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**#NAMICON19**



**2019 NAMI  
National  
Convention**  
JUNE 19–22 • SEATTLE

# Welcome to 2019 NAMI National Convention

## How to Challenge an Insurance Company's Denial of Mental Health Benefits

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## You (or a Loved One) Received a Health Insurance Denial. Now What?

- Get the denial in writing.
- Carefully review the denial.
- Learn about the appeal process. Note deadlines!
- Decide if you want to hire a lawyer.
- Request an internal appeal.





## Know Your Rights

- Internal appeal process
- External review
- Submit a complaint to the state insurance commissioner
- Litigation



## FYI: Key Laws Impacting Mental Health Coverage

- ERISA
- Mental Health Parity Laws (Federal and State)
- Affordable Care Act (ACA or Obamacare)
- Americans with Disabilities Act



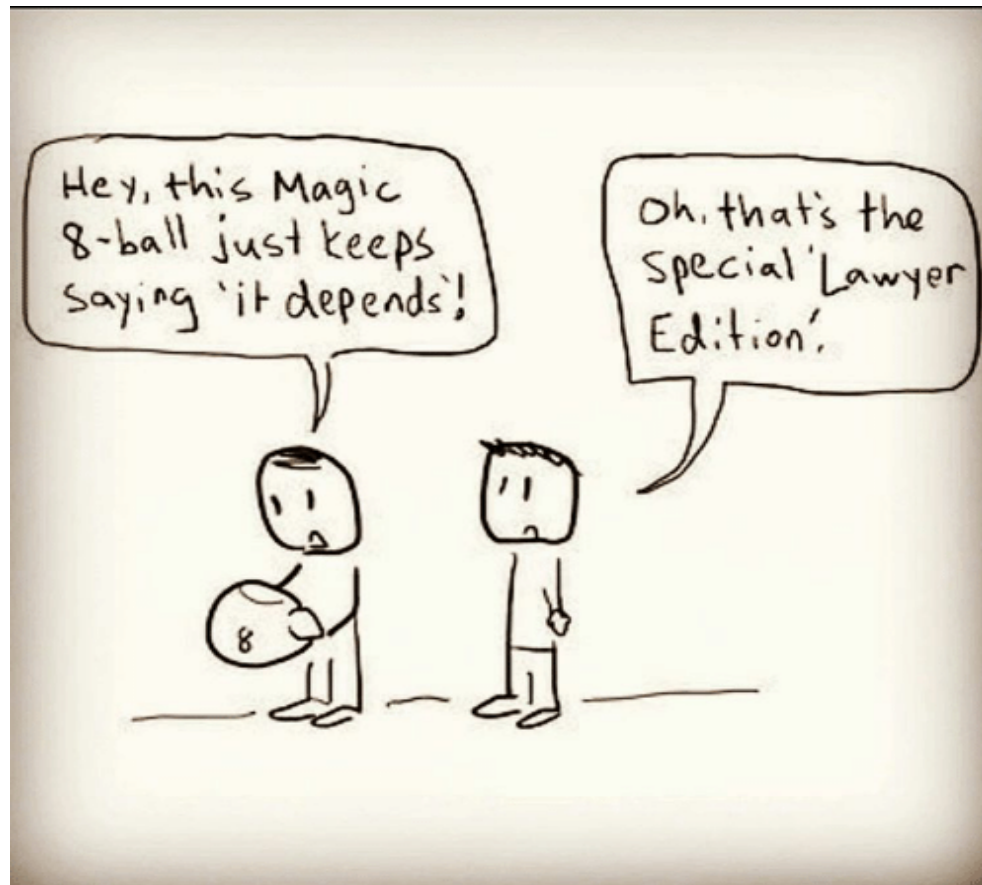


## Know the Health Plan's Relevant Provisions



- **Step 1:** Request a complete copy of the policy.
- **Step 2:** Closely read the policy.
- **Step 3:** Note, tag, and highlight key sections.

## Know What Law Governs the Health Plan



## Gather and Review Key Documents

Obtain a complete copy of:

- All relevant health plan documents.
- The health insurer's file related to the denial, including relevant coverage guidelines.
- All relevant medical records.





## Gather and Review Coverage-Supporting Evidence

- Medical studies or journal articles
- Letter(s) of Medical Necessity
- IRO decision databases
  - California
  - Washington
    - <https://fortress.wa.gov/oic/consumertoolkit/search.aspx?searchtype=indrev>
- Other documents?



## Write the Appeal Letter



- **Include** basic information about the denial.
- **Provide** any information the denial letter requests.
- **Explain** why the insurer's specific reasons for the denial are wrong.
- **Explain** how the plan's applicable clinical coverage criteria is met.

## Submit the Appeal

- Don't miss the deadline!
- Follow any submission directions
- Keep a copy for your records
- Track the submission
- Note the health insurer's response deadline



## During the Appeal Process...

- Keep copies of everything
- Document all communications with your health insurance carrier
  - Including the name of who you spoke with, when, hold times, etc.
- Follow up phone conversations with an email

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You (or your loved one) got denied *again*...







## Appeal again internally, if available

### Request External Review

- Generally available after the internal appeals process is exhausted
- Information on external review should be provided by the health insurer
  - Check plan and denial letter
- Decision is binding

## Other Options

- Submit a complaint to the state insurance commissioner or department
- Litigation

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**“Actually, I’m a litigator.”**

## Resources

### Your State's Insurance Commissioner or Insurance Department

#### NAMI:

- <https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Understanding-Health-Insurance/How-to-File-an-Insurance-Complaint>
  - Contains an appeal letter template
- <https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Understanding-Health-Insurance/What-to-Do-If-You-re-Denied-Care-By-Your-Insurance>
- <https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Understanding-Health-Insurance/Are-My-Insurance-Rights-Being-Violated>

**Patient Advocate Foundation:** <https://www.patientadvocate.org/>

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# Questions?







# Thank You

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