Supporting a Loved One Getting Access to Care – What to Do

Thoughts from the Westin Family

Anna's Story

When Anna Westin was struggling with anorexia and needed intensive, specialized care, her insurance company told the family repeatedly that her treatment was not necessary and that her doctors' recommendations were not what they would pay for. At the time, the family had little time or energy to fight those decisions, but intended to fight them when Anna was no longer in crisis. Tragically, Anna died from anorexia on February 17, 2000. The Westins made a decision very soon after her death to do what they could to fight eating disorders, which included addressing the problem of limited access to care.

As they began exploring, they learned that all too often insurance companies deny or severely limit coverage for care for eating disorders, especially higher levels of care like intensive day programs and residential care. They researched who could help them address these issues and decided to ask Minnesota Senator Paul Wellstone (who worked hard to pass National Mental Health Parity Laws) and Minnesota Attorney General Mike Hatch for help. Both men responded immediately and agreed to do what they could to address the huge crisis of access to care for people struggling with mental health problems.

Attorney General Hatch filed a lawsuit against Blue Cross and Blue Shield of Minnesota in October 2000 for their illegal pattern and practice of misconduct in denying, delaying and withholding necessary mental health, chemical dependency and eating disorder treatment for Minnesota children and young adults. The suit was settled out of court in June 2001 and the Westins were pleased with the settlement. The settlement greatly improved access to care for people in Minnesota who had BCBS insurance, and a surprising result was that several other insurance companies voluntarily agreed to the provisions of the settlement. Sadly, after the State settlement expired in 2006, some insurers reverted back to limiting or withholding care for eating disorders.

After 15 years, Kitty Westin continues to advocate for the rights of people with eating disorders. There has been progress, but there continues to be a great need to educate insurance companies, and if necessary, force them to authorize life-saving care for people who suffer from eating disorders. It is frustrating when you have a very sick family member and your insurance company questions the need for treatment. The following guide has been designed to help you through the appeals process with your insurance company.

Remember that what you are asking for is reasonable and that you have been paying for insurance so you and your family would be covered in case of a life-threatening illness. It is also helpful to keep in mind that insurance companies are not the enemy, but they are generally uneducated about eating disorders. One of your jobs is to help educate them so they

understand the necessity of the requested treatment. It is always easier to get your insurance company to work with you if you approach them in a non-threatening manner. Try to leave your emotions out of it and always be civil, polite and determined (not aggressive). We often suggest that people write two letters. The first is full of emotion and states what you really think and feel. You "let it all out" in this letter, then tear it up and begin the second letter. The second is polite and respectful, but it does convey your determination and unwillingness to give up until your loved one gets the care she or he needs.

Overcoming Insurance Barriers

Educate yourself. Read your insurance manual and determine what mental health benefits you have. If you have difficulty understanding the document, call the Customer Service number on the back of your insurance card. You must have accurate information as you move forward.

It is also important to understand which covered treatments are funded through the "health" section of your plan and which are funded through "mental health" section. For example, your psychiatrist and medical doctor will be funded through "health benefits" and you should insist that these are billed this way.

Follow the rules. It is important that you understand the "rules". You cannot play the game without all of the rules, and generally the insurance company has access to the rules and you don't. Call your insurance company and ask them to explain such things as the appeals process, what criteria they use to determine medical necessity and who makes these decisions. Request a copy of the written criteria and also the names and positions of the people making the decisions. It is also important to find out who the President/CEO of the company is and send copies of all letters to him or her. Remember to carefully document every phone call including the name of the person you spoke to, date and time and what was said or decided. Exhaust the appeals process and be very careful when you submit forms; delays are often caused by insignificant omissions or mistakes such as leaving out a requested number.

As you begin the appeals process, we suggest you get a copy of the APA (American Psychological Association) Guidelines for treating eating disorders. You can find these at: http://www.psychiatryonline.com/pracGuide/pracGuideChapToc_12.aspx

Send a copy of these to the insurance company along with the other information and request that your loved one's level of care be based on the accepted guidelines. If the request is denied or your insurance company states they use a different set of guidelines ask for a copy of the guidelines they use and insist that they take full responsibility for your child's life, noting that they are disagreeing with the qualified experts in the field and the approved guidelines that professionals across the US use to determine level of care.

Stay diligent: There will be times when you can solve the problem quickly and relatively easily. If you receive a letter stating that the requested treatment was denied we suggest you call the company and ask to speak directly to the Medical Director. The person answering the phone typically cannot reverse the decision so you need to speak to someone who can. Ask the Medical Director for a detailed explanation of why the request was denied and what criteria was used to determine this. Try to "join" with him or her by stating that you believe an error was

made and that it needs to be reversed. Have your documents at your side so you can explain clearly and effectively why you are right. Again, it is very important that you document everything that is talked about.

Start the Appeal Process: If the simple attempt does not work you will need to file an appeal. As stated before, be sure you understand what the company's appeal process is and follow it completely. Once you have the information you need from the insurance company start putting together a packet to send to the review committee and the president of the insurance company. Write a letter that is brief, clear and states your expectations and goals. Present your concerns clearly, concisely and in understandable terms. Briefly tell your story and state your expectations. It is important to ask for a response within a defined time period.

In the packet you will also include documentation, evidence and facts. Ask your treatment team for documentation supporting your request and the rationale for the treatment recommended. Very often insurance companies deny or limit coverage after mere "paper reviews" that contradict the judgment and recommendations of the professionals who have examined and treated you or your family member. It may also be helpful to include research and other scientific evidence.

To find appropriate information and documentation ask your doctor, psychologist or other professional. You may also decide to include a photo of your loved one.

Send all of the information to the insurance company and be sure to copy it to the president of the company, your states Attorney General, Insurance Commissioner, U.S. and State Congress members, advocacy organizations, your attorney and anyone else you think might be helpful. If you have an insurance agent or a human relations representative at your company copy the material to him or her and ask for assistance.

DON'T GIVE UP. Most insurance companies count on people accepting the denial and not following through with the appeals process. We recently heard that when people follow the entire appeals process they win in 75% of the cases. If your appeals are exhausted and you are not satisfied consider hiring an attorney. An attorney can help you determine if you have a legal case that can be filed against your insurance company.

We are sorry that you are in this position and we wish there were easier answers, but we trust that over time and with thousands of people like us fighting, we will change the system.