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Sequence Number: 07-19-10  
Notice ID(s): 1306  
File Date: 07/22/2010

# Notice of Rulemaking Hearing

*Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For questions and copies of the notice, contact the person listed below.*

<b>Agency/Board/Commission:</b>	Tennessee Department of Finance and Administration
<b>Division:</b>	Bureau of TennCare
<b>Contact Person:</b>	George Woods
<b>Address:</b>	Bureau of TennCare 310 Great Circle Road Nashville, Tennessee 37243
<b>Phone:</b>	(615) 507-6446
<b>Email:</b>	<a href="mailto:George.woods@tn.gov">George.woods@tn.gov</a>

*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:*

<b>ADA Contact:</b>	ADA Coordinator
<b>Address:</b>	Bureau of TennCare 310 Great Circle Road Nashville, Tennessee 37243
<b>Phone:</b>	(615) 507-6474
<b>Email:</b>	<a href="mailto:Helen.moore@tn.gov">Helen.moore@tn.gov</a>

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

Address 1:	Bureau of TennCare 1 <sup>st</sup> Floor East Conference Room 310 Great Circle Road		
Address 2:			
City:	Nashville, Tennessee		
Zip:	37243		
Hearing Date :	09/15/10		
Hearing Time:	1:00 p.m.	<input checked="" type="checkbox"/> CDT	<input type="checkbox"/> EST

**Additional Hearing Information:**

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**Revision Type (check all that apply):**

- Amendment  
 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.)

<b>Chapter Number</b>	<b>Chapter Title</b>
1200-13-14	TennCare Standard
<b>Rule Number</b>	<b>Rule Title</b>
1200-13-14-.05	Enrollee Cost Sharing

(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 1200-13-14  
TennCare Standard

Subparagraph (b) of Paragraph (4) of Rule 1200-13-14-.05 Enrollee Cost Sharing is deleted in its entirety and replaced with a new Subparagraph (b) which shall read as follows:

(b) Copayment amounts are as shown below:

Benefit	Copayment if income is 0%-99% of poverty	Copayment if income is 100%-199% of poverty	Copayment if income is 200% of poverty or above
Hospital emergency room use for non-emergency services	\$0	\$10 (waived if admitted)	\$50 (waived if admitted)
Primary care provider services other than preventive care	\$0	\$5	\$10
Community Mental Health Agency services other than preventive care	\$0	\$5	\$10
Physician specialists (including Psychiatrists)	\$0	\$5	\$20
Prescription or refill (see (f) below)	\$0	\$3 for covered branded prescription; \$0 for covered generics	\$3 for covered branded prescription; \$0 for covered generics
Inpatient hospital admission	\$0	\$5 (waived if readmitted within 48 hours for the same episode)	\$100 (waived if readmitted within 48 hours for the same episode)

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: 7/22/2010

Signature: *D. J. Gordon*

Name of Officer: Darin J. Gordon

Title of Officer: Director, Bureau of TennCare  
Tennessee Department of Finance and Administration



Subscribed and sworn to before me on: 7/22/2010

Notary Public Signature: *Cheryl D Kline*

My commission expires on: 9/3/2012

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Filed with the Department of State on: 7/22/10

*Tre Hargett by W. Paul, POA*  
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Secretary of State

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