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,

Brandon J. Smith
Executive Director
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. 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. The patient is advised prior to receiving a non-covered service that Kentucky HEALTH will not pay for the service;
3. The patient agrees to be personally responsible for the payment; and
4. 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.

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.