

# CHAPTER FOUR

## Helping Yourself



**L**earning about your health-care plan, estimating your transplant procedure costs, creating a spending plan—all these steps can help you gather more information about your financial situation before you begin the transplant process.

This handbook is meant to provide general financial information; it is not meant to substitute for, or to supersede, professional, legal, or medical advice.

The National Endowment for Financial Education® does not intend to provide any advice regarding treatments discussed in this material. Medical treatments and related health issues should be discussed with a qualified medical professional.

Note: The content areas in this material are believed to be current as of this printing, but, over time, legislative and regulatory changes, as well as new developments, may date this material. For the most current information, please contact the NMDP Office of Patient Advocacy at 1-888-999-6743.

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THE **MARROW** FOUNDATION®



*Randy (transplant recipient)*

Here are a few more things to think about. Your health-care plan probably represents your largest source of funding for the transplant procedure. Ask for a patient advocate at your health-care plan provider to help you through the maze of questions and plan guidelines. You want to be sure that you are doing all you can to receive everything your plan covers.

## If you're denied coverage

The people who review your request for coverage use the guidelines established by the health-care plan. If you have a self-funded plan, then you will need to go to your employer or Third Party Administrator for a decision. The reviewer will base his or her decision on answers to the following questions:

1. What is the severity of your illness?
2. What type of treatment will you receive?
3. What is the extent of the care that you will receive?
4. Does the anticipated treatment meet the plan's guidelines?
5. Does the treatment setting or center meet the plan's guidelines?

If the reviewer believes that your request does not fall within the guidelines established by the plan, the reviewer will deny coverage for the procedure. If you received a letter of denial for treatment and you begin treatment without plan approval, your health-care plan will not pay for this treatment.





Remember, just because your doctor believes the procedure is medically necessary does not mean that it is authorized by the health-care plan. The reviewers for the plan may feel that the procedure is experimental and not supported by established medical research. Or, the reviewer may approve the treatment but believe it would be better implemented at a different treatment center than the one you requested. The guidelines for treatment may vary from plan to plan, so a procedure or treatment center approved under one plan may not be approved under another one. Getting approval may take extra effort on your part, but may improve your chances of having your request for treatment funded.



*Randal (donor)*

## The appeals process

You may have been denied coverage for any of the reasons related to the health-care plan listed on the previous page. However, you don't have to take the health-care plan's first answer as their final answer. Instead, you can take steps to appeal a denial of coverage. The appeals process may take time and effort on your part, but it can mean the difference between having your health-care plan cover certain items or not. It can help you get the coverage that you request for a medical procedure.



Remember, you do not have to go through the appeals process alone. The patient advocate and other people at your Transplant Center can offer you support as you work with your health-care plan representatives. Friends and family also can help you make phone calls and keep records during the appeals process. You can contact the NMDP Office of Patient Advocacy at 1-888-999-6743 for help, as well. You need to focus on your own health and healing, so use whatever support you can to help you through this process.

### **Appealing denials**

If you and your Transplant Center received a letter of denial, here are some steps you can take to appeal the denial.

1. Ask for a specific reason for the denial.
2. Ask for a detailed explanation of the guidelines that were used in the decision to deny your treatment request.

After you receive this information, you should ask your Transplant Center staff to help you with the appeals process.



## Sample appeal letters

If your health-care plan has denied you coverage, then you may wish to write an appeal letter requesting that your procedure be covered. Before you write a letter, work with your Transplant Center staff. They will assist you in writing letters and in working with your health-care plan administrator. You also can work with the Office of Patient Advocacy at the NMDP for assistance in writing letters of appeal.

First, you need to read the letter from your health-care plan carefully to understand what has been denied. Based on what part of the procedure has been denied, you will write an appeal letter that asks for coverage to be provided. Common denials include:

- ✦ **Denial of coverage for the transplant procedure.** Usually blood stem cell procedures are covered by insurance unless the health-care plan does not believe that the procedure is medically necessary. For example, some health-care plans won't cover certain early stages of leukemia unless the condition progresses to full-blown leukemia. In other words, the health-care plan might want to wait until the patient gets worse before covering the procedure.
- ✦ **Denial of coverage for search or procurement procedures.** If the health-care plan has approved the blood stem cell transplant procedure, it still may deny coverage for the



unrelated donor search or procurement process. In this case, you can write an appeal letter asking that the company cover the search or procurement process.

The following letters, developed by the NMDP Office of Patient Advocacy, are examples of appeals based on the preceding circumstances. These letters are examples only and are not meant to be used as actual letters.

### **Appeal letter: Your health-care plan will not cover the unrelated donor search or blood stem cell procurement process**

In some situations, your health-care plan will cover the actual transplant procedure, but not the unrelated donor search or blood stem cell procurement process. If you are in this situation, then you should ask your Transplant Center staff or doctor to write an appeal letter for you. This appeal letter will explain why the search and procurement process is a necessary part of your procedure.

(Date)  
(Name of Health-Care Plan Representative, if available)  
(Title)  
(Health Plan Name)  
(Address)  
(City, State ZIP)

Subject: (Patient's Name)  
(Type of Coverage)  
(Group Number/Policy Number)

Dear (Health-Care Plan Representative):  
(Patient's name), a member of your health plan, was diagnosed with (specific disease) on (date). As indicated by (patient's name) physician, Dr. (name), (patient's name) requires a blood stem cell transplant for treatment of this disease.

In a letter dated (date), (health plan name) stated that (patient's name) is not covered for (unrelated donor search and/or stem cell procurement). Please accept this letter as an appeal to (health plan name)'s decision to deny coverage of (unrelated donor search and/or stem cell procurement). Dr. (name) has also submitted an appeal letter to you, with a detailed review of (patient's name) medical history, medical records, and pertinent journal articles.

While it is very important that (health plan name) has approved coverage for an unrelated donor transplant for (patient's name), this transplant cannot occur without unrelated donor search, tissue typing, and procurement activities. These activities are essential in order to locate and transplant stem cells that match (patient's name) DNA.

The donor search process starts with a worldwide search for potential stem cell donors by analyzing the National Marrow Donor Program® donor Registry. Once potential donors have been identified in the Registry, Human Leukocyte Antigen (HLA) typing of potential donors is performed. This typing will identify the best donor match for a patient. Procurement is the process of removing stem cells from a donor and transporting them to a transplant center for infusion into a patient. Fees for these services are assessed for: blood draws, laboratory analysis of blood samples, interpretation of the test results, collection of the stem cells at a collection center, and transport of the blood product to the transplant center.

Thus, donor search and procurement are a medically necessary part of the unrelated blood stem cell donor transplantation process. As previously indicated, it is impossible for (patient's name) to have the transplant that (health plan name) approved, without completion of donor search and procurement processes.

Thank you for your support of the medical necessity of unrelated donor stem cell transplantation. Based on this information, please reconsider your previous decision and allow coverage of (unrelated donor search and/or stem cell procurement) for (patient's name).

Sincerely,

(Name)  
(Address)  
Enclosures



**Appeal letter: Your health-care plan believes the procedure is not medically necessary**

If your health-care plan has denied coverage for the transplant procedure, your physician at the Transplant Center will write a letter to your

health-care plan to appeal the denial. Your physician's letter will be highly clinical and will outline your medical condition. Your physician also will include journal articles and will state why the procedure is medically necessary.

Some health-care plans limit the number of different letters or appeals the plan will accept. It is most important that the health-care plan receive your physician's letter. You should ask your health-care plan how many letters they will accept. If allowable, you may choose to send a letter of appeal to accompany the physician's letter. You should coordinate your efforts with your physician's efforts to make sure the health-care plan receives your physician's letter first.

The following letter is an example of the type of appeal you can write to accompany your physician's letter if your health-care plan does not believe your procedure is medically necessary. In this example, the letter is written by a patient's wife for her husband.

(Date)  
(Name)  
(Health-Care Plan Name)  
(Address)  
(City, State ZIP)

Subject: (Patient's Name)  
(Type of Coverage)  
(Group Number/Policy Number)

Dear (Health-Care Plan Representative):

Please accept this letter as an appeal to (health-care plan name)'s decision to deny coverage for an unrelated blood stem cell transplant for my husband (insert name). It is my understanding based on your letter of denial dated (insert date) that this procedure has been denied because it is not considered medically necessary unless the disease progresses to leukemia.

While I appreciate your prompt and courteous response to my inquiries, as well as the excellent service you have provided for my family over the years, I believe that in this case you did not have all the necessary information at the time of your initial review.

As you know, my husband (patient's name) was diagnosed with Myelodysplastic Syndrome (MDS) on (date). Approximately 60 percent or more "low risk" prognosis MDS patients will reach or exceed the five-year survival period—if they receive an unrelated blood stem cell transplant early on in their disease. Conversely, approximately 50 percent of these same "low risk" prognosis patients will die prior to the five-year survival period if they do not receive a bone marrow transplant early enough. This means that if my husband progresses to a "high risk" prognosis before receiving a bone marrow transplant, as indicated in your denial letter, his likelihood of surviving more than a few months decreases drastically.

Dr. (name) believes that (patient's name) will significantly benefit from bone marrow transplant. Dr. (name) is a specialist in transplantation for MDS. (His/Her) letter, sent to you on (date) discusses the procedure in more detail. Dr. (name) also included medical records and several journal articles explaining the procedure and related statistics.

Based on this information, I am asking on behalf of my husband (name) that you reconsider your previous decision and allow coverage for the unrelated bone marrow transplant that Dr. (name) outlined in (his/her) letter. The treatment is scheduled to begin on (date). If you require additional information, please contact me at (phone number). I look forward to hearing from you soon.

Sincerely,

(Your Name)  
Enclosures