

Tennessee Department of Finance and Administration

Bureau of TennCare

Chapter 1200-13-14
TennCare Standard

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 has received federal approval for certain eligibility 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.

The amendments enables the State to close enrollment effective at the close of business of the offices of the State of Tennessee on April 29, 2005, to the following groups:

- All new TennCare Standard applicants, including children, who are medically eligible and have income below one hundred (100%) percent of the poverty level; and
- Medicaid Rollovers age nineteen (19) and older who are losing Medicaid eligibility and applying to rollover to TennCare Standard.

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 Standard 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 729 Church Street, Nashville, Tennessee 37247-6501 or by telephone at (615) 741-0145.

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 1200-13-14
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Amendments

Subparagraph (a) of paragraph (3) of rule 1200-13-14-.02 Eligibility is deleted in its entirety and replaced with a new subparagraph (a) which shall read as follows:

- (a) Tennessee residents who are medically eligible and have income below one hundred (100%) percent of the poverty level. Effective at the close of business of the offices of the State of Tennessee on April 29, 2005, the TennCare Standard category of "Medically Eligible" is closed to enrollment for adults and children, notwithstanding anything in these rules to the contrary.

Part 3. of subparagraph (e) of paragraph (3) of rule 1200-13-14-.02 Eligibility is deleted in its entirety and replaced with a new part 3. which shall read as follows:

3. If the individual is no longer TennCare Medicaid-eligible, s/he will then be screened for eligibility as a Medicaid "Rollover". Such enrollees submitting an application to TDHS will have forty-five (45) additional days to complete the process (from the date the application is received at TDHS). This includes scheduling an appointment with the TDHS office in the county where s/he resides and completing the application process. Enrollees under age nineteen (19) found eligible as a Medicaid "Rollover" may be enrolled in TennCare Standard even during periods of closed enrollment if s/he meets the technical and financial requirements found herein. Such enrollee will be allowed to enroll in TennCare Standard at any time up to thirty (30) days following expiration of TennCare Medicaid.

Subparagraph (e) of paragraph (3) of rule 1200-13-14-.02 Eligibility is amended by adding part 5. which shall read as follows:

5. Effective at the close of business of the offices of the State of Tennessee on April 29, 2005, the TennCare Standard category of Medicaid "Rollover" is closed to enrollment for adults aged nineteen (19) and older, notwithstanding anything in these rules to the contrary.

Subparagraph (f) of paragraph (3) of rule 1200-13-14-.02 Eligibility is deleted in its entirety and replaced with a new subparagraph (f) which shall read as follows:

- (f) If a Medicaid enrollee under age (19) whose Medicaid eligibility is ending is determined to otherwise meet technical eligibility requirements for TennCare Standard, but is not eligible as uninsured because his/her income is above the level specified by the Legislature, s/he will be sent a letter denying TennCare Standard coverage as uninsured and notifying the enrollee that s/he may qualify as Medically Eligible. The enrollee will have thirty (30) days to appeal the denial of TennCare Standard as uninsured. The enrollee will be sent a medical eligibility packet with explanation regarding how to apply for TennCare Standard as a medically eligible person. The enrollee will have sixty (60) days to submit his/her medical eligibility packet and the required documentation for determination of medical eligibility. If the individual is determined to qualify as Medically Eligible, coverage will be provided throughout the eligibility determination period and will continue with no break. Effective at the close of business of the offices of the State of

Tennessee on April 29, 2005, the TennCare Standard category of “Medically Eligible” is closed to enrollment for adults and children, notwithstanding anything in these rules to the contrary.

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

The Public Necessity rules set out herein were properly filed in the Department of State on the 29th day of April, 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 11th day of October, 2005.