

40-4-42a. Notice requirements of adverse decisions. (a) Each written notification of an adverse decision shall be printed in clear, legible type and in at least 12-point type.

(b) The notice of adverse decision shall explain the principal reason for the adverse decision in language easily understood by a person with an eighth-grade reading level. An insurer may meet this requirement by omitting medical terminology that describes an insured's medical condition. The notice shall include the legal names of all impacted parties, and their telephone numbers and addresses.

(c) The notice of adverse decision shall explain how an insured, as defined in K.S.A. 40-22a13, and amendments thereto, can initiate an external review with the commissioner. If an insured is eligible for an expedited review due to an emergency medical condition as defined in K.S.A. 40-22a13, and amendments thereto, then the notice shall explain how an insured can initiate an expedited review.

(d) The notice shall explain that an insured may file for an external review with the commissioner within 120 days of receipt of a final adverse decision. The notice shall also list the Kansas insurance department's toll-free number.

(e) The notice of adverse decision shall describe how the insured can request a written statement of the clinical rationale and clinical review criteria used to make the adverse decision.

(Authorized by K.S.A. 40-103 and K.S.A. 2015 Supp. 40-22a16; implementing K.S.A. 2015 Supp. 40-22a14; effective Jan. 7, 2000; amended P-September 1, 2017.)