

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

Chapter 1200-13-14  
TennCare Standard

Amendments

Subparagraph (f) of paragraph (1) of rule 1200-13-14-.03 Enrollment, Disenrollment, Re-enrollment and Reassignment is deleted in its entirety and replaced with a new subparagraph (f) which shall read as follows:

- (f) A TennCare Standard 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, if there is another MCO in the enrollee's CSA that is currently permitted by the Bureau to accept new enrollees. No additional changes will be allowed except as otherwise specified in these rules.

An enrollee shall remain a member of the designated plan until he is given an opportunity to change during an annual redetermination of eligibility. Thereafter, only one (1) health plan change is permitted every twelve (12) months, unless the Bureau authorizes a change as the result of the resolution of an appeal requesting a "hardship" reassignment as specified in (4)(b) below. When an enrollee changes health plans, the enrollee's medical care will be the responsibility of the current health plan until enrolled in the requested health plan.

Part 1. of subparagraph (a) of paragraph (4) of rule 1200-13-14-.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. During the initial forty-five (45) day period following notification of health plan assignment as described at rule 1200-13-14-.03(1)(f) above, a TennCare Standard enrollee may request a change of health plans.

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 1200-13-14-.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 1200-13-14-.03(1)(f), pursuant to criteria described herein.

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 November, 2007. (FS 09-13-07; DBID 2677)

## 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.