

2016 Kansas Statutes

40-2,195. Exclusive provider organization policy; requirements; exceptions; definitions. (a) (1) A health carrier may offer a policy of accident and sickness insurance that requires some or all health care services to be rendered by participating providers, except that emergency services must be covered regardless of whether they are delivered by a participating provider.

(2) Such policy may include a gatekeeper requirement.

(3) To the extent the policy provides coverage for services rendered by nonparticipating providers, such coverage may be subject to a deductible, copayments or coinsurance as determined by the health carrier. Notwithstanding any other provision of law to the contrary, such cost-sharing shall not be limited based on the deductible, coinsurance or copayments required for services rendered by participating providers.

(b) For purposes of this section:

(1) "Gatekeeper requirement" means a requirement in which the insured is required to obtain a referral from a primary care professional in order to access specialty care;

(2) "primary care professional" means a participating provider designated by the health carrier to supervise, coordinate or provide initial care or continuing care to an insured and who may be required by the health carrier to initiate a referral for specialty care;

(3) "participating provider" shall have the meaning ascribed to it in K.S.A. 40-4602, and amendments thereto;

(4) "emergency services" shall have the meaning ascribed to it in K.S.A. 40-4602, and amendments thereto; and

(5) "health carrier" means any insurance company, nonprofit medical and hospital corporation, municipal group funded-pool or fraternal benefit society which offers a policy of accident and sickness insurance subject to chapter 40 of the Kansas Statutes Annotated, and amendments thereto.

History: L. 2016, ch. 17, § 1; Apr. 7.