

## Timeline:

- Veritas—went into IOP in **January 2020**
- Veritas—discharged 3/20/2020
- Began to see xxxxx
- Ran out of limits almost immediately
- Called BCBS and Duke, told there was a 6 visit limit
- I was, however, required by Veritas to have both an outpatient therapist and dietitian before discharge. It was determined by my treatment team that it was medically necessary for me to maintain that outpatient care.
- I began to see Laura every other week which wasn't working, I was only 6 weeks out of an intensive program
- So we tried to deal with the mounting cost by going to 30 minutes
- Eventually even those costs grew too high so I eventually started doing 30 minutes every other week and then stopped altogether
  
- In 2021 I continued to struggle with my eating disorder and began 2021 by using my 6 visits but then continued to struggle to pay for these appointments when my insurance stopped covering it and I, once again, had to cease treatment.
  
- In late 2022 I relapsed in my eating disorder, in part because of a lack of ongoing care, and this time had to take Family Medical Leave from my job so that I could go to a Partial Hospitalization program.
- Went to PHP at ERC in **December 2022** and discharged in late February 2023 where I stepped down to an IOP program which I discharged from there at the end of April 2023.
- As was the case with Veritas I was required to have both an outpatient therapist and dietitian before discharge. I started seeing a dietitian and immediately ran out of visits. This time, I was fortunate to have a dietitian who put me in touch with a patient advocate.
- After exhausting my 6-visit limit I chose to continue seeing my dietitian despite the cost. I currently owe \$3,230 for the weekly one-hour appointments. I am grateful to say that I am still in recovery. However, pursuing this recovery is financially prohibitive.
- This time, I was fortunate to be connected with a patient advocate who has helped me navigate the long and arduous process of trying to get this medically necessary work covered by my insurance.
- I called BCBS NC and my employer on several occasions to try and get these appointments covered. I offered them evidence from my doctor, from my treatment team, and from my therapist, that a dietitian is medically necessary.
  
- In January 2024 I reached out to my employer's plan manager, to request that they change the policy to cover my dietitian appointments beyond the six-visit limit because of my eating disorder diagnosis. In addition, I informed them that the fully insured plan (for students) recently removed the visit limit for dietitian appointments in the case of an eating disorder and requested that they make the same change for the employee insurance plan.

- My employer's plan manager reached out to BCBS and Aetna's legal counsel and informed me in February 2024 that BCBS and Aetna's legal counsel told her that the plan, and the six-visit limit, were compliant with the ACA. She also informed me that Duke is not required to offer a nutrition benefit, but they have always offered a nutrition benefit. She also clarified that the student plan was a fully insured plan and is managed separately from the self-insured plan. Simultaneously I appealed the claim to BCBS NC and in March 2024 they denied my appeal.
- This has been a 6-month process trying to get a medically necessary service covered.
- It is important to note that I am highly-educated (I have a doctorate), I speak English, I have a professional career at an elite University, I am a professional researcher who spends time sifting through complicated materials to make meaning of them and, for me, this process has been absolutely incomprehensible. This is the third time I have tried to access this care. The only reason that I have been able to stick with it this time is because I have had the support of a patient advocate. The fact that I cannot access medically necessary and legally required care suggests it is that much harder for the vast majority of Americans who do not have the research skills, or flexibility in their job to take these million calls, & those who are scared to push back against their employer.
- I have done everything I have supposed to do—I informed my employer about the fact that their policy was in violation of the ACA, I informed the DOL about the policy violation, and I am still paying out-of-pocket for this medically necessary service. I've done everything right and there is no end in sight for me. I am thrilled that DOL is taking my case into a broader investigation into BCBS NC. However, an investigation could take years—in the meantime I need to get care. I only want to be able to do the things necessary to stay an active member of my community, to work in my job, and that requires this kind of care to be financially accessible.

### **Time waste**

Perhaps one of the most frustrating parts of this process has been trying to navigate the process of getting my insurance to cover this medically necessary work.

This year I have written 126 individual emails related to this year's particular appeal various lengths. Conservatively estimating that each email takes 5 minutes this has taken 10.5 hours of my time.

I have created countless documents to prepare for my appeals to both BCBSNC and DOL and I have estimated conservatively that those took an additional 10 hours of time.

This year I would estimate that I made an average of 3 calls a week between Blue Cross, Department of Labor, and my employer. Each of those, I estimated, took about 30 minutes between being placed on hold, transferred, mistransferred, hung up on, following up, discussing, debating, and ultimately being denied medically necessary

treatment. That comes out to about 78 hours of just trying to logistically get access to medically necessary care.

Altogether that comes to 98.5 hours. If I calculate my hourly rate to, conservatively, be \$250, the time alone that I have spent in pursuit of medically necessary care has cost me \$24,625. Again, that is for this year alone.

Almost two and a half weeks of work hours that I could have spent working with my students, working on my publications, and advancing my career that I will never get back. The hours themselves are stacked up next to the psychological toll that the constant self-advocacy has also cost me. I have hung up the phone in tears, I have complained to friends and family about my mounting frustration, and I have considered giving up too many times. I have spent time in my dietitian appointments and therapy appointments talking about my frustration and feelings of defeat about this process. Also time that could have been spent working on more important things. And this is only for this year. Each year I went through a similar song and dance requesting, pleading, appealing, and being denied.