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PRESS RELEASE

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Report: Health Education and Advocacy Unit Saves Over \$5.4 Million for Patients

Annual Report Reveals Consumers Rarely Challenge Health Insurance Denials but When They Do, They Are Likely To Be Successful

BALTIMORE, MD (November 1, 2024) – Attorney General Anthony G. Brown announced today that the Health Education and Advocacy Unit (HEAU) within the Consumer Protection Division of the Office of the Attorney General closed 1,949 complaints in Fiscal Year 2024, assisting patients in saving or recovering over \$5.4 million dollars, including more than \$4.8 million in appeals and grievances cases. The information was included as a part of the comprehensive [Annual Report](#) on the Health Insurance Carrier Appeals and Grievances Process that must be submitted to the General Assembly each year.

The HEAU offers mediation services to consumers with health insurance and medical billing issues, hospital financial assistance applications, medical debt collection, and access to medical records. The HEAU also helps consumers who have problems enrolling in a private health plan on Maryland Health Connection, the state’s health insurance marketplace, or obtaining financial assistance to lower the cost of coverage.

“Navigating the health care system can be complex and confusing. Too often, there is a difference between what health insurance is willing to pay and what doctors, hospitals and other providers actually bill, putting an emotional and financial strain on people just trying to use their insurance,” **said Attorney General Brown**. “Marylanders can turn to the HEAU when they are denied coverage or need help understanding, or disputing, their medical bills.”

The HEAU Annual Report reflects that denials of coverage happen routinely without challenge. In fact, according to carrier-reported data over the last ten fiscal years, on average, only 10 percent of adverse decisions were challenged, and on average 54 percent of those denials are reversed when challenged. Given the low number of grievances filed and the likelihood of a positive outcome when a grievance is filed, consumers are urged to seek help from the Health Education and Advocacy Unit.

In one case mediated by the HEAU, a consumer had surgery to repair a broken right clavicle and expected to have to pay \$5,000. During the surgery the consumer sustained a torn vein complication requiring an unexpected vascular surgeon to join the surgical team and an extension of the surgical time. His insurance carrier denied coverage of the vascular surgery portion of the claim and specifically instructed the hospital to send the \$43,000 bill to the consumer. The HEAU successfully appealed this decision, and the denial was reversed, but the carrier took more than a year to pay the claim. The HEAU worked closely with all parties to make sure no further bills were sent to the consumer until the payment was made by the carrier.

In another case mediated by the HEAU, a consumer underwent a pre-approved cardiac procedure and, because of a coordination of benefits dispute, was shocked when he was billed \$20,700 by the hospital. He paid the bill with a credit card out of fear of incurring late fees, but then incurred credit card fees on the card balance. The consumer was so worried that he delayed additional recommended treatment until the dispute could be resolved. The primary insurer initially avoided paying the claim, insisting the coverage was secondary to Medicare, but it was not. The HEAU appealed and the carrier reversed, paying the hospital claim with interest. The consumer was issued a refund of his overpayment.

Another consumer was referred to an ophthalmologist for blepharoplasty/revision of upper eyelids. She suffered from constant and progressive eyelid inflammation and loose eyelid skin, and visual field studies conducted by her physician demonstrated 30% visual impairment, which met the guidelines for surgery. However, the carrier denied the provider's pre-authorization request, deeming the surgery cosmetic, and thus falling under an exclusion to benefits under her plan. The HEAU successfully appealed the decision; the surgery was authorized, saving the consumer \$5,600 in out-of-pocket costs.

The HEAU also assists consumers faced with surprise medical bills, which has been a persistent problem for consumers both in Maryland and nationally. The No Surprises Act, which became effective January 1, 2022, established new protections from surprise billing and excessive cost sharing for consumers receiving out-of-network health care items and services in emergency situations and while at in-network facilities. In one recent No Surprises Act case, a child was born at an in-network hospital but was seen by an out-of-network pediatrician. The insurer processed the pediatrician's claim as an out-of-network service, applying out-of-network cost sharing. When the family contacted the carrier, they were told the claim was not covered under the federal No Surprises Act. The HEAU appealed, and the insurer overturned the denial, acknowledging the situation was clearly covered under the No Surprises Act. The claim was reprocessed, saving the consumer \$1,250.

Of the cases closed by the HEAU in FY 2024, the HEAU mediated 384 appeals and grievances-related cases. As a result of the HEAU mediation process, 55% of the medical necessity cases, 45% of the coverage decision cases, and 51% of the eligibility denial cases were overturned or modified. When the original denial is not overturned or modified, the HEAU is often able to negotiate a reduction in the billed fee from the provider and set up reasonable payment plans for consumers.

Copies of previous years' reports can be found [here](#).

Consumers seeking assistance from the Health Education and Advocacy Unit can call the Unit's Hotline Monday to Friday, 10 am to 2 pm, at 410-528-1840 (en español: 410-230-1712) or file a complaint online at www.MarylandCares.org.

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