

**304.32-280 Nonprofit hospital, medical-surgical, dental and health service corporations as insurers to offer home health care coverage -- Conditions.**

- (1) All nonprofit hospital, medical-surgical, dental and health service corporations issuing policies in the Commonwealth which provide hospital, medical, or surgical expense benefits shall make available and offer to include benefits for home health care. On group benefits the option for home health care benefits shall be made available and offered to the master policyholder. 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 nonprofit hospital, medical-surgical, dental and health service corporations which issue policies in the Commonwealth that provide hospital, medical, or surgical expense benefits.
- (3) Home health care shall not be reimbursed unless an attending physician 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 policy, contract, plan entered into, issued, delivered or amended in this state by a nonprofit hospital, medical-surgical, dental and health service corporation which provides hospital, medical or surgical expense benefits provided that the policy, contract or plan 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, contract or plan.
- (5) Pursuant to the provisions of this section, all nonprofit hospital, medical-surgical, dental and health service corporations issuing policies in the Commonwealth which provide hospital, medical, or surgical expense benefits or 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:** January 1, 1981

**History:** Created 1980 Ky. Acts ch. 61, sec. 4, effective January 1, 1981.