

311.6201 Definitions for KRS 311.6201 and 311.6202.

As used in this section and KRS 311.6202:

- (1) "Direct primary care membership agreement" means a written contractual agreement between a primary care provider and an individual patient or his or her legal guardian that:
 - (a) Is for an agreed-upon fee over an agreed-upon period of time;
 - (b) Describes the primary care services to be provided in exchange for the agreed-upon fee;
 - (c) States that the primary care provider shall not bill a health benefit plan or the Medicaid program on a fee-for-service basis for the primary care services provided under the agreement;
 - (d) Specifies automatic agreement renewal periods;
 - (e) Specifies any additional fees that may be charged for primary care services that are not included in the agreement;
 - (f) States that the patient is not required to pay more than twelve (12) months of the agreed-upon fee in advance;
 - (g) States that the agreed-upon fee and any additional fees may be paid by a third party;
 - (h) Allows either party to terminate the agreement in writing, without penalty or payment of a termination fee, after notice;
 - (i) Provides that, upon termination of the agreement by the patient or his or her legal guardian, all unearned fees are to be returned to the patient, his or her legal guardian, or any third-party payor; and
 - (j) Contains a conspicuous and prominent statement that the agreement does not constitute a health benefit plan and does not meet any individual health benefit plan mandate that may be required by federal law;
- (2) "Health benefit plan" has the same meaning as in KRS 304.17A-005;
- (3) "Primary care provider" means a physician as defined by KRS 311.550 or a physician's medical practice that enters into a direct primary care membership agreement;
- (4) "Primary care service" means the screening, assessment, diagnosis, and treatment for the purpose of promotion of health or the detection and management of disease or injury within the competency and training of the primary care provider; and
- (5) "Third party" means a legal guardian, the individual patient's employer, a spouse's employer, a family member of the patient, or a state-sponsored direct primary care payment program. "Third party" does not include a network designed to merely accept payment from a patient and then direct the patient to one (1) of several independently owned clinics for the delivery of care.

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