

SENATE BILL 697

By Yager

AN ACT to amend Tennessee Code Annotated, Title 56,
Chapter 32, relative to health maintenance
organizations.

WHEREAS, primary care providers supervising auxiliary personnel to provide health care services in accordance with rules are being wrongly discriminated against and are not receiving timely payment for services provided; and

WHEREAS, some HMOs and HMO subcontractors are refusing to provide reimbursement for covered benefits under the TennCare program; and

WHEREAS, it is the intent of the General Assembly to end such discriminatory practices for the benefit of patients covered by the TennCare program to ensure they have adequate and reasonable access to medical care from their local primary care providers; now, therefore,

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

SECTION 1. Tennessee Code Annotated, Section 56-32-102(11), is amended by adding the following language after "any physician, hospital or other person that is licensed or otherwise authorized in this state to furnish health care services":

; health care services includes the supervision of auxiliary personnel as defined by Medicare Benefit Policy Manual (Revision 202, 12-31-14), CMS Pub. 100-02, Ch. 15 § 60.1

SECTION 2. Tennessee Code Annotated, Section 56-32-126(b), is amended by deleting the language:

Accordingly, each such HMO or subcontractor must establish and implement the following procedures for the processing of provider claims and the resolution of any disputes regarding the payment of claims:

and substituting instead the language:

Accordingly, each such HMO or subcontractor shall not deny payment of benefits covered by the TennCare program provided by primary care providers, including through a provider's supervision of auxiliary personnel, and must establish and implement the following procedures for the processing of provider claims and the resolution of any disputes regarding the payment of claims:

SECTION 3. Tennessee Code Annotated, Title 56, Chapter 32, Part 1, is amended by adding the following new section:

Notwithstanding any law to the contrary, an HMO or HMO subcontractor shall not deny payment for preventative and diagnostic services provided by primary care providers, including services for the provision and supervision of allergy testing, allergen immunotherapy, asthma diagnosis and treatment, routine and wellness examinations, and other similar services falling within the scope of a primary care provider's license or certification.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring it.