BULLETIN 2017-1

TO: All Health Insurers, Municipal Group-Funded Pools Authorized to

Transact Health Insurance Business in Kansas and All Other Interested

Parties

FROM: Ken Selzer, CPA, Commissioner of Insurance

SUBJECT: 2014 House Bill No. 2668 (Ch. 109 of the 2014 Session Laws)

Date: March 9, 2017

The purpose of this bulletin is to call your attention to the requirements found in 2014 House Bill No. 2668 which is effective July 1, 2017.

Section 1 of House Bill No. 2668 is known as the predetermination of health care benefits act and requires among other things that health plans that receive an electronic health care predetermination request consistent with the requirements set forth in the bill shall provide to the requesting healthcare provider information on the amounts of expected benefits coverage on the procedures specified in the request that is accurate at the time of the health plan's response.

This electronic request and response transaction is to be conducted in accordance with the transactions and code sets standards promulgated pursuant to HIPAA, specifically, the ASC X12 (now known as X12) 837 health care predetermination. The health plan's response is to be returned using the same transmission method as that of the submission.

The Kansas Insurance Department has determined that operating rules regarding these types of transactions have not yet been adopted by the U.S. Department of Health and Human Services thus the Kansas Insurance Department will not be pursuing administrative regulations at this time.

Questions about the requirements stated in this Bulletin should be addressed to Julie Holmes, Kansas Insurance Department, 420 SW 9th Street, Topeka, Kansas 66612, by phone at 785-296-7850, or via email at jholmes@ksinsurance.org.