IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 180

BY HEALTH AND WELFARE COMMITTEE

1   AN ACT
2   RELATING TO HEALTH INSURANCE; PROVIDING LEGISLATIVE INTENT; AMENDING CHAP-
3   TER 61, TITLE 41, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 41-6110,
4   IDAHO CODE, TO PROVIDE A MECHANISM TO OBTAIN INSURANCE STATUS INFORMA-
5   TION; AND PROVIDING AN EFFECTIVE DATE.

6   Be It Enacted by the Legislature of the State of Idaho:

7   SECTION 1. LEGISLATIVE INTENT. The Patient Protection and Affordable
8   Care Act requires people who purchase health insurance through an exchange
9   to pay one month's premium before a policy of insurance is issued. If a
10 person receives an advance premium tax credit for the purchase of that pol-
11 icy, however, the policy cannot be canceled for nonpayment of premium for
12 ninety days. This creates a grace period under which a policy is in force
13 even though a premium has not been paid. A health care provider who asks
14 a health insurer for confirmation of a patient's insurance status during
15 the grace period will be told that insurance is in force, yet insurers will
16 "pend" claims for services provided during the grace period. If a premium
17 is not paid during the grace period, a health care provider will not be re-
18 imbursed for care provided to a patient who has insurance in force. Health
19 care providers need a mechanism to confirm a patient's status with a health
20 insurer before providing services that otherwise might not be reimbursed.

21   SECTION 2. That Chapter 61, Title 41, Idaho Code, be, and the same is
22 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
23 ignated as Section 41-6110, Idaho Code, and to read as follows:

24   41-6110. INSURANCE STATUS INFORMATION -- GRACE PERIOD. A health car-
25 rier contracting with the exchange pursuant to this chapter to provide a
26 health benefit plan that is a qualified health plan as defined in 45 CFR
27 155.20 shall provide a mechanism for a health care provider who provides ser-
28 vices to a patient who is an enrollee in the health benefit plan and who has
29 received an advance premium tax credit to ascertain if the patient has paid
30 his or her premium to the health carrier and, if so, the period through which
31 the premium is paid. The mechanism may be facilitated through an online
32 portal or through telephonic or other electronic means and shall provide
33 current information and a means for the health care provider to document the
34 information provided. A health care provider shall be entitled to rely on
35 the information provided through the mechanism. If payment of the patient's
36 premium is confirmed by the health carrier, the health carrier shall not
37 deny reimbursement for a service provided by the health care provider to the
38 patient on the basis that the patient had not paid his or her premium, unless
39 the instrument paying the premium is dishonored or the premium otherwise is
40 not indefeasibly paid.

1   SECTION 3. This act shall be in full force and effect on and after Jan-
2 uary 1, 2016.