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Sequence Number: 03-015-12
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 File Date: 03/07/12

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
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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:	Bureau of TennCare 1 st Floor East Conference Room		
Address 2:	310 Great Circle Road		
City:	Nashville		
Zip:	37243		
Hearing Date :	05/03/2012		
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
1200-13-14	TennCare Standard
Rule Number	Rule Title
1200-13-14-.03	Enrollment, Reassignment, and Disenrollment with Managed Care Contractors (MCCs)

(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>)

Part 1. of Subparagraph (b) of Paragraph (2) of Rule 1200-13-14-.03 Enrollment, Reassignment, and Disenrollment with Managed Care Contractors (MCCS) is amended by deleting the word "or" from the end of Subpart (iv) and adding a semicolon ";" and the word "or" and deleting the period "." at the end of Subpart (v) and by adding a new Subpart (vi) so as amended Part 1. shall read as follows:

1. The following situations will not be determined to be "hardships":
 - (i) The enrollee is unhappy with the current MCO or primary care provider (PCP), but there is no hardship medical situation (as stated in Part 2 below);
 - (ii) The enrollee claims lack of access to services but the plan meets the state's access standard;
 - (iii) The enrollee is unhappy with a current PCP or other providers, and has refused alternative PCP or provider choices offered by the MCO;
 - (iv) The enrollee is concerned that a current provider might drop out of the plan in the future;
 - (v) The enrollee is a Medicare beneficiary who (with the exception of pharmacy) may utilize choice of providers, regardless of network affiliation; or
 - (vi) The enrollee's PCP is no longer in the MCO's network, the enrollee wants to continue to see the current PCP and has refused alternative PCP or provider choices offered by the MCO.

Part 2. of Subparagraph (b) of Paragraph (2) of Rule 1200-13-14-.03 Enrollment, Reassignment, and Disenrollment with Managed Care Contractors (MCCS) is amended by deleting "PCP and/or" from Subpart (ii) and deleting "PCP or" from Subpart (iv) so as amended Subparts (ii) and (iv) shall read as follows:

- (ii) The member's specialist has stopped participating in the member's current MCO network and has refused continuation of care to the member in his current MCO assignment, and
- (iv) The current MCO has been unable to negotiate continued care for this member with the current specialist; and

The last paragraph of Subparagraph (b) of Paragraph (2) of Rule 1200-13-14-.03 Enrollment, Reassignment, and Disenrollment with Managed Care Contractors (MCCS) is amended by adding a new sentence after the first sentence of the paragraph so as amended the last paragraph of Subparagraph (b) shall read as follows:

Requests to change MCOs submitted by TennCare enrollees shall be evaluated in accordance with the hardship criteria referenced above. If an enrollee's request to change MCOs is granted due to hardship, all family members living in the same household and enrolled in TennCare will be assigned to the new MCO except children determined by the Bureau to be eligible to enroll in TennCare Select. Upon denial of a request to change MCOs, enrollees shall be provided notice and appeal rights as described in applicable provisions of rule 1200-13-14-.11.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-203, 71-5-105 and 71-5-109.

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: 3/6/2012

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: 3-6-2012

Notary Public Signature: *Krista Washburn*

My commission expires on: 11/5/2014



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Filed with the Department of State on: 03/07/12

Tre Hargett

Tre Hargett
Secretary of State

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