

# Understanding Reimbursement Issues in Kansas

## A Guide for Health Care Providers and Practice Administration

### Example EYLEA® (afibercept) Injection Claim Issues and Applicable State Provisions

Prior Authorization	Prompt Payment	Request for Additional Information	Filing Deadlines	Provider Appeals
<p><b>Issue:</b> Plan delays prior authorization.</p> <p><b>Example scenario:</b> Patient is diagnosed and meets medical necessity criteria for EYLEA injections. Provider submits a request for prior authorization. Plan has not made a decision.</p>	<p><b>Issue:</b> Plan delays timely payment pending medical necessity determination.</p> <p><b>Example scenario:</b> Patient is diagnosed and meets medical necessity criteria for EYLEA injections. Provider submits a claim for EYLEA reimbursement, but 31 days later, claim is still pending medical necessity determination.</p>	<p><b>Issue:</b> Subsequent request for additional information.</p> <p><b>Example scenario:</b> Provider submits a claim for EYLEA reimbursement, but 31 days later, Plan indicates payment of claim is pending receipt of additional information.</p>	<p><b>Issue:</b> Claim is past the filing deadline.</p> <p><b>Example scenario:</b> Provider timely submits an EYLEA claim. Plan denies the claim for being past the filing deadline.</p>	<p><b>Issue:</b> Provider appeals.</p> <p><b>Example scenario:</b> Provider wants to challenge Plan's denial or reduction of an EYLEA claim.</p>
<p><b>Kansas Administrative Code Rule 40-4-41 HUM 19 states...</b></p> <p>For a prospective review of a nonurgent claim, Plan will issue a determination <b>within 15 calendar days</b> of receiving the request for a utilization management determination. This time period may be extended 1 time for <b>up to 15 calendar days</b> provided that Plan:</p> <ul style="list-style-type: none"> <li>• Determines that an extension is necessary because of matters beyond Plan's control</li> <li>• Notifies the patient, prior to the expiration of the initial 15-calendar-day period, of the circumstances requiring the extension and the date when Plan expects to make a decision</li> <li>• If the patient fails to submit necessary information to decide the case, specifically describes in the notice of extension the required information and gives the patient <b>at least 45 calendar days</b> from receipt of notice to respond to Plan's request for more information</li> </ul>	<p><b>Kansas Statutes Chapter 40, Section 2442 states...</b></p> <p>Plan issuing a policy of accident or sickness insurance will pay a clean claim or send written or electronic notice acknowledging the receipt and status of the claim <b>within 30 days</b> of receiving the claim and amendments thereto. Such notice will:</p> <ul style="list-style-type: none"> <li>• Include the date when Plan received the claim</li> <li>• State that Plan refuses to reimburse all or part of the claim</li> <li>• Specify each reason for denial</li> </ul> <p>If Plan fails to comply with these requirements, Plan will pay interest at the rate of 1% per month on the amount of the claim that remains unpaid 30 days after receipt of the claim. The interest paid will be included in any late reimbursement without requiring the person who filed the original claim to make any additional claim for such interest.</p>	<p><b>Kansas Statutes Chapter 40, Section 2442 states...</b></p> <p>Plan issuing a policy of accident or sickness insurance will send written or electronic notice acknowledging the receipt and status of the claim <b>within 30 days</b> of receiving the claim and amendments thereto. Such notice will:</p> <ul style="list-style-type: none"> <li>• Include the date when Plan received the claim</li> <li>• State that additional information is necessary</li> </ul> <p>After receiving a request for additional information, the person claiming reimbursement will submit all additional information requested by Plan <b>within 30 days</b> after receiving the request for additional information.</p> <p><b>Within 15 days</b> after receiving all the requested additional information, Plan will pay a clean claim or send written or electronic notice:</p> <ul style="list-style-type: none"> <li>• Stating that Plan refuses to reimburse all or part of the claim</li> <li>• Specifying each reason for denial</li> </ul> <p>If Plan fails to comply with these requirements, Plan will pay interest at the rate of 1% per month on the amount of the claim that remains unpaid.</p>	<p><b>Kansas Statutes Chapter 40, Section 2203 states...</b></p> <p>Written proof of loss must be furnished to the insurer <b>within 90 days</b> after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, <b>later than 1 year</b> from the time proof is otherwise required.</p> <p><b>NOTE:</b> This provision sets forth minimum standards. Provider should check contract for specific requirements.</p>	<p><b>Kansas Statutes Chapter 40, Section 22a09a states...</b></p> <p>There are 2 levels of <b>internal review</b>. A second-level internal review may be waived if in writing. Plan or utilization review organization will provide the insured a written decision setting forth the relevant facts and conclusions supporting its decision:</p> <ul style="list-style-type: none"> <li>• <b>Within 15 business days</b> if the second-level internal review involves a preservice claim</li> <li>• <b>Within 30 days</b> if the second-level internal review involves a postservice claim</li> </ul> <p><b>Kansas Statutes Chapter 40, Section 22a14 states...</b></p> <p>If no decision is reached <b>within 60 days</b>, claimant may proceed to an <b>external review</b>. The request for an external review must be made <b>within 120 days</b>.</p> <p><b>Kansas Statutes Chapter 40, Section 22a15 states...</b></p> <p>The external review must be decided <b>within 30 business days</b>. Plan will pay for the costs of the review.</p>

Complaints regarding these and other payer issues can be made to the [Kansas Department of Insurance website](https://www.kansas.gov/insurance).



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