

AMERIGROUP COMMUNITY CARE INDIVIDUAL EDUCATION PROGRAM REQUEST FORM

Each year, the Bureau of TennCare requests that schools share information with the appropriate TennCare managed care organization (MCO) when medically necessary services are provided in the school setting and are included in a child's individualized education programs (IEPs). Please use this form to provide information about the Amerigroup-enrolled child below, identified as needing medically related services in their IEP. For more information about TennCare Kids Connections and IEPs, you may review: http://www.tn.gov/assets/entities/tenncare/attachments/Connectionpresentation.pdf.

GENERAL INFORMATION:		
Date of request:	IEP	due date*:
Member name:		Member date of birth:
ORGANIZATION INFORMATION:		
Name:		
Phone number:	Fax number:	
IEP service dates:		
INFORMATION REQUESTED: Please fax <u>all</u> of the following documents that are checked, including this cover sheet, in <u>one</u> fax to 1-866-495-5788, Attn: CM MMS IEP Team, and list all enclosures.		
Complete IEP for corresponding service dates		
Medical diagnosis that validates medical necessity		
Parental Authorization for Release of Information form, signed and dated		
Physician's order, signed and dated		
Other:		
AMERIGROUP CONTACT INFORMATION:		
Name and title:		
Address:		
Phone number:		Fax number:

*If Amerigroup does not receive the IEP by the IEP due date, it is considered an automatic recoupment which will be billed to the service provider. Due to HIPAA regulations, the IEP should be faxed **individually** to 1-866-495-5788. You may find more information regarding IEP policies and procedures at www.tn.gov under *TennCare Kids Connection*.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

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