

Notice of  
Rulemaking Hearing  
Tennessee Department of Finance and Administration  
Bureau of TennCare

There will be a hearing before the Commissioner to consider the promulgation of amendments of rules pursuant to Tennessee Code Annotated, 71-5-105 and 71-5-109. The hearing will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204 and will take place in the Bureau of TennCare, 1<sup>st</sup> Floor East Conference Room, 310 Great Circle Road, Nashville, Tennessee 37243 at 9:00 a.m. C.D.T. on the 16<sup>th</sup> day May 2007.

Any individuals with disabilities who wish to participate in these proceedings (to review these filings) should contact the Department of Finance and Administration, Bureau of TennCare, to discuss any auxiliary aids or services needed to facilitate such participation. Such initial contact may be made no less than ten (10) days prior to the scheduled meeting date (the date the party intends to review such filings) to allow time for the Bureau of TennCare to determine how it may reasonably provide such aid or service. Initial contact may be made with the Bureau of TennCare's ADA Coordinator by mail at the Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243 or by telephone at (615) 507-6474 or 1-800-342-3145.

For a copy of this notice of rulemaking hearing, contact George Woods at the Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243 or call (615) 507-6446.

Substance of Proposed Rules

Subparagraph (b) of paragraph (1) of rule 1200-13-13-.03 Enrollment, Disenrollment, Re-enrollment, and Reassignment is deleted in its entirety and replaced by a new subparagraph (b) which shall read as follows:

- (b) A TennCare Medicaid enrollee may change MCOs one (1) time within the initial forty-five (45) calendar days (inclusive of mail time) from the date of the letter informing him of his health plan assignment, subject to subparagraph (e) below. No additional changes will be allowed except as otherwise specified in these rules.

Subparagraph (h) of paragraph (1) of rule 1200-13-13-.03 Enrollment, Disenrollment, Re-enrollment, and Reassignment is deleted in its entirety and replaced with a new subparagraph (h) which shall read as follows:

- (h) Individuals or families determined eligible for TennCare Medicaid shall select a health plan at the time of application. Individuals enrolled as a result of being eligible for SSI benefits will be assigned to a health plan as they do not have the opportunity to select a health plan prior to the effective date of coverage. All TennCare Medicaid enrollees have a forty-five (45) day period as described in subparagraph (b) above to request a change in health plans.

Part 1. of subparagraph (a) of paragraph (4) of rule 1200-13-13-.03 Enrollment, Disenrollment, Re-enrollment, and Reassignment is deleted in its entirety and replaced with a new part 1. which shall read as follows:

- 1. A TennCare Medicaid enrollee may request transfer to a health plan other than the one he selected or to which he was assigned during the initial forty-five (45) day period

following notification of health plan assignment as described in rule 1200-13-13-.03(1)(b) above.

Part 2. of subparagraph (a) of paragraph (4) of rule 1200-13-13-.03 Enrollment, Disenrollment, Re-enrollment, and Reassignment is deleted in its entirety and replaced with a new part 2. which shall read as follows:

2. A TennCare Medicaid enrollee must change health plans if he moves outside of the health plan's Community Services Area (CSA), and that health plan is not authorized to operate in the TennCare Medicaid enrollee's new place of residence. Until the TennCare Medicaid enrollee selects or is assigned to a new health plan and his enrollment is deemed complete, his medical care will remain the responsibility of the original health plan. Once reassigned, a TennCare Medicaid enrollee will have the forty-five (45) day change period described in rule 1200-13-13-.03(1)(b) above to change his choice of health plans in the new CSA.

Part 8. of subparagraph (b) of paragraph (2) of rule 1200-13-13-.11 Appeal of Adverse Actions Affecting TennCare Services or Benefits is deleted in its entirety and replaced with a new part 8. which shall read as follows:

8. An enrollee seeks to change health plans after the initial forty-five (45) days, as described at rule 1200-13-13-.03(1)(b), pursuant to criteria found at rule 1200-13-13-.03(4)(b)1. and 2.

Statutory Authority: T.C.A. 4-5-202, 4-5-203, 71-5-105, 71-5-109, Executive Order No. 23.

The notice of rulemaking set out herein was properly filed in the Department of State on the 30th day of March, 2007. (FS 03-47-07, DBID 604)