HOUSE BILL 2302

By Cochran

AN ACT to amend Tennessee Code Annotated, Title 68 and Title 71, Chapter 5, relative to crossover claims.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

- (a) As used in this section, "Medicare crossover claim":
- (1) Means a claim that has been submitted to the bureau of TennCare for medicare cost sharing payments after the claim has been adjudicated and paid by medicare and medicare has determined the enrollee's liability; and
- (2) Does not include claims denied by medicare or claims that are not submitted to medicare.
- (b) By October 1, 2022, the bureau shall make available to all nursing facility providers an electronic system for the submission of medicare crossover claims. The system must permit providers to submit and track the status of each medicare crossover claim as the claim is processed for adjudication.
- (c) If a facility files a written notice of appeal of the denial of a medicare crossover claim within sixty (60) days of the date the initial claim is denied, then the bureau shall conduct an administrative hearing as a contested case hearing as set forth in the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, concerning the denial of the claim within thirty (30) business days of receipt of the written notice. The bureau shall render a decision within ten (10) business days following the conclusion of the hearing.

SECTION 2. This act takes effect July 1, 2022, the public welfare requiring it.

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