Obtaining Treatment Authorization in the Complex World of Insurance

A part of the Parent, Family & Friends Network (PFN) Webinar Series

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Meet the Presenter

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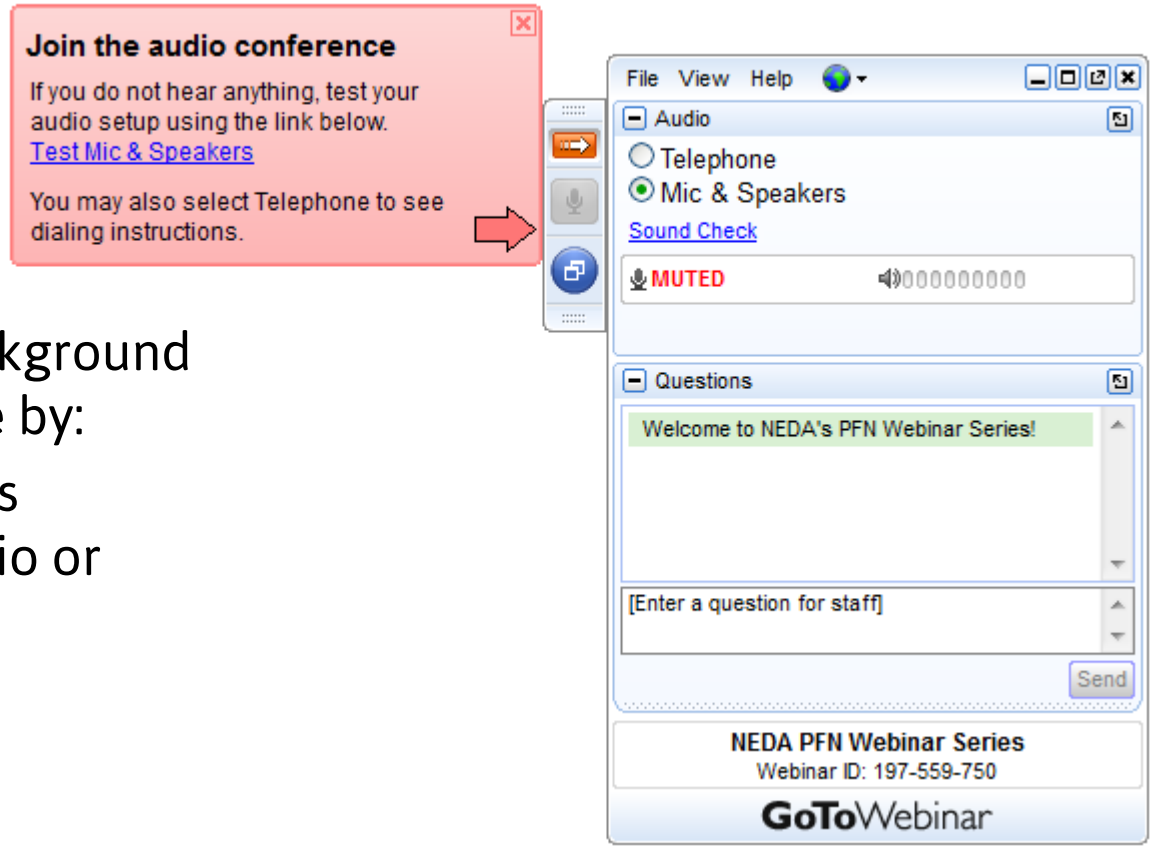
Control Panel



All attendees are on mute to control for background noise, but you are encouraged to participate by:

- Typing in questions or comments. Use this feature for technical difficulties with audio or screen

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Agenda

- Learn the language
- Know your rights
- Know the steps to optimize your chance of getting a “yes” on the first try
- Know how to read your policy
- Know where to find and how to interpret your state mental health parity laws
- Know some tips and tricks on how to maximize your benefits
- Have some understanding of the appeals process
- Have some options for people who are uninsured or under insured

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The Basics

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Key Terms - Treatment

- **Medical necessity** – services or supplies justified as reasonable, necessary and/or appropriate to prevent, diagnose or treat an illness, injury, condition or disease based on accepted standards of care
- **Accepted standard of care** – appropriate treatment protocols based on scientific evidence that a prudent professional with appropriate training and experience and in good standing would practice
- **Evidenced based treatment** - the conscientious, explicit and judicious use of current best evidence (research studies, case studies, etc) in making decisions about the care of an individual; includes variations in physiology, pathology and psychology
- **Medically negligent** - the violation of accepted standard of care by act or omission resulting in physical and/or emotional injury to the patient
- **Treatment modality -** specific method of treatment, e.g. CBT, DBT, ACT, psychoanalysis
- **Non-quantitative Treatment Limits (NQTL) –** a limitation not expressed numerically that otherwise limits the scope or duration of benefits for treatment

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Key Terms - Insurance

- **Single Case Agreement** - agreement between provider or facility and insurance company for one individual for specific authorized services allowing the individual to see a non-contracted professional utilizing their in-network benefits
- **Peer to peer review** – phone conversation between a clinician on the patient's team and a clinician at the insurance company; typically used for continuing care request or after service denial
- **Pre-Service Claim** - pre-authorization claim
- **Urgent Care Claim** - expedited decision for services where a delay could jeopardize the life or health of patient, or the ability of the claimant to regain maximum function (generally 72 hours)
- **Concurrent Care** – request to extend or decision to reduce or terminate an approved and ongoing course of treatment
- **Post-Service Claim** - all other claims
- **Utilization Review** – continuous review of claims including precertification, retrospective emergency reviews, concurrent reviews and discharge planning

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Levels of Care

- **In-patient / Hospitalization**
  - Overnight, medically or psychiatrically at risk, harm reduction goals, intensive therapy
- **Residential Treatment Center**
  - Overnight, medically stable, requires daily assessment, needs 24 hour supportive environment
- **Partial Hospitalization Program (PHP)**
  - Not overnight, medically stable, requires frequent assessment, needs more structured environment and/or supervision
  - 5-7 days/week; 6-10 hours/day; 2-3 meals/day
- **Intensive Outpatient Program (IOP)**
  - 3-5 days/week; 3-5 hours/day; 1-2 meals/day
- **Outpatient Therapy**
  - Solo clinician or team, one to several appointments per week

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Types of Insurance Polices

- **Fully Insured Group Health Plan**
  - Employer provided plans, insured and administered by 3rd party
  - Insurance Company, e.g. Blue Cross Blue Shield
  - Plan Administrator*, e.g. Benefit Management Inc.
- **Self-funded Group Health Plan**
  - Employer provided plans, funded by company, administered by 3rd party
- **Individual Health Insurance Policy**
  - Policy purchased by individual on open market or state insurance exchange
- **Governmental Plan**
  - Government employee
  - Medicaid, Medicare, Tri-care, State Pool

**You have the right to 1 case manager, even if medical and mental have separate administrators.*

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Laws and Guidelines Affecting Your Rights

ERISA regulations, 29 C.F.R. Section 2560.503-1	Group health insurance
Mental Health Parity and Addiction Equity Act (MHPAEA)	Group and individual health insurance
Health Insurance Portability and Accountability Act (HIPAA)	All health insurance plans
Patient Protection and Affordable Care Act (ACA)	Varies; essential benefits and mental health parity applies to virtually all plans
Metropolitan Life Ins Co v Glenn, 128 SCT, 2343, 2350 (2008)	“the only relevant question is what is in the best interest of the patient”
APA Practice Guidelines for the Treatment of Patients with Eating Disorders	Legal precedent that coverage must follow APA, but insurance company may try to use their own criteria
Diagnostic and Statistical Manual (DSM 5)	Insurance companies are still catching up

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Patient Protection and Affordable Healthcare Act

- Essential Health Benefits includes mental health and chronic illness. (effective 01/2014 or 07/2014)
- Allows children to remain on parents policy until age 26
- Insurance companies cannot deny coverage for pre-existing condition
- Insurance policies cannot have exclusions for specified conditions
- Insurance policies cannot discriminate based on geography, facility type or provider specialty – includes both benefits and provider fees
- Insurance company required to provide specific criteria used for medical necessity determination
- Disallows differences in non-quantitative treatment limitations and requires parity for intermediate levels of care
- Eliminates lifetime maximums

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Mental Health Parity

- Parity
  - Doesn't require mental health coverage; if coverage is provided, it must be equal to medical
  - Financial Requirements - deductibles, co-pays, out of pocket limitations
  - Treatment Limitations – number and frequency of visits, days of coverage
  - Out of Network Benefits
  - Emergency Care
  - Prescriptions
  - Small employer exemption <25-100 employees

- State vs. Federal
  - State prevails over Federal on specifics

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Mental Health Parity

- Doesn't apply to Medicare or Federal Employees
- Other governments can apply for exemption (limited by ACA) http://goo.gl/lCnkOL
- Mental Health Parity and Addiction Equity Act http://www.dol.gov/ebsa/mentalhealthparity/
- Parity Implementation Coalition http://parityispersonal.org/
- State Mental Health Parity Laws http://goo.gl/9gO17m

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Pre-Authorization Steps

" This will build up your stamina so you'll be able to fill out all those medical insurance forms. "

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Pre-Authorization Checklist

1) Document every call with the insurance company
2) Assessment and diagnosis from plan approved provider
3) Ensure treatment plan follows APA Standards of Care
4) Obtain documents from insurance company
5) Read full insurance policy
6) Interview list of network providers, if applicable
7) Obtain additional supporting documentation
8) Draft letter requesting authorization for full treatment plan (work with facility business office if applicable)
9) Submit request and all documentation to insurance company

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Document Every Phone Call

- Don’t back down; ask for a supervisor
- Date and time of the call, and duration of the call
- Name of person(s) you talked to and how many times transferred
- Content of the call
- Ask what the next step is, who is responsible and by when will it happen. Put the date on your calendar and follow up
- Send a copy of your documentation to the insurance company/administrator and request it to be put into patient’s file

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Assessment and Diagnosis

- Complete diagnosis
  - Medical and Mental Health
  - Co-occurring conditions play a role in determining benefits
- Formal Assessment
  - Level of Care
  - Find out who your policy allows to determine diagnosis and treatment plan – therapist/psychologist/medical doctor.
- Treatment Plan
  - Frequency, duration, intensity
  - Provider experience and/or credentials
  - Facility requirements

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APA Standard of Care

In determining a patient's initial level of care or whether a change to a different level of care is appropriate, it is important to consider the patient's overall physical condition, psychology, behaviors, and social circumstances rather than simply rely on one or more physical parameters, such as weight.

APA Guidelines

1. Medical Status
2. Suicidality
3. Weight or BMI
4. Motivation to Recover
5. Co-occurring disorders
6. Structure needed
7. Ability to control compulsive exercise
8. Purging behavior
9. Environmental issues
10. Geographic availability of treatment

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Documents to Obtain from Insurance Company

- Full Insurance Policy
- Medical Necessity criteria – mental health and medical
- Treatment modality guidelines, if applicable
- List of in-network facilities and/or providers

After admission

- Peer to peer review guidelines

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Review Your Policy

Read the Entire Policy – all 78 pages

- Type of Policy
- Authorization Process
- Definitions
- Medical Benefits
- Mental Health Benefits
- In-network / Out-of-Network
- Diagnosis requirements
- Appeals Process

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Policy – Covered Services

HOSPITAL SERVICES		
Semi-Private Room, Private Room (if medically necessary and appropriate), Surgery, Pre-Admission Testing, Rehabilitation Therapy Services	100% after deductible	60% after deductible

← Inpatient Facility

MEDICAL THERAPY SERVICES: Chemotherapy, Radiation Therapy, Infusion Therapy, Dialysis Treatment		
Inpatient & Outpatient Hospital Services	80% after deductible	50% after deductible
Non-Hospital Services	80% after deductible UPMC Health Plan Network Providers	50% after deductible

← Tube feeding

OTHER MEDICAL SERVICES		
Skilled Nursing Facility: Limited to a maximum of 100 days per calendar year		
Hospital Based Facility	80% after deductible	50% after deductible
Non-hospital Based Facility	80% after deductible	50% after deductible

← Residential

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Policy – Behavioral Health Coverage

Behavioral Health Services

The following services are covered when medically necessary to treat behavioral health conditions if the services are provided by a hospital or other facility:

- Inpatient facility services. These services include a semiprivate room and board; individual, group, and family psychotherapy or counseling; medications and electroconvulsive therapy; medical supplies and services; and diagnostic and other therapeutic services.
- Outpatient facility services.
- Psychological and neuropsychological testing.

Policy doesn't specify residential, but ACA requires comparable coverage to Skilled Nursing Facility

Substance Abuse Services

The following services are covered when medically necessary that are obtained from a hospital or other facility provider.

- Inpatient and non-hospital detoxification services.
- Inpatient and non-hospital residential rehabilitation therapy. Covered inpatient
- Outpatient rehabilitation services. Outpatient services include individual and group

Behavioral health must be on parity with substance abuse as well as medical

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Policy - Nutrition

Nutritional Supplements and Therapy

Your benefit plan covers nutritional therapy and supplements when medically necessary and when under the direction of a physician on an outpatient basis, for the treatment of inborn errors of metabolism and some hereditary metabolic orders. Your benefit plan covers parenteral nutrition, when medically necessary and when under the direction of a physician on an outpatient basis, for some malnutrition and specific temporary or permanent impairments of the gastrointestinal tract. Coverage is exempt from copayments, deductibles, and coinsurance.

Can't discriminate based on condition

If UPMC Health Plan determines that coverage is medically necessary, by prior authorization, these benefits may be subject to applicable copayments, deductibles, and coinsurance.

NQTL

Nutritional Counseling, which consists of the assessment of a person's overall nutritional status, followed by the assignments of an individualized diet, counseling, and/or nutrition therapies to treat a chronic illness or condition. Your benefit will cover two visits per Benefit Period with a dietitian or facility-based program that is ordered by a participating physician and offered by a Participating Provider.

May need pre-authorization for multiple dietician visits

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Policy - Definitions

In addition, the term "Hospital" shall mean, as defined by Medicare, a Psychiatric Hospital, which is qualified to participate in and is eligible to receive payments under and in accordance with the provisions of Medicare; or, which meets the following requirements; (a) is licensed by the jurisdiction in which it operates; and (b) is accredited by the Joint Commission on the Accreditation of Healthcare Organizations.

← Should be any inpatient facility

A Covered Person shall be considered to be an "Inpatient" if he is treated at a Hospital and is confined for more than 18 consecutive hours. The term "Inpatient" shall also apply to those situations where "partial hospitalization" (defined as an on-going period of treatment involving full use of Hospital facilities excepting only room and board service) is recommended by the patient's Physician as an alternative to Hospital confinement.

← Some PHP programs would qualify

MENTAL/NERVOUS AND SUBSTANCE USE DISORDER SERVICES

Services for diagnoses that are listed in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association that is current as of the date services are rendered.

← Enforce use of DSM 5

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Policy - Definitions

MEDICALLY NECESSARY

Health care services, supplies or treatment which, in the judgment of the attending Physician, is appropriate and consistent with the diagnosis and which, in accordance with generally accepted medical standards, could not have been omitted without adversely affecting the patient's condition or the quality of medical care rendered.

PHYSICIAN

A Physician who is duly qualified and licensed by the state in which he is resident to practice medicine, perform surgery and to prescribe drugs, or who is licensed to practice as a dentist, podiatrist, chiropractor, psychologist, social worker or practitioner of healing arts, and who is practicing within the scope of his license.

REASONABLE/REASONABLENESS

"Reasonable" and/or "Reasonableness" shall mean in the Plan Administrator's discretion, services or supplies, or charges for services or supplies, which are necessary for the care and treatment of Illness or Injury. Determination that charges or services/supplies are Reasonable will be made by the Plan Administrator, taking into consideration unusual circumstances or

← Doesn't negate Standards of Care

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Policy - Covenants

Treatment of **Mental Disorders and Substance Abuse**. For Plan Years beginning on or after October 3, 2009, regardless of any limitations on benefits for Mental Disorders and Substance Abuse Treatment otherwise specified in the Plan, any aggregate lifetime limit, annual limit, financial requirement, out-of-network exclusion or treatment limitation on Mental Disorders and Substance Abuse benefits imposed by the Plan shall comply with federal parity requirements, if applicable.

Federal trumps state

Case Management. The Plan may elect, in its sole discretion, when acting on a basis that precludes individual selection, to provide alternative benefits that are otherwise excluded under the Plan. The alternative benefits, called "Case Management," shall be determined on a case-by-case basis, and the Plan's determination to provide the benefits in one instance shall not obligate the Plan to provide the same or similar alternative benefits

May be helpful for complex or persistent cases

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Policy – Co-occurring Disease/Disorder

An outpatient diabetes self-management training and education program is a program of self-management, training, and education, including medical nutrition therapy, for the treatment of diabetes. This program must be conducted under the supervision of a licensed health care professional with expertise in diabetes. Outpatient diabetes education services will be covered subject

CDE or RD services

covered services can be performed by a participating provider. UPMC Health Plan's large network of participating providers represents nearly every medical specialty. However, if the service you need is not available in the network, UPMC Health Plan will consider coverage of that service by a non-participating provider.

Patient has the right to see a provider who specializes in co-occurring conditions

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Policy – Medical Necessity

Medical Necessity or Medically Necessary
The services covered under your benefit plan which are determined by UPMC Health Plan to be:

- Commonly recognized throughout the provider's specialty as appropriate for the diagnosis and/or treatment of the member's condition, illness, disease, or injury; and
- Provided in accordance with standards of good medical practice and consistent with scientifically based guidelines of medical, research, or health care coverage organizations or governmental agencies that are accepted by UPMC Health Plan; and
- In conformity, at the time of treatment, with medical management criteria/guidelines adopted by UPMC Health Plan or its designee; and

Insur Co cannot use their own guidelines to contradict the first two points.

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Policy – Exclusions

Behavioral Health Services

- Long-term residential treatment services for behavioral health disorders, including, but not limited to, substance use and eating disorders.
- Skilled nursing facility care provided for treatment of a mental illness or treatment of substance abuse or dependency.

No longer allowed

- Treatment for chronic behavioral conditions, once the individual has been restored to the pre-crisis level of function.

Used to deny incr level of care

Chronic is >1 year with treatment
Increased care is medically necessary when patient is "not at a level of control and stability consistent with their usual /baseline condition."

Nutritional Supplements

- Nutritional supplements or any other substance utilized for the sole purpose of weight loss or gain, or for caloric supplementation, limitation or maintenance;

Ensure nutritional therapy is included in treatment plan, if necessary

Weight Reduction

Weight reduction programs, including all related diagnostic testing and other services. Anti-obesity medications, including but not limited to, appetite suppressants and lipase inhibitors.

Be careful in how RD involvement is represented for BED patients

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"Alternative operation method adequate to my health insurance..." What exactly does that mean?

Good Faith – insurance companies are contractually obligated to act in good faith, i.e. to act reasonably. Court precedence has been set that benefit decisions should be made in the best interest of the patient.

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Draft/Collect Letters and Documents

- Therapist – Treatment plan and Letter essential; Records/Notes recommended
- Medical doctor - Lab tests essential; Medical records recommended; Letter optional
- Psychiatrist – optional
- Dietician/Nutritionist – optional
- Other specialist - optional
- School/Employer – if impacted
- Your Own
  - Clear and specific “ask”
  - Request all letters and documentation be placed in patient’s file

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Therapist Letter

- Depict history of the patient's disorder
  - List all diagnoses over time
  - List all treatments and patient's response
- Explain current assessment and diagnosis
- Outline medical necessity in accordance with insurance plan
- Outline treatment recommendation in accordance with "American Psychiatric Association's evidence based clinical practice guidelines."
  - Be specific – number of sessions / days of program; full treatment team involvement, treatment modalities
  - If requesting a specific type of program, explain why
  - If recommending increase in level of care, explain why
- List expected outcome
- List expected progression of and dangers of untreated disorder
  - Use statistics

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Doctor Letter

- List all past medical conditions/complications over x period of time
  - Include any emergency room or hospital visits
- List current medical condition including
  - Low weight or recent rapid weight loss (no longer have to give %, “less than minimally normal or expected”)
  - Obesity
  - Abnormal vitals and/or labs
- List current medically dangerous behaviors
  - Persistent energy deficit (calorie restriction / exercise)
  - Persistent vomiting or laxative use
- List likely immediate and long term consequences of “perpetuation of these conditions”
- Endorse treatment prescribed by mental health professional as medically necessary
- “To authorize a lesser level of care would be medically negligent.”

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Response

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“No” Is Just The First Step to “Yes”

- Letter has to include reason for the denial and process for appeal
- Call then Write to Request
  - A full copy of the patient’s file
  - Name(s) and credentials of the person or group who made the decision
  - look at how medical necessity criteria was applied.
- Go to Human Resource Department, explain your issue and ask them to intervene
- You have to follow your recommended treatment plan or else you won’t have an unpaid benefits claim
- Ask provider/facility to split bill into covered and non-covered services

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Appeal

- Know your timelines and statute of limitations
- Per ACA, you are entitled to not only the reason, but also the process and the qualifications of the decider
- Look at how the medical necessity criteria was applied; was it equitable and in line with APA?
- Was the decision made in good faith – qualified decider, consistent application of policy provisions?
- Appeal to State Insurance Commissioner
- Request an external review
- Consider Arbitration
  - Binding vs Non-binding
- File suit
  - Kantor and Kantor, LLP; www.kantorlaw.net

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Uninsured Options

Patient Protection and Affordable Health Care Act

- Medicaid up to 138% fed poverty (if state expanded)
- Tax credits up to 400% fed poverty (silver plan)
- Lower out of pocket limits for up to 400% fed poverty

Scholarships

- http://www.mannafund.org/
- http://www.kirstenhaglund.org/
- http://www.edrs.net/treatment-fund.html
- http://goo.gl/70rPAu
- http://www.freedfoundation.org
- http://goo.gl/3Fn6SM

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"I'm sorry, but stress caused by trying to figure out your health insurance is not covered by it."

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Resources

Get Involved and Learn About Eating Disorders

PFN Webinar Series under Media tab of NEDA Website, *www.myneda.org*

Current and archived issues of the **Parent, Family & Friends Network (PFN) publication, *Making Connections*,** *under Media tab of NEDA Website, www.myneda.org.*

2014 NEDAwareness Week resources: Ideas and planning guides; articles, infographics, webinars and more, for learning about eating disorders. NEDAwareness Week microsite: **www.NEDAwareness.org**

Annual NEDA Conference: Thinking Big: Uniting Families & Professionals in the Fight Against Eating Disorders, October 16-18, 2014, San Antonio, Texas

Gürze Books: Publications/books about eating disorders, **www.bulimia.com**

Getting Help

NEDA's Information and Referral **Helpline: 800-931-2237 and Click to Chat** option

NEDA Navigators are volunteers who have personal experience with an eating disorder (self or in support of a loved one). Those who would like to connect with a NEDA Navigator can email **pffnetwork@myneda.org**.

NEDA Toolkits, including **Parent Toolkit, Educator Toolkit, Coach & Athletic Toolkit**, with comprehensive information about eating disorders, treatment options, how to support your child, insurance issues and more.

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Thank you for attending…

Questions?

Click the “Raise Your Hand” icon or type in a question.

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