated differently because of their **race, color, birthplace, disability/handicap, age, sex, religion, or any other group protected by law**?

Name: _____

Address: _____

_____ Zip _____

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

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

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

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

Medical Services _____ Dental Services _____ Pharmacy Services _____

Long-Term Services & Supports _____ Eligibility Services _____ Appeals _____

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

Race_____ Birthplace_____ Color_____ Sex_____ Age_____

Disability/Handicap_____ 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? If so, please tell us their:

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

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

(Date)

(Sign here if you are the Authorized Representative)

(Date)

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

(Sign here if you reporting this for someone else)

(Date)

Are you a helper from TennCare or the MCO/Health Plan assisting the member in good faith with the completion of the complaint? If so, please sign below:

(Sign here if you are either a helper from TennCare or the MCO/Health Plan)

(Date)

It is okay to report a complaint to your MCO/Health Plan or TennCare. Information in this complaint is treated privately. Names or other information about people used in this complaint are shared only when needed. Please mail a signed Agreement to Release Information page with your complaint. If you are filing this complaint on behalf of someone else, have that person sign the Agreement to Release Information page and mail it with this complaint. Keep a copy of everything you send. Please mail the completed, **signed Complaint and the signed Agreement to Release Information** pages to:

TennCare, Office of Civil Rights Compliance

310 Great Circle Road; Floor 3W
Nashville, TN 37243

Phone: 615-507-6474 or for free at 855-857-1673, (TRS 711)

Email: HCFA.fairtreatment@tn.gov

Agreement to Release Information

To investigate your complaint, TennCare and BlueCare Tennessee (BlueCare or TennCare*Select*) 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 of the investigation of my complaint TennCare and BlueCare Tennessee (BlueCare or TennCare*Select*) 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, BlueCare Tennessee (BlueCare or TennCare*Select*) 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.

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(Continued on next page)

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 or to BlueCare Tennessee (BlueCare or TennCare*Select*) without canceling your complaint. If you cancel your agreement, information already shared cannot be made unknown.

Signature: _____ Date: _____

Name (Please print): _____

Address: _____

Telephone: _____

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

TennCare, Office of Civil Rights Compliance

310 Great Circle Road; Floor 3W
Nashville, TN 37243

Phone: 615-507-6474 or for free at 855-857-1673, (TRS 711)

Email: HCFA.fairtreatment@tn.gov

Do you need help? We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 1-800-468-9698 (TRS: 711) If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you.

Spanish: Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Arabic: العربية ملاحظة: إذا تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل برقم: (1-866-503-0264 أو TRS/TTY: 711) 1-800-468-9698

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1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264)

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 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Korean: 한국어 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264) 번으로 전화해 주십시오.

French: Français ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-468-9698 (ATS: 711: 1-866-503-0264).

Amharic: አማርኛ ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በ18 ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚስተለው ቁጥር ይደውሉ 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Gujarati: ગુજરાતી સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Laotian: ພາສາລາວ ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

German: Deutsch ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Tagalog: Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Hindi: हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264) पर कॉल करें।

Russian: Русский ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Japanese: 日本語 「日本語を話す方は、通訳や翻訳などの言語支援サービスを無料で利用できます」 電話1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Persian: فارسی توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264) تماس بگیرید.

The Beneficiary Support System (BSS) helps people who are enrolled in the CHOICES, Employment and Community First (ECF) CHOICES, and the Katie Beckett program. They also help people who want to enroll into these programs. For help call 1-888-723-8193.

The TennCare Program does not discriminate against people because of their race, color, national origin including limited English proficiency and primary language, age, disability, religion, or sex. If you need reasonable modifications or think you were treated differently, or discriminated against you can file a grievance (complaint) with TennCare's Office of Civil Rights Compliance at HCFA.fairtreatment@tn.gov, <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>, 310 Great Circle Road Floor 3W, Nashville, TN 37243, or calling (TRS/TTY: 711: (615) 507-6474. Need help filing a grievance? Call TennCare Connect at 1-855-259-0701.



Do you need help with your health care, talking with us, or reading what we send you? If so, call us for free at:
BlueCare **1-800-468-9698**
TennCare*Select* **1-800-263-5479**
CoverKids **1-888-325-8386**
(TRS: **711** ask for **888-418-0008**)



BlueCareSM
TennCare*Select*
CoverKids

1 Cameron Hill Circle | Chattanooga, TN 37402 | bluecare.bcbst.com

BlueCare Tennessee is an Independent Licensee of the BlueCross BlueShield Association.

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