

CONSUMER'S EDGE

CONSUMER PROTECTION DIVISION, MARYLAND OFFICE OF THE ATTORNEY GENERAL

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WHEN YOUR HEALTH PLAN SAYS 'NO'

A Baltimore woman with bone cancer learned that her health plan would not pay for a stem cell transplant. The plan said that since she was in remission after undergoing chemotherapy, the transplant was not necessary. But her doctor said that such transplants can only be done during remission and that without the procedure, the cancer would probably recur.

An Eastern Shore woman's doctor ordered an echocardiogram to diagnose her heart problem, but her health plan refused to pay for it, saying that cardiac catheterization was sufficient.

Another individual's health plan would not pay for a prescription for a certain ulcer medication. The plan would pay for alternative medications, but the patient had tried them, and they weren't effective.

What can you do when your HMO or private health plan refuses to pay for care that it says is not medically necessary, appropriate, or efficient? You can contact the Health Education and Advocacy Unit and receive help with appealing your health plan's denial of coverage. The three patients above used this assistance and were able to get their health plans to pay for the treatments they needed.

The Process

1. The denial notice. When your health plan decides that it will not authorize or pay for all or part of your care, it must inform you of its decision in writing. That letter must explain the plan's appeals or "grievance" process, and also tell you that the Health Education and

Advocacy Unit (HEAU) of the Maryland Attorney General's Office is available to assist you.

2. Mediation. The HEAU will first try to resolve the problem with your health plan through mediation, which is a process of gathering information about the dispute, sharing the information among all the parties, and trying to bring about a cooperative resolution. The HEAU will ask the plan to reconsider its denial and will provide information from your doctor that shows how the treatment meets the criteria for medical necessity. For example, if your doctor prescribed two visits a week to a physical therapist and your plan said that only one visit per week was medically necessary, the HEAU could gather materials from your doctor demonstrating why two visits are needed for your full recovery.

3. Formal appeal to the health plan. If mediation is unsuccessful,

the HEAU will help you or your doctor prepare a formal appeal with the plan's internal grievance process. All health plans have such a process to consider challenges to denials. Except for emergencies, in most cases the health plan must give you its answer to your appeal within 30-45 working days. There are deadlines for filing appeals so you should not wait to reach out for help.

4. Appeal to an independent external reviewer. If, after reviewing your grievance, the plan stands by its original decision to deny payment or coverage, the HEAU will assist you in appealing to the Maryland Insurance Administration (MIA) or other independent ex-



ternal review organization. The MIA or other external review agent will have independent medical experts review the decision by the health plan. If these experts determine that the treatment is medically necessary, appropriate, and efficient, the health plan will have to cover your care.

MEDICAID

If you are enrolled in Medicaid and need assistance with getting medical care from your Managed Care Organization (MCO), call the HealthChoice Help Line at 1-800-284-4510.

IN EMERGENCY SITUATIONS

If you or your doctor believe that you need urgent care, but your health plan does not agree, you should call the Maryland Insurance Administration's toll-free number at 1-800-492-6116. That agency will render a decision within 24 hours and can order the plan to pay for the treatment. If the MIA cannot help, contact the HEAU.

HELP FOR OTHER HEALTHCARE DISPUTES

The Health Education and Advocacy Unit does more than help consumers with appealing "medical necessity" denials by their HMO or private health plan. Its staff and volunteer mediators also help consumers:

- Resolve billing disputes with hospitals, doctors, dentists, nursing homes, and other healthcare providers;
- Get copies of their medical records or make corrections to them;
- Resolve warranty problems with hearing aids, eyeglasses, wheelchairs, or other medical equipment that is defective or was never delivered;
- Establish payment plans or qualify for free or reduced cost care; and
- Resolve disputes with Maryland Health Connection.



HOW TO CONTACT US

Consumer Protection Division

200 St. Paul Place, 16th Fl., Baltimore, MD 21202

- **General Consumer Complaints:** 410-528-8662
Toll-free: 1-888-743-0023 TDD: 410-576-6372
En español: 410-230-1712
9 a.m. to 3 p.m. Monday-Friday
www.marylandattorneygeneral.gov/Pages/CPD/
- **Health Consumer Complaints:** 410-528-1840
Toll-free: 1-877-261-8807 TDD: 410-576-6372
En español: 410-230-1712
9 a.m. to 4:30 p.m. Monday-Friday
www.marylandcares.org
- **For information on branch offices** in Largo, Salisbury, Hagerstown, and a full list of offices across Maryland, visit:
www.marylandattorneygeneral.gov/Pages/contactus.aspx

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