Office of Affordable Health Care

2023 Public Hearing Comment Solicitation – **Individual Consumers**

*Written comments are due by midnight on Friday October 6th, 2023.*

*Comments may be emailed to* [*meg.garratt-reed@maine.gov*](mailto:meg.garratt-reed@maine.gov)*, and can be attached as a word document/ PDF or copied into the body of an email. Please note that comments are not confidential and will be posted publicly.*

Submitter Information

Name: Jason Holman

City/town of residence (optional): Carthage

Comments

*You may answer some or all of the following questions.*

1. Has the cost of health care created a barrier to accessing care, or an undue financial burden on you or your family? Please share any information you are willing to about the experience, including the type of cost(s) (e.g. out-of-pocket costs, insurance premiums) and the health care services you were trying to access?

In 2022, due to billing issues between Covenant health and my insurance, I overpaid Covenant ~$4k for services that should have been covered by insurance. The overpayment was only highlighted later in the year after I had hit my out-of-pocket maximum, yet still received a ~$4k bill from a different provider (MaineHealth). Neither insurance nor Covenant leant much assistance (if any) in determining the root of the issue. My wife and I eventually stumbled upon the problem in early 2023: Covenant had submitted claims for services my wife (Julie) had received with me (Jason) listed as the patient. For the services that required pre-authorization, the patient’s name led to a rejection of the claim from insurance, and I ended up paying the full amount. To this day, I still have not been successful in getting either Covenant or my insurance to rectify their mistake. Additionally, I had to pay out of pocket for the additional $4k claim with MaineHealth since MaineHealth moved my claim into collections.

The process of dealing with the insurance company and Covenant has been nothing short of exhausting and has taken up an extraordinary amount of my time (and excess money). No one in these organizations is empowered to do anything to assist and they do not seem overly concerned that they have committed a HIPA violation by submitting improper claims.

I am in a salary position within my company and have access to resources that has helped move the ball along in this matter. I fully believe that if this is happening to any of my hourly employees that they are left eating the costs of these blunders.

1. When you were experiencing challenges affording health care, did you attempt to access assistance from a government agency or any other organization? Did you find any specific resources particularly helpful, or were there gaps in the assistance available?

After more than a year of attempting to rectify this situation alone, I sought out assistance. Eventually that search lead me to the “Consumers for Affordable Health Care” group, who have been amazing in their willingness to listen and take action.

1. Are there particular cost barriers you would encourage Maine state government to prioritize when considering policy changes? Or are there policy ideas you believe would benefit yourself and/or other consumers?

The insurance/healthcare system is purposefully setup to be difficult to navigate. Change needs to start by stripping away the layer of complexity.

As an example, the company I work for uses a third party “Medical Benefits Administrator” (Ameriben) to help navigate insurance (Anthem) – neither of which is tasked with advocating for me; they both advocate to control their own costs first and foremost, services I pay for.

1. Please share any additional comments.