

**Kansas Farm Bureau Member Healthcare Benefit Plan Proposed Complaint and Appeals Process. (Follows the process mandated of the Affordable Care Act.)**

1. Reconsideration: Member seeks informal discussion with KFBHP to resolve issues.

2. Grievance: Within 180 days of adverse determination, Member files written request for reconsideration to KFBHP.

3. First Level Grievance Hearing; KFBHP Grievance committee reviews the request and any additional information. Written decision is provided to Member.

4. Second Level Grievance request: Within 90 days of First level decision policyholder may request second level grievance hearing. Member's rights to other benefits are not affected by appeal.

5. Second Level Grievance Hearing: Maybe in-person or telephonic hearing before the second level Grievance Committee. The committee will make a written determination to Member.

**Independent review of Medical Necessity Determination of Coverage Rescissions:**  
After completing a first or second level hearing, Member may request the dispute be submitted to a NEUTRAL third party selected by KFBHP (selected randomly from list of qualified persons). KFBHP pays the costs of the third party reviewer. Reviewer must issue a determination within 45 days after receipt of the request. In the case of a life threatening condition, the decision must be issued within 72 hours after receiving the request. Except in cases of life threatening condition, review may request additional time not to exceed 5 business days. Reviewer's decision must contain terms of the Contract; Member's medical condition; information submitted to reviewer.

Member may complain to the Attorney General's office under the Kansas Consumer Protection Laws: KSA 50-624 (definitions) KSA 50-626 (Deceptive Acts); or KSA 50-627 (Unconscionable Acts and Practices).  
Member may file a civil case in district court for breach of contract.