

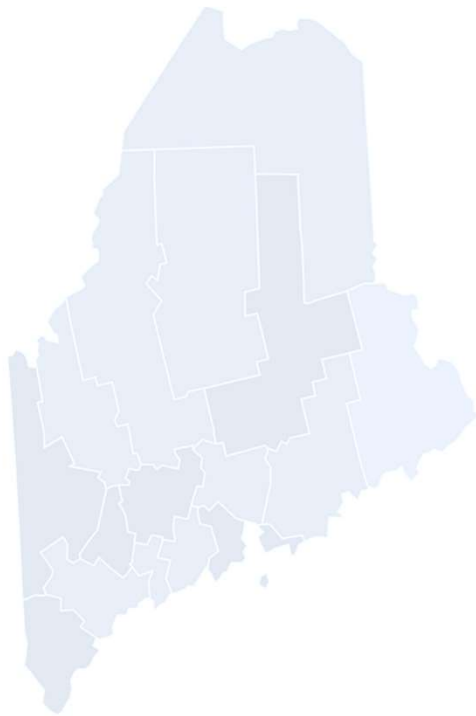


# Maine Consumer Appeals

## Headaches, Barriers, and Improbable Success

*Presentation to the ERISA Advisory Council on September 12, 2024  
Julia M Underwood, Associate Director, Consumers for Affordable Health Care*

# Consumers for Affordable Health Care (CAHC) provides:



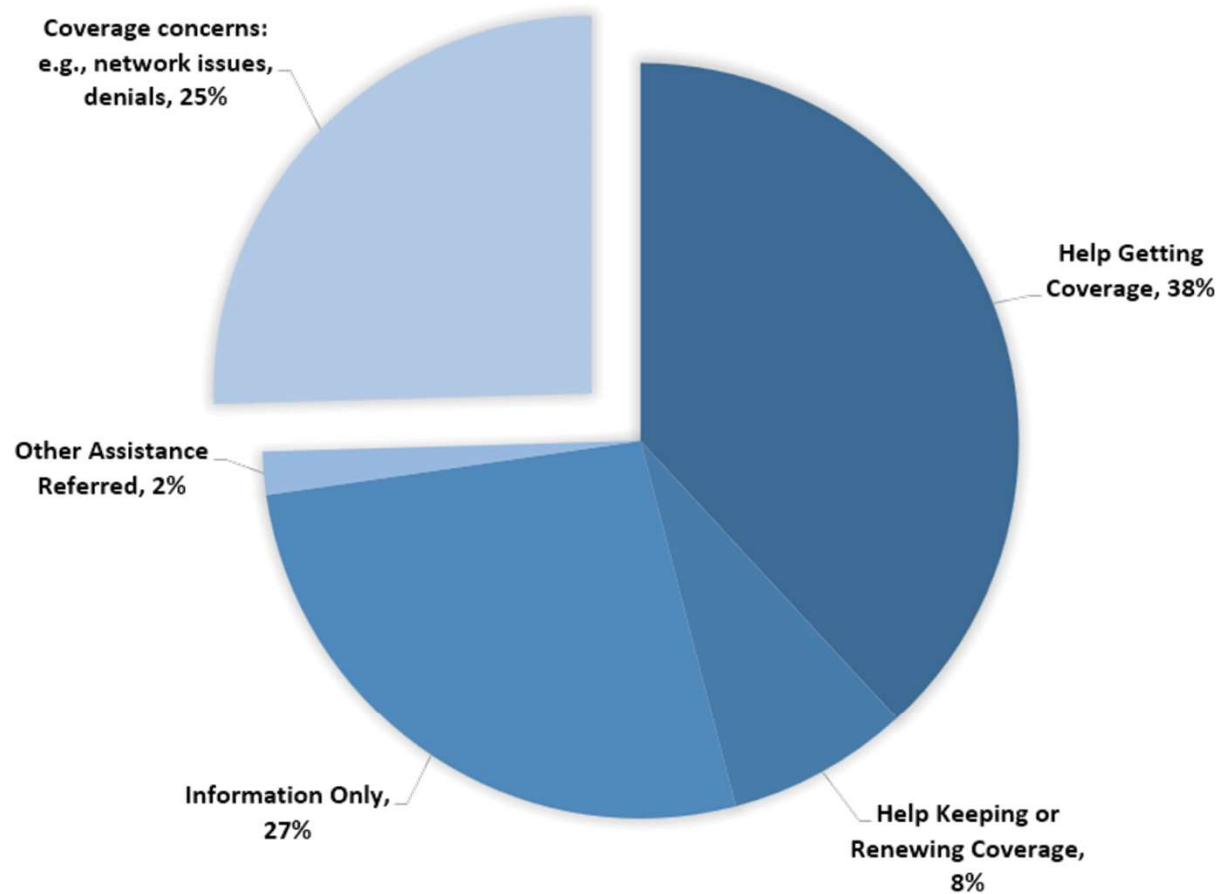
- A statewide, toll-free HelpLine open Monday through Friday
- Application and enrollment assistance for public and private health insurance
- Assistance with private insurance appeals
- Outreach and education to consumers
- Training for enrollment professionals



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# Consumer requests to CAHC's HelpLine



**5061** requests

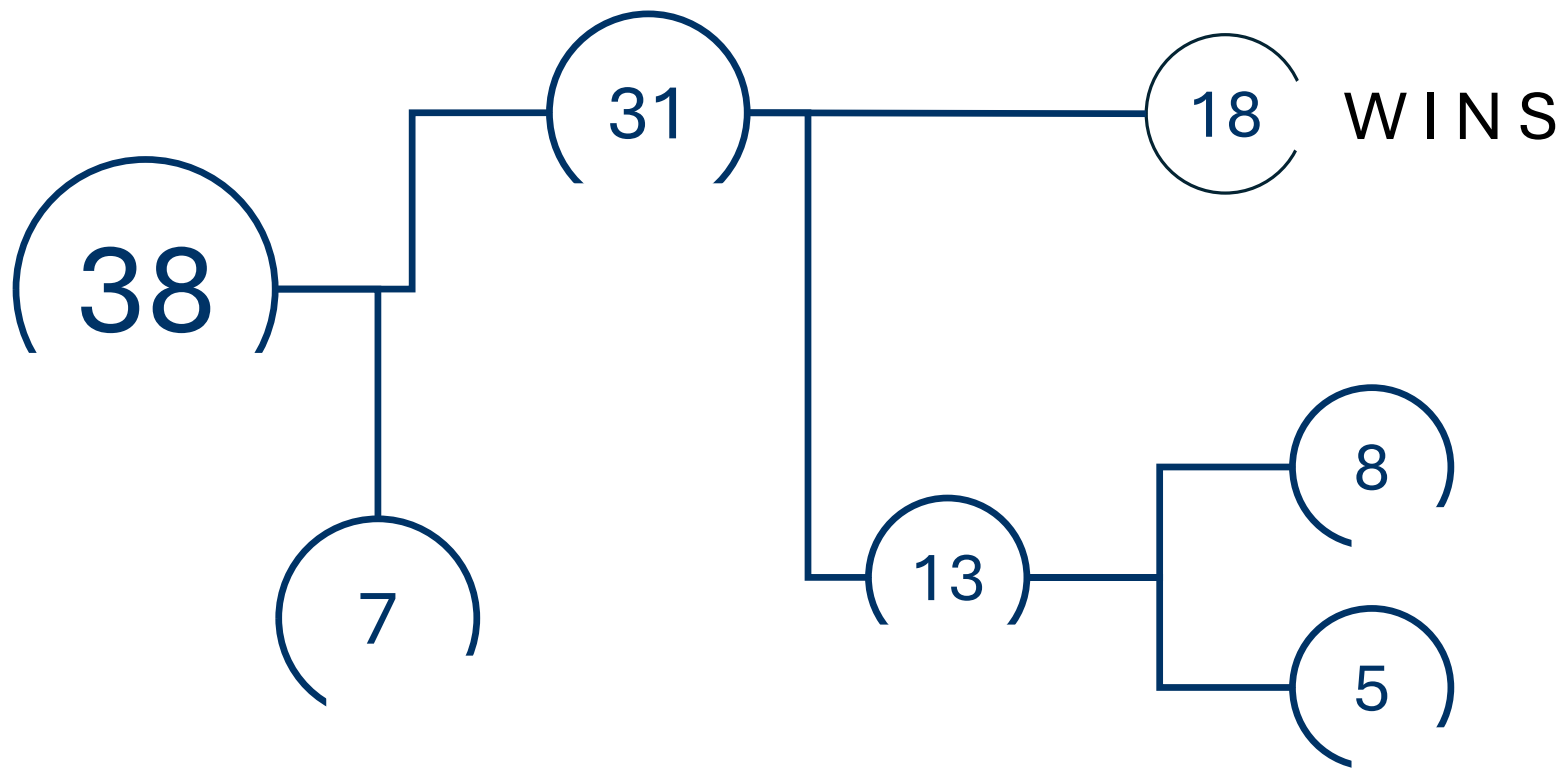
**25%** about **coverage** concerns: e.g., network issues, denials



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# Appeals and Complaints 2022-24



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# Appeals and Complaints: Other Assistance

- DIY Consumer Guide to Appeals
- Level One coaching
- Collaborative relationship with the Maine Bureau of Insurance



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## CAHC's View

**As Maine's Consumer Health Insurance Assistance Program, CAHC sits at the weak intersections of the "system," i.e., where health care and health insurance collide, rather than coordinate.**



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# Headaches:

- Misunderstanding the “system”
- Technical language
- Providers unwittingly mislead consumers



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# Headaches: Employer-sponsored Coverage

- Lack of understanding of coverage provisions
- HR department confusion regarding insurance documents
- Employers change plans



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# Headaches: Marketplace Coverage

- “Shop around” puts the focus on cost, not quality of the coverage
- Networks and formularies must be checked before plan selection
- Even with APTCs and CSRs, affordability is an issue



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# Barriers to Coverage on Appeals

- Access to consumer files
- Clinical Guidelines
- Network Inadequacy
- Inappropriate “clinical peer”
- External Review
- Current weak spots



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# Barriers: Access to consumer files

- Incomplete consumer files
- Increasing insurance company resistance to producing files

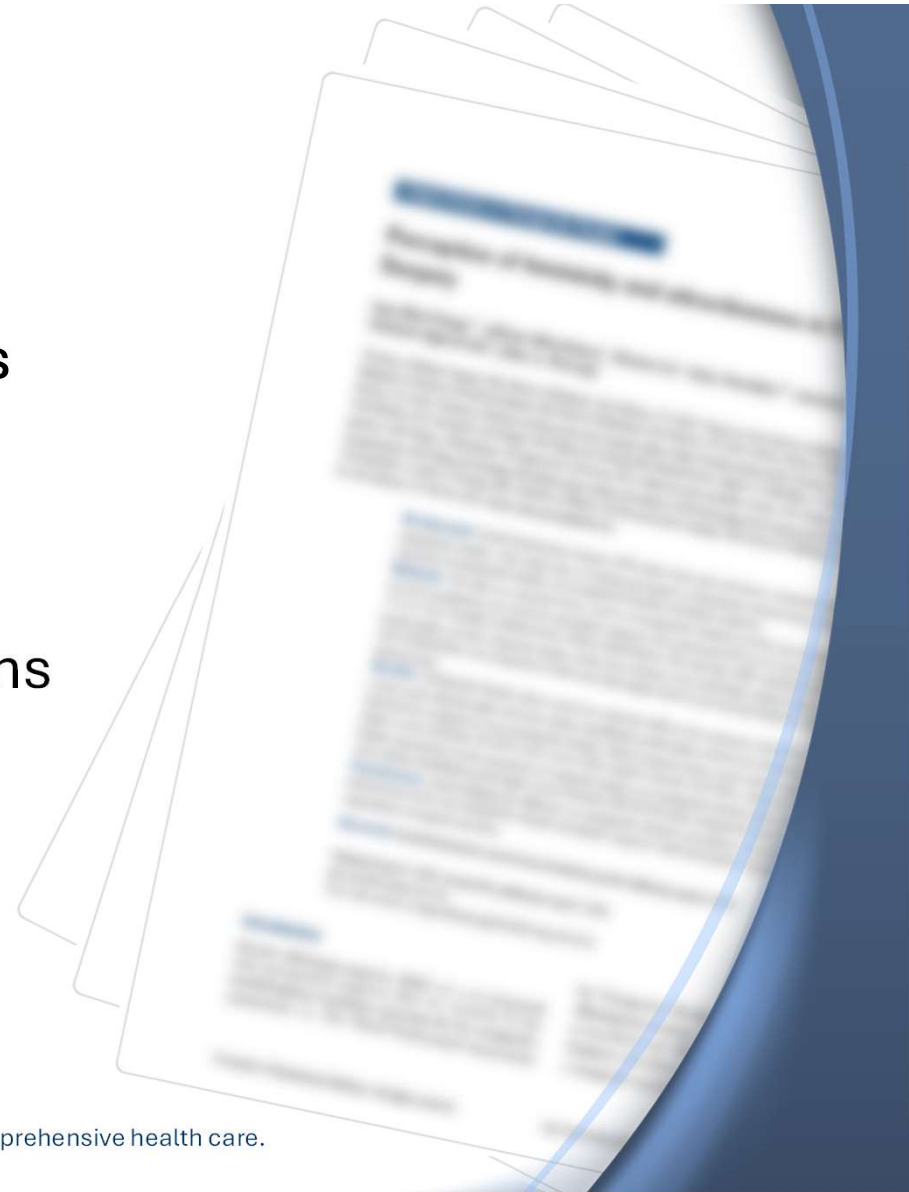


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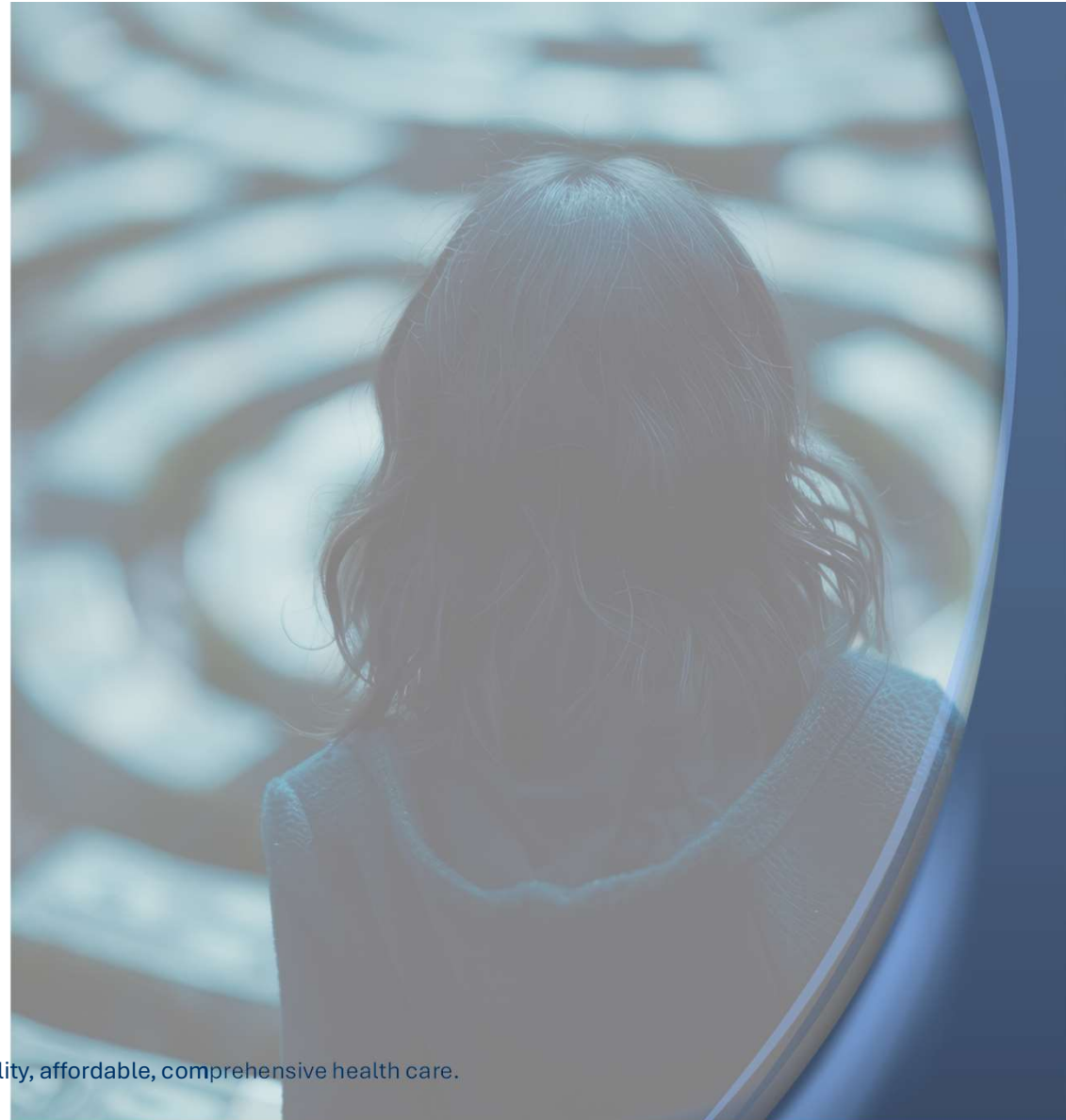
# Barriers : Clinical Guidelines

- Clinical Guidelines or Medical Policies are often not readily available
- Medical studies they cite are often inaccessible without paid subscriptions
- Failure to Update Clinical Guidelines



# Barriers: Challenging Network Inadequacy

- Time-consuming
- Delay access to medically necessary care
- Unavailable providers



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## Barriers: Inappropriate “clinical peer”

- Board certification may be insufficient; weakly-qualified individuals may evaluate medical treatments
- External review is a spin of the roulette wheel



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# Barriers: Weak spots in the “system”

- Transfers from ER to inpatient care
- Hospital mergers
- Outsourcing billing
- Substitute drugs in the face of supply shortages



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# The difference professionalism makes

- Understanding the system
- Access to medical studies
- Experience reading statutes and regulations
- Written and oral advocacy



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# Improbable Success

- Gender-affirming Facial Surgeries
- Out-of-network surgical services
- Dual biologics
- Coverage for long-COVID
- Emergency jaw surgery



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# CAHC's View

- Success should not be improbable.
- **In the collisions that occur among patients, providers, and health insurance companies, consumers have:**
  - **The least knowledge**
  - **The least power**
  - **The highest burden**
- CAHC welcomes policy changes that will reduce the burden on consumers in prosecuting appeals.



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## Consumers for Affordable Health Care:



[www.MaineCAHC.org](http://www.MaineCAHC.org)



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