

When “No” Is Not an Acceptable Answer for Treatment

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The focus of health care has moved toward prevention, and insurance companies are supporting preventive practices that enable their members to remain healthy. Many insurance companies have recorded healthy tips delivered by phone, employed case managers to assist patients in keeping physician appointments, created dedicated hot lines staffed by nurses, and developed resource centers. However, specific instances arise when insurance companies do not allow patients to have certain procedures because of contract language that was previously

The patient had a self-funded health insurance policy. Self-funded policies have both positive and negative attributes. In this case, there was more concern that the self-funded policy may actually work against approval for the patient. Allogeneic stem cell transplantations are costly, and self-funded policies may contain language that excludes the patient from having an allogeneic transplantation. Excluding coverage for allogeneic transplantations is a strategy used to decrease costs for the funds and its members.

Unfortunately, this request for allogeneic transplantation was denied. As an insurance coordinator, one of the most distressing and heart-wrenching aspects of my work is informing a patient and family members that transplantation is not a covered benefit. Delivering this news was even more difficult and depressing because the transplantation was the only option for long-term survival for this patient because of his age.

The day after I notified the patient of the news, the patient's wife called, in tears, and said, “I can't accept the denial and I will not give up without a fight.” I was overwhelmed by her passion and knew that we had to appeal this denial. In the denial letter, the insurer stated that no appeal process was available in this policy. Therefore,

I spent the next two weeks working with the patient's wife to figure out how to obtain authorization for an appeal process.

The first step was that the patient needed the approval from the president of the fund to even start the appeal process, and still there would be no guarantee that the transplantation would be approved. Because of confidentiality, this part of the process needed to be handled by the patient's wife. After two weeks of calling and sending appropriate documentation, the president of the fund finally gave approval to have the case moved to the appeals process. Luckily, this process included an independent review by three out-of-state physicians within the oncology specialty. We were ecstatic!

I called to understand what was required for the appeal process and which method was best for submission. There were countless phone calls and a lot of time was spent waiting on hold to determine this information. However, with the assistance of the patient's transplantation physician, we performed a detailed literature review, wrote a compelling letter, and sent all of the required clinical information.

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negotiated between the employer or individual and the insurance company. This was the case for my patient.

The 48-year-old gentleman I first met last winter was a school teacher, active, and married with two children. He was diagnosed with multiple myeloma six years prior and came to my center to discuss the option of a second stem cell transplantation. Both the patient and his wife were highly educated and well versed about the disease process and treatment options.

During our initial meeting, the couple was open and honest about their concerns that this second allogeneic transplantation would be denied by the insurance company. As the discussion progressed, I also became concerned about the coverage but did not want them to know I was apprehensive. I gathered all the information and devised a plan to obtain insurance authorization.

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