



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
CORDELL HULL BUILDING
426 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37247

TENNCARE IMPARTIALITY STATEMENT

By signing below, I acknowledge and understand that, as a state employee of the Tennessee Department of Health or as a county, contract, municipal or temporary employee working for the Tennessee Department of Health, I will act with complete impartiality when discussing TennCare managed care organizations (MCOs) and behavioral health organizations (BHOs) with persons interested in TennCare enrollment or those already enrolled on TennCare. Further, any materials made available to the local health department from the MCOs or BHOs which have been approved by the Bureau of TennCare will be fairly and equitably disseminated to individuals seeking information on MCOs and/or BHOs.

Moreover, I acknowledge and understand that any negative remarks, verbal or otherwise, made to a TennCare enrollee, prospective enrollee, any family member or the general public about an MCO or BHO or any favoritism shown to one MCO or BHO over another will provide grounds for disciplinary action, which may include my immediate termination as an employee of the department.

Signature

Supervisor's Signature

Date

Date

Print Name

Social Security Number