Rulemaking Hearing Rule(s) Filing Form

Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing (Tenn. Code Ann. § 4-5-205).

Pursuant to Tenn. Code Ann. § 4-5-229, any new fee or fee increase promulgated by state agency rule shall take effect on July 1, following the expiration of the ninety (90) day period as provided in § 4-5-207. This section shall not apply to rules that implement new fees or fee increases that are promulgated as emergency rules pursuant to § 4-5-208(a) and to subsequent rules that make permanent such emergency rules, as amended during the rulemaking process. In addition, this section shall not apply to state agencies that did not, during the preceding two (2) fiscal years, collect fees in an amount sufficient to pay the cost of operating the board, commission or entity in accordance with § 4-29-121(b).

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

Revision Type (check all that apply):
X Amendments
___ New
___ Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please make sure that ALL new rule and repealed rule numbers are listed in the chart below. Please enter only ONE Rule Number/Rule Title per row.)

<table>
<thead>
<tr>
<th>Chapter Number</th>
<th>Chapter Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200-13-14</td>
<td>TennCare Standard</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rule Number</th>
<th>Rule Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200-13-14-.03</td>
<td>Enrollment, Reassignment, and Disenrollment with Managed Care Contractors (MCCS)</td>
</tr>
<tr>
<td>1200-13-14-.04</td>
<td>Covered Services</td>
</tr>
<tr>
<td>1200-13-14-.10</td>
<td>Exclusions</td>
</tr>
</tbody>
</table>
Subparagraph (d) TennCare Dental Benefits Manager (DBM) of Paragraph (1) of Rule 1200-13-14-.03 Enrollment, Reassignment, and Disenrollment with Managed Care Contractors (MCCS) is amended by adding a new second sentence "Pregnant and postpartum TennCare adults age 21 and older shall be assigned to the DBM under contract with the Bureau to provide dental benefits as set out in Rule .04, Dental Services." so as amended the subparagraph shall read as follows:

(d) TennCare Dental Benefits Manager (DBM).

TennCare children shall be assigned to the Dental Benefits Manager (DBM) under contract with the Bureau to provide dental benefits through the TennCare Program. Pregnant and postpartum TennCare adults age 21 and older shall be assigned to the DBM under contract with the Bureau to provide dental benefits as set out in Rule .04, Dental Services. TennCare adults age 21 and older enrolled in ECF CHOICES shall be assigned to the DBM under contract with the Bureau to provide Adult Dental Services through the ECF CHOICES program as defined in 1200-13-01-.02.


Column three "Benefits for Persons Aged 21 and Older" of Part 3 Chiropractic Services of Subparagraph (b) of Paragraph (1) of Rule 1200-13-14-.04 Covered Services is amended by deleting "Not covered" and replacing it with "Covered as medically necessary" so as amended column three shall read as follows:

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>BENEFIT FOR PERSONS UNDER AGE 21</th>
<th>BENEFIT FOR PERSONS AGED 21 AND OLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Chiropractic Services [defined at 42 C.F.R. § 440.60(b)]</td>
<td>Covered as medically necessary.</td>
<td>Covered as medically necessary.</td>
</tr>
</tbody>
</table>

Column three "Benefits for Persons Aged 21 and Older" of Part 5 Dental Services of Subparagraph (b) of Paragraph (1) of Rule 1200-13-14-.04 Covered Services is amended by deleting the period "." after "Not covered" and adding a comma ",," and new language so as amended column three shall read as follows:

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>BENEFIT FOR PERSONS UNDER AGE 21</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5. Dental Services [defined at 42 C.F.R. § 440.100].</td>
<td>Preventive, diagnostic, and treatment services covered as medically necessary.</td>
<td>Not covered, except covered as medically necessary for TennCare enrollees age 21 and older who are pregnant and who inform TennCare of such prior to seeking services. Dental benefits are covered for a pregnant woman through the term of her pregnancy and postpartum coverage, limited to: diagnostic x-rays and exams; preventive cleanings; topical fluoride treatments and caries arresting medicament; restorative (fillings); endodontics (1 root canal per member per eligibility period); scaling and root planing; full mouth debridement; crowns (2 per member per eligibility period); complete dentures; immediate complete dentures and complete denture relines; tooth extractions; alveolectomy; removal of lateral exostosis; removal of torus palatinus; removal of torus mandibularis; and palliative treatment.</td>
</tr>
</tbody>
</table>

Part 5 Chiropractor’s services of Subparagraph (a) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is deleted in its entirety and subsequent parts renumbered accordingly.

Part 24 Dental services for adults age 21 and older of Subparagraph (b) of Paragraph (3) of Rule 1200-13-14-.10 Exclusions is amended by adding a comma "," and additional language at the end of the part so as amended the part shall read as follows:

24. Dental services for adults age 21 and older, except when provided to a woman during the term of a pregnancy and postpartum period as set out in Rule .04.

If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Aye</th>
<th>No</th>
<th>Abstain</th>
<th>Absent</th>
<th>Signature (if required)</th>
</tr>
</thead>
</table>

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Division of TennCare (board/commission/other authority) on 02/09/2022 (mm/dd/yyyy), and is in compliance with the provisions of T.C.A. § 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 09/24/2021
Rulemaking Hearing(s) Conducted on: (add more dates). 11/15/2021

Date: February 9, 2022
Signature: 
Name of Officer: Stephen Smith
Director, Division of TennCare
Title of Officer: Tennessee Department of Finance and Administration

Agency/Board/Commission: Division of TennCare
Rule Chapter Number(s): 1200-13-14

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Herbert H. Slatery III
Attorney General and Reporter
2/15/2022

Department of State Use Only

Filed with the Department of State on: 2/16/2022
Effective on: 5/17/2022

Tre Hargett
Secretary of State

RECEIVED

Secretary of State
Division of Publications

SS-7039 (October 2021) 4
RDA 1693
Public Hearing Comments

One copy of a document that satisfies T.C.A. § 4-5-222 must accompany the filing.

There were no comments on the rule amendments.
Regulatory Flexibility Addendum

Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process, all agencies shall conduct a review of whether a proposed rule or rule affects small business.

The rule amendments are not expected to affect small businesses.
Impact on Local Governments

Pursuant to T.C.A. §§ 4-5-220 and 4-5-228, “On any rule and regulation proposed to be promulgated, the proposing agency shall state in a simple declarative sentence, without additional comments on the merits or the policy of the rule or regulation, whether the rule or regulation may have a projected financial impact on local governments. The statement shall describe the financial impact in terms of increase in expenditures or decrease in revenues.”

The rules are not anticipated to have an impact on local governments.
Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 4-5-226(i)(1).

(A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

The rules allow for establishing a dental benefit for pregnant TennCare-enrolled adults age 21 and over during the length of the pregnancy and postpartum period and a chiropractic benefit for TennCare-enrolled adults age 21 and over.

(B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

The rules are lawfully adopted by the Division of TennCare in accordance with T.C.A §§ 4-5-202, 71-5-105, 71-5-107 and 71-5-109.

(C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

The persons and entities most directly affected by these rule amendments are TennCare enrollees, providers, and managed care contractors. The governmental entity most directly affected by these rules is the Division of TennCare, Tennessee Department of Finance & Administration.

(D) Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule or the necessity to promulgate the rule;

The rules were approved by the Tennessee Attorney General. No additional opinion was given or requested.

(E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars ($500,000), whichever is less;

The promulgation of these rules is anticipated to increase TennCare Medicaid and TennCare Standard state expenditures by $3,050,000.

(F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Andrew Wright, Associate General Counsel

(G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Andrew Wright, Associate General Counsel

(H) Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

310 Great Circle Road, Nashville, TN 37243
(615) 351-3776
andrew.l.wright@tn.gov

(I) Any additional information relevant to the rule proposed for continuation that the committee requests.
1200-13-14-.03 Enrollment, Reassignment, and Disenrollment with Managed Care Contractors (MCCS)
1200-13-14-.04 Covered Services
1200-13-14-.10 Exclusions

1200-13-14-.03 ENROLLMENT, REASSIGNMENT, AND DISENROLLMENT WITH MANAGED CARE CONTRACTORS (MCCs).

(1) Enrollment.

(d) TennCare Dental Benefits Manager (DBM).

TennCare children shall be assigned to the Dental Benefits Manager (DBM) under contract with the Bureau to provide dental benefits through the TennCare Program. Pregnant and postpartum TennCare adults age 21 and older shall be assigned to the DBM under contract with the Bureau to provide dental benefits as set out in Rule .04, Dental Services. TennCare adults age 21 and older enrolled in ECF CHOICES shall be assigned to the DBM under contract with the Bureau to provide Adult Dental Services through the ECF CHOICES program as defined in 1200-13-01-.02.

1200-13-14-.04 COVERED SERVICES.

(1) Benefits covered under the managed care program

(b) The following physical health and mental health benefits are covered under the TennCare managed care program...

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<td>Not covered, except covered as medically necessary for TennCare enrollees age 21 and older who are pregnant and who inform TennCare of such prior to seeking services. Dental benefits are</td>
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**SERVICE** | **BENEFIT FOR PERSONS UNDER AGE 21** | **BENEFIT FOR PERSONS AGED 21 AND OLDER**
--- | --- | ---
 | covered for a pregnant woman through the term of her pregnancy and postpartum coverage, limited to: diagnostic x-rays and exams; preventive cleanings; topical fluoride treatments and caries arresting medicament; restorative (fillings); endodontics (1 root canal per member per eligibility period); scaling and root planing; full mouth debridement; crowns (2 per member per eligibility period); complete dentures; immediate complete dentures and complete denture relines; tooth extractions; alveoloplasty; removal of lateral exostosis; removal of torus palatinus; removal of torus mandibularis; and palliative treatment.

1200-13-14-.10 EXCLUSIONS.

(3) Specific exclusions...

(a) Services, products, and supplies that are specifically excluded from coverage except as medically necessary for children under the age of 21

4. Biofeedback

5. Chiropractor’s services

6. Cushions, pads, and mattresses as follows….

(b) Services, products, and supplies that are specifically excluded from coverage under the TennCare program.

24. Dental services for adults age 21 and older, except when provided to a woman during the term of a pregnancy and postpartum period as set out in Rule .04.