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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

MEMORANDUM

TO: Health Care Commission

DeAngela Burns-Wallace Ed.D

Steve Dechant

Ximena Garcia, M.D.

Vicki Schmidt Heather Young

FROM: Jennifer Flory

DATE: February 12, 2020

Subject: Appeals Work Group Meeting Summary

As suggested by the Health Care Commission Chair, the State Employee Health Plan (SEHP) invited representatives of the Employee Advisory Committee (EAC) and the Kansas Insurance Department to meet with SEHP staff to discuss appeals of adverse claims under the SEHP and how information on the resources to appeal claims is delivered. The meeting was held on February 5th with the following representatives in attendance:

Sharon Bolyard, EAC member Kristy Rizek, EAC member

Rebaka Stanley, EAC member LeAnn Crow, Ks. Insurance Dept. Elizabeth Fike, Ks. Insurance Dept. Karen Larsen, Ks. Insurance Dept.

Bobbi Mariani, Ks. Insurance Dept.

Jennifer Flory, SEHP

Michelle Lopez, SEHP

Joan Peterson, SEHP

Paul Roberts, SEHP

The SEHP previously worked with Segal Consulting to evaluate the appeal process as outlined in the benefit description to ensure compliance with the requirements of the Affordable Care Act. The ACA sets out the timeframes for appeals and the external appeals process. A review of the communications a member receives upon an adverse decision along with a summary of the appeal processed in place for medical, dental and prescription drug claims were reviewed. Members may also call the SEHP if they have questions about the appeals process and will be provided information on how to file an appeal.

The committee also discussed how the SEHP staff handle inquiries referred from the Kansas Insurance Department to the SEHP. Staff explained the process for review of these inquiries that do not involve questions of medical facts as the SEHP does not have medical personnel to review questions involving medical treatments. On these matters, SEHP staff provides the member with information on how to file an appeal through the appeal process. On all other inquires, the SEHP contacts the plan administrator to ascertain what has occurred and evaluate whether or not the Plan has complied with the benefits as outlined in the plan benefit description. Inquiries are generally handled within two or three days of receipt and the member contacted with the SEHP staff findings.

The consensus expressed at the conclusion of the meeting was that the information provided was beneficial and the group had a better understanding of appeals. A follow up meeting will be held with the group in June 2020.