

**PROTECT CONSUMER ACCESS TO HEALTHCARE--
SUPPORT REVISED INSURANCE REVIEW PROCESS**



CONSISTENT AND FAIR APPEALS FOR CONSUMERS



Q. Why do we need Senate Bill 958?

A. Reasons for revisions to the utilization review process:

- We need to level the playing field for consumers with their insurers. The current process to challenge an insurer's decision is heavily weighted in favor of the insurer.
- Insurers are not required to give a specific reason as to why an enrollee or a provider's request is denied.
- Insurers often apply strict guidelines without considering an individual's circumstances and other illnesses
- Depending on the insurer, appeal rights could include two levels of appeal or merely one level of a paper review with or without the right to participate.
- Consumers need a consistent process regardless of what plan they have.
- We need to require insurers to correctly determine whether a service is "medically necessary," consistent with our medical necessity statute.

Q. What does this bill do?

A. This bill requires:

- The insurer to provide an enrollee with a written notice explaining in detail the insurer's position that a particular service is not medically necessary
- A consistent and fair appeal process across all plans by establishing the enrollee's right to a hearing. The insurer must provide an enrollee the option of a participatory appeal (which may be held telephonically) before it makes a decision to finally deny a claim. The insurer must make the insurer's reviewing practitioner available for such hearing.
- A recording of the second level of appeal for transcription if the matter goes to external appeal.
- Waives the enrollee filing fee of \$25 for enrollees for external appeals.

Q. Don't people already have access to an external appeals process that can fix these problems?

A. Yes, but only in some cases. Reversal rates for some denials of services and for certain health plans on external appeal are over 50%. This means that on average, the companies are getting their decisions wrong 50% of the time at the beginning and through the early appeal stages. This statistic cries out for a strengthening of the early appeal process so that correct and fair decisions are made at the beginning of the process, not at the end.

For more information contact:
Richard Kehoe
Office of the Attorney General
860-808-5294

Vicki Veltri
Office of the Healthcare Advocate
860-297-3982