Chapter 2: Important phone numbers and resources

Introduction

This chapter gives you contact information for important resources that can help you answer your questions about our plan and your health care benefits. You can also use this chapter to get information about how to contact your care coordinator and others to advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

[*If applicable, plans should modify this chapter to include contact information for other resources.*]

[*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.*]

Table of Contents

[A. Member Services 3](#_Toc166755376)

[B. Your Care Coordinator 6](#_Toc166755377)

[C. TN SHIP (TN State Health Insurance Assistance Program) 8](#_Toc166755378)

[D. Quality Improvement Organization (QIO) 10](#_Toc166755379)

[E. Medicare 11](#_Toc166755380)

[F. TennCare 12](#_Toc166755381)

[G. Tennessee State Long-Term Care (LTC) Ombudsman 13](#_Toc166755382)

[H. Programs to Help People Pay for Their Prescription Drugs 14](#_Toc166755383)

[H1. Extra Help 14](#_Toc166755384)

[H2. State Pharmaceutical Assistance Program (SPAP) - CoverRX [*Plans in states without an SPAP or where the SPAP excludes enrollment of dual eligible individuals should delete this section.*] 15](#_Toc166755385)

[H3. AIDS Drug Assistance Program (ADAP) 15](#_Toc166755386)

[H4. The Medicare Prescription Payment Plan 15](#_Toc166755387)

[I. Social Security 16](#_Toc166755388)

[J. Railroad Retirement Board (RRB) 17](#_Toc166755389)

[K. Group insurance or other insurance from an employer 18](#_Toc166755390)

# Member Services

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)>. This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number>.This call is free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [*Fax number is optional.*] |
| WRITE | <Mailing address> |
| EMAIL | [*Email address is optional.*] |
| WEBSITE | <URL> |

Contact Member Services to get help with:

* Questions about the plan
* Questions about claims or billing

[*If plans have different numbers for the functions listed below, plans should insert separate charts with the additional contact information.*]

* Coverage decisions about your health care
* A coverage decision about your health care is a decision about:
* your benefits and covered services **or**
* the amount we pay for your health services.
* Call us if you have questions about a coverage decision about your health care.
* To learn more about coverage decisions, refer to **Chapter 9** of your *Evidence of Coverage*.
* Appeals about your health care
* An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake or disagree with the decision.
* To learn more about making an appeal, refer to **Chapter 9** of your *Evidence of Coverage* or contact Member Services.
* Complaints about your health care
* You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with our plan. You can also make a complaint to us or to the Quality Improvement Organization (QIO) about the quality of the care you received (refer to **Section F** [*insert reference, as applicable*]).
* You can call us and explain your complaint at <phone number>.
* If your complaint is about a coverage decision about your health care, you can make an appeal (refer to the section above [*insert reference, as applicable*]).
* You can send a complaint about our plan to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* File a complaint with TennCare at 1-800-878-3192 or 1-866-771-7043 TTY
* To learn more about making a complaint about your health care, refer to **Chapter 9** of your *Evidence of Coverage*.
* Coverage decisions about your drugs
* A coverage decision about your drugs is a decision about:
* your benefits and covered drugs or
* the amount we pay for your drugs.
* This applies to your Medicare Part D drugs and your TennCare CoverRX prescription benefits.
* For more on coverage decisions about your prescription drugs, refer to **Chapter 9** of your *Evidence of Coverage*.
* Appeals about your drugs
* An appeal is a way to ask us to change a coverage decision.
* For more on making an appeal about your prescription drugs, refer to **Chapter 9** of your *Evidence of Coverage*.
* Complaints about your drugs
* You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.
* If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (Refer to the section above [*insert reference, as applicable*].)
* You can send a complaint about our plan to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* For more on making a complaint about your prescription drugs, refer to **Chapter 9** of your *Evidence of Coverage*.
* Payment for health care or drugs you already paid for
* For more on how to ask us to pay you back, or to pay a bill you got, refer to **Chapter 7** of your *Evidence of Coverage*.
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to **Chapter 9** of your *Evidence of Coverage*.

# Your Care Coordinator

[*Plans should include information explaining what a care coordinator is, how members can get a care coordinator, how they can contact the care coordinator, and how they can change their care coordinator. Plans can modify this section as appropriate.*]

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)>. This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number>. This call is [*insert if applicable:* not] free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [*Fax number is optional.*] |
| WRITE | <Mailing address> |
| EMAIL | [*Email address is optional.*] |
| WEBSITE | [*URL is optional.*] |

Contact your care coordinator to get help with:

* questions about your health care
* questions about getting behavioral health (mental health and substance use disorder) services
* questions about transportation
* information about CHOICES and answer your questions to help you get the right kind of long-term services and supports in the right setting for you to address your needs including:
* Coordinate all of your physical health, behavioral health (mental health or substance use disorder) and long-term services and supports needs.
* Help to fix problems and answer questions that you have about your care.
* Check at least once a year to make sure that you continue to need the level of care provided in a nursing home or, for Group 3, continue to be “at risk” of going into a nursing home.
* Communicate with your providers to make sure they know what’s happening with your health care and to coordinate your service delivery.
* Other tasks performed by the Care Coordinator will vary slightly depending on the CHOICES Group you’re enrolled in. **If you receive nursing home care in CHOICES Group 1, your Care Coordinator will:**
* Be part of the care planning process with the nursing home where you live.
* Perform any additional needs assessment that may be helpful in managing your health and long-term services and supports needs.
* Supplement (or add to) the nursing home’s plan of care if there are things <MCO> can do to help manage health problems or coordinate other kinds of physical and behavioral health (mental health or substance use disorder) care you need.
* Conduct face-to-face visits at least every 6 months.
* Coordinate with the nursing home when you need services the nursing home isn’t responsible for providing.
* Determine if you’re interested and able to move from the nursing home to the community and if so, help make sure this happens timely.
* **If you receive home care in CHOICES Group 2 or Group 3, your Care Coordinator will work with you to:**
* Do a comprehensive, individual assessment of your health and long-term services and supports needs; and
* Develop a **Person-Centered Support Plan.**
* **Your Care Coordinator will also:**
* Make sure your plan of care is carried out and working the way that it needs to.
* Monitor to make sure you are getting what you need and that gaps in care are addressed right away.
* Contact you by telephone at least once every month and visit you in person at least once every 3 months if you are in Group 2 or contact you bytelephone at least once every 3 months and visit you in person at least once every 6 months if you are in Group 3. These visits may occur more often if you get residential services or based on your needs.
* Make sure the home care services you receive are based on your goals, needs and preferences and do not cost more than nursing home care, if you are in Group 2, or more than $18,000 if you are in Group 3.
* [*Plans may insert bullets noting additional areas that care coordinators can provide assistance with.*]

# TN SHIP (TN State Health Insurance Assistance Program)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare. In Tennessee the SHIP is called TN SHIP.

TN SHIP is not connected with any insurance company or health plan.

| Contact Type |  |
| --- | --- |
| CALL | 1-877-801-0044  8:00am – 4:30pm CST |
| TTY | 1-800-848-0299 |
| WRITE | 502 Deaderick Street, 9th Floor  Nashville, TN 37243-0860 |
| EMAIL | tn.ship@tn.gov |
| WEBSITE | [www.tn.gov/aging/our-programs/state-health-insurance-assistance-program--ship-](https://www.tn.gov/aging/our-programs/state-health-insurance-assistance-program--ship-.html) |

Contact TN SHIP for help with:

* questions about Medicare
* TN SHIP counselors can answer your questions about changing to a new plan and help you:
* understand your rights,
* understand your plan choices,
* make complaints about your health care or treatment, **and**
* straighten out problems with your bills.

# Quality Improvement Organization (QIO)

Our state has an organization called Kepro. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.Kepro is not connected with our plan.

| Contact Type |  |
| --- | --- |
| CALL | Members: 1-877-317-0751  Fax: 1-844-877-7921 |
| WRITE | Kepro  5201 West Kennedy Blvd.  Suite 900  Tampa, FL 33609 |
| EMAIL | QIOCommunications@kepro.com |
| WEBSITE | [www.keproqio.com](http://www.keproqio.com) |

Contact Kepro for help with:

* questions about your health care rights
* making a complaint about the care you got if you:
* have a problem with the quality of care,
* think your hospital stay is ending too soon, **or**
* think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# Medicare

Medicare is the federal health insurance program for people 65 years of age or over, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

| Contact Type |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048. This call is free.  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| WEBSITE | [www.medicare.gov](https://www.medicare.gov/)  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing facilities, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.  It includes helpful websites and phone numbers. It also has documents you can print right from your computer.  If you don’t have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website and review the information with you. |

# TennCare

TennCare helps with medical and long-term services and supports costs for people with limited incomes and resources.

You are enrolled in Medicare and in Medicaid. If you have questions about the help you get from Medicaid, call TennCare*.*

|  |  |
| --- | --- |
| CALL | TennCare at 1-855-259-0701  8:00am – 4:30pm CST |
| TTY | 1-800-848-0299 |
| WRITE | 310 Great Circle Rd.  Nashville, TN 37243 |
| EMAIL | tenn.care@tn.gov |
| WEBSITE | [www.tn.gov/tenncare](http://www.tn.gov/tenncare) |

# Tennessee State Long-Term Care (LTC) Ombudsman

The Tennessee State LTC Ombudsman helps people get information about nursing homes and resolve problems between nursing homes and residents or their families.

Tennessee State LTC Ombudsman program offers assistance to persons living in nursing homes or other community-based residential settings, like an assisted living or critical adult care home. A Long-Term Care Ombudsman does **not** work for the facility, the state, or <MCO>. This helps them to be fair and objective in resolving problems and concerns.

The Long-Term Care Ombudsman in each area of the state can:

* Provide information about admission to and discharge from long-term services and supports facilities.
* Provide education about resident rights and responsibilities.
* Help residents and their families resolve questions or problems they have been unable to address on their own with the facility. Concerns can include things like:
* Quality of care;
* Resident rights; or
* Admissions, transfers, and discharges

To find out more about the Long-Term Care Ombudsman program, or to contact the Ombudsman in your area, call the Tennessee Commission on Aging and Disability.

| Contact Type |  |
| --- | --- |
| CALL | Tel: 615-253-5412  Fax: 615-741-3309  Toll Free: 877-236-0013 8:00am – 4:30pm CST |
| TTY | Toll Free: 1-800-848-0299  615-532-3893 |
| WRITE | 502 Deaderick Street, 9th Floor  Nashville, TN 37243-0860 |
| EMAIL | [ombudsman.notification@tn.gov](mailto:ombudsman.notification@tn.gov) |
| WEBSITE | [www.tn.gov/aging/our-programs/long-term-care-ombudsman](https://www.tn.gov/aging/our-programs/long-term-care-ombudsman.html) |

# Programs to Help People Pay for Their Prescription Drugs

The Medicare.gov website ([www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs) p](https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs)rovides information on how to lower your prescription drug costs. For people with limited incomes, there are also other programs to assist, as described below.

## H1. Extra Help

Because you are eligible for Medicaid, you qualify for and are getting “Extra Help” from Medicare to pay for your prescription drug plan costs. You do not need to do anything to get this “Extra Help.”

| Contact Type |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048 This call is free.  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| WEBSITE | [www.medicare.gov](http://www.medicare.gov) |

[*Plans that have no drug cost-sharing may delete this section.*]

If you believe that you are paying an incorrect cost-sharing amount when you get your prescription at a pharmacy, our plan has a process for you to either request assistance in obtaining evidence of your correct copayment level, or if you already have the evidence, to provide this evidence to us.

* [*Plans should insert process for allowing members to request assistance with obtaining best available evidence, and for providing this evidence.*]
* [*Plans should update this description to accurately reflect the process in this bullet.*] When we receive the evidence showing your copayment level, we will update our system so that you will be charged the correct copayment when you get your next prescription. If you overpay your copayment, we will pay you back. Either we will send a check to you or we will deduct the amount from future copayments. If the pharmacy hasn’t collected a copayment from you and is carrying your copayment as a debt owned by you, we may make the payment directly to the pharmacy. If a state paid on your behalf, we may make payment directly to the state. Please contact Member Services if you have questions.

## H2. State Pharmaceutical Assistance Program (SPAP) - CoverRX [*Plans in states without an SPAP or where the SPAP excludes enrollment of dual eligible individuals should delete this section.*]

If you are enrolled in a SPAP, or any other program that provides coverage for Medicare Part D drugs other than “Extra Help” you still get the 70 percent discount on covered brand name drugs. Also, the plan pays five percent of the cost of brand drugs in the coverage gap. The 70 percent discount and the five percent paid by the plan are both applied to the price of the drug before any SPAP or other coverage.

## H3. AIDS Drug Assistance Program (ADAP)

ADAP helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV drugs. Medicare Part D prescription drugs that are also on the ADAP formulary qualify for prescription cost-sharing assistance Tennessee Ryan White Part B Program. Note: To be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of the state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. If you change plans, please notify your local ADAP enrollment worker so you can continue to receive assistance for information on eligibility criteria, covered drugs, or how to enroll in the program, please call 615-532-6509.

H4. [*Plans should delete this section if there are no copays for Part D drugs.*]The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it may help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January- December). This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs. “Extra Help” form Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in this payment option, regardless of income level, and plans with drug coverage must offer this payment option. Contact us at the phone number at the bottom of the page or visit [www.Medicare.gov](http://www.medicare.gov/) to find out if this payment option is right for you.

# Social Security

Social Security determines eligibility and handles enrollment for Medicare. U.S Citizens and lawful permanent residents who are 65 and over, or who have a disability or End-Stage Renal Disease (ESRD) and meet certain conditions, are eligible for Medicare. If you are already getting Social Security checks, enrollment into Medicare is automatic. If you are not getting Social Security checks, you have to enroll in Medicare. To apply for Medicare, you can call Social Security or visit your local Social Security office.

If you move or change your mailing address, it is important that you contact Social Security to let them know.

|  |  |
| --- | --- |
| CALL | 1-800-772-1213  Calls to this number are free.  Available 8:00 am to 7:00 pm, Monday through Friday.  You can use their automated telephone services to get recorded information and conduct some business 24 hours a day. |
| TTY | 1-800-325-0778  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| WEBSITE | [www.ssa.gov](http://www.ssa.gov) |

# Railroad Retirement Board (RRB)

The RRB is an independent Federal agency that administers comprehensive benefit programs for the nation’s railroad workers and their families. If you receive Medicare through the RRB, it is important that you let them know if you move or change your mailing address. If you have questions regarding your benefits from the RRB, contact the agency.

| Contact Type |  |
| --- | --- |
| CALL | 1-877-772-5772  Calls to this number are free.  If you press “0”, you may speak with a RRB representative from 9 a.m. to 3:30 p.m., Monday, Tuesday, Thursday and Friday, and from 9 a.m. to 12 p.m. on Wednesday.  If you press “1”, you may access the automated RRB Help Line and recorded information 24 hours a day, including weekends and holidays. |
| TTY | 1-312-751-4701  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.  Calls to this number are *not* free. |
| WEBSITE | [www.rrb.gov](https://www.rrb.gov/) |

# Group insurance or other insurance from an employer

[*Plans should delete this section if members covered under employer groups are not eligible to participate in D-SNPs in the state.*]

If you (or your spouse or domestic partner) get benefits from your (or your spouse’s or domestic partner’s) employer or retiree group as part of this plan, you way call the employer/union benefits administrator or Member Services if you have any questions. You can ask about your (or your spouse’s or domestic partner’s) employer or retiree health benefits, premiums, or the enrollment period. You may also call 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048) with questions related to your Medicare coverage under this plan.

If you have other prescription drug coverage through your (or your spouse’s or domestic partner’s) employer or retiree group, please contact **that group’s benefits administrator.** The benefits administrator can help you determine how your current prescription drug coverage will work with our plan.