

**Department of State
Division of Publications**

312 Rosa L. Parks, 8th Floor Snodgrass/TN Tower
Nashville, TN 37243
Phone: 615-741-2650
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For Department of State Use Only

Sequence Number: 03-06-10
Rule ID(s): 4652
File Date (effective date): 03/01/2010
End Effective Date: 08/28/2010

Emergency Rule Filing Form

Emergency and Public Necessity rules are effective from date of filing for a period of up to 180 days.

Agency/Board/Commission:	Tennessee Department of Finance and Administration
Division:	Bureau of TennCare
Contact Person:	George Woods
Address:	310 Great Circle Road Nashville, Tennessee
Zip:	37243
Phone:	(615) 507-6443
Email:	George.woods@tn.gov

Rule Type:

Emergency Rule

Revision Type (check all that apply):

Amendment
 New
 Repeal

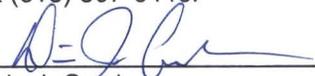
Statement of Necessity:

In August 2009, approval from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services for the new TennCare CHOICES in Long-Term Care Program was formally executed, allowing Tennessee to expand its Medicaid managed care system in order to provide eligible individuals with an integrated package of medical and long-term care benefits. This approval permits the Bureau to implement the Long-Term Care Community CHOICES Act of 2008, passed by the Tennessee General Assembly on May 20, 2008, and signed into law as Public Chapter 1190 on June 17, 2008. T.C.A §§ 71-5-1401, et seq.

T.C.A. § 4-5-208(a)(4) permits an agency to adopt emergency rules when the agency finds that it is required by an agency of the federal government and adoption of the rules through ordinary rulemaking procedures might jeopardize the loss of a federal program or funds.

I have made a finding that the emergency adoption of an amendment to Rule 1200-13-17-.04(5) is required in order to implement the Long-Term Care Community Choices Act of 2008 in a timely manner.

For a copy of this emergency rule, contact George Woods at the Bureau of TennCare by mail at 310 Great Circle Road, Nashville, Tennessee 37243 or by telephone at (615) 507-6446.



Darin J. Gordon
Director, Bureau of TennCare

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

Chapter Number	Chapter Title
1200-13-17	TennCare Crossover Payments for Medicare Deductibles and Co-Insurance
Rule Number	Rule Title
1200-13-17-.04	Medicare Crossover Payment Methodology

(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>)

Chapter 1200-13-17
TennCare Crossover Payments for Medicare Deductibles and Co-Insurance

Paragraph (5) of rule 1200-13-17-.04 Medicare Crossover Payment Methodology is amended by inserting the language “Rules 1200-13-13-.08(12)(b) and 1200-13-14-.08(12)(b) set forth the guidelines for timely filing Medicare crossover claims.” as a new sentence following the first sentence so as amended paragraph (5) shall read as follows:

- (5) Medicare crossover payments are normally made by the Bureau of TennCare separately from the Managed Care Contractors. Rules 1200-13-13-.08(12)(b) and 1200-13-14-.08(12)(b) set forth the guidelines for timely filing Medicare crossover claims. However, if an MCC should choose to authorize a non-covered TennCare service as a cost-effective alternative service for a non-QMB FBDE who is age 21 or older and not an SSI recipient, the MCC will be responsible for the Medicare crossover payment on that service. The calculation of this payment should be included by the MCC in its analysis of whether or not the non-covered TennCare service is a cost-effective alternative service.

Statutory Authority: T.C.A. §§ 4-5-208 and 71-5-105.

I certify that this is an accurate and complete copy of an emergency rule(s), lawfully promulgated and adopted.

Date: 2/25/2010

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: 2/25/2010

Notary Public Signature: *Marshe Thibault*

My commission expires on: 10/25/2011



All emergency rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Robert E. Cooper, Jr. by ERM

Robert E. Cooper, Jr.

Attorney General and Reporter

March 1, 2010 Date

Department of State Use Only

Filed with the Department of State on: 3/1/10

Effective for: 180 *days

Effective through: 8/28/10

* Emergency rule(s) may be effective for up to 180 days from the date of filing.

Tre Hargett

Tre Hargett
Secretary of State

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PUBLICATIONS
(W11-10048)

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to TCA 4-5-226(i)(1).

- (A)** A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

This rule is being promulgated so that the TennCare Crossover Payments for Medicare Deductibles and Co-Insurance rules do not conflict with the TennCare CHOICES program.

- (B)** A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

The rule chapter is lawfully promulgated and adopted by the Department of Finance and Administration in accordance with §§ 4-5-208 and 71-5-105.

- (C)** Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

The governmental entity most directly affected by this rule is the Tennessee Department of Finance and Administration.

- (D)** Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

The rule was approved by the Tennessee Attorney General. No additional opinion was given or requested.

- (E)** An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

The promulgation of this rule is not anticipated to have an effect on state and local government revenues and expenditures.

- (F)** Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Darin J. Gordon
Director, Bureau of TennCare

- (G)** Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

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- (H)** Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

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- (I)** Any additional information relevant to the rule proposed for continuation that the committee requests.

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TennCare Crossover Payments for Medicare Deductibles and Co-Insurance

Paragraph (5) of rule 1200-13-17-.04 Medicare Crossover Payment Methodology is amended by adding a new second sentence "Rules 1200-13-13-.08(12)(b) and 1200-13-14-.08(12)(b) set forth the guidelines for timely filing Medicare crossover claims." so as amended paragraph (5) shall read as follows:

- (5) Medicare crossover payments are normally made by the Bureau of TennCare separately from the Managed Care Contractors. Rules 1200-13-13-.08(12)(b) and 1200-13-14-.08(12)(b) set forth the guidelines for timely filing Medicare crossover claims. However, if an MCC should choose to authorize a non-covered TennCare service as a cost-effective alternative service for a non-QMB FBDE who is age 21 or older and not an SSI recipient, the MCC will be responsible for the Medicare crossover payment on that service. The calculation of this payment should be included by the MCC in its analysis of whether or not the non-covered TennCare service is a cost-effective alternative service.

Statutory Authority: T.C.A. §§ 4-5-208 and 71-5-105.