

How to appeal an insurance denial

Dear Patient,

If your insurance company denies coverage for a treatment I've recommended, don't panic. There are steps you can take to appeal the decision. Talk to company representatives and request an internal appeal. If that doesn't work, you may have the right to go over the company's head—to an *external* review board. The following pointers will help make you a better *self*-advocate. They will also help us help you more effectively.

1. Learn what you're entitled to.

A treatment may be just what the doctor ordered. But if your health plan doesn't cover you for it, you may be wasting your time. Look at your benefits booklet to identify what you *are* covered for: No plan will pay for a heated pool to treat your arthritis. It might reimburse you for an exercise program, however.

2. Enlist help.

Most health plan denials don't require a formal appeal. They may require some creativity on your part, however. If your coverage is through your employer, for instance, ask your benefits manager to call about the denial. Because she's paying the tab for lots of employees, she's got clout.

3. Write the right letter.

Even the best-written, most impassioned letter will fall short if it doesn't address the health plan's real concern. Save yourself some time by talking first to a health plan representative. Find out exactly what needs to go into the letter—down to the exact wording, if necessary. Then draft a letter, and ask us to review it before sending it out.

4. Do your homework before filing an external appeal.

If you've exhausted all your internal appeal options, be prepared to take your case to an independent appeals board. (Most states have provisions for an expedited or fast-track appeal in emergencies.) Among the resources that will help you prepare are:

▶ *A Consumer Guide to Handling Disputes with Your Employer or Private Health Plan 2003 Update*. A joint project of The Henry J. Kaiser Family Foundation and Consumers Union, this free guide will give you a state-by-state breakdown of external review programs, eligibility requirements, and contact information. Copies of the guide are available at either www.kff.org/content/2003/20030123a or www.consumersunion.org/health/hmo-review or by calling the Kaiser Foundation's publication request line at 800-656-4533.

▶ Patient Advocate Foundation, Newport News, VA. One goal of this organization is to mediate disputes between patients and their insurers. Contact the foundation at www.patientadvocate.org or by calling 800-532-5274.

▶ Disease-related groups and associations, including the American Cancer Society, the Arthritis Foundation, the American Diabetes Association, the Epilepsy Foundation, and the Lupus Foundation of America. Each of these groups can lend their expertise during an external appeal.

▶ Employer patient advocacy programs. An increasing number of employers have contracted with companies like Health Advocate (www.healthadvocate.net), based in West Conshohocken, PA, to advise and, when appropriate, go to bat for their employees. Ask if your company makes this employee benefit available.