

**Rulemaking Hearing Rules
of
Tennessee Department of Finance and Administration**

Bureau of TennCare

**Chapter 1200-13-14
TennCare Standard**

Amendment

Paragraph (1) of rule 1200-13-14-.03 Enrollment, Disenrollment, Re-enrollment and Reassignment is amended by adding a new subparagraph (o) which shall read as follows:

- (o) In the event an enrollee entering a MCO's plan is receiving medically necessary prenatal care the day before enrollment, the MCO shall be responsible for the costs of continuation of such medically necessary services, without any form of prior approval and without regard to whether such services are being provided within or outside the MCO's provider network until such time as the MCO can reasonably transfer the enrollee to a service and/or network provider without impeding service delivery that might be harmful to the enrollee's health.

In the event an enrollee entering the MCO's plan is in her second or third trimester of pregnancy and is receiving medically necessary prenatal care services the day before enrollment, the MCO shall be responsible for providing continued access to the provider (regardless of network affiliation) through the postpartum period. Reimbursement to an out-of-network provider shall be as set out in rule 1200-13-14-.08.

Statutory Authority: T.C.A. 4-5-202, 71-5-105, 71-5-109, Executive Order No. 23.

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 14th day of August, 2006 and will become effective on the 28th day of October, 2006.