

Complaint Checklist

Submit your complaint in writing. No special form is required, but it will expedite the process to include the following information:

- The date the claim was sent to the insurance company or the date the company acknowledged receipt
- How the claim was submitted - electronically or by mail
- A brief description of your attempts to collect
- Copies of any written notices or other correspondence

Mail to:

Kansas Insurance Department
Consumer Assistance Division
420 S.W. 9th St.
Topeka, KS 66612

Use the above checklist to ensure you include everything a Kansas Insurance Department representative will need in order to expedite the complaint process.

Kansas Insurance Department



Contact us:

Online:

www.ksinsurance.org

By email:

commissioner@ksinsurance.org

Consumer Assistance Hotline:

800-432-2484

Main Number:

785-296-3071

By mail:

420 S.W. 9th St., Topeka, KS 66612

By fax:

785-296-5806

Hours:

8 a.m. to 5 p.m. weekdays
(except state holidays)



Sandy Praeger,

*Commissioner of
Insurance*

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Kansas Prompt Pay Act



*Understanding the rules
for prompt payment of
health insurance claims*

A publication of the **Kansas Insurance Department**

Kansas Health Care Prompt Payment Act

The Kansas Health Care Prompt Payment Act establishes a framework for prompt payment of health insurance claims.

In general, an insurer has 30 days to pay a clean claim or to send a notice to the provider stating why the payment has been delayed or denied. Failure to comply with this portion of the act results in the accrual of interest equal to 1% per month of the billed charges. The interest is payable to the provider, individual, or entity submitting the claim.

An insurer may request additional information on an unpaid claim, but must do so within the first 30 days. When the additional information is received, the insurer has 15 days to pay or deny the claim. Again, failure to comply with this portion of the act results in the accrual of interest equal to 1% per month of the billed charges.

Copies of the Kansas Health Care Prompt Payment Act are available upon request.

Which insurance plans are covered?

The law applies to fully-insured health plans, including plans offered by HMOs. Plans typically covered include individual or group major medical plans, hospital/surgical policies and dental plans. Organizations such as third-party administrators paying claims for fully-insured plans must also comply with the act.

The Kansas Health Care Prompt Payment Act now covers dental and long-term care plans, but not all health plans are covered.



Which insurance plans are not covered?

The law does not apply to any of the following types of health-related medical claims.

Some plans not covered:

- Self-insured employer plans
- Medicare and Medicare supplement policies
- Medicaid
- Workers' compensation
- Federal employee plans
- Vision or drug plans
- Disability income
- Medical claims paid by auto or homeowners insurance

When to report slow payment

Providers or covered individuals will need to give companies at least 30 days to respond to a claim. During that time, the insurance company has the right to request additional information regarding a claim. It is required to notify you of this action within the 30-day period. If you do not receive payment or a notice of delay within 30 days, the law allows you to file a written complaint.

If the insurance company requests additional information, it is allowed 15 days from the date they received the required information to pay or deny the claim. In situations where additional information is requested, we suggest that you check with the insurance company to determine if and when the additional information was received. Complaints can then be filed if you think the 15-day period has expired.

How to report slow payment

To report a slow claim payment, send a written notice to the Kansas Insurance Department. The complaint checklist on the reverse side of this brochure tells you what information to include. You will be notified as soon as our Consumer Assistance division begins to investigate the claim. You will also be notified of the results of the investigation.

Use the checklist on the back of this panel to file a complaint.