

Know Your Regulator Series:
Consumer Assistance

Lauren Childers, Director
 Consumer Assistance Division

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Meet your speaker

Lauren Childers
 Director, Consumer Assistance Division

Responsible for Property & Casualty Unit and Health & Life Unit

With the Department for 11.5 years in various roles

- Policy Examiner Specialist in Health & Life Unit
- Supervisor of Health & Life Unit

Friends University - Topeka, Kansas, Master's in Business Administration, 2015

Lauren has two sons, Theodore (4) and Calvin (1.5)

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Agenda



- About KDOI and CAD
- Consumer Complaint Process
- Overseeing the Independent Medical Review Program
- Monitoring Insurance Agent Compliance
- Educational Efforts

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About - Kansas Department of Insurance

- Established in 1871
- State regulator of insurance and, as of 2017, securities
- Our mission: Regulate, Advocate, Educate
- Commissioner Vicki Schmidt was elected in 2018 and reelected in 2022




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About - Consumer Assistance Division

- First responders for insurance and securities complaints and inquiries when a Kansan has an issue
- Evaluation and review of complaints regarding licensed entities to identify patterns with claims practices




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By the numbers - 2024

- 19 consumer assistance employees
- 1 Director - 2 Supervisors - 14 Policy Examiners - 4 Administrative Specialists
- 4,884 complaint/inquiry files
- \$11.8 million returned to policyholders



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WE WANT THE COMPLAINTS!

- Contact us:
 - Call: 1-800-432-2484
785-296-3071
 - Chat feature: 8:30 to 4:30 (CAD and PL)
- Common complaints we receive:
 - Claim denials/delays
 - Understanding your policy terms
 - Fraud and Securities complaints



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WE WANT THE COMPLAINTS!

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WE WANT THE COMPLAINTS!


- Plans that we do not regulate:
 - Medicare Part A, B, D, and advantage plans
 - Medicaid plans
 - Self-funded plans
 - Flood insurance
- We can't help if we don't know!



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Complaint Process – Contact Us


- First step is to file a complaint
- Multiple ways to file a complaint: paper form, online form, or by email
 - Email: kdoi.complaints@ks.gov
 - Website: insurance.kansas.gov/complaint

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Complaint Process – Conduct Review


- Department staff reviews the complaint and determines the concern
- Initial contact with the appropriate parties
- Acknowledgement sent out to complainant
- Once all documentation is received, policy examiners review for any violation of Kansas Insurance Law

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Complaint Process – Take Action


- Respondents may be asked to complete a more thorough investigation or provide additional support
- CAD may refer for corrective action to Legal, Fraud, and/or Licensing
- If no violation of Kansas Insurance law is found, the Department will provide an explanation of findings

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Complaint Process - What to Remember


- By law, the company does have 15 business days, our process can be timely
- If we are not the appropriate party, we will be sure to forward it on to our contact or provide you with the correct entity
- For agents - the request is not accusatory

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Independent Medical Review (IMR)


- Established in K.S.A 40-22a
- Option for a patient to contest a decision by their insurer
- Specific eligibility requirements
- Non-biased review
- No cost to the patient
- As of 12/6 - 297 requests for an IMR
- As of 10/24 invoice: 165 qualified to go to review - 96 were reversed - 58%

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IMR - Ineligible Policies


- Specified disease, accident or accident-only plans, disability income, hospital indemnity
- Long-Term Care
- Vision, dental, or any supplemental benefit
- Medicare, Medicare Supplement or Medicare Advantage, Medicaid
- Federal plans
- Workers Compensation
- Self-funded plans (exception for the State Employee Health Plan)

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IMR - Eligible Claims


- Insured with a health claim that was **denied** by an insurance company for any of the following reasons:
 - **Experimental and/or Investigational**
 - **Medically unnecessary**
- Must have gone through insurance company's appeal process
 - Expedited process available if eligible
- Within 120 days of final adverse decision

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IMR - How to Apply


- Submit to the Department a completed IMR (on our website) request form and:
 - A letter summarizing the dispute
 - Related medical records
 - Any other supporting documentation

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IMR - Review Process


- Department will review initial request to determine if eligible
- Department will reach out to the insurance company for clarification, eligibility, and their position
- If approved, the request is submitted to an independent review organization
- Independent review organization receives and reviews the dispute

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IMR - Next Steps


- Written decision by the review organization will be issued within 30 days
- If **overturned**, the insurance company must pay for the service/medication in question
- If **upheld**, the decision is final—but insured can still appeal through the court system

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Monitoring Agent Compliance


- CAD expects a timely, written response from agents
 - Provide documentation that supports your viewpoint; this includes email chains, applications, and any other supporting documentation
- Our request for statement is not meant as an assumption of the complainant's concerns

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Monitoring Agent Compliance

- CAD may provide copies of documentation to the complainant
 - A professional response is going to be beneficial
- Referrals to Legal, Fraud, and Producer Licensing as deemed necessary

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