

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.

On September 6, 2005, the State of Tennessee was notified of federal approval of a State Plan Amendment allowing prescribed drug coverage for the Medically Needy beneficiaries who are age 21 and older who do not receive services in a Nursing Facility, an Intermediate Care Facility for the Mentally Retarded, or a Home and Community Based Services Waiver. Prescriptions are limited to five (5) per month, pursuant to which at least three (3) out of any five (5) prescriptions or refills must be generic.

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.

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

(C) of part 21. of subparagraph (b) of paragraph (8) of rule 1200-13-13-.04 Covered Services is deleted in its entirety and replaced with a new (C) which shall read as follows:

- (C) Effective September 1, 2005, notwithstanding the August 1, 2005, date referenced above, subject to (A) above, pharmacy services for non-pregnant adults aged 21 and older who are eligible in the Medically Needy category are limited to five (5) prescriptions and/or refills per enrollee per month, of which no more than two (2) of the five (5) can be brand name drugs. As of September 1, 2005, additional drugs for individuals in (C) shall not be covered even if medically necessary. This includes drugs which have been prior authorized but not received as of September 1, 2005, and/or drugs for which the initial prescription but not all applicable refills, or the interim supply, but not the balance thereof, has been received as of September 1, 2005. Prescriptions shall be counted according to the principles set out in (B) above.

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

The Public Necessity rules set out herein were properly filed in the Department of State on the 7th day of September, 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 19th day of February, 2006.