

Notice 6 Two-Business Day Notice of Provider – Initiated Reduction, Termination, Suspension of Certain Services

<Date of Notice>(Two business days before provider-initiated reduction, termination or suspension of certain services)

<Enrollee Name and SSN>

<Enrollee Address>

Dear <Enrollee>

I, <name or provider>, have decided to **<cut OR stop> your <provide description of the behavioral health care for SPMI/SED, inpatient psyche or residential service, service to treat a chronic condition along a continuum when next level is not available, or home health services> on <effective date of termination, suspension or reduction>.**

This is why: <reason 1> specifically include what part of criteria not met>

<reason 2>

<reason 3>

The care you need now is <explain in simple terms the discharge plan transitional care plan or change in care plan to be in effect, if any. A discharge sheet can be attached to this notice. Include all effective dates>.

I will be glad to talk to you about this. You can call me at <provider phone number>.

What to do if you think you need to keep getting the care that will be cut or stopped: You can appeal. Someone else will then take a look at what you need. **If you do not want a break in your care after <effective date>, you must appeal right now.** You must ask to keep getting the same care during your appeal. If you ask for this, you will get the same care until another doctors looks at your case. That doctor will decided whether you will keep getting the care during your appeal. If the appeal is decided against you, you might have to repay TennCare for the cost of the care you got during your appeal.

How to appeal.

- 1. Call.** You can call TennCare Solutions at **1-800-878-3192**. Please call during the day if possible, but you can call anytime. If you have an emergency, someone can help you day or night.
- 2. Fax.** You can fax the appeal form or a letter to **1-888-845-5575** (toll free).

If there has been a break in your care, you may be able to get the same care back during the appeal. To do this, you must appeal with **10 days** of getting this letter. You must say that you want to get your same care back during the appeal. If you must have a doctor's order or prescription for the care, you can get the care back only if you have a doctor's order or prescription.

You can appeal about this change in your care anytime during the next **30 days**. But if you wait more than **10 days** to appeal, you will not be able to get the same care back during the appeal.

Need special help because you have a health, learning or other problem? Please let us know. There are several places that can help you. When you call TennCare Solutions at **1-800-878-3192** tell them about any help that you need. People with hearing or speech problems can use their **TTY/TDD** machine by calling **1-800-772-7647 or 313-9240 (in Nashville area)**.

Hay una linea telefonica en Espanol para los consumidores Hispanos de TennCare. Llame al proyecto en Espanol de TennCare al Tel. **1-800-254-7568**.

Sincerely,

<Signed by Treating Provider>

cc: <MCC>

<Note: Insert separate mailer, which states the following:

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Important Numbers

TennCare Solutions, PO Box 000593
Nashville, TN 37202-0593
PHONE: 1-800-878-3192
FAX: 1-888-345-5575 (toll free)>

TTY/TDD: 1-800-772-7647
ESPAÑOL: 1-800-254-7568

Consent Decree C.2.d