



KANSAS DEPARTMENT OF INSURANCE

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 Department of Insurance 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 Department of Insurance 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 Department of Insurance 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. A letter from the treating physician is required to request expedition.

WHAT WE NEED FROM YOU

You need 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)
- Any other documents supporting your case
 - include your address and a daytime telephone number

A completed Independent Medical Review request form, which includes a medical release form.

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 the necessary records are received, your request will either be approved or denied within 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.

PLEASE NOTE:

The independent medical 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

INDEPENDENT MEDICAL REVIEW REQUEST

Read this form in its entirety. We cannot proceed with your request without adequate information to identify the claim in question. You have a right to provide documentation, and the insurance company must provide your entire claim file for their denial. Any relevant information, including appeal letters, medical records, doctor's notes, or test results should be attached to this request.

Once initiated, you will receive a confirmation letter which details the time limits for providing additional information regarding your claims. You must provide any documentation immediately if you wish for it to be considered by the independent external review organization.

Contact the Kansas Department of Insurance with questions at 785-296-3071.

AUTHORIZATION

We will not proceed without the requested contact information.

Patient's Name: _____

Policyholder's Name (if different): _____

Insurance Company Name: _____

Policy Number: _____

Type of Service Being Denied: _____

Contact Person/Authorized Representative: _____

Phone Number and Email Address for Contact: _____

I, _____, hereby request an external review pursuant to KSA 40-22a13 through 40-22a16, with respect to the claim dispute referred to in the attached correspondence. I authorize the Kansas Department of Insurance to obtain copies of any and all documents including, but not limited to: medical records and reports; notes; charts; lab reports; x-ray reports and x-ray films; consultations and evaluations; tests and test results; prescriptions; bills; correspondence from any physician, attorney, hospital, patient, etc.; and all other documents pertaining to the patient as it relates to the subject dispute. I further authorize the Kansas Department of Insurance to release copies of such documentation to the External Review Organization designated by them to conduct the external review, as provided in the aforementioned law.

A photocopy of this form shall have the same force and effect as the original.

Dated: _____, 20_____

Signed: _____ (Patient or Authorized Representative)

If an Authorized Representative is signing, supplement with Authorization of Representation Form.