

SENATE BILL 719

By Fowler

AN ACT to amend Tennessee Code Annotated, Title 68 and Title 71, Chapter 5, Part 1, relative to the TennCare program.

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, appropriately numbered section:

Section 71-5-191.

(a) To the extent consistent with federal law and subject to the approval of the Health Care Financing Administration, (HCFA), the commissioner of commerce and insurance, with the assistance of the TennCare bureau, shall develop a standard TennCare benefits package and a behavioral health TennCare benefits package. Such benefit packages shall provide benefits comparable to those available under the state employees managed care plan of coverage or under the small employer carrier provisions of section 56-7-2207(b). Once developed, such benefit packages shall become the standard provided by each managed care organization (MCO) and behavioral health organization (BHO) for all TennCare enrollees, including medicaid eligibles and the TennCare demonstration project participants.

(b) To the extent consistent with federal law and subject to the approval of the HCFA, the TennCare bureau shall implement a two-part system of flat co-payments and eliminate any requirement of deductibles. Such system of co-payments shall be implemented by each managed care organization and each behavioral health organization as to the TennCare demonstration project participants. The co-payment schedule shall include:

(1) For those between 100% - 200% of poverty:

Annual Deductible	-	none
Physician Office Visit	-	\$5 per visit to primary care physician ("PCP") \$10 per visit to specialist
Hospital Care	-	\$50 per admission
Prescription Drugs	-	\$5 per generic brand \$10 per brand name
Maternity	-	\$5 for the first office visit \$10 per visit to specialist \$100 hospital admission
Preventive Health Assessment	-	\$5 per visit to PCP \$10 per visit to specialist
Emergency Care	-	\$50 per visit (waived if admitted)
Vision Care	-	\$5 per visit to PCP \$10 per visit to specialist \$10 per annual eye-exam
Chiropractic Care	-	not covered
Ambulance Service - Air & Ground	-	none when deemed medically appropriate
Lab and X-Ray	-	\$5 per visit to PCP \$10 per visit to specialist
Physical, Speech & Occupational Therapy	-	\$5 per visit
Mental Health Inpatient	-	\$50 per admission
Substance Abuse Inpatient	-	\$50 per admission
Mental Health/Substance Abuse Outpatient	-	\$10 per session
Annual Out-of-Pocket Maximums	-	\$500 per TennCare recipient

(2) For those over 200% of poverty:

Annual Deductible	-	none
Physician Office Visit	-	\$10 per visit to PCP \$15 per visit to specialist
Hospital Care	-	\$100 per admission
Prescription Drugs	-	\$5 per generic brand \$15 per brand name
Maternity	-	\$10 for first office visit \$15 per visit to specialist \$100 hospital admission
Preventive Health Assessment	-	\$10 per visit to PCP

Emergency Care	-	\$15 per visit to specialist
Vision Care	-	\$50 per visit (waived if admitted)
		\$10 per visit to PCP
		\$15 per visit to specialist
		\$10 per annual eye-exam
Chiropractic Care	-	not covered
Ambulance Service - Air & Ground	-	none when deemed medically appropriate
Lab and X-Ray	-	\$10 per visit to PCP
		\$15 per visit to specialist
Physical, Speech & Occupational Therapy	-	\$10 per visit
Mental Health Inpatient	-	\$100 per admission
Substance Abuse Inpatient	-	\$100 per admission
Mental Health/Substance Abuse Outpatient	-	\$15 per session
Annual Out-of-Pocket Maximums		\$1,000 per TennCare recipient

(c) The TennCare bureau shall revise TennCare premiums so that premiums shall be comparable to those paid under the state employees managed care plan of coverage or under the small employer carrier provisions pursuant to Section 56-7-2207(b). The same premium rate schedule shall be followed in each MCO and each BHO and shall apply to the TennCare demonstration project participants, but not to medicaid eligibles.

(d) To the extent consistent with federal law and subject to the approval of the HCFA, the TennCare bureau shall impose a seven (7) per month prescription limitation, including refills, for each TennCare enrollee, including medicaid eligibles and the TennCare demonstration project participants.

(e) To the extent consistent with federal law and subject to the approval of the HCFA, the TennCare bureau shall develop and require use of a standard billing procedure and forms to be used by each MCO and BHO.

(f) To the extent consistent with federal law and subject to the approval of the HCFA, the TennCare bureau shall prohibit all MCOs and BHOs from advertising TennCare enrollee services.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.