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November 12, 2018

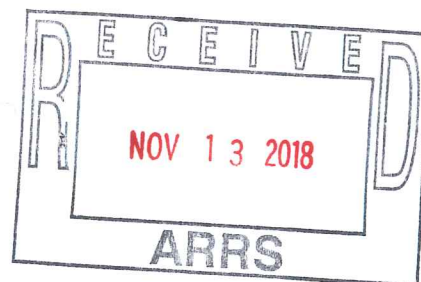
Ms. Emily Caudill, Regulations Compiler
Legislative Research Commission
029, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601

RE: 895 KAR 1:050

Dear Regulations Compiler:

After discussions with various stakeholders relating to the issues raised by 895 KAR 1:050, the Department for Medicaid Services proposes the attached amendment to 895 KAR 1:050.

If you have any questions or concerns about this request, please feel free to contact Jonathan Scott at (502) 564-4321 ext. 2015.



Sincerely,

A handwritten signature in blue ink, appearing to read "Brandon J. Smith".

Brandon J. Smith
Executive Director

COMMITTEE AMENDMENT

CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services
895 KAR 1:050

Page 3

Section 4(2)

Line 15

After "(2)", insert "(a)".

Page 3

Section 4(2)

Line 18

Before "(a)", insert "1."
Delete "(a)".

Page 3

Section 4(2)

Line 20

Before "(b)", insert "2."
Delete "(b)".

Page 3

Section 4(2)

Line 22

Before "(c)", insert "3."
Delete "(c)".

Page 3

Section 4(2)

Line 23

Before "(d)", insert "4.a."
Delete "(d)".

Page 4

Section 4(2)

Line 1

After "the patient", insert the following:

; or

b. For services provided by a hospital, the requirements of this subparagraph shall be satisfied if the hospital's consent for services form:

(i) Provides informed consent; and

(ii) Is signed and dated by the beneficiary.

(b)1. The provisions of paragraph (a) of this subsection shall not apply to a provider complying with 42 U.S.C. 1395dd until the beneficiary has been stabilized.

2. After a beneficiary has been stabilized, a provider complying with 42 U.S.C. 1395dd shall comply with paragraph (a) of this subsection if billing a suspended Kentucky HEALTH beneficiary

895 KAR 1:050, Amendment to Section 4(2)

(2)(a) A provider may seek beneficiary reimbursement for non-covered services, including services received by the beneficiary during a suspension or other penalty period, if the following four (4) conditions are met:

1.[(a)] The provider has an established policy for billing all patients for services not covered by a third party and does not bill only Medicaid or Kentucky HEALTH patients;

2.[(b)] The patient is advised prior to receiving a non-covered service that Kentucky HEALTH will not pay for the service;

3.[(c)] The patient agrees to be personally responsible for the payment; and

4.a.[(d)] The agreement is made in writing between the provider and the patient, detailing both the service and the amount to be paid by the patient; or

b. For services provided by a hospital, the requirements of this subparagraph shall be satisfied if the hospital's consent for services form:

(i) Provides informed consent to the beneficiary; and

(ii) Is signed and dated by the beneficiary.

(b)1. The provisions of paragraph (a) of this subsection shall not apply to a provider complying with 42 U.S.C. 1395dd until the beneficiary has been stabilized.

2. After a beneficiary has been stabilized, a provider complying with 42 U.S.C. 1395dd shall comply with paragraph (a) of this subsection if billing a suspended Kentucky HEALTH beneficiary.