

Notice of

Rulemaking Hearing

Tennessee Department of Finance and Administration

Bureau of TennCare

There will be a hearing before the Commissioner to consider the promulgation of amendments of rules pursuant to Tennessee Code Annotated, 71-5-105 and 71-5-109. The hearing will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204 and will take place in the Room 16 of the Legislative Plaza, 6th Avenue North, Nashville, Tennessee, at 9:00 a.m. C.D.T. on the 16th day June 2005.

Any individuals with disabilities who wish to participate in these proceedings (to review these filings) should contact the Department of Finance and Administration, Bureau of TennCare, to discuss any auxiliary aids or services needed to facilitate such participation. Such initial contact may be made no less than ten (10) days prior to the scheduled meeting date (the date the party intends to review such filings) to allow time for the Bureau of TennCare to determine how it may reasonably provide such aid or service. Initial contact may be made with the Bureau of TennCare's ADA Coordinator by mail at the Bureau of TennCare, 729 Church Street, Nashville, Tennessee 37247-6501 or by telephone at (615) 741-0155 or 1-800-342-3145.

For a copy of this notice of rulemaking hearing, contact George Woods at the Bureau of TennCare, 729 Church Street, Nashville, Tennessee 37247-6501 or call (615) 741-0145.

Substance of Proposed Rules

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.

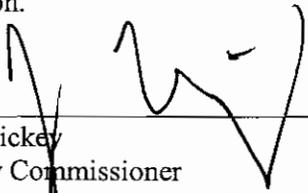
Subparagraph (f) of paragraph (3) of rule 1200-13-14-.02 Eligibility is deleted in its entirety and replaced with a new subparagraph (f) which shall read as follows:

- (f) If the enrollee is not eligible for TennCare Standard because his/her income is above the level specified by the Legislature s/he will be sent a letter denying TennCare Standard coverage. The enrollee will have thirty (30) days to appeal the denial. If the enrollee does not have access to health insurance and requests a Medical Eligibility Determination packet s/he will be sent a medical eligibility packet that tells the enrollee how to apply for TennCare Standard as a medically eligible person. The enrollee will have forty-five (45) days to submit his/her medical eligibility packet and the required documentation for determination of medical eligibility as defined in these rules. The individual will remain eligible for TennCare until the conclusion of the entire eligibility determination process. 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 4-5-202, 4-5-203, 71-5-105, 71-5-109, Executive Order No. 23.

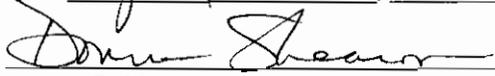
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I certify that this is an accurate complete representation of the intent and scope of rulemaking proposed by the Tennessee Department of Finance and Administration.



J. D. Hickey
Deputy Commissioner
Tennessee Department of Finance and Administration

Subscribed and sworn to me this the 29th day of April, 2005.



Notary Public

My Commission Expires on the 14th day of March, 2007.

The notice of rulemaking set out herein was properly filed in the Department of State on the 29
day of April, 2005.



Riley C. Darnell
Secretary of State

BY: _____