

304.17A-619 Duty of covered person, authorized person, or provider to provide insurer with new information regarding internal appeal -- Time frame for insurer to render a decision based on new information -- Insurer's failure to make timely determination or provide written notice.

- (1)
 - (a) If the covered person, authorized person, or provider has new clinical information regarding the covered person's internal appeal, he or she shall provide that information to the insurer prior to the initiation of the external review process.
 - (b) The insurer shall have five (5) business days from the date of the receipt of the information to render a decision based on the new information.
 - (c) If new information is provided in accordance with this subsection, the sixty (60) day time frame for commencing an external review as set forth in KRS 304.17A-623(4), shall not begin to run, until the insurer or its designee renders a decision regarding the new information.
- (2) The insurer's failure to make a determination or provide a written notice within the time frames set forth in KRS 304.17A-617 shall be deemed to be an adverse benefit determination, other than a coverage denial, by the insurer for the purpose of initiating an external review as set forth in KRS 304.17A-623.

Effective: July 15, 2026

History: Amended 2026 Ky. Acts ch. 45, sec. 28, effective July 15, 2026. -- Created 2000 Ky. Acts ch. 262, sec. 10, effective July 14, 2000.