Insurance denials based on medical necessity in cases of both physical and mental health can be confusing for providers. Medical necessity denials also can prevent patients from receiving physical and mental health care that they need. Both patients and providers are perplexed as to how insurers can deny care when a practitioner has recommended it. The ever-increasing insurance hurdles can take a toll on patient and provider alike.

This program will provide health care practitioners with basic knowledge of types of plans, related grievance process for each and strategies needed to successfully appeal medical necessity denials. Using case studies, our speakers will offer practical strategies for dealing with this vexing problem. By the conclusion of the program, participants will have an understanding of the principles of medical necessity and their options for recourse when treatment is denied.

Participants will be able to:
- Understand the definition of medical necessity;
- Understand the grievance and appeals process;
- Understand the different avenues of recourse for self-insured patients vs. commercial patients;
- Understand strategies for dealing with medical and mental health treatment denied on medical necessity;
- Understand the importance of carrier agreements and their effect on denials.

Victoria Veltri, JD, Advocate, Office of the Health Care Advocate. Ms. Veltri has extensive legal experience in health care advocacy and in legislative policy. Ms. Veltri oversees OHA’s legislative initiatives and has helped to pass numerous laws including requiring OHA information on denial letters, defining medical necessity in insurance policies, extending the external appeals filing period and eliminating the three-day rule for acute mental health hospitalization.

Jody L. Rowell, LCSW, Mental Health Case Manager at Office of the Healthcare Advocate and Clinical Social Worker in Private Practice. Ms. Rowell’s primary focus at OHA is to formulate appeals for clients denied mental health care. She has extensive knowledge in mental health practice and advocacy particularly where it pertains to insurance.

**IMPORTANT CHANGES IN POLICY FOR CME/CEU REQUESTS**
As part of this expanded 15 program series, we will now be charging a small fee for CMEs or letters verifying participation for CEUs. *As always, anyone may listen in for free.* See registration form or go to ct-aap.org for more details. Questions? tracey.ctaap@gmail.com or 860-977-3430

- **Special Discount for all 15 CMEs and CEU Letters of Participation** - $150 for members, $175 for non-member MDs/DOs, $115 for APRNs, PAs, RNs and others

- **Per Program CME/CEU Charge** - $20 for MD members, $25 for non-member MDs/DOs, $20 for APRNs, PAs, RNs and others

**CME Credits for Physicians**
- CME Credit has been applied for at Norwalk Hospital. This activity has been planned and implemented in accordance with the Essentials and Standards of the Connecticut State Medical Society through the joint sponsorship of Norwalk Hospital and the CTAAP. Norwalk Hospital is accredited by the CSMS to provide continuing medical education for physicians. Norwalk Hospital designates this educational activity for a maximum of 1 AMA PRA CATEGORY 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Continuing Education Requirements for Nurses**
- The American Academy of Nurse Practitioners (AANP) will accept documentation of participation in the teleconference as meeting continuing education requirements toward recertification.
- The American Nurses Credentialing Center (ANCC) will accept documentation of participation in this teleconference as meeting continuing education requirements for certified nurses. The credit hours will transfer equally. CTAAP will provide verification of participation in letter form to the nurse. Nurses must submit the proper paperwork to the ANCC for approval.