LAW OFFICE OF
JOSEPH ROMANO
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OBSTACLES TO RECOVERY

Under the Affordable Care Act, 33 million people now have health insurance coverage. Having this coverage has been life-changing for many people, but numerous problems still exist for patients with complex medical needs such as:

- **Spinal Cord Injuries**
- **Traumatic Brain Injuries**
- **Amputations**
- **Burns**
- **Strokes**
- **Cerebral Palsy**
- **Anoxia/Hypoxia**
- **Severe Orthopedic Injuries**
- **Visual Impairment**
- **Trach and Ventilator Dependency**
- **Cancer**

While patients are in the acute care or trauma hospital, most families are so overwhelmed that they do not realize the patient's hospitalization time will be brief and they must plan for discharge. This is the time that families realize their health insurance policy is not written for a patient's recovery—the insurer wants to pay as little as possible for the shortest period possible. As a result, insurance companies routinely deny extensions of hospital stays, therapies, nursing, and homecare benefits.

REASONS THAT INSURERS DENY BENEFITS OR REFUSE TO PRE-AUTHORIZE A NEEDED SERVICE

A CUSTODIAL CARE EXCLUSION – Patients that are discharged home and need assistance with Activities of Daily Living (ADL) are denied this benefit because this type of care is non-medical and excluded from coverage in all health insurance plans including Medicare.

PRIVATE DUTY NURSING – Few policies have coverage for private duty nursing, making it impossible for patients with complex medical needs to receive their care at home.

DENIAL OF ACUTE INPATIENT REHABILITATION – The patient cannot participate in three hours of rehabilitation a day.

Other reasons that insurers deny benefits are:

- Not Medically Necessary.
- The patient's rehabilitation has plateaued.
- The care does not meet the criteria in our Treatment and Practice Guidelines.
- Limitations – Outpatient therapies all have a limited amount of coverage per calendar year.
- Care is experimental.
- The health insurance physician that is reviewing the denial is not in the same discipline. *For example:* A primary care doctor reviewing a request for neurological treatment.

THE IMPORTANCE OF APPEALING AN INSURER'S DENIAL

Ongoing medical care and rehabilitation are instrumental in a patient's recovery; therefore, challenging an insurance denial is of the utmost importance. Families must follow the procedures outlined in the insurance contract. ***I recommend the following:***

1. Obtain a copy of the Certificate of Coverage, and master policy with insurance terminology definitions.
2. Be sure to keep a detailed log of communication between you and your insurance company.
3. Request a Letter of Denial (Adverse Benefit Determination). This document must clearly specify the reason the service will not be covered or continued.
4. Provide your treating doctor with the definition of Medical Necessity, and the Letter of Denial.
5. Ask the treating physician to do a *Peer-to-Peer* Review with the insurance company's medical director.

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6. Submit letters from your treating doctors, video/photographs, and any medical and scientific literature to support your appeal.
7. Be prepared to file an ***Expedited Internal Appeal*** by identifying why the requested service is Medically Necessary and any adverse effects that the patient will suffer if the benefit is denied.
8. Do not give up! File an ***External Appeal***. By filing this appeal, the decision will be made by an independent party who is not affiliated with the insurance company.
9. **It is important to meet all deadlines when filing an appeal. Time limits are usually not extended.**
10. Hire a healthcare intermediary, a personal medical advocate, or an attorney to assist you in the appeals process.

PENNSYLVANIA INSURANCE DEPARTMENT LAUNCHES NEW WEBSITE TO APPEAL DENIED HEALTH INSURANCE CLAIMS

On January 1, 2024, the Pennsylvania Insurance Department (PID) launched a state administered website, iro.insurance.pa.gov to appeal denied health insurance claims. It is an ***Independent Appeal Process*** that allows for an External Review if they believe that their insurer has wrongly denied a claim for covering a medical service, treatment, or an item. The decision will be binding both for the insured and the insurance company. This External Review is only for:

- Insurance provided by your employer.
- Insurance purchased through PENNIE – the state insurance marketplace.
- Purchased directly from an insurance company.
- This is NOT for Medicaid or Medicare recipients.

A request can be submitted for an External Review during the Internal Appeal Process. **For urgent requests, the new appeals process allows for an *Expedited Independent Review* if a delay would seriously jeopardize the life or health of the patient or would jeopardize the patient's ability to regain maximum function.**

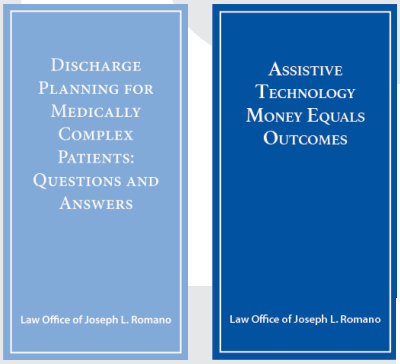
SCAN this QR code to order copies of this newsletter, brochures, or to request a 30-minute virtual in-service on Obstacles to Recovery.

CONCLUSION

In all states, obtaining the insurance benefits and services that a patient needs is essential for recovery. Besides challenging denials, families must also explore other options for care through state Medicaid Waiver programs. Identifying and obtaining health insurance benefits for medically complex children and adults requires persistence, creativity, knowledge, and advocacy. Healthcare providers, patients, and advocates working together can overcome obstacles to recovery!

To receive copies of the newsletter, brochures, or to request a 30-minute virtual in-service on **Obstacles to Recovery**, please call **800-331-4134**, email **info@josephromanolaw.com** or scan the QR code below.

Discharge Planning and Assistive Technology brochures were written to help families and medical professionals advocate for benefits and services for the seriously ill and injured.



WATCH FOR SPRING 2024 NEWSLETTER

Important Facts About…

Medicaid

Medicare

Social Security Disability

Supplemental Security Income

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