

STATE OF KANSAS

HOUSE OF REPRESENTATIVES

MR. CHAIRMAN:

I move to amend **SB 273**, as amended by House Committee, on page 3, following line 5, by inserting:

"New Sec. 2. (a) (1) Upon request of a physician, health insurance issuers shall provide to the physician and the patient of the physician information on the amounts of expected benefits coverage provided by the health insurance issuer on specific procedures and services as specified by the physician as part of such request. Information provided by the health insurance issuer under this subsection shall be accurate and the best estimate based on information available at the time of the health insurance issuer's response to the request.

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

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

(b) The commissioner of insurance shall adopt rules and regulations necessary to carry out the

provisions of this section.

(c) The provisions of this section shall not apply to any policy or certificate which provides coverage only for a specified disease or health condition, specified accident or accident only coverage, disability income, long-term care insurance as defined by K.S.A. 40-2227, and amendments thereto, a medicare supplemental policy of insurance as defined by the commissioner of insurance by rule and regulation, workers compensation insurance, automobile medical-payment insurance or to any policy or certificate which is issued by a health insurance issuer whose percentage market share in Kansas of all issuers of health insurance is less than 2% as determined by the commissioner of insurance.

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

(e) This section shall not be subject to the provisions of K.S.A. 40-2248 and 40-2249, and amendments thereto.

(f) This section shall take effect on and after January 1, 2014.";

And by renumbering sections accordingly;

On page 1, in the title, in line 1, after "ACT" by inserting "relating to insurance;"; also in line 1, after "company;" by inserting "concerning health care predetermination requests for information relating to health insurance benefits coverage;"

_____ District.