

304.18-037 Group or blanket health insurers to offer home health care coverage to master policyholder -- Conditions.

- (1) All insurers issuing group or blanket health insurance policies and certificates issued thereunder in the Commonwealth providing coverage on an expense incurred basis shall make available and offer to the master policyholder coverage for home health care. The coverage may contain a limitation on the number of home health care visits for which benefits are payable, but the number of such visits shall not be less than sixty (60) in any calendar year or in any continuous period of twelve (12) months for each person covered under the policy. Each visit by an authorized representative of a home health agency shall be considered as one (1) home health care visit except that at least four (4) hours of home health aide service shall be considered as one (1) home health visit.
- (2) Home health care coverage shall be subject to the same deductible and coinsurance provisions as are other services covered by insurers issuing group or blanket health insurance policies in the Commonwealth.
- (3) Home health care shall not be reimbursed unless an attending physician, an advanced practice registered nurse, or a physician assistant certifies that hospitalization or confinement in a skilled nursing facility as defined by the Kentucky Health Facilities and Health Services Certificate of Need and Licensure Board would otherwise be required if home health care was not provided.
- (4) Medicare beneficiaries shall be deemed eligible to receive home health care benefits under a group or blanket health insurance policy provided that the policy shall only pay for those home health care services which are not paid for by Medicare and do not exceed the maximum liability of the policy.
- (5) Pursuant to the provisions of this section, all insurers issuing group or blanket health insurance policies and certificates issued thereunder in the Commonwealth providing coverage on an expense incurred basis which include coverage for home health care shall inform the beneficiaries of such policies, in writing, of the specific home health care benefits which are covered. Such written notification shall take place at the time of issuance or reissuance of the policy.

Effective: March 22, 2021

History: Amended 2021 Ky. Acts ch. 59, sec. 4, effective March 22, 2021. --
Created 1980 Ky. Acts ch. 61, sec. 3, effective January 1, 1981.