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Sequence Number: 02-09-14
 Notice ID(s): 2130
 File Date: 2/14/14

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Tennessee Department of Finance and Administration
Division:	Bureau of TennCare
Contact Person:	George Woods
Address:	Bureau of TennCare 310 Great Circle Road Nashville, TN 37243
Phone:	(615) 507-6446
Email:	george.woods@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	ADA Coordinator
Address:	Bureau of TennCare 310 Great Circle Road Nashville, TN 37243
Phone:	(615) 507-6474
Email:	helen.moore@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	310 Great Circle Road, Conference Room 1 East A		
City:	Nashville, TN		
Zip:	37243		
Hearing Date :	April 09, 2014		
Hearing Time:	9:00 a.m.	<input checked="" type="checkbox"/> CST/CDT	<input type="checkbox"/> EST/EDT

Additional Hearing Information:

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Revision Type (check all that apply):

- Amendments
- New
- Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
0620-05-01	Cover Kids Rules
Rule Number	Rule Title
0620-05-01-.03	Cost-Sharing-Premiums and Co-Payments

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Table of Contents Rule title 0620-05-01-.03 Cost-Sharing-Premiums and Co-Payments is deleted in its entirety and replaced with a new Rule title 0620-05-01-.03 which shall read as follows:

0620-05-01-.03 Benefits and Cost Sharing

Rule 0620-05-01-.03 Cost Sharing-Premiums and Co-Pays is deleted in its entirety and replaced with a new Rule 0620-05-01-.03 which shall read as follows:

0620-05-01-.03 Benefits and Cost Sharing.

(1) The following benefits are covered by the CoverKids program as medically necessary, subject to the limitations stated.

(a) Medical benefits.

1. Ambulance services (air and ground).
2. Chiropractic care.
3. Durable medical equipment. Limited to the most basic equipment that will provide the needed care.
4. Emergency room care.
5. Home health.
6. Hospice.
7. Hospital care.
8. Inpatient mental health treatment. Pre-authorization required.
9. Inpatient substance abuse treatment. Pre-authorization required.
10. Lab and X-ray.
11. Maternity care.
12. Medical supplies. Quantities for a single prescription will be limited to a 31-day supply.
13. Outpatient mental health and substance abuse treatment. Pre-authorization required.
14. Physical, speech, and occupational therapy. Limited to 52 visits per calendar year, per type of therapy.
15. Physician office visits.
16. Prescription drugs.
17. Rehabilitation hospital services.
18. Routine health assessments and immunizations.

19. Skilled nursing facility services. Limited to 100 days per calendar year following an approved hospitalization.
20. Vision benefits.
 - (i) Annual vision exam including refractive exam and glaucoma screening.
 - (ii) Prescription eyeglass lenses. Limited to one pair per calendar year. \$85 maximum benefit per pair.
 - (iii) Eyeglass frames. Coverage for replacement frames limited to once every two calendar years. \$100 maximum benefit per pair.
 - (iv) Prescription contact lenses in lieu of eyeglasses. Limited to one pair per calendar year. \$150 maximum benefit per pair.

(b) Dental benefits.

1. Dental services. Limited to a \$1,000 annual benefit maximum per child.
2. Orthodontic services. Limited to a \$1,250 lifetime benefit maximum per child. Covered only after a 12-month waiting period.

(2) The following benefits are excluded from coverage by the CoverKids program.

1. Comfort or convenience items not related to an enrollee's illness.
2. Dietary guidance services.
3. Homemaker or housekeeping services.
4. Maintenance visits when no additional progress is apparent or expected to occur.
5. Meals.
6. Medical social services.
7. Non-treatment services.
8. Private duty nursing services.
9. Routine transportation.

(3) There are no premiums or deductibles required for participation in CoverKids.

(4) Copays. The following copays are required, depending upon family income.

Service	Copays When Family Income is Less than 150% of Poverty	Copays When Family Income is 150%-250% of Poverty
MEDICAL BENEFITS		
Chiropractic care	\$5 per visit	\$15 per visit
Emergency room (emergency—waived if admitted)	\$5 per use	\$50 per use
Emergency room (non-emergency)	\$10 per use	\$50 per use
Home health	\$5 per visit	\$15 per visit
Hospital care	\$5 per admission; waived if	\$100 per admission; waiver if

Service	Copays When Family Income is Less than 150% of Poverty	Copays When Family Income is 150%-250% of Poverty
	readmitted within 48 hours for the same episode	readmitted within 48 hours for the same episode
Inpatient mental health treatment	\$5 per admission	\$100 per admission
Inpatient substance abuse treatment	\$5 per admission	\$100 per admission
Maternity	\$5 OB or specialist, first visit only \$5 hospital admission	\$15 OB or specialist, first visit only \$20 per visit, specialist \$100 hospital admission
Medical supplies	\$5 per 31-day supply	\$5 per 31-day supply
Outpatient mental health and substance abuse treatment	\$5 per session	\$20 per session
Physical, speech, and occupational therapy	\$5 per visit	\$15 per visit
Physician office visits	\$5 per visit, primary care physician or specialist No copay for routine health assessments and immunizations rendered under the American Academy of Pediatrics guidelines	\$15 per visit, primary care physician \$20 per visit, specialist No copay for routine health assessments and immunizations rendered under the American Academy of Pediatrics guidelines
Prescription drugs	\$1, generics \$3, preferred brands \$5, non-preferred brands	\$5, generics \$20, preferred brands \$40, non-preferred brands
Rehabilitation hospital services	\$5 per admission	\$100 per admission
Vision services	\$5 for lenses; \$5 for frames (when lenses and frames are ordered at the same time, only one copay is charged)	\$15 for lenses; \$15 for frames (when lenses and frames are ordered at the same time, only one copay is charged)
DENTAL BENEFITS		
Dental	\$5 per visit No copay for routine preventive oral exam, X-rays, and fluoride application	\$15 per visit No copay for routine preventive oral exam, X-rays, and fluoride application
Orthodontic services	\$5 per visit	\$15 per visit
ANNUAL OUT-OF-POCKET MAXIMUM PER ENROLLEE		
Annual out-of-pocket maximum per enrollee	5% of the family's annual income	

- (5) Eligible children in a family that does not pay a required copay remain enrolled in the program. An individual provider may at his discretion refuse service for non-payment of a copay unless a medical emergency exists. The state does not participate in collection action or impose any benefit limitations if enrollees do not pay their copays.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-3-1104 and 71-3-1110.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: 2/13/2014

Signature: *D. J. Gordon*

Name of Officer: Darin J. Gordon

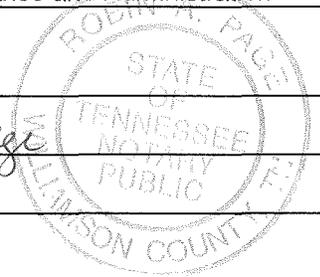
Director, Bureau of TennCare

Title of Officer: Tennessee Department of Finance and Administration

Subscribed and sworn to before me on: 2/13/2014

Notary Public Signature: *Robin A. Page*

My commission expires on: 10/18/2016



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Filed with the Department of State on: 2/14/14

Tre Hargett

Tre Hargett
Secretary of State

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