

Department of State
Division of Publications
312 Rosa L. Parks, 8th Floor Snodgrass/TN Tower
Nashville, TN 37243
Phone: 615-741-2650
Fax: 615-741-5133
Email: register.information@tn.gov

For Department of State Use Only

Sequence Number: 07-22-7010
Rule ID(s): 4794
File Date (effective date): 7/26/10
End Effective Date: 1/22/11

Emergency Rule Filing Form

Emergency rules are effective from date of filing for a period of up to 180 days.

| | |
|---------------------------------|--|
| Agency/Board/Commission: | Tennessee Department of Finance and Administration |
| Division: | Bureau of TennCare |
| Contact Person: | George Woods |
| Address: | 310 Great Circle Road Nashville, Tennessee |
| Zip: | 37243 |
| Phone: | (615) 507-6443 |
| Email: | george.woods@tn.gov |

Rule Type:

☒ Emergency Rule

Revision Type (check all that apply):

☒ Amendment

☐ New

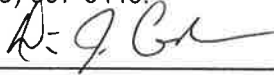
☐ Repeal

Statement of Necessity:

On June 30, 2010, TennCare received approval from the Centers for Medicare and Medicaid Services (CMS), for amendments to the TennCare II Medicaid Section 1115 Demonstration Waiver (No. 11-W-00151/4) effective July 1, 2010. The amendments include some reductions in co-payments for TennCare non-pharmacy Demonstration-only eligibility groups in TennCare Standard, excluding SSD and the CHOICES 217-Like HCBS group which are not charged co-payments for non-pharmacy services.

T.C.A. § 4-5-208(a)(4) permits an agency to adopt an emergency rule when it is required by an agency of the federal government and the adoption of the rule through ordinary rulemaking procedure might jeopardize the loss of federal funds.

For a copy of this emergency rule, contact George Woods at the Bureau of TennCare by mail at 310 Great Circle Road, Nashville, Tennessee 37243 or by telephone at (615) 507-6446.


Darin J. Gordon
Director, Bureau of TennCare

Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only ONE Rule Number/Rule Title per row)

| Chapter Number | Chapter Title |
|----------------|-------------------|
| 1200-13-14 | TennCare Standard |

| Rule Number | Rule Title |
|----------------|-----------------------|
| 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. §§ 4-5-208 and 71-5-105.

I certify that this is an accurate and complete copy of an emergency rule(s), lawfully promulgated and adopted.



Date: 7/22/2010

Signature: D. J. Gordon

Name of Officer: Darin J. Gordon

Director, Bureau of TennCare

Title of Officer: 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

All emergency rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

A handwritten signature in blue ink, appearing to read "RE Cooper".

Robert E. Cooper, Jr.
Attorney General and Reporter

7-23-10

Date

Department of State Use Only

Filed with the Department of State on: 7/26/10

Effective for: 180 *days

Effective through: 1/22/11

* Emergency rule(s) may be effective for up to 180 days from the date of filing.

A handwritten signature in blue ink, appearing to read "Tre Hargett".

Tre Hargett
Secretary of State

RECEIVED
2010 JUL 26 AM 11:35
SECRETARY OF STATE
PUBLICATIONS

Impact on Local Governments

Pursuant to T.C.A. 4-5-220 and 4-5-228 "any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments." (See Public Chapter Number 1070 (<http://state.tn.us/sos/acts/106/pub/pc1070.pdf>) of the 2010 Session of the General Assembly)

There is no projected impact on local governments.

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to TCA 4-5-226(i)(1).

- (A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

This rule revises the TennCare copayment amounts to agree with copayments approved by CMS in amendments to the Tennessee Medicaid Section 1115 Demonstration Waiver.

- (B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

The rule is lawfully adopted by the Department of Finance and Administration to comply with CMS approved amendments to the Tennessee Medicaid Section 1115 Demonstration Waiver and in accordance with §§ 4-5-208 and 71-5-105.

- (C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

The persons most directly affected by this rule are the TennCare enrollees. The governmental entity most directly affected by this rule is the Tennessee Department of Finance and Administration.

- (D) Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

The rule was approved by the Tennessee Attorney General. No additional opinion was given or requested.

- (E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

The promulgation of this rule is anticipated to produce a minimal increase in TennCare expenditures. Thus, there would be a minimal increase in State expenditures.

- (F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Darin J. Gordon
Director, Bureau of TennCare

- (G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Darin J. Gordon
Director, Bureau of TennCare

- (H) Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

310 Great Circle Road
Nashville, TN 37243
(615) 507-6443
Darin.J.Gordon@tn.gov

(I) Any additional information relevant to the rule proposed for continuation that the committee requests.

| |
|--|
| |
|--|

GW10110187

**Department of State
Division of Publications**

312 Rosa L. Parks, 8th Floor Snodgrass/TN Tower
Nashville, TN 37243
Phone: 615-741-2650
Fax: 615-741-5133
Email: register.information@tn.gov

For Department of State Use Only

Sequence Number: REDLINE
Rule ID(s): _____
File Date (effective date): _____
End Effective Date: _____

Emergency Rule Filing Form

Emergency rules are effective from date of filing for a period of up to 180 days.

| | |
|---------------------------------|--|
| Agency/Board/Commission: | Tennessee Department of Finance and Administration |
| Division: | Bureau of TennCare |
| Contact Person: | George Woods |
| Address: | 310 Great Circle Road Nashville, Tennessee |
| Zip: | 37243 |
| Phone: | (615) 507-6443 |
| Email: | george.woods@tn.gov |

Rule Type:

☒ Emergency Rule

Revision Type (check all that apply):

☒ Amendment

☐ New

☐ Repeal

Statement of Necessity:

On June 30, 2010, TennCare received approval from the Centers for Medicare and Medicaid Services (CMS), for amendments to the TennCare II Medicaid Section 1115 Demonstration Waiver (No. 11-W-00151/4) effective July 1, 2010. The amendments include some reductions in co-payments for TennCare non-pharmacy Demonstration-only eligibility groups in TennCare Standard, excluding SSD and the CHOICES 217-Like HCBS group which are not charged co-payments for non-pharmacy services.

T.C.A. § 4-5-208(a)(4) permits an agency to adopt an emergency rule when it is required by an agency of the federal government and the adoption of the rule through ordinary rulemaking procedure might jeopardize the loss of federal funds.

For a copy of this emergency rule, contact George Woods at the Bureau of TennCare by mail at 310 Great Circle Road, Nashville, Tennessee 37243 or by telephone at (615) 507-6446.

Darin J. Gordon
Director, Bureau of TennCare

Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only **ONE** Rule Number/RuleTitle per row)

| Chapter Number | Chapter Title |
|----------------|-------------------|
| 1200-13-14 | TennCare Standard |

| Rule Number | Rule Title |
|----------------|-----------------------|
| 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 25 (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 15 | \$20 25 |
| 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 | \$5 100 (waived if readmitted within 48 hours for the same episode) | \$100 200 (waived if readmitted within 48 hours for the same episode) |

Statutory Authority: T.C.A. §§ 4-5-208 and 71-5-105.