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Sequence Number: 06-37-09
Notice ID(s): 1101
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
1st 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)

Chapter Number	Chapter Title
1200-13-14	TennCare Standard
Rule Number	Rule Title
1200-13-14-.10	Exclusions

Substance of Proposed Rules

Chapter 1200-13-14
TennCare Standard

Amendment

Paragraph (1) of rule 1200-13-14-.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 by Home Sent, POA

Tre Hargett
Secretary of State

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