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Sequence Number: 7-20-15  
 Rule ID(s): 5991  
 File Date: 7/27/15  
 Effective Date: 10/25/15

# Rulemaking Hearing Rule(s) Filing Form

*Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing (Tenn. Code Ann. § 4-5-205).*

*Pursuant to Tenn. Code Ann. § 4-5-229, any new fee or fee increase promulgated by state agency rule shall take effect on July 1, following the expiration of the ninety (90) day period as provided in § 4-5-207. This section shall not apply to rules that implement new fees or fee increases that are promulgated as emergency rules pursuant to § 4-5-208(a) and to subsequent rules that make permanent such emergency rules, as amended during the rulemaking process. In addition, this section shall not apply to state agencies that did not, during the preceding two (2) fiscal years, collect fees in an amount sufficient to pay the cost of operating the board, commission or entity in accordance with § 4-29-121(b).*

<b>Agency/Board/Commission:</b>	Tennessee Department of Finance and Administration
<b>Division:</b>	Bureau of TennCare
<b>Contact Person:</b>	George Woods
<b>Address:</b>	310 Great Circle road
<b>Zip:</b>	37243
<b>Phone:</b>	(615) 507-6446
<b>Email:</b>	george.woods@tn.gov

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

- Amendment
- New
- Repeal

**Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. 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
<b>MEDICAL BENEFITS</b>		
Inpatient mental health treatment	\$5 per admission; waived if readmitted within 48 hours for the same episode	\$100 per admission; waived if readmitted within 48 hours for the same episode
Inpatient substance abuse treatment	\$5 per admission; waived if readmitted within 48 hours for the same episode	\$100 per admission; waived if readmitted within 48 hours for the same episode

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

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Tennessee Department of Finance and Administration (board/commission/ other authority) on 07/01/2015 (mm/dd/yyyy), and is in compliance with the provisions of T.C.A. § 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 04/20/2015

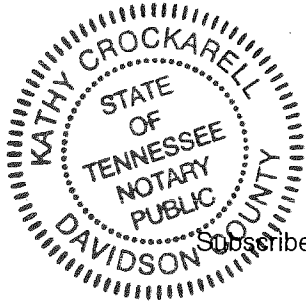
Rulemaking Hearing(s) Conducted on: (add more dates). 06/17/2015

Date: 7/1/15

Signature: Wendy J Long

Name of Officer: Wendy J. Long, M.D., M.P.H.

Title of Officer: Deputy Director/ Chief of Staff, Bureau of TennCare  
Tennessee Department of Finance and Administration



Subscribed and sworn to before me on: Kathy Crockarell

Notary Public Signature: Kathy Crockarell

My commission expires on: 01/8/2019

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Herbert H. Slatery III  
Herbert H. Slatery III  
Attorney General and Reporter

7-24-15  
Date

**Department of State Use Only**

Filed with the Department of State on: 7/27/15

Effective on: 10/25/15

Tre Hargett  
Tre Hargett  
Secretary of State

RECEIVED  
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PUBLICATIONS

## **Public Hearing Comments**

One copy of a document containing responses to comments made at the public hearing must accompany the filing pursuant to T.C.A. § 4-5-222. Agencies shall include only their responses to public hearing comments, which can be summarized. No letters of inquiry from parties questioning the rule will be accepted. When no comments are received at the public hearing, the agency need only draft a memorandum stating such and include it with the Rulemaking Hearing Rule filing. Minutes of the meeting will not be accepted. Transcripts are not acceptable.

There were no public comments received on this rule.

**Regulatory Flexibility Addendum**

Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process as described in T.C.A. § 4-5-202(a)(3) and T.C.A. § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

The rule is not anticipated to have an effect on small businesses.

### **Impact on Local Governments**

Pursuant to T.C.A. §§ 4-5-220 and 4-5-228 “any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments.” (See Public Chapter Number 1070 (<http://state.tn.us/sos/acts/106/pub/pc1070.pdf>) of the 2010 Session of the General Assembly)

The rule is not anticipated to have an impact on local governments.

**Additional Information Required by Joint Government Operations Committee**

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 4-5-226(i)(1).

- (A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

This rule is being promulgated to assure that the CoverKids rules are in conformity with the Mental Health Parity and Addiction Act (MHPAEA) of 2008 as it relates to "inpatient mental health treatment" and "inpatient substance abuse treatment". The MHPAEA requires parity in treatment limitations and financial requirements for mental health benefits, as compared to medical/surgical benefits, and extends the parity requirements to substance use disorder services.

- (B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

The rule is lawfully adopted by the Bureau of TennCare in accordance with §§ 4-5-202, 71-3-1104 and 71-3-1110.

- (C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

The persons and entities most directly affected by this rule are the CoverKids enrollees, providers and TennCare Select. The governmental entity most directly affected by this rule is the Division of Health Care Finance and Administration of the Tennessee Department of Finance and Administration.

- (D) Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

The rule was approved by the Tennessee Attorney General. No additional opinion was given or requested.

- (E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

The promulgation of this rule is not anticipated to have a fiscal impact on state and local government revenues and expenditures.

- (F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

John G. (Gabe) Roberts  
General Counsel

- (G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

John G. (Gabe) Roberts  
General Counsel

- (H) Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

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Nashville, TN 37243

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gabe.roberts@tn.gov

(I) Any additional information relevant to the rule proposed for continuation that the committee requests.

GW10115158



(Rule 0620-05-01-.02, continued)

**0620-05-01-.03 BENEFITS AND COST SHARING.**

(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
<b>MEDICAL BENEFITS</b>		
Chiropractic care	\$5 per visit	\$15 per visit
Emergency room (emergency—waived if admitted)	\$5 per use	\$50 per use
Emergency room (non-emergency)	\$10 per use	\$50 per use
Home health	\$5 per visit	\$15 per visit
Hospital care	\$5 per admission; waived if readmitted within 48 hours for the same episode	\$100 per admission; waived if readmitted within 48 hours for the same episode
Inpatient mental health treatment	\$5 per admission; <u>waived if readmitted within 48 hours for the same episode</u>	\$100 per admission; <u>waived if readmitted within 48 hours for the same episode</u>
Inpatient substance abuse treatment	\$5 per admission; <u>waived if readmitted within 48 hours for the same episode</u>	\$100 per admission; <u>waived if readmitted within 48 hours for the same episode</u>
Maternity	\$5 OB or specialist, first visit only  \$5 hospital admission	\$15 OB or specialist, first visit only  \$20 per visit, specialist  \$100 hospital admission
Medical supplies	\$5 per 31-day supply	\$5 per 31-day supply
Outpatient mental health and substance abuse treatment	\$5 per session	\$20 per session
Physical, speech, and occupational therapy	\$5 per visit	\$15 per visit
Physician office visits	\$5 per visit, primary care physician or specialist  No copay for routine health assessments and immunizations rendered under the American Academy of Pediatrics guidelines	\$15 per visit, primary care physician  \$20 per visit, specialist  No copay for routine health assessments and immunizations rendered under the American Academy of Pediatrics guidelines
Prescription drugs	\$1, generics \$3, preferred brands \$5, non-preferred brands	\$5, generics \$20, preferred brands \$40, non-preferred brands
Rehabilitation hospital services	\$5 per admission	\$100 per admission
Vision services	\$5 for lenses; \$5 for frames (when lenses and frames are ordered at the same time, only one copay is charged)	\$15 for lenses; \$15 for frames (when lenses and frames are ordered at the same time, only one copay is charged)
<b>DENTAL BENEFITS</b>		
Dental	\$5 per visit	\$15 per visit

(Rule 0620-05-01-.02, continued)

Service	Copays When Family Income is Less than 150% of Poverty	Copays When Family Income is 150%-250% of Poverty
	No copay for routine preventive oral exam, X-rays, and fluoride application	No copay for routine preventive oral exam, X-rays, and fluoride application
Orthodontic services	\$5 per visit	\$15 per visit
ANNUAL OUT-OF-POCKET MAXIMUM PER ENROLLEE		
Annual out-of-pocket maximum per enrollee	5% of the family's annual income	

GW10115168redline