



Kentucky Department of Insurance

Health Product Review

Provider Agreements (Limited Health Service Organizations) Checklist

(Checklist must be submitted with filing – attach as a PDF if filing electronically via SERFF)

Statute/Rule	Description	Yes	No	N/A	Page #
General Requirements					
KRS 304.14-120 & 806 KAR 14:007	<p>Filing Requirements – All provider agreements, subcontract agreements, and risk-sharing arrangement filings must comply with this statute and regulation.</p> <p>All provider agreements (including PBM agreements), subcontracts, risk-sharing arrangements, and leased network agreements must be filed with the Department in accordance with the statutes and regulations for each legal entity utilizing the contracts/agreements.</p>				
KRS 304.4-010 & 806 KAR 4:010(25)(26)(27)	<p>Filing Fees – All provider agreements, subcontract agreements, and risk-sharing arrangement filings must submit the appropriate fee as outlined in this statute and regulations.</p>				
Mandated Benefits					
KRS 304.17C-040	<p>Provider Network – The provider network needs to be approved in compliance with this statute.</p>				
KRS 304.17C-060(1)(a)	<p>Hold Harmless – A clause that provides a member is not responsible for payments to a provider under any circumstance, as outlined in this statute.</p>				
KRS 304.17C-050(2)(a) and (b)	<p>Any Willing Provider – A clause allowing any provider who meets the terms and conditions for participation to become a participating provider in accordance with this statute.</p>				
KRS 304.17C-050(2)	<p>Soliciting Applications for Provider Participation – A clause allowing all providers who desire to apply for participation in the plan the opportunity to apply at any time during the year or annually, as applicable.</p>				
KRS 304.17C-060	<p>Material Change to Agreement – Provider agreements, including subcontracts, risk-sharing arrangements, and leased network agreements must be filed and if changes are made must comply with KRS 304.17A-235.</p> <p>In accordance with KRS 304.17A-235(3)(f), if the amendments are incorporated into the agreement the Department would consider it a material change to the agreement which requires the revised agreement to be filed with the Department for review (see Filings Requirements statutes and regulations for timeframes) prior to sending to the provider.</p>				
KRS 304.17C-060(1)(b)	<p>Survivorship – There must be a provision that states the hold harmless and continuity of care shall survive the termination of the agreement.</p>				
	<p>Terms and Conditions – Any terms and conditions an insurer requires a provider to meet for participation in the provider network must be filed with the Department for</p>				

PROVIDER AGREEMENTS (LHSO) CHECKLIST (continued)

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	review.				
<u>KRS 304.17C-090</u>	Payment of Claims Dental Only – Claims must be processed in accordance with this statute.				
<u>KRS 304.17C-060(1)(c)</u>	Subcontract Agreements – A clause in the provider agreement that if a provider subcontracts with another provider to provide services, the subcontract must meet all the above provisions and be filed with the Department.				
<u>KRS 304.17A-527(1)(d)</u>	Fee Schedule Disclosure – A clause requiring the insurer, upon request, to provide or make available to a participating provider the payment or fee schedule or other information sufficient to enable the provider to determine the manner and amount of payments under the contract prior to final execution or renewal of the contract and provide any change in such schedules at least 90 days prior to effective date of amendment.				
<u>KRS 304.17A-705(2)</u>	Pharmacy Benefits Administrator/Manager – Any contract between an insurer and its pharmacy benefits administrator/manager that requires claims to be submitted electronically shall require that payment is to be made electronically to the participating provider or its designee for clean claims submitted electronically or if electronic payment is requested by the provider.				
Prohibited Provisions					
<u>KRS 304.17C-070</u>	GAG Rule – A managed care plan may not contract with a health care provider to limit the provider’s (including PBM/pharmacies) disclosure to an enrollee of a medical condition, treatment options, or financial cost/incentives..				
<u>KRS 304.17C-050(3)</u>	Termination Without Cause – An insurer may not reserve the right to terminate a provider contract without cause.				
<u>KRS 304.17C-085</u>	Noncovered Services Fees – A participating provider agreement shall not require a participating provider to provide services to an enrolled participant at a fee set by or subject to the approval of the limited health service benefit plan unless the services are covered services under the provider agreement.				