Resources Available to Maryland Consumers with Health Insurance Issues

Louis Butler, Director Appeals & Grievances
lbutler@maryland.gov

Patricia Dorn, Health Insurance Administrator
Patricia.dorn@maryland.gov

insurance.maryland.gov

Agenda

- The Maryland Insurance Administration (MIA)
- Types of Complaints the MIA's Life & Health Unit and Appeals & Grievance Unit Can Review
- When Should a Complaint be Referred to the MIA
- What the Consumer Needs to Do to Receive Assistance From the MIA
- What a Consumer Should Expect as a Part of the Complaint Process

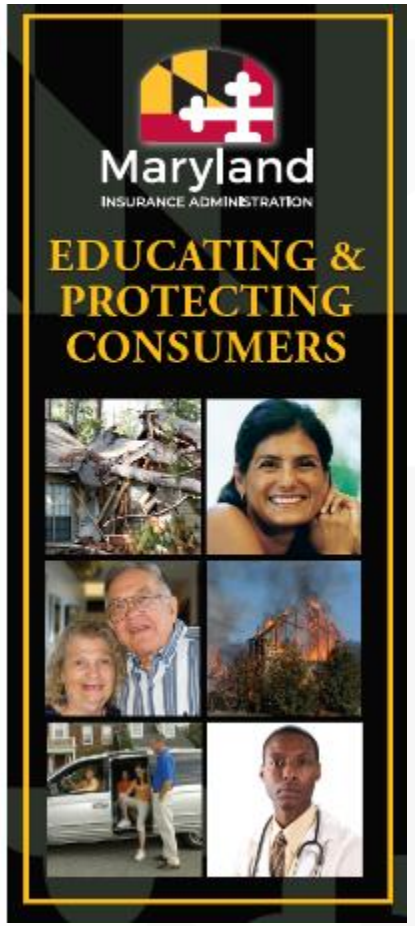
Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

What is the Maryland Insurance Administration

The Maryland Insurance Administration (MIA) is the state agency that regulates insurance in Maryland. The MIA:

- Licenses insurers and insurance producers (agents or brokers).
- Examines the business practices of licensees to ensure compliance.
- Monitors solvency of insurers.
- Reviews/approves insurance policy forms.
- Reviews insurance rates to ensure rates are not inadequate, excessive or unfairly discriminatory.
- Investigates consumer and provider complaints and allegations of fraud.



Maryland
INSURANCE ADMINISTRATION

MIA YouTube Playlist

insurance.maryland.gov

Background/History

- The Appeals and Grievance process begins when a carrier renders an "adverse decision," which includes a determination that a proposed or delivered healthcare service is not medically necessary, appropriate or efficient.

- The member, the member's representative, or the treating provider on behalf of the member has the right to protest this decision through the carrier's internal review process.

Background/History

- When a protest is filed with the carrier regarding an adverse decision, this is a "grievance.“
- If the carrier again determines the proposed or delivered healthcare service is not medically necessary, the member, the member's representative, or the treating provider on behalf of the member may ask the Maryland Insurance Administration (MIA) to review the carrier's grievance decision by filing a "complaint."

How the Law Works

- The Appeals and Grievance Law gives the MIA the authority to contract with three Independent Review Organizations ("IROs") to review these medical necessity complaints. When the MIA sends a complaint to an IRO for review, and the IRO assigns an expert reviewer for the complaint, Maryland law requires that the reviewer be an unbiased provider in the same specialty as the area or areas appropriate to the subject of review.

How the Law Works

- The MIA's final decision on the complaint may be based on the opinion of the IRO. If the complainant remains dissatisfied with the MIA's decision, he or she may make a written request for a hearing to challenge the MIA's decision. Carrier's do not have the right to an administrative hearing, but may file a petition for judicial review with the Circuit Court.

Types of Complaints the MIA's Life & Health Unit and Appeals & Grievance Unit Can Review

Generally, the MIA can review complaints involving health benefit plans delivered or issued in Maryland, including:

- claim denials based on medical necessity;
- denials of all or part of a claim for other reasons;
- appeals of a carrier's denial; or
- other possible violations of Maryland's insurance laws.

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

Types of Complaints the MIA's Life & Health Unit and Appeals & Grievance Unit Can Review

Denials may include:

- A claim denial. This is where your carrier or HMO has denied payment for a service or medication that was provided.
- An authorization denial. This is when a medication or treatment requires a referral or prior authorization from your provider, but this authorization has been denied by your insurance carrier or HMO.

You are entitled to a written denial unless you or your provider agrees to an alternative care plan.

Appeals

If your health care provider tells you that a certain service or medication is needed (medically necessary), but your health insurance carrier or HMO denies your claim, that is a denial based on medical necessity and you have the right to appeal that decision.

Generally, you must file a grievance with the carrier first before you can file a complaint with the MIA. In some cases, though, including, for example, when you have a compelling reason, you can file a complaint with the MIA first.

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

Appeals

In addition, you can appeal if:

- you were approved for a lower level of care than you asked for; or
- you believe the in-network or approved provider is too far away or the wait is too long; or
- you received an approval for fewer visits than your provider thinks you need.

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

Jurisdiction of the MIA's Life & Health Unit and Appeals & Grievance Unit

The MIA has jurisdiction over all health insurers and HMOs authorized or licensed to conduct business in Maryland.

Jurisdiction means that the MIA has the authority to regulate these entities and individuals, including investigating complaints.

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

Jurisdiction of the MIA's Life & Health Unit and Appeals & Grievance Unit

The MIA cannot address complaints or inquiries involving insurance contracts which are not regulated by the State of Maryland. Generally, this includes the following:

- Self-funded or self-insured employer plans
- Medical Assistance (Medicaid), except for delayed payments
- Medicare and Medicare HMOs
- Federal Employee Health Benefit Programs
- Uniformed Services Family Health Plans
- Contracts issued and delivered to the policyholder in another state.

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

What the Consumer Needs to do to Receive Assistance from the MIA

- Complaints can be filed online, mailed in, or faxed.
- Forms to file a complaint are available on our website.
  - www.insurance.maryland.gov/Consumer/Pages/FileAComplaint.aspx
- Mail or fax your complaint to:

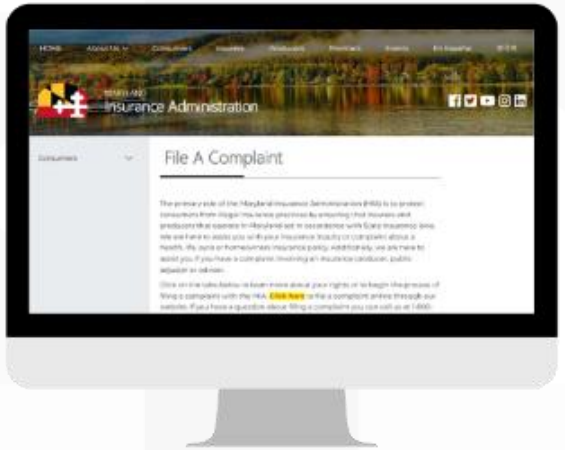
  Maryland Insurance Administration
  Attn: Consumer Complaint Investigation
  Life and Health/Appeals and Grievance
  200 St. Paul Place, Suite 2700
  Baltimore, MD 21202
  Fax: 410-468-2260 (Life and Health) or 410-468-2270 (Appeals and Grievance)

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

14

What the Consumer Needs to do to Receive Assistance from the MIA



- Online Complaint Portal
  - https://enterprise.insurance.maryland.gov/consumer/ConsumerPortalWelcomePage.aspx
- If you have a disability and need to file a complaint by phone, you can call the MIA at 410-468-2244.
- The patient's signed consent is required for an Appeals & Grievance complaint.

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

15

What a Consumer Should Expect as Part of the MIA's Complaint Process

- You should receive an acknowledgment of the complaint within a few days. The acknowledgment will include the contact information for the MIA's investigator.
- You can call the investigator any time you have questions.
- Appeals and Grievances complaint investigations are concluded within 45 days, unless an extension of an additional 30 days is granted.

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov

What the Numbers Show

- In 2021, the Maryland Insurance Administration's Appeals and Grievance Unit either reversed or modified the carrier's grievance decision **71 percent of the time**.

- Since the enactment of the Appeals and Grievance law, the Maryland Insurance Administration's Appeals and Grievance Unit has recovered over $12 million dollars for complainants.

How the MIA is Improving Consumer Outreach

- Creation of a 24/7 Hotline marketing campaign
- Robust social media campaign promoting the 24/7 Hotline
- Consumer newsletter
- Various marketing materials, including:
  - First Aid Kits
  - Magnets
  - Flyers
- Podcast/Video production to promote 24/7 Hotline (YouTube Channel, Social Media, Website)
- Consumer education at outreach events, i.e. community events, fairs, libraries, motor vehicle administration, farmers markets
- Partnering with Maryland State Senator and Delegate offices to promote the 24/7 campaign

Example Questions

The following are some examples of the types of questions that the Appeals & Grievance Unit receives:

Example 1:

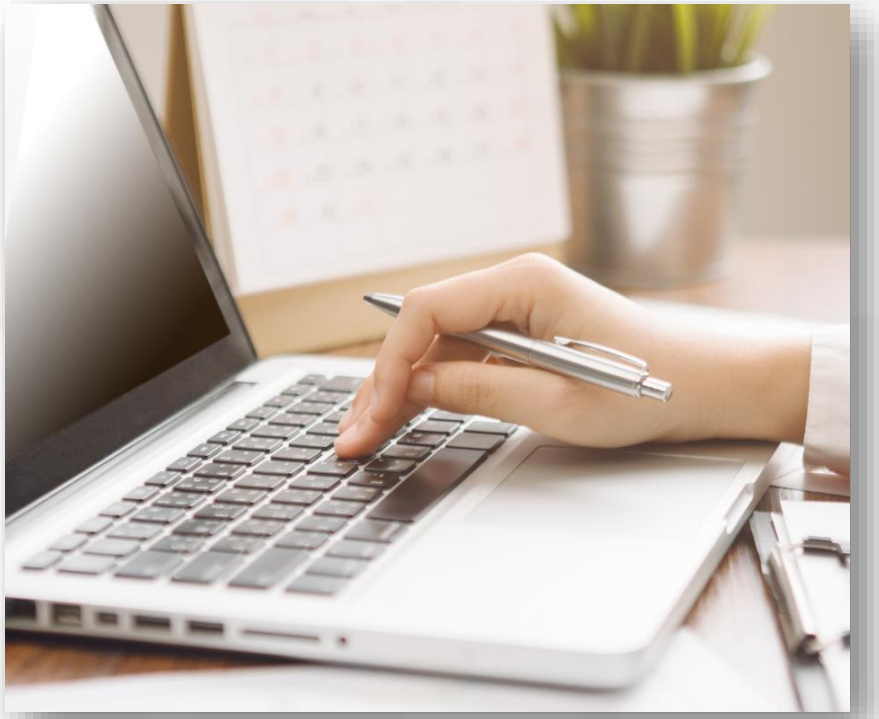
Question: Jessica and Michael are worried about their daughter Abigail, who is 15 years old. They aren't sure what the problem is, but it seems to be beyond teenage general moodiness. Abigail's grades are falling, she's gotten into a physical fight with her younger brother, and her parents think she may be drinking. Her school social worker suggested an evaluation by a psychiatrist. Abigail's parents can't afford to go out of network to get this treatment.

How should they start the process to have Abigail evaluated and make sure that it will be covered?

Example Questions

Example 2:

Question: They tried the online directory, but they found that there were mistakes and it was very frustrating. What should they do at that point?



Example Questions

Example 3:

Question: Jessica and Michael were able to get Abigail evaluated by a psychiatrist and she was able to start making progress with an in-network therapist.

However, before her therapy sessions were over, the therapist indicated that they were no longer accepting the parents' insurance, and Jessica and Michael have been unable to find another in-network therapist with the same level of expertise to treat Abigail.

What should they do at that point?

Example Questions

Example 4:

Question: What if the **request was denied** because the health plan says that there are providers in-network, but Jessica and Michael don't think that the particular in-network providers have the necessary level of expertise or that it's unreasonable for them to wait because there's going to be a delay before they actually get to an appointment.

They really don't want to disrupt Abigail's treatment since she's been doing well and they don't want to see any deterioration in the progress that she's been making.

What would you recommend to the parents at this juncture?

Example Questions

Example 5:

Question: The situation has gotten worse. Abigail has threatened to kill her brother and herself and it’s clear that she needs emergency treatment. What can be done to make sure that she's able to obtain the treatment that she needs at this point?

Example Questions

Example 6:

Question: The parents have found and it's been recommended that Abigail go to this mental health facility that's located in Arizona that has a history of success dealing with these particular issues. What should the parents do if they would like to send her to that particular facility?

Example Questions

Example 7:

Question: Abigail has been authorized to receive treatment and she goes to the facility and her treating psychologist, Dr. Gomez, says that she needs two visits every week for the next 12 weeks and the plan says she can have two for only four weeks. Is there anything that the family can do at this point?

Questions?

Maryland
INSURANCE ADMINISTRATION

insurance.maryland.gov