

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 17<sup>th</sup> day July 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

Chapter 1200-13-14  
TennCare Standard

Subparagraph (f) of paragraph (1) of rule 1200-13-14-.03 Enrollment, Disenrollment, Re-enrollment and Reassignment is deleted in its entirety and replaced with a new subparagraph (f) which shall read as follows:

- (f) A TennCare Standard 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, if there is another MCO in the enrollee's CSA that is currently permitted by the Bureau to accept new enrollees. No additional changes will be allowed except as otherwise specified in these rules.

An enrollee shall remain a member of the designated plan until he is given an opportunity to change during an annual redetermination of eligibility. Thereafter, only one (1) health plan change is permitted every twelve (12) months, unless the Bureau authorizes a change as the result of the resolution of an appeal requesting a "hardship" reassignment as specified in (4)(b) below. When an enrollee changes health plans, the enrollee's medical care will be the responsibility of the current health plan until enrolled in the requested health plan.

Part 1. of subparagraph (a) of paragraph (4) of rule 1200-13-14-.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. During the initial forty-five (45) day period following notification of health plan assignment as described at rule 1200-13-14-.03(1)(f) above, a TennCare Standard enrollee may request a change of health plans.

Part 8. of subparagraph (b) of paragraph (2) of rule 1200-13-14-.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 1200-13-14-.03(1)(f), pursuant to criteria described herein.

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 23rd day of May, 2007. (FS 05-17-07, DBID 638)