

Independent Medical Review

*An option for contesting
your insurer's
decision*

What do I do if
**MY HEALTH CLAIM
IS DENIED** ?

If your health claim has been denied by a health insurance provider because your treatment was said to be experimental, investigational or medically unnecessary, you can ask the Kansas Insurance Department for an independent review of your case.

You must go through your insurance company's appeals process first. Following your health insurance company's final decision, you have 120 days to contact the Kansas Insurance Department in writing to request an independent medical review.

IN CASE OF EMERGENCY

If a proposed treatment is refused by your health insurer and filing an appeal through the insurance company would delay urgently needed care, you may request an expedited review. Please contact the Kansas Insurance Department immediately at 800-432-2484 and ask for an independent medical review coordinator.

In the case of an expedited review, the patient does not have to go through the health insurance plan's appeals process.

WHAT WE NEED FROM YOU

We will need you to submit the following items within 120 days of your health insurer's final decision:

A letter summarizing your dispute, including medical letters from your doctor(s), and any other documents supporting your case. Include your address and a daytime telephone number in case we have additional questions.

A completed Independent Medical Review request form, which includes a medical release form. Contact our office at 800-432-2484 to receive the form.

If the department approves your case for review, it will contract with an independent organization to review your case at no cost to you.

Review decisions are final, though you can appeal to a court.

WHAT WE DO TO HELP

Our goal is to help you - the consumer. We will establish if your health claim is eligible for an independent medical review.

Once we have received the necessary records, the insurance department will either approve or deny your request in 10 working days. If your request is approved, the department will then contract with an independent review organization to examine your situation. A written decision by the independent review organization will be issued to you within 30 business days.

If your insurance company denies your claim, you have 120 days to request an independent medical review through the Kansas Insurance Department.

PLEASE NOTE:

The independent review is intended to be truly independent, with no bias toward your insurance company or you. The decision may or may not be in your favor.

The IMR process comes at no cost.

After your claim has gone through independent review, there is not further appeal process except through the court system.

PLANS NOT ELIGIBLE FOR INDEPENDENT MEDICAL REVIEW:

- × Medicare or Medicare supplement insurance
- × Medicaid
- × Federal employee plans
- × Workers' compensation
- × Self-insured employer plans



Vicki Schmidt
Commissioner of Insurance

I spent over 40 years as a pharmacist before becoming your Insurance Commissioner. Meeting the needs of my customers and advocating on their behalf was my top priority and I have brought that same approach to the Insurance Department. Please do not hesitate to contact us if we can ever be of assistance.

- Vicki



KANSAS
INSURANCE
DEPARTMENT