
The TennCare Transition in Middle Tennessee

Fact Sheet for Advocates

TennCare is beginning an exciting new phase

- Starting April 1, 2007, approximately 95% of the TennCare enrollees in Middle Tennessee will get their healthcare through two health plans, **AmeriChoice** and **Amerigroup Community Care**.
- The April 1st transition also marks TennCare's return to full-risk managed care. This has advantages for all stakeholders:
 - the State will face lower exposure to financial risk;
 - healthcare providers will have two highly sophisticated and solvent health plans with which to work; and
 - enrollees will be able to connect to a medical home to get the right care, in the right place, at the right time.

The Transition Timeline

- **February:** Notices will go out to enrollees in Middle Tennessee about their new plan assignment. Following this mailing, the new plans will send enrollees welcome letters, member handbooks, provider directories and membership ID cards.
- **April 1st:** Enrollees in Middle Tennessee begin receiving services from their new plans.
- **May 16th:** Deadline for enrollees in Middle Tennessee to request to switch plans.

Transition Information for TennCare Enrollees

- AmeriChoice and Amerigroup Community Care will:
 - cover the same array of services that TennCare now covers
 - integrate and manage the physical and mental healthcare for their enrollees.
- The new contract has provisions to assure a smooth transition, particularly for TennCare enrollees currently receiving a course of treatment.
- To facilitate the transition, TennCare will assign each enrollee in Middle Tennessee to one of the new plans.
- If they have questions or want to switch plans, enrollees may call the TennCare Enrollment Center for Middle Tennessee at 1-800-523-2863.

Transition Information for Healthcare Providers

- To serve enrollees in Middle Tennessee on or after April 1, 2007, healthcare providers **must** be a part of the network(s) for AmeriChoice and/or Amerigroup Community Care.
- If a provider does not contract with the new plans, then the provider will not be able to provide routine services for enrollees in Middle Tennessee.
- Interested providers should contact the plans as soon as possible:

AmeriChoice Provider Services
1-800-690-1606 (toll-free)

Amerigroup CC Provider Services
615-231-6065 (local)
1-888-821-1108 (toll-free)

Serving Middle Tennessee: The TennCare Transition

Advocacy Community Policy Brief: February 2007

TennCare is beginning an exciting transition in Middle Tennessee. Starting April 1, 2007, approximately 95 percent of TennCare enrollees in Middle Tennessee will get their healthcare through two new health plans, **AmeriChoice** and **Amerigroup Community Care**.¹ The new plans will assume responsibility for paying the claims and for managing the care of about 340,000 TennCare enrollees in Middle Tennessee.

The April 1st transition also reflects TennCare's return to full-risk managed care. The success of this transition will help reinforce TennCare's financial stability.

TennCare and its new partners, AmeriChoice and Amerigroup Community Care, have been working diligently to prepare for the April 1st transition. The new health plans are working to execute provider contracts and to finish the provider credentialing process.

Background about TennCare's new partners

Through a competitive bid process, TennCare has contracted with two well-financed, national health plans, AmeriChoice and Amerigroup Community Care, to serve enrollees in Middle Tennessee. Collectively, AmeriChoice and Amerigroup Community Care cover some 2.5 million lives in approximately 20 other Medicaid markets. They have extensive experience in Medicaid managed care, and both are highly successful, publicly traded companies:

- **AmeriChoice** (www.unitedhealthgroup.com, NYSE symbol: UNH) serves some 1.3 million members in 16 states. The company has an exclusive focus on publicly funded health programs. AmeriChoice is a subsidiary of United Healthcare, which has a total market capitalization of more than \$71.2 billion.²
- **Amerigroup Community Care** (www.amerigroupcorp.com; NYSE symbol: AGP) has more than 1.2 million members in nine states. The company also focuses exclusively on publicly funded managed care programs, and it has a market capitalization of more than \$1.8 billion.

¹ TennCare Select (through BlueCross BlueShield of Tennessee) will continue to serve several comparatively small populations such as foster children, children receiving SSI, and nursing facility or ICF-MR residents under age 21. However, these groups constitute only about five percent of the 360,000 TennCare enrollees in Middle Tennessee.

² United Healthcare/AmeriChoice recently acquired John Deere Healthcare, Inc. (also known as United Healthcare Plan of the River Valley), a firm with substantial history in the Tennessee market. Prior materials may therefore refer to AmeriChoice by the names of the acquired entities.

As part of the April 1st transition, the new health plans will assume responsibility for managing the physical health, mental health, and substance abuse services for TennCare enrollees in Middle Tennessee. AmeriChoice and Amerigroup Community Care each have substantial experience providing all of these services, and the plans both have a robust capacity to coordinate services and appropriately manage care.

Benefiting all participants

The return to full-risk managed care and the integration of physical and behavioral health have advantages for all of TennCare's stakeholders: enrollees, healthcare providers, and the State. Specifically:

- **Enrollees** in Middle Tennessee will be able to connect to a medical home to get the right care, in the right place, at the right time.
- **Healthcare providers** in Middle Tennessee will have two highly competent, sophisticated and solvent health plans with which to work.
- **The State** will face reduced exposure to financial risk, thereby enabling the program to better stabilize costs and accurately predict its expenditures.

These developments are good for enrollees...

The return to full financial risk properly aligns incentives for the health plans to keep enrollees in Middle Tennessee healthy. To this end, the health plans will help members connect to and rely upon a consistent medical home. In addition, the plans have a clear motivation to treat members with diabetes and other conditions early before these members need acute (and expensive) emergency services. The health plans also have an incentive to help their members lose weight, quit smoking, and get flu vaccinations.

Tennessee's morbidity statistics illustrate the need for these active health and disease management interventions. Presently, Tennessee has the fourth-highest rate of adult diabetes and the fifth-highest death rate from cardiovascular disease in the nation. The State will work to readdress these health indicators by contracting with managed care organizations whose plans will seek to improve the health status and health outcomes of their members.

The new health plans also will be responsible for physical health, mental health and substance abuse services. Instead of having a health plan for physical health and a different one for mental health and substance abuse services (which is the current approach), enrollees will have one plan. The new, integrated health plans will help enrollees get both medical and behavioral healthcare in a timely manner. AmeriChoice and Amerigroup Community Care also will be better able to coordinate an enrollee's care between his/her primary care doctor and mental health provider. Also, particularly with regard to mental health and substance abuse services, TennCare has included a

number of protections in the contracts with the new health plans in order to ensure that enrollees receive the care that they need. For help, enrollees may call the TennCare Enrollment Center for Middle Tennessee at 1-800-523-2863.

Good for healthcare providers...

AmeriChoice and Amerigroup Community Care are well-respected, highly successful companies that operate in a number of markets similar to Tennessee. Both health plans are intimately familiar with Medicaid and the covered population, and they know how to work with providers to deliver medically necessary care. Additionally, the fiscal solvency of the health plans ensures that provider claims will be promptly paid. For these and other reasons, this transition will have a number of positive effects on providers in Middle Tennessee.

To serve enrollees in Middle Tennessee on or after April 1, 2007, though, healthcare providers **must** be a part of the network(s) for AmeriChoice and/or Amerigroup Community Care. If a provider does not contract with AmeriChoice and/or Amerigroup Community Care, then the provider will not be able to provide routine services for 95 percent of the 360,000 TennCare enrollees in Middle Tennessee.

Providers in Middle Tennessee interested in partnering with AmeriChoice and Amerigroup Community Care should contact the new health plans as soon as possible:

AmeriChoice Provider Services
1-800-690-1606 (toll-free)

Amerigroup CC Provider Services
615-231-6065 (local)
1-888-821-1108 (toll-free)

And good for the State...

The new contractual approach shifts the financial risk from the State to the health plans. Under the current system, a portion of the MCO's administrative fee is "at risk" based on various performance indicators; however, TennCare is ultimately responsible for the costs of all medical services (e.g., doctor or clinic visits, physical therapy sessions, etc.). TennCare is "at risk" for all the services that TennCare enrollees in Middle Tennessee need and use. Under the new contracts, TennCare will pay the health plans a monthly "capitation" payment for each enrollee. The capitation payment is considered payment in full for all the services that an enrollee may use. The health plan will pay the healthcare providers for any care that the enrollees need, even if the total cost is more than the capitation payment. In this way, the health plans will assume the risk of the (uncertain) utilization among TennCare enrollees in Middle Tennessee.

Without the uncertainty of risk, the State will be able to predict its TennCare expenditures with much more reliability. This is particularly helpful in managing the annual budget – and in ensuring that the State does not face an unanticipated shortfall because of a spike in healthcare utilization. In this way, TennCare is continuing to improve its stewardship of State resources.

Delivering on the promise

The new TennCare contracts require the plans to provide members with convenient access to high-quality health care services. The contract details a number of stringent and specific access requirements. To monitor network capacity, quality of care and efficiency, TennCare requires the plans to report their performance on a variety of measures. Because the contract provisions link payment with performance,³ the new contracts will help to ensure that TennCare enrollees in Middle Tennessee will get high-quality care at the place and time that they need it.

For example, the new contracts require each health plan to have a sufficient network of healthcare providers to ensure that enrollees can get care conveniently. The health plans also must regularly report to TennCare any changes in their networks. Any health plan's sustained failure to meet the access requirements could result in liquidated damages of \$500 per day.

The new contract also has provisions to assure a smooth transition, particularly for members currently receiving a course of treatment. For example, a pregnant woman in her second or third trimester will be able to keep her current healthcare provider through her delivery and follow-up care – even if her provider does not participate in either AmeriChoice or Amerigroup Community Care. Other protections apply (but are not limited) to enrollees who have mental illnesses, addictive disorders, developmental disabilities, or chronic or acute medical or mental health conditions.

Second, the new plans must actively assist all such persons connect with a new provider as the enrollee transitions into the health plan. Third, enrollees are allowed to switch plans if they prefer another to the one to which they were assigned. With these built-in safeguards in the contract, TennCare is working to ensure a high level of continuity and coordination of the enrollees' health care.

With respect to quality improvement, the new contract requires the health plans to be accredited by the National Committee for Quality Assurance (NCQA).⁴ Additionally, TennCare will continue its vigorous monitoring of all of the plans' quality-of-service and performance levels. As appropriate, TennCare will exercise the liquidated damages provisions of the new contract to enforce the terms of the agreement.

³ Specifically, the new MCO contract itemizes liquidated damages for performance deficiencies in a number of different areas.

⁴ NCQA is an independent, nonprofit organization that works to improve healthcare quality through measurement, transparency and accountability. NCQA is often characterized as a watchdog for the managed care industry, and it is the premier source for information about the quality of the nation's managed care plans. For more information, please see <http://www.ncqa.org/>.

How you can help

The Bureau is working hard to educate both enrollees and providers in Middle Tennessee about the transition. We appreciate your help in amplifying the message about these positive developments in the TennCare program. Specifically, you can help by:

- Reassuring and educating enrollees in Middle Tennessee. Please let them know that they can easily get answers and assistance by calling the TennCare Enrollment Center for Middle Tennessee at 1-800-523-2863.
- Encouraging providers in Middle Tennessee to partner with AmeriChoice and Amerigroup Community Care and to get enrolled in their networks. To ensure that healthcare providers can provide services and continue to get paid on and after April 1, 2007, the providers need to contact the new plans as soon as possible.
- Letting us know how we can help you. We are excited about these developments, and we look forward to working closely with all stakeholders as we continually enhance the TennCare program.

The TennCare Transition in Middle Tennessee: Enrollee FAQ's

Questions (ranked in order of frequency) *[Translate into Spanish?]*

All enrollees

1. [Will everyone have to change plans?](#)
2. [How will I find out about my new plan?](#)
3. [Do I have to choose a plan?](#)
4. [Can I change my new plan?](#)
5. [Is one plan better than the other? How are they different?](#)
6. [Will the new plans cover the same things?](#)
7. [Can everyone in my family be in the same plan?](#)
8. [Can I keep the same doctor?](#)
9. [What if I am getting care now?](#)

Aged, Blind, and Disabled (including children)

10. [What if I have Medicare?](#)
11. [What if my family member lives in a nursing home or ICF-MR?](#)
12. [What if my family member is part of the home-based waiver program?](#)
13. [What if I get SSI from Social Security?](#)

Service Delivery Questions

14. [How will I get services under my new plan?](#)
15. [What will happen with my prescription refills?](#)
16. [How will I get mental health services?](#)
17. [How will I get alcohol or drug treatment?](#)
18. [What if I am pregnant?](#)

Special Populations

19. [What if I am "uninsurable" and have TennCare Standard?](#)
20. [What if my child is disabled and gets SSI from Social Security?](#)
21. [What if a child is in State custody?](#)

Miscellaneous

22. [How will all of this affect my appeal rights?](#)
23. [Whom should I call with questions?](#)

FAQ Responses [Translate into Spanish?]

1. Will everyone have to change plans?

Yes, all enrollees in Middle Tennessee will change plans except for:

- kids who get SSI;
- kids in State custody; and
- people under age 21 who are in nursing homes or ICF-MRs that TennCare pays for.
- people who don't have legal papers to be in the U.S. but need emergency care. The federal government says States must cover emergency medical care for people who don't have legal papers to be in the U.S.
- people who are Tennessee residents but, for a short time, are living outside of Tennessee.

Enrollees in these groups will stay in TennCare Select. All other TennCare enrollees in Middle Tennessee, including those who had VHP will change plans.

[\[Back to Questions\]](#)

2. How will I find out about my new plan?

In late February, TennCare will send you a letter about the new health plans. This letter will tell you which plan that you have. You will have either AmeriChoice or AmeriGroup. This letter is very important, so make sure to open your mail.

If you do not get a letter, call 1-800-523-2863.

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

Your new health plan will send you a new card and information about the plan. Your plan will send this after TennCare sends you the letter with your new plan.

[\[Back to Questions\]](#)

3. Do I have to choose a health plan?

No, you do not have to do anything. You will be in either AmeriChoice or AmeriGroup. TennCare will assign one of these new plans to you. TennCare will enroll you in that health plan.

[\[Back to Questions\]](#)

4. Can I change my new health plan?

Yes. You can choose between AmeriChoice and AmeriGroup. However, you cannot stay in VHP or TennCare Select.

You have until May 16th to switch plans. (New enrollees have 45 days after TennCare sends them the letter with their new plan.) To change plans, you can call 1-800-523-2863. TennCare will switch plans if there is room in the other plan.

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

[\[Back to Questions\]](#)

5. Is one plan better than the other? How are they different?

AmeriGroup and AmeriChoice are both good health plans. You'll have one health plan that takes care of both your physical health care and mental health and drug /alcohol treatment. Both plans cover the same services. Both give you the same benefits.

AmeriChoice and AmeriGroup may use different doctors. They may have different hospitals and other providers.

Your new health plan will send you a list of the doctors in the plan. Your plan will send you this list after TennCare sends you the letter with your new plan. This list is very important, so make sure to open your mail.

When you get this list, check to see if your doctor is on it. If your doctor is not on the list, then talk to your doctor. Ask your doctor whether he or she is on the list for AmeriChoice or AmeriGroup. You can also call 1-800-523-2863 if you have questions.

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

[\[Back to Questions\]](#)

6. Will the new plans cover the same things?

Yes. Both new plans cover the same benefits. These benefits include all of the services that you get now.

Your new health plan will send you a Member Handbook. This book tells you about the plan and your benefits. This book tells you how you can get the care you need.

Your plan will send this book to you after TennCare sends you the letter with your new plan. This book is very important, so make sure to open your mail.

[\[Back to Questions\]](#)

7. Can everyone in my family be in the same plan?

Yes. In most cases, everyone in a family can be in the same plan. TennCare will try to put your family in one health plan.

TennCare has special rules for disabled kids who get SSI:

If your child gets SSI, then your child now has TennCare Select. Your child can stay in this health plan. However, you can also pick AmeriGroup or AmeriChoice for your child. This is your choice. If you want to pick one of the new plans, call 1-800-523-2863. If you want your child to stay in TennCare Select, then you do not have to call. We will keep this child in TennCare Select unless you call and pick one of the new plans.

TennCare also has special rules for kids in State custody:

They will stay in TennCare Select. Their health plan will not change. If they leave State custody, then they may switch to either AmeriGroup or AmeriChoice. They can enroll in one of the new plans six months after they leave State custody. Until then, they will get their healthcare from TennCare Select.

Call 1-800-523-2863 if you have any questions.

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

[\[Back to Questions\]](#)

8. Can I keep the same doctor?

In many cases, yes. Your new health plan will send you a list of the doctors in the plan. Your plan will send you this list after TennCare sends you the letter with your new plan. This list is very important, so make sure to open your mail.

When you get this list, check to see if your doctor is on it. If your doctor is not on the list, then talk to your doctor. Ask your doctor whether he or she is on the list for AmeriChoice or AmeriGroup. You can also call 1-800-523-2863 if you have questions.

If your doctor is on the list for the other plan, then you may switch to that plan. TennCare will switch your plan if there is room in the other plan. Call 1-800-523-2863 to switch plans. However, you must call by May 16th to switch plans. (New enrollees have 45 days after TennCare sends them the letter with their new plan.)

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

If your doctor decides not to be in either plan, then you must pick a new doctor. You can choose a doctor from the list that your plan sends to you. Your health plan can also help you find a new doctor.

[\[Back to Questions\]](#)

9. What if I am getting care now?

Some people are getting care for cancer or other diseases. Also, some people are getting mental health services. If you are getting this type of care now, then you can still see your doctor for a few months after April 1, 2007. If your doctor joins one of the new plans, then you won't have to change doctors. (Note: **Pregnant women** may get more time. If you are more than three months pregnant, then you can keep your doctor until your baby is born and through your follow-up care.)

Your new health plan will send you a list of the doctors in the plan. Your plan will send you this list after TennCare sends you the letter with your new plan. This list is very important, so make sure to open your mail.

When you get this list, check to see if your doctor is on it. If your doctor is not on the list, then talk to your doctor. Ask your doctor whether he or she is on the list for AmeriChoice or AmeriGroup. You can also call 1-800-523-2863 if you have questions.

If your doctor is on the list for the other plan, then you may switch to that plan. TennCare will switch your plan if there is room in the other plan. Call 1-800-523-2863 to switch plans. However, you must call by May 16th to switch plans. (New enrollees have 45 days after TennCare sends them the letter with their new plan.)

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

If your doctor decides not to be in either plan, then you must pick a new doctor. You can choose a doctor from the list that your plan sends to you. Your health plan can also help you find another good doctor.

The new health plans will help you. They can help you get special care. They can also help you find a new doctor, therapist or psychiatrist. Call your new plan to get this help.

[See also: [Question #14](#) about prior authorization and “How do I get services under my new plan?”]

[\[Back to Questions\]](#)

10. What if I have Medicare?

Medicare will still pay for most of your healthcare. However, TennCare will still assign you to a new health plan. Your new TennCare plan will pay for some services that Medicare does not cover.

Your drug coverage is not changing. Your Medicare Part D plan will still pay for your medicine. Call your Part D plan if you have questions.

[\[Back to Questions\]](#)

11. What if my family member lives in a nursing home or ICF-MR?

For persons age 21 and older in nursing homes or ICF-MRs:

If your relative is age 21 or older, then he or she will be in AmeriChoice or AmeriGroup. TennCare will assign your family member to one of these new plans. TennCare will enroll him or her in that health plan.

Your relative can change plans. He or she can choose between AmeriChoice and AmeriGroup. However, your family member cannot go back to TennCare Select.

Your relative has until May 16th to switch plans. (New enrollees have 45 days after TennCare sends them the letter with their new plan.) To change plans, your relative can call 1-800-523-2863. TennCare will switch plans if there is room in the other plan.

This is a free call. Even if your relative does not speak English, he or she can still call this number. If your family member is hearing impaired, he or she can call 1-800-772-7647 (TTY/TTD).

For children under 21 in nursing homes or ICF-MRs:

If your child is under age 21 and lives in a nursing home or ICF-MR, then your child now has TennCare Select. Your child can stay in this health plan. However, you can also pick AmeriGroup or AmeriChoice for your child. This is your choice. If you want to pick one of the new plans, call 1-800-523-2863. If you want your child to stay in TennCare Select, then you do not have to call. We will keep your child in TennCare Select unless you call and pick one of the new plans.

Call 1-800-523-2863 to find out more.

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

[\[Back to Questions\]](#)

12. What if my family member is part of the home-based waiver program?

Your relative will be in AmeriChoice or AmeriGroup. TennCare will assign your family member to one of these new plans. TennCare will enroll him or her in that health plan.

Your relative can change plans. He or she can choose between AmeriChoice and AmeriGroup. However, your family member cannot go back to TennCare Select.

Your relative has until May 16th to switch plans. (New enrollees have 45 days after TennCare sends them the letter with their new plan.) To change plans, your relative can call 1-800-523-2863. TennCare will switch plans if there is room in the other plan.

This is a free call. Even if your relative does not speak English, he or she can still call this number. If your family member is hearing impaired, he or she can call 1-800-772-7647 (TTY/TTD).

[\[Back to Questions\]](#)

13. What if I get SSI from Social Security?

For adults age 21 and older getting SSI:

You will be in AmeriChoice or AmeriGroup. TennCare will assign one of these new plans to you. TennCare will enroll you in that health plan.

You can change plans. You can choose between AmeriChoice and AmeriGroup. However, you cannot go back to TennCare Select.

You have until May 16th to switch plans. (New enrollees have 45 days after TennCare sends them the letter with their new plan.) To change plans, you can call 1-800-523-2863. TennCare will switch plans if there is room in the other plan.

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

For disabled kids under 21 getting SSI:

Your child now has TennCare Select. If your child getting SSI is under 21, your child can stay in this health plan. However, you can also pick AmeriGroup or AmeriChoice for your child. This is your choice. If you want to pick one of the new plans, call 1-

800-523-2863. If you want your child to stay in TennCare Select, then you do not have to call. We will keep this child in TennCare Select unless you call and pick one of the new plans.

Call 1-800-523-2863 to find out more.

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

[\[Back to Questions\]](#)

14. How will I get services under my new plan?

Your new health plan will send you a Member Handbook. This book tells you about the plan and your benefits. It will also tell you how you can get care. You will get most services in the same way that you get them now.

Your plan will send this book to you after TennCare sends you the letter with your new plan. This book is very important, so make sure to open your mail.

To get some types of care, you must get permission from your health plan. Your health plan must approve some services before you get them. This is called “prior authorization.” For example, you may need “prior authorization” before you can see a specialist.

Right now, your old plan does the “prior authorization.” After April 1, 2007, your new plan will do this.

[\[Back to Questions\]](#)

15. What will happen with my prescription refills?

Your TennCare pharmacy benefits will not change. (If you have Medicare, then Medicare Part D is responsible for your prescriptions. See [Question #10](#) about Medicare.)

If a doctor has already written a refill for you, then you can get your medicine. When your refills run out, then you will need to get a new prescription. You will need to see a doctor in your plan to get the new prescription.

Your new health plan will send you a list of the doctors in the plan. Your plan will send you this list after TennCare sends you the letter with your new plan. This list is very important, so make sure to open your mail.

When you get this list, check to see if your doctor is on it. If your doctor is not on the list, then talk to your doctor. Ask your doctor whether he or she is on the list for

AmeriChoice or AmeriGroup. You can also call 1-800-523-2863 if you have questions.

If your doctor is on the list for the other plan, then you may switch to that plan. TennCare will switch your plan if there is room in the other plan. Call 1-800-523-2863 to switch plans. However, you must call by May 16th to switch plans. (New enrollees have 45 days after TennCare sends them the letter with their new plan.)

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

If your doctor decides not to be in either plan, then you must pick a new doctor. You can choose a doctor from the list that your plan sends to you. Your health plan can also help you find a doctor.

[\[Back to Questions\]](#)

16. How will I get mental health services?

If you are in crisis, please call 1-800 809-9957. Counselors on the line can help you.

Right now, you have a health plan for medical care – and a different plan for mental health and drug treatment. The new system is different. After April 1st, you will have one plan. Your new health plan will provide **all** of these services, including mental health and drug treatment. Your new health plan will work with both your doctor and your mental health provider. Having one plan should make it easier for you to get care.

Care you are getting now will not be stopped because of you moved to a new health plan. If you have questions about keeping the mental health care you have now, call 1-800-758-1638. They can also help you find out about mental health services in your area.

The new health plans will also help you. They can help you get special care. They can also help you find a new doctor, therapist or psychiatrist. Call your new plan to get this help.

Your new health plan will send you a Member Handbook. This book tells you about the plan and your benefits. This book tells you how you can get the care you need. Your plan will send this book to you after TennCare sends you the letter with your new plan. This book is very important, so make sure to open your mail.

If you are getting help now, then you can still see your doctor for a few months after April 1, 2007. Also, you can keep your doctor even longer if your doctor joins one of the new plans.

Your new health plan will send you a list of the doctors in the plan. Your plan will send you this list after TennCare sends you the letter with your new plan.

When you get this list, check to see if your doctor is on it. If your doctor is not on the list, then talk to your doctor. Ask your doctor whether he or she is on the list for AmeriChoice or AmeriGroup. You can also call 1-800-523-2863 if you have questions.

If your doctor is on the list for the other plan, then you may switch to that plan. TennCare will switch your plan if there is room in the other plan. Call 1-800-523-2863 to switch plans. However, you must call by May 16th to switch plans. (New enrollees have 45 days after TennCare sends them the letter with their new plan.)

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

If your doctor decides not to be in either plan, then you must pick a new doctor. You can choose a doctor from the list that your plan sends to you. Your health plan can also help you find another doctor.

[\[Back to Questions\]](#)

17. How will I get alcohol or drug treatment?

If you are having a crisis, please call 1-800 809-9957. Counselors on the line can help you.

Care you are getting now will not be stopped because you moved to a new health plan. If you have questions about keeping the care you have now, call 1-800-758-1638. They can also help you find out about alcohol or drug treatment services in your area.

Your new plan can also help you get alcohol and drug treatment. They can help you find a doctor, therapist or psychiatrist. Call your new plan to get this help.

Your new health plan will send you a Member Handbook. This book tells you about the plan and your benefits. This book tells you how you can get the care you need. Your plan will send this book to you after TennCare sends you the letter with your new plan. This book is very important, so make sure to open your mail.

If you are getting help now, then you can still see your doctor for a few months after April 1, 2007. Also, you can keep your doctor even longer if your doctor joins one of the new plans.

Your new health plan will send you a list of the doctors in the plan. Your plan will send you this list after TennCare sends you the letter with your new plan.

When you get this list, check to see if your doctor is on it. If your doctor is not on the list, then talk to your doctor. Ask your doctor whether he or she is on the list for AmeriChoice or AmeriGroup. You can also call 1-800-523-2863 if you have questions.

If your doctor is on the list for the other plan, then you may switch to that plan. TennCare will switch your plan if there is room in the other plan. Call 1-800-523-2863 to switch plans. However, you must call by May 16th to switch plans. (New enrollees have 45 days after TennCare sends them the letter with their new plan.)

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD).

If your doctor decides not to be in either plan, then you must pick a new doctor. You can choose a doctor from the list that your plan sends to you. Your health plan can also help you find another good doctor.

The new health plans will help you. They can help you get special care. They can also help you find a new doctor, therapist or psychiatrist. Call your new plan to get this help.

[\[Back to Questions\]](#)

18. What if I am pregnant?

Please do not miss any appointments with your doctor. TennCare wants you to get all of your prenatal care. Your new plan will help you get this care.

If you are less than 3 months pregnant and getting prenatal care already, then you can still see your doctor for a few months after April 1, 2007. Also, you can keep your doctor even longer if your doctor joins one of the new plans. If you are more than three months pregnant, then you can keep seeing your doctor until your baby is born.

If anything changes, your new plan will let you know. Your new plan will help you get the care that you need. Call your new plan to get this help.

[\[Back to Questions\]](#)

19. What if I am “uninsurable” and have TennCare Standard?

For adults age 21 and older:

Your health plan will not change. You will stay in TennCare Select.

For children under age 21:

Your child will be in AmeriChoice or AmeriGroup. TennCare will assign your child to one of these new plans. TennCare will enroll him or her in that health plan.

Your child can change plans. You can choose between AmeriChoice and AmeriGroup for your child. However, your child cannot go back to TennCare Select.

You have until May 16th to switch plans. (New enrollees have 45 days after TennCare sends them the letter with their new plan.) To change plans, you can call 1-800-523-2863. TennCare will switch plans if there is room in the other plan.

This is a free call. Even if your relative does not speak English, he or she can still call this number. If your family member is hearing impaired, he or she can call 1-800-772-7647 (TTY/TTD).

[\[Back to Questions\]](#)

20. What if my child is disabled and gets SSI from Social Security?

Your child now has TennCare Select. If your child is getting SSI and is under 21, your child can stay in this health plan. However, you can also pick AmeriGroup or AmeriChoice for your child getting SSI. If you want to pick one of the new plans for your child, you must choose the plan other family members have. Call 1-800-523-2863 to change your child's health plan.

Call 1-800-523-2863 to find out more. If you want your child to stay in TennCare Select, then you do not have to call.

[\[Back to Questions\]](#)

21. What if a child is in State custody?

Children in State custody are now in TennCare Select. Their health plan will not change. They will stay in TennCare Select.

After children leave State custody, they may switch to either AmeriGroup or AmeriChoice. They can enroll in one of the new plans six months after they leave State custody. Until then, these children will still get care from TennCare Select.

[\[Back to Questions\]](#)

22. How will all of this affect my appeal rights?

Your rights stay the same. If you think you are in one of the groups that should stay in TennCare Select, you can file an appeal. Usually, your appeal is decided within 90 days after you file it. If you have an emergency, your appeal can be decided sooner—usually within 31 days.

You can ask someone to help you file an appeal about your care. To get help, call 1-800-878-3192.

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-866-771-7043 (TTY/TTD).

[\[Back to Questions\]](#)

23. Whom should I call with questions?

Call 1-800-523-2863 if you have any questions.

This is a free call. Even if you do not speak English, you can still call this number. If you are hearing impaired, you can call 1-800-772-7647 (TTY/TTD). The TennCare staff will be happy to help you.

[\[Back to Questions\]](#)