Helping Ohioans with Healthcare Benefit Choices

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OAHU Regulatory Update

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Recently, the Ohio Department of Insurance released data that explains the significant dollars saved Ohio health care consumers between 1999 and 2017. An August 26th Columbus Dispatch article below details the more than $21.6 million in previously denied health care benefits and services that the Department recovered on behalf of Ohio consumers.

Patients denied benefits, services by health insurers are using appeal process to recover millions

Between 1999 and 2017, more than 7,000 cases where Ohioans appealed denied coverage from their insurers or health care providers were reviewed by either the Ohio Department of Insurance or an independent review organization, recovering more than $21.6 million in previously denied health care benefits and services, according to the insurance department.

By Megan Henry
The Columbus Dispatch
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It's been 20 years since Ohio enacted its external review law to allow people to appeal decisions made by health care providers, a right that was eventually established nationally by the Affordable Care Act.

Patients are sometimes frustrated or confused by bills from their health insurance companies after a trip to the hospital or doctor, especially if they disagree with the charges.

And if they want to dispute them, patients have the power to appeal the charges.

The 2010 Affordable Care Act gave people the right to appeal decisions made by their health care providers to an independent panel and potentially go through an external review process — regardless of which state they live in.

“The consumer receives a denial or a reduced benefit from their carrier that they disagree with, so they have the right to file an appeal with their carrier,” said Jana Jarrett, the Ohio Department of Insurance’s assistant director of consumer affairs.

Ohio was ahead of the game when it enacted an external review law in 1999. The Ohio legislature updated the law in 2011.

Since 1999, 7,012 cases have been reviewed by either the Ohio Department of Insurance or an independent review organization through 2017, recovering more than $21.6 million in previously denied health care benefits and services to Ohioans, according to the insurance department.

“The concept is for consumers to be able to have an independent review of the decision the claim denies,” said Carrie Haughawout, the Ohio Department of Insurance’s deputy director.

Patients can initiate an appeal by contacting the health insurance company. If the company doesn’t agree to overturn the decision, the patient can start the external review process.

If the provider’s decision doesn’t involve a medical judgment, the request is sent to the Ohio Department of Insurance. If the decision involves a medical judgment, the request goes to an independent review organization for consideration by a medical professional.

″(Independent review organizations) contract with medical providers that have expertise in these various things, so they make those decisions about whether or not they are medically appropriate or medically necessary because we at the department are not clinicians, we can’t make those decisions,” Haughawout said.

From there, the Ohio Department of Insurance or the independent reviewer has the power to reverse the decision.

If the decision is reversed, the patient gets the payment back. However, if the decision is not reversed, the review process is complete and the patient has the option to file a lawsuit.

“I think (the external review process) helps consumers greatly, because at the end of the day, they really didn’t have a voice and this gives them a voice to feel that their claim was adjudicated correctly,” said Meredith Merlini, vice president of National Medical Review. “If the claim is denied, they’re not happy, but at least they were given an opportunity to have their claim looked at by someone who’s not the insurance company.

National Medical Review works with Ohio, he said.

“This gives the consumer almost like a level playing field,” Merlini said. “Treatment is between a patient and the doctor. Our process is really deciding who’s paying for it.”

People can’t go up against health insurance companies by themselves, said Adria Gross, CEO and founder of MedWise Insurance Advocacy and MedWise Billing Inc., a New York-based medical health care advocate.

“They don’t know how to fight,” she said. “They have no clue.”

In Ohio in 2017, 514 cases involving over $6.3 million in health care benefits and services were submitted for independent review. The insurance companies' original decisions were reversed in 36% of the cases, saving consumers $1.17 million, according to the Ohio Department of Insurance.

The agency reviewed 84 cases in 2017, and 11 resulted in the reversal of previously denied benefits, saving people almost $97,800, according to the Ohio Department of Insurance.

"It's great for us to see that we are providing some relief to consumers, and in those situations, people that are going through the appeals process is a stressful situation, dealing with medical issues in general is stressful," Jarrett said. "If we are able to look at something that was done incorrectly and we are able to help a consumer out, then that's the ideal situation for us."

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