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 Multi Media Room, 3rd Floor, W.R. Snodgrass Tennessee Tower, 312 8th Avenue North, Nashville, Tennessee 37243, at 9:00 a.m. C.D.T. on the 18th day July 2005.

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, 729 Church Street, Nashville, Tennessee 37247-6501 or by telephone at (615) 741-0155 or 1-800-342-3145.

For a copy of this notice of rulemaking hearing, contact George Woods at the Bureau of TennCare, 729 Church Street, Nashville, Tennessee 37247-6501 or call (615) 741-0145.

Substance of Proposed Rule

Rule 1200-13-14-.02 - Eligibility is amended by adding paragraph (9) - Disenrollment Related to TennCare Standard Eligibility Reforms

Due to the implementation of TennCare Standard eligibility-related reforms which will eliminate the TennCare Standard eligibility categories for adults age 19 and older, TennCare Standard enrollees must have their eligibility redetermined to see if they qualify for any open Medicaid eligibility categories. The new rule lays out the procedures to be followed by DHS for this redetermination and the relevant timelines. The DHS review of eligibility will follow the requirements set forth by CMS in the Special Terms and Conditions of the TennCare demonstration project.

At least thirty (30) days before an enrollee is scheduled to be disenrolled, DHS will send to each enrollee that the State has been unable to determine eligible for an open Medicaid eligibility category based on ex parte review, a form that s/he must return to DHS. The form will include certain information so that DHS can determine if the enrollee qualifies for an open Medicaid category. Enrollees with disabilities or with limited English proficiency will have the opportunity to seek additional assistance in responding to the Request for Information. Enrollees will have thirty (30) days to provide the State with all of the necessary information for DHS to determine whether the individual is eligible for an open Medicaid category, but may request an extension based on good cause in limited special circumstances such as serious illness or death of an immediate family member. DHS shall have discretion in evaluating such requests for good cause extension on a case-by-case basis, and DHS' decisions on granting good cause exceptions will not themselves be fair hearable.

If the information received by DHS is incomplete, the State will send the enrollee a Verification Request notice. S/he will then have ten (10) days (inclusive of mail time) to send in the additional required information. If enrollees submit all of the remaining requested information during this 10-day time period, enrollees will retain coverage (subject to applicable changes in the TennCare Standard benefit package) until DHS determines that the individual does not qualify for open categories of TennCare Medicaid (and proper disenrollment and appeal processes have been completed).

DHS will use all of the information provided by the enrollee to determine if s/he meets eligibility requirements for an open Medicaid category. If the form is submitted within the 30-day time period following the Request for Information, enrollees will retain eligibility for TennCare Standard while DHS is completing its determination (subject to applicable changes in the TennCare Standard benefit package).

If the enrollee qualifies for an open Medicaid category, DHS will notify the enrollee and will enroll him/her into that category. If the enrollee does not qualify for an open Medicaid category or fails to respond timely to DHS' request for information, TennCare will send the enrollee a 20-day advance notice of termination. The enrollee will then have forty (40) days inclusive of mail time to appeal factual disputes related to the action of disenrollment. If the enrollee appeals prior to the date of action, the enrollee will retain coverage (subject to applicable changes in the TennCare Standard benefit package) pending resolutions of the appeal. The State reserves its right to recover from the enrollee the cost of services provided during the hearing process. The State will Grant fair hearings only for those enrollees raising valid factual disputes related to the action of disenrollment.

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

I certify that this is an accurate complete representation of the intent and scope of rulemaking proposed by the Tennessee Department of Finance and Administration.

J. D. Hickey
Deputy Commissioner
Tennessee Department of Finance and Administration

CHERYL D. KLINE
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

Subscribed and sworn to me this the 1st day of June, 2005.

Cheryl D Kline
Notary Public

MY COMMISSION EXPIRES SEPTEMBER 25, 2008

My Commission Expires on the _____ day of _____, _____.

The notice of rulemaking set out herein was properly filed in the Department of State on the 31 day of May, 2005.

Riley C. Darnell
Secretary of State

BY:_____