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Sequence Number: 01-20-17
 Notice ID(s): 2655
 File Date: 1/18/17

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Tennessee Department of Finance and Administration
Division:	Bureau of TennCare
Contact Person:	George Woods
Address:	Bureau of TennCare 310 Great Circle Road Nashville, TN 37243
Phone:	(615) 507-6446
Email:	george.woods@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	Talley A. Olson, Director HCFA Office of Civil Rights Compliance
Address:	Bureau of TennCare 310 Great Circle Road Nashville, TN 37243
Phone:	(855) 857-1673 TTY dial 711 and ask for 855-857-1673
Email:	hcfa.fairtreatment@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Bureau of TennCare 310 Great Circle Road, Conference Room 1 East A		
City:	Nashville, TN		
Zip:	37243		
Hearing Date :	March 13, 2017		
Hearing Time:	1:00 p.m.	<input checked="" type="checkbox"/> CST/CDT	<input type="checkbox"/> EST/EDT

Additional Hearing Information:

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Revision Type (check all that apply):

- Amendment
- New
- Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
1200-13-14	TennCare Standard
Rule Number	Rule Title
1200-13-14-.05	Enrollee Cost Sharing

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

The copay table of Subparagraph (d) of Paragraph (2) of Rule 1200-13-14-.05 Enrollee Cost Sharing is amended by changing column two (2) "Copay if income is 0%-99% of poverty" of row one (1) to "Copay if income is 0%-133% of poverty", by changing column three (3) "Copay if income is 100%-199% of poverty" of row one (1) to "Copay if income is 134%-199% of poverty" and by changing the "\$10" in column three (3) of row two (2) "Hospital emergency room use for non-emergency services (waived if admitted)" to "\$8.20" so as amended the copay table shall read as follows:

Benefit	Copay if income is 0%-133% of poverty	Copay if income is 134%-199% of poverty	Copay if income is 200% of poverty or greater
Hospital emergency room use for non-emergency services (waived if admitted)	\$0	\$8.20	\$50
Primary care provider services other than preventive care	\$0	\$5	\$15
Community Mental Health Agency services other than preventive care	\$0	\$5	\$15
Physician specialists and dentists	\$0	\$5	\$20
Prescription or refill	\$0	\$3 for covered branded prescriptions and \$1.50 for covered generic prescriptions	\$3 for covered branded prescriptions and \$1.50 for covered generic prescriptions
Inpatient hospital admission	\$0	\$5	\$100

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-5-105, and 71-5-109.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: 1/17/17

Signature: Wendy Long M.D.

Name of Officer: Wendy Long, M.D., M.P.H.

Title of Officer: Deputy Director, Bureau of TennCare
Tennessee Department of Finance and Administration



Subscribed and sworn to before me on: January 17, 2017

Notary Public Signature: Robin A Page

My commission expires on: November 3, 2026

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Filed with the Department of State on: 1/18/17

Tre Hargett

Tre Hargett
Secretary of State

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