

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM  
2018 REGULAR SESSION  
**Unofficial Document**

Amend printed copy of **SB 121**

On page 1, line 26, after "(4)" by inserting the following:

**"Current Procedural Terminology" or "CPT" means a system developed by the American Medical Association for standardizing the terminology and coding to describe medical services and procedures.**

**(5)** "; and

On page 2, line 3, by deleting "**(5)**" and inserting "**(6)**" in lieu thereof; and

On page 2, between lines 4 and 5, by inserting the following:

**"(7) "International Statistical Classification of Diseases" or "ICD" means the system of medical coding used to classify hospital care in the United States."**; and

On page 2, line 5, by deleting "**(6)**" and inserting "**(8)**" in lieu thereof; and

On page 3, line 18, by deleting "**(7)**" and inserting "**(9)**" in lieu thereof; and

On page 3, line 26, by deleting "**(8)**" and inserting "**(10)**" in lieu thereof; and

On page 4, line 8, after "**subsection**", by deleting "**(4)**" and inserting "**(5)**" in lieu thereof;

and

On page 4, line 11, after "**1.**" by inserting "**For providers other than hospitals,**"; and

On page 4, between lines 20 and 21, by inserting the following:

**"2. For providers that are hospitals, limited to:**

**a. The negotiated fee set forth for that medical expense in the hospital's**

Amendment No. SFA 4

Rep. Sen. Stephen Meredith

Committee Amendment \_\_\_\_\_

Signed: \_\_\_\_\_

Floor Amendment \_\_\_\_\_

LRC Drafter: Donaldson, Sean

Adopted: \_\_\_\_\_

Date: \_\_\_\_\_

Rejected: \_\_\_\_\_

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**contract with the reparations obligor; or**

**b. If no contract exists between the hospital and the reparations obligor, an amount equal to eighty percent (80%) of the usual and customary rate for that particular health care service;**"; and

On page 4, line 21, by deleting "2." and inserting "3." in lieu thereof; and

On page 5, line 3, by deleting "3." and inserting "4." in lieu thereof; and

On page 5, line 4, after "(CPT)", by inserting "or International Statistical Classification of Diseases (ICD)"; and

On page 5 line 5, by deleting "(9)" and inserting "(11)" in lieu thereof; and

On page 5, line 15, by deleting "(10)" and inserting "(12)" in lieu thereof; and

On page 5, line 22, by deleting "(11)" and inserting "(13)" in lieu thereof; and

On page 5, line 24, by deleting "(12)" and inserting "(14)" in lieu thereof; and

On page 5, line 27, by deleting "(13)" and inserting "(15)" in lieu thereof; and

On page 6, line 3, by deleting "(14)" and inserting "(16)" in lieu thereof; and

On page 6, line 7, by deleting "(15)" and inserting "(17)" in lieu thereof; and

On page 6, line 9, by deleting "(16)" and inserting "(18)" in lieu thereof; and

On page 6, line 11, by deleting "(17)" and inserting "(19)" in lieu thereof; and

On page 6, line 13, by deleting "(18)" and inserting "(20)" in lieu thereof; and

On page 6, line 15, by deleting "(19)" and inserting "(21)" in lieu thereof; and

On page 6, between lines 17 and 18, by inserting the following:

**"(22) 'Usual and customary rate' means the average amount of all charges for a particular health care service performed by the same category of licensed hospital and provided in the same geographical area, as defined by Metropolitan Service Areas and Core Based Statistical Areas, as reported pursuant to Section 2 of this Act.**

➔SECTION 2. A NEW SECTION OF SUBTITLE 39 OF KRS CHAPTER 304 IS

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CREATED TO READ AS FOLLOWS:

**(1) The commissioner shall, by promulgating administrative regulations:**

**(a) Specify a nonprofit organization that maintains a database of billed charges submitted by hospitals for health care services to be used as a benchmark for determining the usual and customary rate for health care services provided by hospitals. The nonprofit shall not be affiliated with an insurer offering health benefit plans in Kentucky or a reparation obligor in Kentucky; and**

**(b) Require all health benefit plans to submit to the department annually, but no later than March 1 of each year, all of the billed charges it receives from both in-network and out-of-network hospitals for each health care service billed by a hospital.**

**(2) Any information required to be reported under this section shall:**

**(a) Be reported on in a standardized manner by ICD or CPT codes as determined by the department;**

**(b) Not include any personally identifying information of an insured; and**

**(c) Include appropriate geographical information of the billing provider.**

**(3) The department shall provide information reported pursuant to this section to the nonprofit identified in subsection (1) of this section, or if no nonprofit exists meeting the requirements of subsection (1) of this section, then the department shall publish this information in a report on its Web site by June 1 of each year."; and**

Renumber subsequent sections accordingly.