

Rulemaking Hearing Rules
of
Tennessee Department of Finance and Administration

Bureau of TennCare

Chapter 1200-13-13
TennCare Medicaid

Amendments

Public necessity subparagraph (b) of paragraph (27) of rule 1200-13-13-.01 Definitions is deleted in its entirety and replaced with rulemaking hearing subparagraph (b) which shall read as follows:

(b) An MCC's failure to provide timely prior authorization of a TennCare service. In no event shall a prior authorization decision be deemed timely unless it is granted within fourteen (14) calendar days of the MCC's receipt of a request for such authorization. A shorter period is required if a more prompt response is medically necessary in light of the enrollee's condition and the urgency of his/her need, as defined by a prudent lay person.

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

Public necessity part 2. of subparagraph (b) of paragraph (1) of rule 1200-13-13-.11 Appeal of Adverse Actions Affecting TennCare Services or Benefits is deleted in its entirety and replaced with rulemaking hearing part 2. which shall read as follows:

2. Written notice of an MCC's decision in response to a request by or on behalf of an enrollee for medical or related services must be provided within fourteen (14) calendar days of receipt of the request; however, a shorter period is required if a more prompt response is medically necessary in light of the enrollee's condition and the urgency of his/her need, as defined by a prudent lay person.

Public necessity subparagraph (e) 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 rulemaking hearing subparagraph (e) which shall read as follows:

(e) To appeal in person, by telephone, or in writing. Reasonable accommodations shall be made for any person with disabilities who requires assistance with his/her appeal, such as an appeal by TDD services or other communication device for people with disabilities. Written requests for appeals made at county TDHS offices shall be stamped and immediately forwarded to the TennCare Bureau for processing and entry in the central registry. Oral appeals shall be followed up with a written, signed appeal; however, if the enrollee does not follow up in writing, the appeal will continue for resolution or for hearing.

Public necessity subparagraph (a) of paragraph (7) 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 rulemaking hearing subparagraph (a) which shall read as follows:

(a) Subject to the provisions of subparagraphs (7)(e) and (f) below and to provisions relating to medical

contraindication (paragraph (8)), the failure of an MCC to act upon a request for prior approval within fourteen (14) days as provided in (1)(b)2. above shall result in automatic authorization of the requested service.

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 28th day of July, 2005 and will become effective on the 11th day of October, 2005.