

# Urgent Appeal to Denial of Single Case Agreement

Jaan Altosaar, PhD

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To whom it may concern:

I was advised to file an urgent appeal to the first appeal that was denied last week (12/17/21), after the original single case agreement was denied a week prior (12/10/21).

Please let me know if you would be willing to consider the below appeal to this decision, at this is significantly affecting my life, career, and ability to remain in the United States to conduct research in mental health and health disparity at the research hospital I work at.

Name: Dr. Jaan Altosaar

Member and group ID: [REDACTED] and [REDACTED]

Date of Birth: [REDACTED]

Name of provider: Dr. Michael Maher

Provider NPI: [REDACTED]

Appeal ID: [REDACTED]

Here is the timeline of events leading to this difficult situation:

## Single Case Agreement

- The reason I filed for the Single Case Agreement was that treatment by in-network provider using Cognitive Behavioral Therapy (CBT) was unsuccessful. The provider was Dr. [REDACTED], who has a PhD, has training in CBT, and has seen me since 2020.
- However, due to severe stressors out of my control (described below), my OCD, depression, and health anxiety symptoms worsened. Dr. [REDACTED] does not have specialized training in these conditions, so a friend of mine recommended I contact a specialized provider. Dr. Michael Maher successfully treated my friend's OCD and has treated over a thousand

patients with OCD. Dr. Maher also has specialty in the treatment of mental health professionals (I do clinical research in mental health).

- While I was aware that Dr. Michael Maher was out-of-network, I looked up the out-of-network benefits I have under Columbia University's Choice Plus 80 plan (<https://humanresources.columbia.edu/sites/default/files/content/Benefits/2020%20UHC%20Choice%20Plus%20100%2090%2080%20Plans%20SPD.pdf>). On Page 26 this document clearly states that mental health services are covered at 70% after I meet the deductible.
- Being an immigrant from Canada and new to the system in the US (the hospital I work at is the first full-time job I have had), I assumed that I could trust this document, so I calculated a budget and thought that I could afford to be treated by Dr. Maher.
- However, I was shocked when I submitted the first claim for Dr. Maher and it was partially denied. Despite the benefits of the treatment I was seeing from the combination of Acceptance and Commitment Therapy and Cognitive Behavioral Therapy that Dr. Maher's practice specializes in, I could not afford to continue treatment and kept calling United Health to see if there was a solution as my symptoms kept getting worse. Eventually I was told to request a single case agreement.
- On December 2, 2021 at 10:32 AM, one of the United Behavioral Health associates connected me with [REDACTED] a care advocate, who helped me file the single case agreement, specifying that in-network treatment had failed due to the complexity of my case (comorbid OCD, health anxiety, depression, chronic pain and my work in mental health), and that I needed a specialist who works with Acceptance and Commitment Therapy in addition to CBT (and that I'd been treated by an in-network CBT provider, Dr. [REDACTED] [REDACTED] over the past year).

### Single Case Agreement Denial

- On December 10, 2021, I was connected to [REDACTED] another care advocate, who informed me that the single case agreement had been denied on the basis of insufficient clinical rationale.
- [REDACTED] said that in the denial, I had been referred to the following in-network providers, and that they had availability:
  - Dr. [REDACTED] ([REDACTED]@[REDACTED])
  - Dr. [REDACTED] ([REDACTED])
  - Dr. [REDACTED] ([REDACTED])
- I contacted all of the above providers on December 10. Drs. [REDACTED] and [REDACTED] did not respond to my message. However, none of these providers I was referred to in the denial had training in Acceptance and Commitment Therapy as specified in the single case agreement request. After asking Dr. [REDACTED] whether she had training in Acceptance and Commitment Therapy, she wrote back to me saying she no longer had availability (see the attached email).
- On December 15, I finished submitting the urgent appeal to the Single

Case Agreement denial and asked the care advocate, [REDACTED], to make sure this information was in the appeal – that not only did the in-network providers I was referred to not have the specialty I needed, but they did not have availability.

- My provider, Dr. Michael Maher, also spoke with your team conducting the urgent appeal last week. Dr. Maher informed them of the difficult situation, and that I had previously been treated by an in-network provider with CBT training but no specialized training in my conditions, and that there were no in-network providers available meeting the criteria my condition requires.
- I still have not received any written communication about the Single Case Agreement denial; I have had to call in every time which adds to the stress and uncertainty that exacerbate my OCD, anxiety, and depression symptoms and the feelings of hopelessness.

#### **Single Case Agreement Denial of Appeal**

- This past Tuesday, December 21, 2021, I once again was not informed about the status of the appeal, and after I called in I was informed that the appeal had been denied.
- I have continued doing my best to find in-network providers with training in both Acceptance and Commitment Therapy and Cognitive Behavioral Therapy, who are able to treat the conditions I am suffering from of OCD, health anxiety & chronic pain and depression. However, the search I was referred to, [liveandworkwell.com](https://www.liveandworkwell.com), does not have the ability to filter for these conditions, and my chronic pain limits my ability to spend hours searching and reading profiles of therapists. I am no stranger to in-network care, having seen Dr. [REDACTED], an in-network provider, from 2020–2021. Given that I work in mental health, I have asked friends and family for in-network referrals but gotten nowhere. Everyone I've called has a waitlist that is months long and has told me that because of the COVID-19 pandemic every practice they know of is full, and that my deteriorating condition needs urgent care.

#### **Clinical Rationale for Comorbid Conditions Requiring Specialized Treatment**

In case it is relevant, there is plentiful evidence that the ACT treatment in combination with CBT that I receive from Dr. Maher is superior to or as effective as CBT treatment for OCD (Ruiz 2012), and in addition is effective for the comorbid conditions that I have such as chronic pain, anxiety, insomnia, and depression (Lin et al. 2019; Gloster et al. 2020; Salari et al. 2020). It is extremely difficult to find providers specializing in these comorbid conditions that are both in-network and have availability as New York has record cases of COVID due to the omicron variant, the pandemic, the holidays, and generally elevated levels of stress in the population.

Here are the events that surround the exacerbation of my symptoms that require specialized treatment:

*Exposure to sexual violence:*

- I meet this criteria for post-traumatic stress disorder as described in the DSM-5.
- On July 9, 2021 shortly after midnight, my close friend [REDACTED] called me. She had just been assaulted. I had no idea what to do so I met her on the street. She was in shock as she had just been severely bitten and beaten by someone she went on a date with. I didn't know what to do, and she didn't know what to do - despite her being a therapist who specializes in the treatment of victims of sexual assault.
- In legal terms, this meant I was an outcry witness. I did my best to learn about the law, took photos of the bite marks, lacerations, and recorded [REDACTED] describing the sex abuse that took place. She was reluctant, but over many hours I convinced her to call 911 and involve the Special Victims Unit (SVU). As an outcry witness, this meant I would have to testify at the District Attorney's office, which I did on August 6, 2021 with [REDACTED] Assistant to the District Attorney ([REDACTED]@dany.nyc.gov). Thanks to my testimony, the perpetrator (someone who also works at Columbia [REDACTED] Dr. [REDACTED]) was indicted by a grand jury on a felony count of sex abuse. I have attached the indictment; the trial is starting in a few weeks and I will be called to testify again. Despite my best efforts to help my friend, I have seen how difficult it is for her to advocate for herself, and I am giving up hope on seeking justice as the perpetrator pleads not guilty, despite the bite marks, bruises, lacerations, and evidence I have seen.

*Immigration:*

- I am an immigrant from Canada. After completing my Ph.D. at Princeton last year, I was on a student visa. Due to a paperwork error at Columbia, I was unauthorized to work from August 2–August 12, 2021 (see the date on the attached employment authorization document of 8/2/21 and the H-1B visa approval notice on 8/12/21).
- These 10 days were extremely stressful, as it coincided with my testimony at the district attorney's office and meant that I didn't know if I still had a job. Because of the paperwork error at Columbia, I may have had to leave the country, leave my apartment, and be left without health insurance and social net. Just like I saw that the justice system failed my friend despite my best efforts, I was now seeing that the immigration system that I'd relied on was failing me, and there was nothing I could do about it.

*Research:*

- While I worked in tech at Google and DeepMind during grad school, I wanted to do something good for the world so I took a job at a hospital after graduation to work on mental health and health disparity. However,

the previously-described stressors now intersect with my research, as I am building AI to analyze therapy sessions and help predict clinical outcomes and therapist performance. Similarly, I am working in maternal health to predict severe maternal outcomes such as death and preeclampsia from clinical records. Being exposed to material like this while I recover from the stress of being unauthorized to work, in an uncertain immigration status, and dealing with the district attorney's office is difficult and I am worried about losing my job - I feel panic about this and suffer from OCD/anxiety/depression symptoms every day.

- However, working with Dr. Michael Maher has showed me that the specialized treatment Dr. Maher provides can help me keep doing what I love and serving social justice needs in the populations that deserve assistance and have suffered from health and mental health inequality. Dr. Maher regularly treats professionals in mental health, and is helping me reframe the dedication I have to my work in light of my traumatic experiences. With previous therapists who have not done clinical research or treated other mental health professionals like Dr. Maher, I would not be able to continue my job. My research CV is at <https://jaan.io/cv>.

*Finances:*

- Despite how much I feel like I can contribute by working at a hospital, my inability to afford mental health care is exacerbating my OCD, depression, and anxiety symptoms. Once again, I am seeing how I am doing my best but the system is forcing me to choose between helping others and my mental health. Specifically, I have asked my mom for a loan of \$2,000 USD to make rent this month (my mom is [REDACTED] you can call her at [REDACTED] to verify). But this makes me feel guilty because my mom is separating from my dad in a costly legal process (because he, at [REDACTED] moved in with a [REDACTED] year old a few months ago and estranged himself from my family) and may not even keep her house so cannot afford to support me. If this appeal is unsuccessful, I will need to start looking for other jobs that pay more so I can afford to recover from the mental health issues I suffer from. I hope this doesn't sound like I am complaining, because I am doing my best to be realistic about my options given my decompensation.

*Symptoms and treatments:*

- OCD symptoms were exaggerated soon after my exposure to sexual violence and immigration issues: obsessions with uncertainty reduction and feeling like if I hadn't been there, something very bad would have happened just like I had been unemployed due to circumstances out of my control with immigration. These thoughts and dysfunctional beliefs continue to be intrusive and feel out of control because of the significant life events and experience I have with small probability events coming to fruition. Even writing this letter feels like it: I'm terrified of losing my job due to my anxiety/OCD/depression and having to move back to Canada and not being able to contribute to the world in a meaningful way because

of systems out of my control (like not being able to afford therapy or being denied a visa). These fears manifest at home (insomnia, panic), and at work (distress after exposure to intimate partner violence and maternal mortality at my job through clinical records and mental health research)

- Examples of dysfunctional beliefs related to OCD for me are inflated responsibility, hypervigilance and safety rituals. Further, seeing so many systems (justice, immigration, mental health) fail me and people I love has led me to see the world as a dangerous, malevolent place and made me give up hope that I can help change the system by working at a hospital in mental health and health disparity. This tendency to overestimate threat, perfectionism and inability to tolerate uncertainty started getting worse with CBT because I viewed CBT in a rigid way (a set of rules to be followed, and if I didn't do therapy 'right' I would fail, just like in research), and with ACT/ERP these symptoms have started improving.
- Anxiety symptoms: pervasive fear of something bad happening. Panic attacks. Inability to focus at work leading to degradation in performance and unable to do research.
- Insomnia: early morning awakenings since September, inability to sleep through the night.
- Chronic pain and health anxiety: I am being treated by Dr. [REDACTED] at Weill Cornell for chronic pain. Dr. [REDACTED] has recommended that I be treated by a psychologist specializing in chronic pain like Dr. Michael Maher; I can get a medical necessity note from him if needed - it is very, very hard to find a psychologist specializing in chronic pain and health anxiety treatment like Dr. Maher.
- Sleep apnea: I am being treated by Dr. [REDACTED] at Weill Cornell for sleep apnea. This exacerbates the insomnia symptoms. Dr. [REDACTED] referred me to Dr. [REDACTED] for CBT treatment for insomnia (who is in-network). After a months-long waitlist, I saw Dr. [REDACTED] on December 16, 2021. She recommended that I focus my treatment on the OCD/anxiety with Dr. Maher.
- Antidepressants: On Dr. Maher's advice, I sought an in-network psychiatrist, Dr. [REDACTED] and was prescribed 30mg/day of duloxetine on December 7, 2021. After two weeks on this SNRI, my symptoms continue but show some improvement, as Acceptance and Commitment therapy in combination with antidepressants has been shown to be more effective than either alone (Vakili, Gharaee, and Habibi 2015). I am now at home with my family on Christmas eve trying to take a holiday but being forced to write this appeal in desperation, after once again waking up at 5am in tears because of my panic condition. It has continued to be hard to stop crying and thinking about what I will do if I can't afford therapy and health care, have to leave the job and career that I love, and consider leaving the United States because I can't afford the mental health treat-

ment that has been so helpful to me in surviving this hard time in my life and trying to do the right thing and helping my friend and working at a hospital that I believe in.

Please contact myself or anyone above if you need further documentation of any of this evidence. I have done my best to include dates and contacts, and evidence so you can verify the accuracy of these statements. I am desperate and willing to do anything to try to get better. If there is in-network availability of someone able to treat my condition (with ACT/CBT/ERP for OCD, anxiety, depression, chronic pain, who works with mental health professionals and has treated many patients and trained many therapists like Dr. Maher has), I am more than willing to try it and exhaust all my options in-network and otherwise. It has just been hard to find given how hard my symptoms have made my life, and how much time I have already taken in dealing with paying for therapy, searching for alternative in-network providers with this specialty, all while trying to keep a job and address my symptoms as best I can for the past 5 months. I'm stressed about being forced to leave my job because I can't make rent, while I start SNRLs for the first time, and being forced to discontinue therapy because of this single case agreement denial and the unavailability of in-network providers will only lead to more instability and exacerbate symptoms. I don't know how long I can keep this up and open to any advice you have: my cell phone is [REDACTED]

Thanking you in advance for your urgent consideration of this appeal,

Jaan



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