

CHAPTER 513A

THIRD-PARTY PAYORS OF HEALTH CARE BENEFITS

Referred to in §87.4, 296.7, 331.301, 364.4, 505.28, 505.29, 508.15A, 515.144, 669.14, 670.7

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513A.1 Purpose.

The purpose of [this chapter](#) is to give the commissioner jurisdiction over third-party payors of health care benefits, to indicate how a third-party payor of health care benefits may show the jurisdiction to which the third-party payor is subject, to allow for examinations by the commissioner if the third-party payor of health care benefits is unable to establish that a third-party payor is subject to another jurisdiction, to make a third-party payor of health care benefits subject to the laws of this state if the third-party payor cannot show that it is subject to another jurisdiction, and to disclose to purchasers of such health care benefits whether or not the plans are fully insured.

[91 Acts, ch 213, §11](#)

513A.2 Authority and jurisdiction of commissioner.

Except as provided in [this chapter](#), a third-party payor providing coverage in this state for medical, surgical, chiropractic, physical therapy, speech pathology, audiology, professional mental health, dental, hospital, or optometric expenses, whether the coverage is by direct payment, reimbursement, or otherwise, is presumed to be subject to the jurisdiction of the commissioner of insurance, unless the person shows that while providing such services the person is subject to the jurisdiction of another agency of the state or the federal government.

[91 Acts, ch 213, §12](#)

Referred to in [§513A.6](#)

513A.3 How to show jurisdiction.

A third-party payor may establish that the third-party payor is subject to the jurisdiction of another agency of the state, any subdivision of the state, or the federal government, by providing to the insurance commissioner the appropriate certificate, license, or other document issued by the agency which permits or qualifies the third-party payor to provide those services.

[91 Acts, ch 213, §13](#)

Referred to in [§513A.4](#)

513A.4 Examination.

A third-party payor unable to establish under [section 513A.3](#) that the third-party payor is subject to the jurisdiction of another agency of the state, any subdivision of the state, or the federal government, shall submit to an examination by the insurance commissioner to determine the organization and solvency of the third-party payor or the entity, and to determine whether or not the third-party payor complies with the applicable provisions of state law.

[91 Acts, ch 213, §14](#)

Referred to in [§513A.6](#)

513A.5 Subject to state laws.

A third-party payor unable to establish that the third-party payor is subject to the jurisdiction of another agency of the state, any subdivision of the state, or the federal government, is subject to all appropriate provisions of [Title XIII, subtitle 1](#), regarding the

conduct of the business of the third-party payor including, but not limited to, filing with and approval by the commissioner of the form of the health benefit policy, contract, or certificate.

[91 Acts, ch 213, §15](#); [92 Acts, ch 1162, §19](#)

513A.6 Production agency or administrator — disclosure.

1. A production agency or administrator which advertises, sells, transacts, or administers the coverage in this state as defined in [section 513A.2](#) and which is required to submit to an examination by the insurance commissioner under [section 513A.4](#), shall, if the coverage is not fully insured or otherwise fully covered by an admitted life or disability insurer, nonprofit hospital service plan, or nonprofit health care plan, advise every purchaser, prospective purchaser, and covered person of the lack of insurance or other coverage.

2. An administrator which advertises or administers the coverage in this state as defined in [section 513A.2](#) and which is required to submit to an examination by the insurance commissioner under [section 513A.4](#), shall advise any production agency of the elements of the coverage, including the amount of stop-loss insurance in effect.

[91 Acts, ch 213, §16](#); [2021 Acts, ch 76, §150](#)

513A.7 Unfair competition or unfair and deceptive acts or practices prohibited.

A third-party payor of health care benefits is subject to [chapter 507B](#) relating to unfair insurance trade practices.

[93 Acts, ch 88, §15](#)

513A.8 Repealed by [97 Acts, ch 67, §3, 4](#).