

# OHIC NEWS

## RIREACH HELPLINE A RESOURCE FOR CONSUMERS FACING HEALTHCARE HURDLES

### OHIC-sponsored nonprofit program helps thousands of callers a year

For years, Richard Fascia had been experiencing gradual hearing loss. He tried hearing aids, but found them difficult to use and uncomfortable. Eventually, his doctor recommended a hybrid cochlear implant.

A retired police officer, Fascia had a good health plan. But his insurer denied coverage for the cochlear implant, saying the treatment was “investigational” and “not medically necessary.”

Fascia says he didn't know where to turn. But he happened to attend a talk given by a representative of the Rhode Island Commission for the Deaf and Hard of Hearing. When he reached out to the Commission personally, they referred him to call a consumer helpline called RIREACH.

RIREACH – the Rhode Island Insurance Resource, Education and Consumer Helpline – assists consumers who face barriers to accessing their healthcare. Begun in 2013, RIREACH is a program of the nonprofit Rhode Island Parent Information Network (RIPIN) in collaboration with the Office of the Health Insurance Commissioner.

Consumers can call RIREACH when they have questions about their health insurance, whether they have commercial insurance, Medicare, or Medicaid. The staff at the RIREACH call center are trained to help consumers navigate the health care system, understand their rights when it comes to health insurance, and make their way through the often confusing appeals process



*Richard Fascia and Melody Sorea. When Fascia's health plan denied coverage for a hybrid cochlear implant, Sorea and RIREACH were able to help get the denial reversed.*

when coverage may be denied.

The RIREACH helpline handles 200-400 cases per month, and over the course of a year will help approximately 3,000-4,000 consumers. In addition to helping consumers with health insurance issues, RIREACH also assists with access to special education programs, and connects callers with social services and community resources.

When Fascia called RIREACH, he connected with Melody Sorea. She immediately went to work on his case, contacting anyone and everyone she could. Fascia, who has difficulty communicating by phone, received email updates from Sorea every week.

“The experience was extremely positive,” Fascia says.

Together, Sorea and Fascia worked to convince the health insurer to reverse its decision. It took nearly a year, numerous calls and countless emails from both Sorea and Fascia before the insurer finally approved Fascia's cochlear implant.

“Without RIREACH, without Melody, I wouldn't be looking at having surgery in July,” Fascia says.

And he urges others in Rhode Island who may have similar struggles with their health insurance to call RIREACH themselves. “You can't fight this on your own,” he says, “and fortunately, you don't have to.”

Learn more about RIREACH at [www.rireach.org](http://www.rireach.org) or [www.ripin.org](http://www.ripin.org).

1-855-747-3224  
[www.RIPIN.org](http://www.RIPIN.org)      [www.RIREACH.org](http://www.RIREACH.org)

The complex block contains the logos for RIPIN (Rhode Island Parent Information Network) and RIREACH. Below the logos, the phone number 1-855-747-3224 is displayed, followed by the website addresses www.RIPIN.org and www.RIREACH.org.

## Ask the Commissioner: Coverage Denials and Appeals

*“Ask the Commissioner” is a regular column where Commissioner Hittner answers common questions about health insurance and healthcare policy.*

### **My health plan denied coverage for a service that I need, and that I think should be covered. Is there anything I can do?**

Your health plan may determine that a medication, medical procedure, or other service recommended by your doctor is not medically necessary and deny coverage for that specific treatment. As a consumer, you should know that you and your doctor have the legal right to appeal such coverage denials.

Health insurers have physicians, dentists, and other medical professionals on staff to review and approve or deny claims based on medical necessity. When a denial (often referred to as an “adverse determination”) is issued, the insurer is required to notify the patient within a specific time frame depending on the type of service. Denials can be issued for medical services that a patient has already received, is currently receiving, or has not yet received.

Your doctor has the right to a peer-to-peer conversation with the individual at the insurance company who denied the claim. This allows your doctor to have a better under-

standing of the basis for the denial, and also to share more details about your case. Sometimes, this may be enough to reverse the insurers’ determination.

As a patient, you have the right to file an appeal of the determination. There are three stages of appeal:

- A Level I appeal is an internal appeal conducted by the insurer.
- If the Level I appeal result is still a denial, you can request a Level II appeal, which is also internal.
- Finally, if coverage is still denied, you can request an External Appeal, which is done by an independent review company designated by the state Department of Health.

Each stage of the appeals process is subject to timeframes under the law. Specific time requirements can be found at the [Department of Health website](#).

Knowing where, when, and how to request appeals can sometimes be a challenge for consumers. Fortunately, OHIC’s consumer assistance partner, RIREACH, is available to help you throughout the process. You can call 1-(855)-747-3224, or visit [rireach.org](http://rireach.org), to connect with professional consumer assistors.

While there is no guarantee that internal or external appeals will result in a denial being reversed, it is important that consumers know their rights, and that RIREACH is there to help.



Dr. Kathleen Hittner

## Upcoming Meetings

### **State Innovation Model (SIM) Steering Committee**

*Meets the 2nd Thursday of every month*

Thursday, May 11, 5:30—7:30 PM  
HP Conference Center  
301 Metro Center Blvd., Warwick

### **Health Insurance Advisory Council**

*Meets the 3rd Tuesday of every month*

Tuesday, May 16, 4:30—6 PM  
Blackstone Valley Community Health Care  
39 East Ave., Pawtucket

### **Primary Care Alternative Payment Model Workgroup**

Friday, May 19, 7:30—9:30 AM  
Department of Labor and Training Conference Rm.  
1511 Pontiac Ave. Building 73-1, Cranston

### **High-risk Patient Identification Workgroup**

Friday, May 19, 9:30—11:30 AM  
Department of Labor and Training Conference Rm  
1511 Pontiac Ave. Building 73-1, Cranston

### **Small Practice Engagement Workgroup**

Wednesday, May 31, 7:30—9:30 AM  
Department of Labor and Training Conference Rm  
1511 Pontiac Ave. Building 73-1, Cranston



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