

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 Nashville Public Library Auditorium, 1<sup>st</sup> Floor, 615 Church Street, Nashville, Tennessee 37219 at 9:30 a.m. C.D.T. on the 19<sup>th</sup> day September 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, 310 Great Circle Road, Nashville, Tennessee 37243 or by telephone at (615) 507-6474 or 1-800-342-3145.

For a copy of this notice of rulemaking hearing, contact George Woods at the Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243 or call (615) 507-6446.

Substance of Proposed Rule

Paragraph (5) of rule 1200-13-13-.08 Providers is deleted in its entirety and replaced with a new paragraph (5) which shall read as follows:

- (5) Providers may seek payment from a TennCare enrollee only under the following circumstances:
- (a) If the services are not covered by the TennCare program and the provider informed the enrollee the services were not covered prior to providing the services; or
  - (b) If the services are not covered services because they are in excess of an enrollee's established benefit limit. Before a provider can bill an enrollee for a service that is in excess of the enrollee's established benefit limit, he/she must first submit a claim to the appropriate managed care entity and receive a written denial from the managed care entity. The reason for the denial must be that the service exceeds the enrollee's benefit limit. Only when the provider has a written denial of the service because it is in excess of the enrollee's benefit limit may he/she bill the enrollee for that service.

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.

Darin Gordon  
Darin Gordon  
Chief Financial Officer  
Tennessee Department of Finance and  
Administration

Subscribed and sworn to me this the 29<sup>th</sup> day of July, 2005.

Leticia Dutton  
Notary Public

My Commission Expires on the 28<sup>th</sup> day of March, 2006.

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

Riley C. Darnell  
Riley C. Darnell  
Secretary of State

BY: M. Mull

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