

Rulemaking Hearing Rules
of
Tennessee Department of Finance and Administration

Bureau of TennCare

Chapter 1200-13-14
TennCare Standard

Amendments

Public necessity subparagraph (a) of paragraph (3) of rule 1200-13-14-.02 Eligibility is deleted in its entirety and replaced with rulemaking hearing 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.

Public necessity part 3. of subparagraph (e) of paragraph (3) of rule 1200-13-14-.02 Eligibility is deleted in its entirety and replaced with rulemaking hearing 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 sixty (60) additional days (inclusive of mail time) 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. An enrollee 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 (forty (40) days inclusive of mail time) following expiration of TennCare Medicaid.

Public necessity part 5. of subparagraph (e) of paragraph (3) of rule 1200-13-14-.02 Eligibility is replaced with rulemaking hearing 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.

Public necessity subparagraph (f) of paragraph (3) of rule 1200-13-14-.02 Eligibility is deleted in its entirety and replaced with a new rulemaking hearing 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 forty (40) days (inclusive of mail time)

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 (inclusive of mail time) 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 new enrollment for adults and children, notwithstanding anything in these rules to the contrary.

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.