

Rulemaking Hearing Rules  
of  
Tennessee Department of Finance and Administration

Bureau of TennCare

Chapter 1200-13-13  
TennCare Medicaid

Amendment

Public necessity rule 1200-13-13-.05 Enrollee Cost Sharing is deleted in its entirety and replaced with rulemaking hearing rule 1200-13-13-.05 which shall read as follows:

1200-13-13-.05 ENROLLEE COST SHARING.

- (1) TennCare Medicaid enrollees do not have cost sharing responsibilities for TennCare coverage and covered services, except that effective August 1, 2005, TennCare Medicaid adults (age 21 and older) who receive pharmacy services will have nominal copays for these services. The copays will be \$3.00 (three dollars) for each branded drug and \$0 (zero dollars) for each covered generic drug. Generic drugs which exceed the limit of five (5) prescriptions or refills per enrollee per month are not covered. Family planning drugs and emergency services are exempt from copay. Enrollees may not be denied a service for inability to pay a copay. There is no Out-of-Pocket Maximum on copays.
- (2) The following adult groups are exempt from copay:
  - (a) Individuals receiving hospice services who provide verbal notification of such to the pharmacy provider at the point of service;
  - (b) Individuals who are pregnant who provide verbal notification of such to the pharmacy provider at the point of service; and
  - (c) Individuals who are receiving services in a Nursing Facility, an Intermediate Care Facility for the Mentally Retarded, or a Home and Community Based Services waiver.

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 26th day of September, 2005 and will become effective on the 10th day of December, 2005.