

HOUSE BILL No. 2565

By Committee on Health and Human Services

1-27

1 AN ACT concerning health care predetermination requests for information
2 relating to health insurance benefits coverage.

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4 *Be it enacted by the Legislature of the State of Kansas:*

5 Section 1. (a) (1) Upon request of a physician, health insurance
6 issuers shall provide to the physician and the patient of the physician
7 information on the amounts of expected benefits coverage provided by the
8 health insurance issuer on specific procedures and services as specified by
9 the physician as part of such request. Information provided by the health
10 insurance issuer under this subsection shall be accurate and binding at the
11 time of the health insurance issuer's response to the request.

12 (2) The expected benefits coverage information provided under
13 subsection (a)(1) shall include: (A) The amount the patient will be
14 expected to pay clearly identifying deductible amounts, coinsurance and
15 copayment; (B) the amount the provider will be paid; (C) whether any
16 service will be denied; (D) whether any payments will be reduced from the
17 agreed fee schedule amounts; and (E) an explanation of, if and why the
18 referenced services are bundled with other services.

19 (3) Information requested to be provided under this subsection (a)
20 shall be known as the health care predetermination request (HCPD). The
21 health insurance issuer's response shall be returned using the same
22 transmission method as that of the submission, including a real time
23 response to a real time request. The HCPD shall be conducted in
24 accordance with the most current version of the transactions and code sets
25 standards promulgated under the health insurance portability and
26 accountability act of 1996 (Public Law 104-191) and 45 C.F.R. Parts 160
27 and 162 or later versions as established in rules and regulations adopted by
28 the commissioner of insurance.

29 (b) The commissioner of insurance shall adopt rules and regulations
30 necessary to carry out the provisions of this section.

31 (c) The provisions of this section shall not apply to any policy or
32 certificate which provides coverage only for a specified disease or health
33 condition, specified accident or accident only coverage, disability income,
34 long-term care insurance as defined by K.S.A. 40-2227, and amendments
35 thereto, a medicare supplemental policy of insurance as defined by the
36 commissioner of insurance by rule and regulation, workers compensation

1 insurance or automobile medical-payment insurance.

2 (d) As used in this section: (1) "Health insurance issuer" means any
3 insurer, corporation or other entity which issues health insurance policies;
4 (2) "health insurance policies" means any hospital or medical expense
5 policy, health, hospital or medical service corporation contract, a health
6 insurance plan provided by a municipal group-funded pool, a health
7 maintenance organization contract or any certificate issued under any such
8 policies, contracts or plans; (3) "physician" means a person licensed to
9 practice medicine and surgery.

10 Sec. 2. This act shall take effect and be in force from and after
11 January 1, 2014, and its publication in the statute book.
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