

When your health insurer is denying your claims or putting up obstacles to your necessary [mental health services](#)... and you need to tell someone...

“Hey, Cover My Mental Health”

Supporting [self-advocacy for insurance coverage](#)



Pioneering Self-Advocacy to Overcome Insurer Obstacles to Mental Health and Substance Use Disorder Care

Presentation to:



ERISA Advisory Council



Cover My Mental Health Meets A Significant, Unmet Need



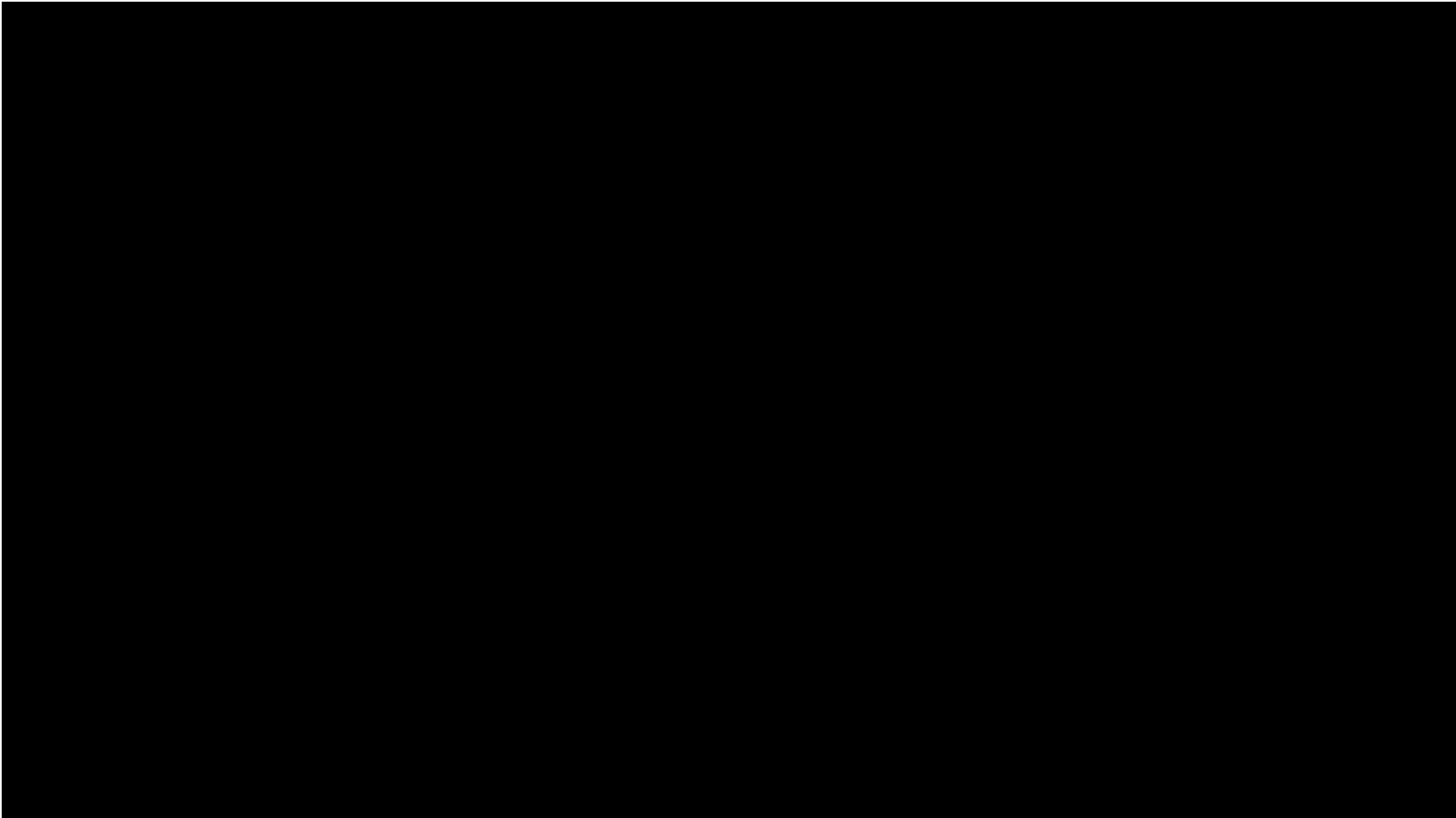
Large Population With Expectations of Health Insurance Coverage

- Very large population needing MHSUD care
 - ~23% or more than 1 in 5 experienced mental illness
 - ~17% or more than 1 in 6 have a substance use disorder
- Private insurance covers ~55% of US population
- Expectations of insurance coverage for MHSUD care is relatively new; MHPAEA enacted 2008

Scale of Insurer Denials is Large Denials Can Be Nearly Insurmountable

- Insurers have conditioned clinicians and patients to accept “no” for an answer
- Insurer guidance for pushing back on denials is:
 - Opaque
 - Incomplete
 - Seldom used
- Addressable market*:
 - ~15 – 22 million annual denials by private insurers for MHSUD claims
 - ~5 million out-of-network claims, as no in-network provider available

MHPAEA Established Expectations For Coverage... Though We're Not There Yet



Dr. Jesse Ehrenfeld, President of American Medical Association;
remarks to National Association of Insurance Commissioners; March 2024

<https://vimeo.com/969953227>

Landscape of Available Resources Supporting Consumers



	Value proposition	Key limitations
Clinicians	<ul style="list-style-type: none"> • Prior authorization • Medical necessity advocacy 	<ul style="list-style-type: none"> • Narrow expertise beyond initial steps with insurer
National consumer advocacy organizations	<ul style="list-style-type: none"> • “Know your legal rights” education 	<ul style="list-style-type: none"> • Limited actionability
National clinician advocacy organizations	<ul style="list-style-type: none"> • “Know your legal rights” education • Appeals templates 	<ul style="list-style-type: none"> • Limited actionability • Little/no pre-appeal support • Litigation-savvy appeals (?)
Consumer advocacy service organizations	<ul style="list-style-type: none"> • Appeals, litigation support • No cost 	<ul style="list-style-type: none"> • Limited existence • Many focused on Medicare/Medicaid
Appeals advocacy firms	<ul style="list-style-type: none"> • Pre-dispute claims submissions • Formal appeals 	<ul style="list-style-type: none"> • Expense • Little/no pre-appeal support
Law firms	<ul style="list-style-type: none"> • Appeals with litigation in view 	<ul style="list-style-type: none"> • Expense • Little/no pre-appeal support • Litigation has limited application
State departments of insurance	<ul style="list-style-type: none"> • Insurer liaison • Independent external review processes • Government authority 	<ul style="list-style-type: none"> • Limited (if any) support for ERISA plans • Timeliness
EBSA	<ul style="list-style-type: none"> • Parity violations • Insurer liaison for consumer complaints • Government authority 	<ul style="list-style-type: none"> • Pre-appeal support (?) • No clinician engagement
Cover My Mental Health	<ul style="list-style-type: none"> • Wide range of pre-appeals actions • Templates, scripts • Education for escalated actions • No cost 	<ul style="list-style-type: none"> • Requires self-advocacy

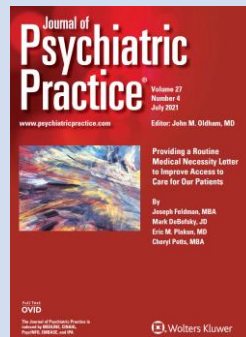
NOTE: the above characterizations are inherently generalized descriptions; capabilities of the above resources may vary widely on individual basis

Both Clinicians and Patients Can Learn Not to Take “No” For an Answer



Engagement with national leaders in mental health advocacy confirm the unmet need for comprehensive, self-advocacy support for patients and education/empowerment of clinicians.

Clinicians



Patients (and their Families)



AUSTEN RIGGS CENTER



Our Gameplan Supporting Self-Advocacy



Mindful of Key Hurdles to Overcome

- Not a fair fight
- “We will wait you out”
- Zero consequence for insurer feet-dragging
- Process opacity
- Info embargo

Ease, Accessibility

Tone:

- Immediately encouraging
- Direct to the point

Timely

- Actionable today
- Downloadable templates

Scope

- Nation-wide relevance
- Any private insurance
- No if/then navigations

Structure:

- Online support enables reach/scale
- No legal advice

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Supporting self-advocacy for insurance coverage



Action plan – step by step

- Preparing to overcome insurer obstacles
- What to try first with the insurer
- Accessing potential sources of help
- Pushing further with the insurer... if at first you don't succeed...

Tips for Success

- Template for medical necessity letter
- Template for employer support request letter
- Insurer talking points regarding denial
- Template for insurer “formal complaint”
- Key points for state regulator “complaint”
- Guidance for potential escalation

Encouragement to Start; Resources to Persist!



Encouragement

Steps for Getting Started

Tips for Success

Response to the Obstacle

Engaging an Insurer

Filing Insurer Complaint

Government Support

Employer Support

Appeal

External Review

Single Case Agreement

Lawsuit

An “Educational” Approach to Escalations



Appeals

Appeals are consequential, legal actions.

- Appeals require all relevant evidence that the insurer got it wrong
- Appeals can be the key step toward success
- Specified processes must be followed
- A range of “helpers” may be available

Single Case Agreements

These exist.

- An agreed “exception”
- Include all details
- Your provider may help
- Your employer may help
- You will have to ask

Cover My Mental Health: A Look Down the Road



Potential Within 3 – 5 Years

- Ubiquitous distribution of CMMH resources
- Network effect will be key
- An entirely new source/scale of enforcement and advocacy: patients and their families
- Awareness → Encouragement → Pushback on “no”
- Breakdown in conditioned discouragement of clinicians and patients

Expanded Scope Potential

- Clinician support
- Additional “condition-specific” support:
 - Eating disorders
 - Substance use
 - Autism
 - More
- Beyond private insurance... Medicaid, Medicare, uninsured



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