

Tennessee Department of Finance and Administration

Bureau of TennCare

Chapter 1200-13-13  
TennCare Medicaid

Statement of Necessity Requiring Public Necessity Rules

I am herewith submitting amendments to the rules of the Tennessee Department of Finance and Administration, Bureau of TennCare, for promulgation pursuant to the public necessity provisions of the Uniform Administrative Procedures Act, T.C.A. § 4-5-209 and the Medical Assistance Act, T.C.A. § 71-5-134.

The State of Tennessee received federal approval for certain amendments to the TennCare Demonstration Project (No. 11-W-0015 1/4). Approval of the project modification is granted under the authority of Section 1115 (a) of the Social Security Act. The amendments are approved through the period ending June 30, 2007. The TennCare program is a managed care program for both the Medicaid population and the expansion population.

This rule is being amended to point out when a provider can bill an enrollee who has reached his/her established benefit limit.

Tennessee Code Annotated, Section 71-5-134, states that in order to comply with or to implement the provisions of any federal waiver or state plan amendment obtained pursuant to the Medical Assistance Act as amended by Acts 1993, the Commissioner of Finance and Administration is authorized to promulgate public necessity rules pursuant to Tennessee Code Annotated, Section 4-5-209.

I have made a finding that these amendments are required to conform the current TennCare Medicaid rules to reflect changes resulting from the amendment of the TennCare waiver.

For a copy of this public necessity rule, contact George Woods at the Bureau of TennCare by mail at 310 Great Circle Road, Nashville, Tennessee 37243 or by telephone at (615) 507-6446.

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J. D. Hickey  
Deputy Commissioner  
Tennessee Department of Finance  
and Administration

Public Necessity Rules  
of  
Tennessee Department of Finance and Administration  
Bureau of TennCare  
Chapter 1200-13-13  
Amendment.

Paragraph (5) of rule 1200-13-13-.08 Providers is deleted in its entirety and replaced with a new paragraph (5) which shall read as follows:

- (5) Providers may seek payment from a TennCare enrollee only under the following circumstances:
- (a) If the services are not covered by the TennCare program and the provider informed the enrollee the services were not covered prior to providing the services; or
  - (b) If the services are not covered services because they are in excess of an enrollee's established benefit limit. Before a provider can bill an enrollee for a service that is in excess of the enrollee's established benefit limit, he/she must first submit a claim to the appropriate managed care entity and receive a written denial from the managed care entity. The reason for the denial must be that the service exceeds the enrollee's benefit limit. Only when the provider has a written denial of the service because it is in excess of the enrollee's benefit limit may he/she bill the enrollee for that service.

Statutory Authority: T.C.A. 4-5-209, 71-5-105, 71-5-109, 71-5-134 and Executive Order No. 23.

The Public Necessity rules set out herein were properly filed in the Department of State on the 29th day of July, 2005, and will be effective from the date of filing for a period of 165 days. The Public Necessity rules remain in effect through the 10th day of January, 2006.