

IFEDD Access to Care Project: Exploring the Issue of Unlawful Denial of Insurance Coverage for Eating Disorder Patients for Nutrition Care

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Background

This project was started by Jessica Setnick and Domna Antoniadis: an eating disorder (ED) dietitian and lawyer team who had both experienced illegal denial of coverage by insurance companies for nutrition care as a practitioner and patient respectively. During Jessica's career she and many other practitioners experienced regular denials of their claims to insurance, despite patients confirming their coverage status with their companies. The Mental Health Parity and Addiction Equity Act (1), passed in 2008 requires health care insurers to provide parity in coverage for ED care and nutrition care as they would other kinds of medical care. Trying to dispute these claims is a massive time commitment for both patients and practitioners and when unsuccessful ultimately leads to patients not receiving the coverage they are entitled to and practitioners not receiving payment for their services. Lack of coverage can lead to patients paying out of pocket which can be a heavy financial burden or discontinuing care, which can and has resulted in relapse and death. This pattern of denials is well recognized in the ED community but until now no known attempt has been made to quantify or define the scope and scale of this issue.

I joined this project in September of 2023 when I was matched with Jessica through a mentorship program. I first conducted a literature review to identify any research from the current body that had already been conducted in this area. I found 10 articles related to the subject but none studying the breadth of the issue. Through the fall and spring semesters I worked to create a data set from patient and practitioner submitted narrative case studies. After reading through almost 200 cases, we had a final data set of 170 cases cataloged by state, insurance company, plan, number of interventions, reason for denial, process, and more.

As a part of the Science Influencers program, I asked Jessica if she would be my internship preceptor for the summer so that I could continue working on the project and she agreed.

Purpose and Objectives

The purpose and objectives of my internship relating directly to the research project were defined as follows:

Objective #1: Work with a data analyst to complete an assessment of our current pilot study on difficulties obtaining insurance coverage for nutrition care for ED patients as the basis for future research/studies in this area by the end of the internship period (08/13/2024) to develop critical thinking skills and research method abilities.

Objective #2: Assist in the writing of and submit an article for publication to a peer-reviewed journal by the end of the internship period (08/13/2024) to develop writing and critical thinking skills and knowledge of the scientific research publication process.

Procedures

Since we had already created the data set by the start of the internship our focus turned to interpreting the data and summarizing our findings into a research paper for publication. We met with data analysts from San Francisco State University multiple times over the summer to refine our data set as they used Tableau Public and Google Sheets to identify trends among our cases. We then began drafting our paper and choosing and creating figures. As of today (10/05/2024) we made final edits and are in the process of submitting the paper for publication.

Findings

From our cases 26 states from across the country were represented (plus the District of Columbia) indicating that this problem is widespread and not limited to any state or area. In addition, 56 insurance companies were identified as violators demonstrating an industry wide problem. "Analysis of the narrative descriptions revealed that appealing an improper denial of ED MNT is a lengthy, confusing and circuitous process involving patients, family members, dietitians, multiple insurance departments and representatives, with limited chances of success. According to this data, the likelihood of having an improper denial reversed (i.e. having the claim correctly paid) was at most 50%, and that was after attempting 4 different types of interventions. With fewer types of interventions, the chances of correct coverage were lower."

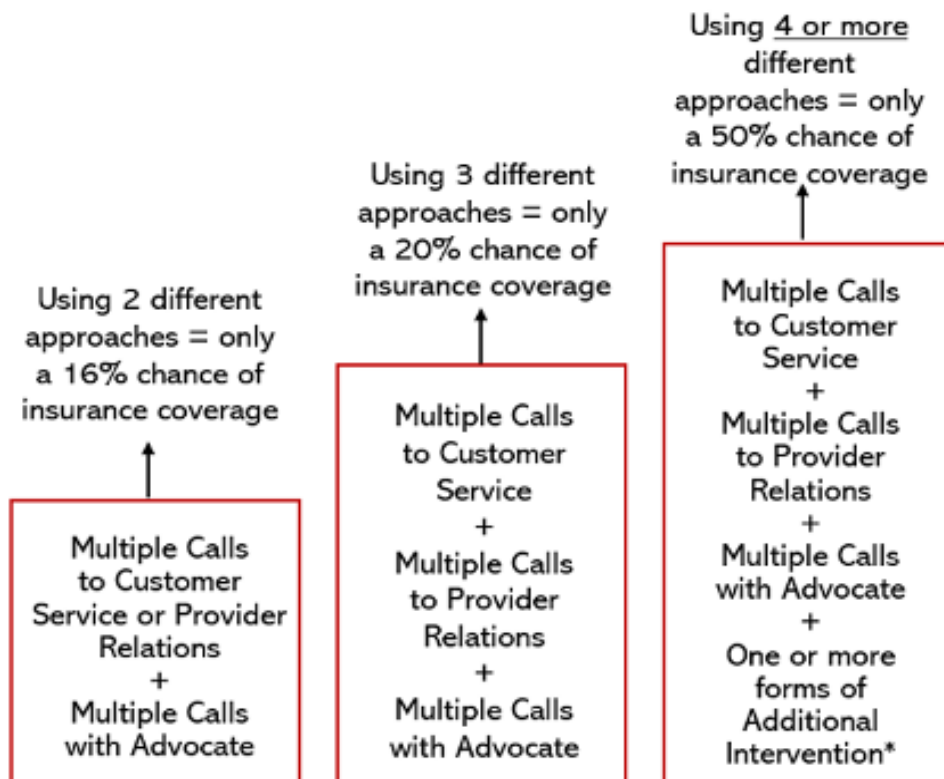


Figure 1: Likelihood of Denial Reversal based on Number of Interventions

Implications and Application

Lack of coverage leads to the obvious inability to get treatment. But there are fewer tangible effects for patients and practitioners. Incredible time and resources go into advocating for coverage and the lengthy process can lead to many giving up before success. The same is true for dietitians who try to appeal to insurance, and they are often uncompensated for this effort. Because of this many ED dietitians have to stop accepting insurance, creating further barriers to care. “Whether it is intentional or not, and regardless of whether insurers reduce costs to themselves by denying care, the overall cost to the US healthcare system is much higher than simply covering nutrition care in the first place.”

References

1. The Mental Health Parity and Addiction Equity Act (MHPAEA) [WWW Document], n.d. . CMS.gov. URL <https://www.cms.gov/marketplace/private-health-insurance/mental-health-parity-addiction-equity> (accessed 11.13.24).