

Meet your speaker

Lauren Childers

Responsible for Property & Casualty Unit and Health & Life Unit

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

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



2

Agenda

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

Insurance

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

4 Insurance

4

About - Consumer Assistance Division

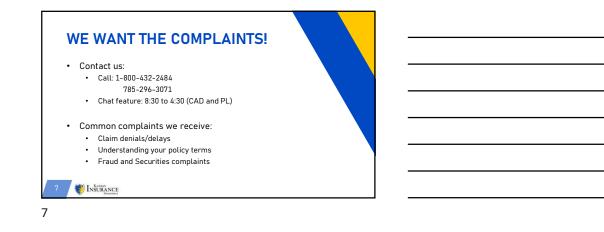
- First responders for insurance and securities complaints and inquiries when a Kansan has an issue
- Evaluation and review of complaints regarding licensed entities to identify patterns with claims practices

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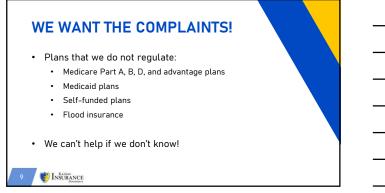
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By the numbers – 2024

- 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









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

10 INSURANCE

10

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

11 Insurance

11



- 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

.2 SINSURANCE

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

13 Insurance

13

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%

14 SINSURANCE

14

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)

IMR - Eligible Claims

- Insured with a health claim that was **denied** by an insurance company for any of the following reasons:
 - \circ 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

16 Insurance

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16

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

17

17 SINSURANCE

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



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

19 Insurance

19

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

20

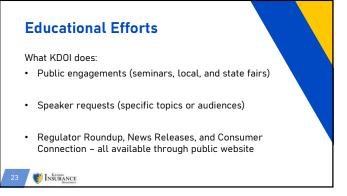


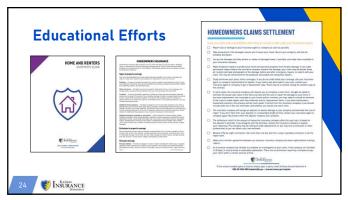
- complainant
- A professional response is going to be beneficial
- Referrals to Legal, Fraud, and Producer Licensing as deemed necessary

Insurance











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