

Rulemaking Hearing Rules
of
Tennessee Department of Finance and Administration
Bureau of TennCare

Chapter 1200-13-13
TennCare Medicaid

Amendments

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

- (b) A TennCare Medicaid 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, subject to subparagraph (e) below. No additional changes will be allowed except as otherwise specified in these rules.

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

- (h) Individuals or families determined eligible for TennCare Medicaid shall select a health plan at the time of application. Individuals enrolled as a result of being eligible for SSI benefits will be assigned to a health plan as they do not have the opportunity to select a health plan prior to the effective date of coverage. All TennCare Medicaid enrollees have a forty-five (45) day period as described in subparagraph (b) above to request a change in health plans.

Part 1. of subparagraph (a) of paragraph (4) of rule 1200-13-13-.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. A TennCare Medicaid enrollee may request transfer to a health plan other than the one he selected or to which he was assigned during the initial forty-five (45) day period following notification of health plan assignment as described in rule 1200-13-13-.03(1)(b) above.

Part 2. of subparagraph (a) of paragraph (4) of rule 1200-13-13-.03 Enrollment, Disenrollment, Re-enrollment, and Reassignment is deleted in its entirety and replaced with a new part 2. which shall read as follows:

- 2. A TennCare Medicaid enrollee must change health plans if he moves outside of the health plan's Community Services Area (CSA), and that health plan is not authorized to operate in the TennCare Medicaid enrollee's new place of residence. Until the TennCare Medicaid enrollee selects or is assigned to a new health plan and his enrollment is deemed complete, his medical care will remain the responsibility of the original health plan. Once reassigned, a TennCare Medicaid enrollee will have the forty-five (45) day change period described in rule 1200-13-13-.03(1)(b) above to change his choice of health plans in the new CSA.

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

Part 8. of subparagraph (b) of paragraph (2) of rule 1200-13-13-.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 1200-13-13-.03(1)(b), pursuant to criteria found at rule 1200-13-13-.03(4)(b)1. and 2.

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

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 13th day of September, 2007 and will become effective on the 27th day of September, 2007. (FS 09-04-07; DBID 2676)

STATEMENT OF ECONOMIC IMPACT TO SMALL BUSINESSES

1. Name of Bureau: Bureau of TennCare
2. Rulemaking hearing date: July 17, 2007
3. Types of small businesses that will be directly affected by, bear the cost of, and/or directly benefit from the proposed rules: None
4. A description of how small businesses will be adversely impacted: Not Applicable
5. Whether, and to what extent, alternative means exist for accomplishing the objectives of the proposed rule that might be less burdensome to small businesses, and why such alternatives are not being proposed: Not applicable
6. A comparison of the proposed rule with federal or state counterparts: Under federal regulations [42 CFR 438.56(c)(2)(i)], enrollees are to be afforded the opportunity to change MCOs within the initial 90 days of enrollment in a particular managed care organization (MCO). The TennCare waiver, approved by the Centers for Medicare and Medicaid Services (CMS), allows for a 45-day MCO change period. This proposed rule affirms that opportunity and sets the time period for which a change may be made.