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Sequence Number: 04-20-15
 Notice ID(s): 2318
 File Date: 4/20/15

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:	ADA Coordinator
Address:	Bureau of TennCare 310 Great Circle Road Nashville, TN 37243
Phone:	(615) 507-6474 For TTY dial 711 and ask for 855-286-9085
Email:	hcfa.fairtreatment@tn.gov helen.moore@tn.gov

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

Address 1:	310 Great Circle Road, Conference Room 1 East A		
City:	Nashville, TN		
Zip:	37243		
Hearing Date :	June 17, 2015		
Hearing Time:	9:00 a.m.	<input checked="" type="checkbox"/> XCST/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
0620-05-01	Cover Kids Rules
Rule Number	Rule Title
0620-05-01-.03	Benefits and 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>)

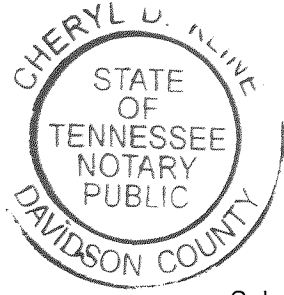
Column 2 (Copays When Family Income is Less than 150% of Poverty) and 3 (Copays When Family Income is 150%-250% of Poverty) of MEDICAL BENEFITS "Inpatient mental health treatment" and " Inpatient substance abuse treatment" of Paragraph (4) of Rule 0620-05-01-.03 Benefits and Cost Sharing is amended by adding the phrase "waived if readmitted within 48 hours for same episode" after the word "admission" in each column so as amended column 2 and 3 shall read as follows:

(4) Copays. The following copays are required, depending upon family income.

Service	Copays When Family Income is Less than 150% of Poverty	Copays When Family Income is 150%-250% of Poverty
MEDICAL BENEFITS		
Inpatient mental health treatment	\$5 per admission; waived if readmitted within 48 hours for same episode	\$100 per admission; waived if readmitted within 48 hours for same episode
Inpatient substance abuse treatment	\$5 per admission; waived if readmitted within 48 hours for same episode	\$100 per admission; waived if readmitted within 48 hours for same episode

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-3-1104 and 71-3-1110.

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: 4/20/2015

Signature: *D. J. Gordon*

Name of Officer: Darin J. Gordon
Director, Division of Health Care Finance and Administration

Title of Officer: Tennessee Department of Finance and Administration

Subscribed and sworn to before me on: 4/20/15

Notary Public Signature: *Cheryl D Kline*

My commission expires on: AUG 23 2016

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Filed with the Department of State on: 4/20/15

Tre Hargett
Tre Hargett
Secretary of State

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