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=in
drev
- 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
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
Resources

Your State’s Insurance Commissioner or Insurance Department

NAMI:
  - Contains an appeal letter template

Patient Advocate Foundation: [https://www.patientadvocate.org/](https://www.patientadvocate.org/)
Questions?
Thank You

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