

Do you think you may have been treated differently because of your:

- **Race,**
- **Color,**
- **National Origin,**
- **Disability,**
- **Age,**
- **Sex,**
- **Religion, or**
- **Any other Status/Group protected by law**

You or someone on your behalf can report a complaint to the Division of Health Care Finance and Administration (“HCFA”). HCFA is made up of these programs:

- TennCare • CoverKids • AccessTN • HealthyTNBabies • CoverRX
- Office of eHealth Initiatives • Strategic Planning and Innovation Group

You can also report a complaint to your Health Plan (also called a Managed Care Organization).

Complaints must be reported to HCFA or to your Health Plan in writing. HCFA does not accept verbal (spoken) complaints for investigation unless you are a person with a disability who cannot send a written complaint. Or you have a valid reason for not being able to send HCFA a written complaint.

Complaints must be reported by 6 months (180 calendar days) from the date you think you may have been treated in a different way. The 6 month deadline may be increased if you can give a good reason for the delay in reporting your complaint to HCFA (like a serious illness or death in your family).

A complaint may be reported by mailing a signed HCFA complaint form to HCFA or to your Health Plan. Complaint forms are on HCFA’s website at:

<http://www.tn.gov/hcfa/>

Complaint forms also are in your member handbook and on your Health Plan’s website.

Or you can mail this written information to HCFA or to your Health Plan. This information must be on your complaint:

- **Your name, address and telephone number.** You must sign your name. If you file a complaint on someone's behalf, include your name, address, telephone number, and your relationship to that person--example: family, lawyer, friend.
- **Name and address of the program you think treated you in a different way.**
- **How, why and when you think you were treated in a different way.**
- **Any other important information.**

To speed up the review of your complaint, mail a signed Agreement to Release Information form with your complaint. This form is in your member handbook. And is part of the Complaint form on your Health Plan's website and on HCFA's website.

If you are filing a complaint for someone else, have that person sign the Agreement to Release Information form and mail it with the complaint.

Keep a copy of everything you send. Please mail the completed, signed Complaint and the signed Agreement to Release Information forms to:

TennCare, Office of Civil Rights Compliance
310 Great Circle Road; Floor 4W
Nashville, TN 37243
Or email:
HCFA.Fairtreatment@tn.gov

Or you can contact your Health Plan. For your Health Plan's contact information click on this link: <http://www.tn.gov/tenncare/topic/managed-care-organizationsto> to get your Health Plan's contact information.