

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, 1st Floor, 615 Church Street, Nashville, Tennessee 37219 at 9:30 a.m. C.S.T. on the 16th day November 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 Rules

Subparagraphs (j) and (k) of paragraph (7) of rule 1200-13-14-.02 Eligibility are deleted in their entirety and replaced with new subparagraph (j) and (k) which shall read as follows:

- (j) The Bureau will process the completed medical eligibility packet. Evaluation of the completed packet will be made within thirty (30) days of receipt by the Bureau. The Bureau will deem the applicant insurable or uninsurable based on health insurance underwriting guidelines. Applicants who are deemed to be insurable by the contracted carrier will not be eligible for TennCare Standard. This applicant will receive a denial notice from the Bureau, which includes his/her appeal rights. Applicants denied for TennCare Standard as medically eligible have thirty (30) days from receipt of the denial letter to appeal. Appeals received by the Bureau after thirty (30) days will be considered untimely and will not be forwarded for hearing.
- (k) Applicants deemed uninsurable will be approved as medically eligible. The Bureau will send the applicant an approval notice with a fixed end date of coverage, before which time the enrollee must complete the renewal/reapplication process.

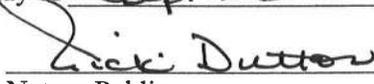
Statutory Authority: T.C.A. 4-5-202, 4-5-203, 71-5-105, 71-5-109, Executive Order No. 23.

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 30th day of September, 2005.



Notary Public

My Commission Expires on the 28th day of May, 2006.

The notice of rulemaking set out herein was properly filed in the Department of State on the 30 day of Sept., 2005.



Riley C. Darnell
Secretary of State

BY: 
