

HB 549 -- PREDETERMINATION OF HEALTH CARE BENEFITS

SPONSOR: Frederick

This bill requires health benefit plans that receive electronic health care predetermination requests from health care providers to provide the requesting health care provider information on the amounts of expected benefits coverage on the procedures specified in the request. The bill requires health care providers and health benefit plans to comply with defined administrative simplification procedures when submitting and replying to health care predetermination requests and requires a health benefit plan's response to be returned in the same manner as the request was received. The bill requires a health care clearinghouse that contracts with a health care provider to complete the required predetermination transactions if requested by the health care provider. If the Health Insurance Portability Act of 1996 (HIPAA) mandated electronic transactions are modified to include predetermination transactions, the provisions of the bill must not apply to health benefit plans that provide the information pursuant to HIPAA. The bill specifies that the collection of any payment prior to receiving the health benefit services is not prohibited. Supplemental insurance policies are exempt from the provisions of the bill and the bill is effective July 1, 2018.

This bill is the same as SB 138 (2017).