



May 10, 2022

Medical Care Wrongly Denied by Medicare Advantage Plans

Every year, thousands of people enrolled in Medicare Advantage plans are denied access to necessary care that is covered by Medicare. The federal investigation of the health plans serving nearly 30 million senior citizens found improper denial of care and denial of payment. In the 2022 report, the Inspector General found three major ways services and payment were denied. First, the health plan corporations used clinical criteria not required by Medicare coverage rules. Second, they required unnecessary documentation; and third, they made errors.

Although appeals led to some of the denials being reversed, they also prevented or delayed care and put an unnecessary burden on patients who may be sick, injured or dying.

“Medicare Advantage Plans Often Deny Needed Care, Federal Report Finds,” Reed Abelson, The New York Times, Updated April 29 2022:

<https://nyti.ms/3vQ9mob>

“Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care,” Christi A. Grimm, Inspector General, Office of Inspector

General, HHS, April 2022: <https://bit.ly/38bmMll>

“Medicare Advantage Appeal Outcomes and Audit Findings Raise Concerns About Service and Payment Denials,” (OEI-09-16-00410), Daniel R. Levinson, Office of Inspector General, U.S. Department of Health and Human Services, September 2018: <https://bit.ly/3kO7qq8>

Presented daily by Twila Brase, President and Co-founder
Citizens' Council for Health Freedom.

*The Health Freedom Minute is now heard in 48 states:
Mon-Fri on more than 850 radio stations nationwide*

cchfreedom.org / info@cchfreedom.org / 651-646-8935