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Sequence Number: 06-34-09  
Notice ID(s): 1098  
File Date: 06/30/2009

**Notice of Rulemaking Hearing**

*Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 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  
Bureau of TennCare  
310 Great Circle Road  
**Address:** Nashville, Tennessee 37243  
**Phone:** (615) 507-6446  
**Email:** george.woods@state.tn.us

*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  
Bureau of TennCare  
310 Great Circle Road  
**Address:** Nashville, Tennessee 37243  
**Phone:** (615)507-6474  
**Email:** helen.moore@state.tn.us

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

Address 1: Bureau of TennCare  
1<sup>st</sup> Floor East Conference Room  
310 Great Circle Road

Address 2:  
City: Nashville, Tennessee  
Zip: 37243

Hearing Date : 08/17/09

Hearing Time: 9:00a.m.                       CDT     EST

**Additional Hearing Information:**

**Revision Type (check all that apply):**

- Amendment
- New
- Repeal

**Rule(s)** (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables)

<b>Chapter Number</b>	<b>Chapter Title</b>
1200-13-13	TennCare Medicaid
<b>Rule Number</b>	<b>Rule Title</b>
1200-13-13-.10	Exclusions

Substance of Proposed Rules

Chapter 1200-13-13  
TennCare Medicaid

Amendment

Paragraph (1) of rule 1200-13-13-.10 Exclusions is amended by adding a new subparagraph (q) which shall read as follows:

- (q) Items or services that are not covered by Medicare or a third party payer for an individual enrollee because the item or service is essentially equivalent to a Medicare or third party payer service that is being covered (e.g., home health services for individuals receiving hospice care).

Statutory Authority: T.C.A. 4-5-202, 4-5-203, 71-5-105, 71-5-109.

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: 6/29/2009

Signature: *D. J. Gordon*

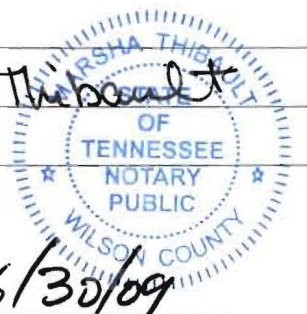
Name of Officer: Darin J. Gordon  
Director, Bureau of TennCare

Title of Officer: Tennessee Department of Finance and Administration

Subscribed and sworn to before me on: 6/29/09

Notary Public Signature: *Marsha Thibault*

My commission expires on: 10/25/2011



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Filed with the Department of State on: 6/30/09

*Tre Hargett*

Tre Hargett  
Secretary of State

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