Hemophilia Council of California
Health Access, Advocacy , and Policy Webinar

Private Insurance
Changes and Resources and Self-Advocacy (Oh My!)

Presented by:
Michelle Rice,
National Hemophilia Foundation

HCC's 2019 Webinar series is sponsored by:

Takeda

SANOFI GENZYME

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Overview of Upcoming Webinars

Upcoming webinars will take a deeper dive into…

- Patient Assistance Programs PBMs & Insurance Mergers: What they Mean for You
- Preparing for Open Enrollment
- You can find HCC's Roundup of Health Care Access in CA on our website:

http://www.hemophiliaca.org/programs/webinars/

How am I Covered?

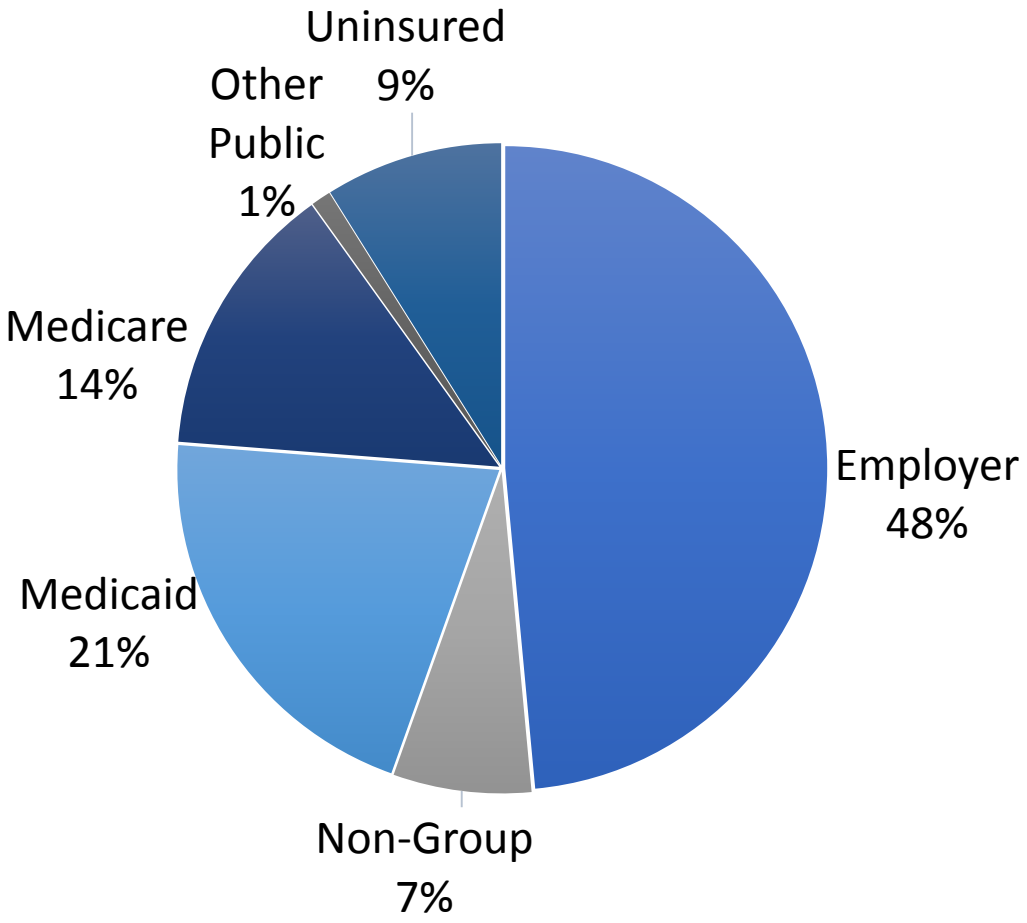
Healthcare coverage can be private *or* public

How you receive your healthcare coverage dictates where you go for help

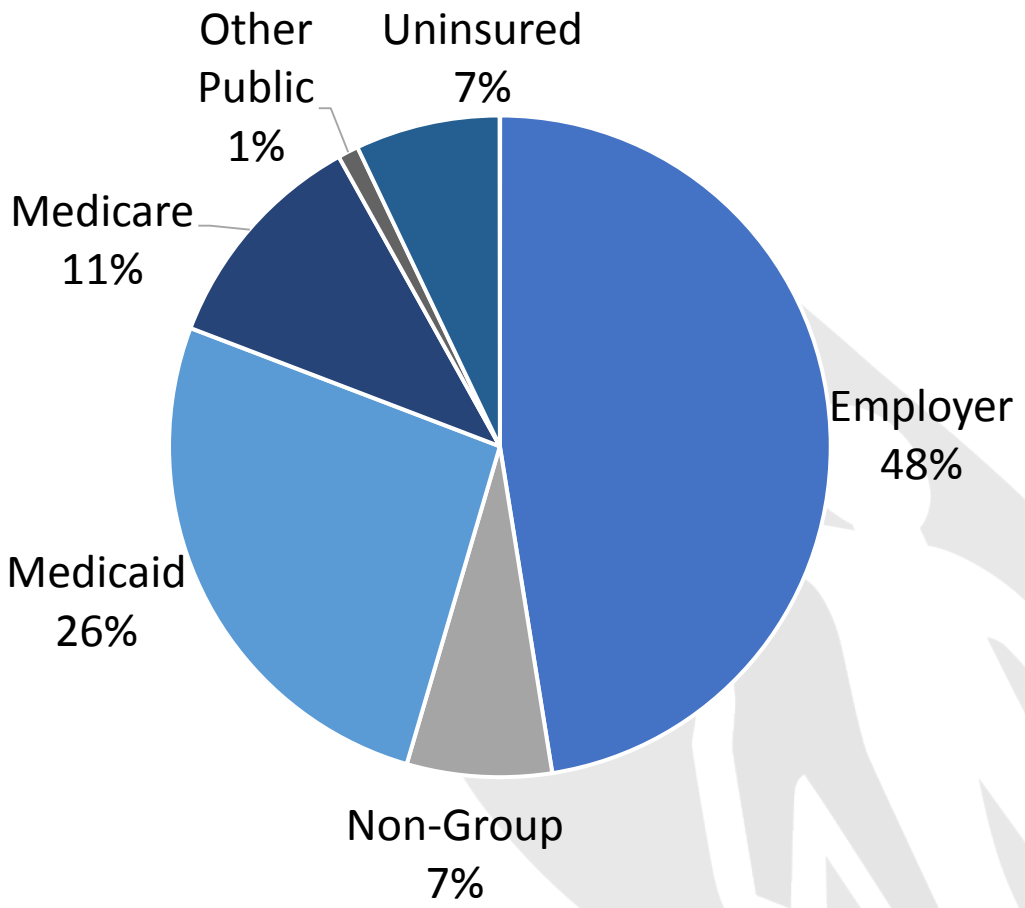
- Private & fully insured employer plans – State Department of Insurance
- Self-Insured Employer plans – Department of Labor
- Public plans (Medicare / Medicaid)

Health Insurance Coverage

US



California



Healthcare Costs Continue to Rise

What are payers doing?

Managing spend through the implementation of *Utilization Management*

- Utilization Management is a technique or series of techniques used to achieve improved outcomes at the lowest possible cost

- Utilization Management techniques are applied to both the pharmacy and medical benefit

Medical Utilization Management

What are some examples?

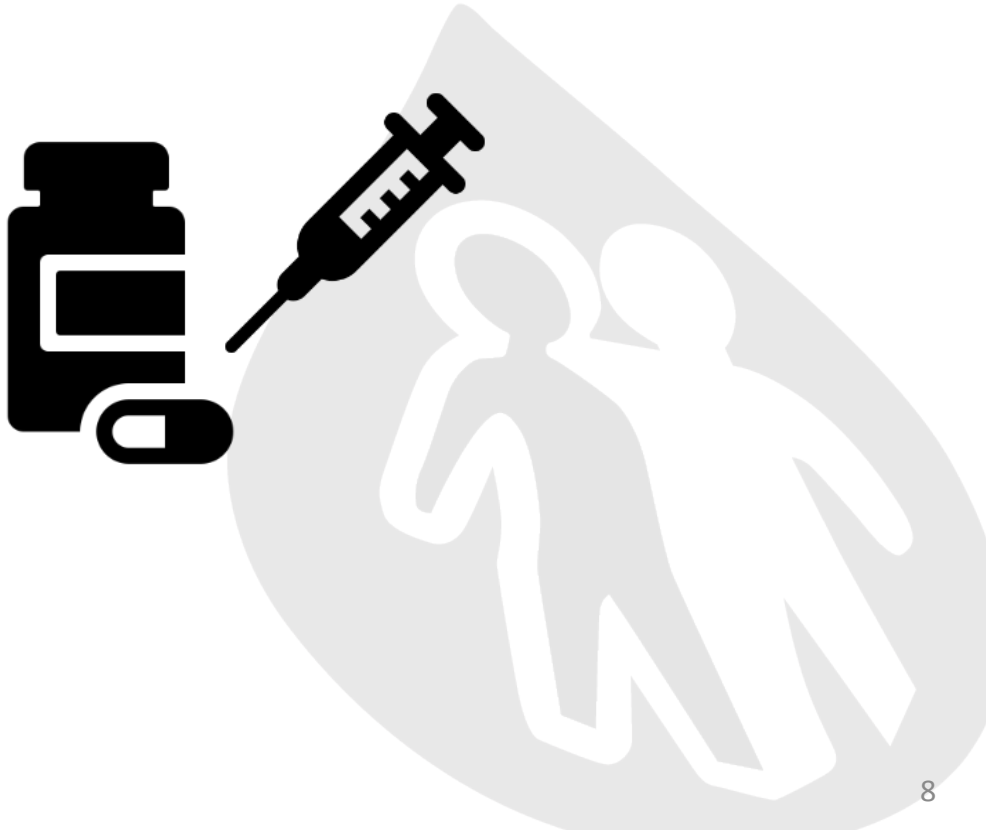
- High deductible health plans, increasing patient out of pocket costs
- Prior authorization/approval
- Precertification
- Preferred provider networks
- Site of care networks
- Procedures/tests/labs - medical necessity

- An unintended consequence of some of these techniques can lead to “surprise billing” for the insured

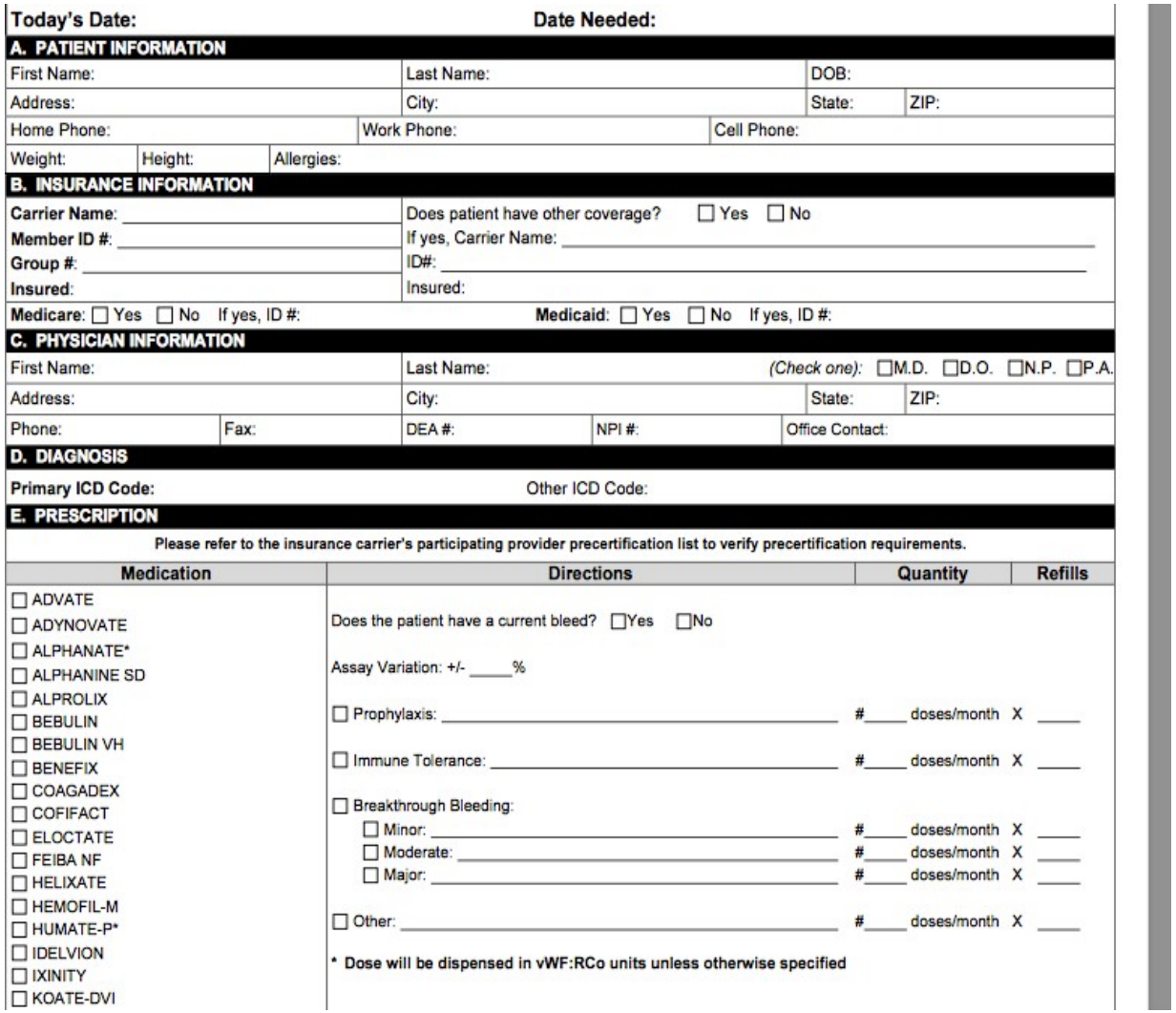
Pharmacy Utilization Management

What are some examples

- Prior authorization
- Formulary management – tiering – generics, preferred, non-preferred, specialty, excluded
- Step therapy/edits
- Patient reporting requirements
- Copay accumulator adjustment programs
- Quantity limits



Prior Authorization Sample



Today's Date: **Date Needed:**

A. PATIENT INFORMATION

First Name:	Last Name:	DOB:	
Address:	City:	State:	ZIP:
Home Phone:	Work Phone:	Cell Phone:	
Weight:	Height:	Allergies:	

B. INSURANCE INFORMATION

Carrier Name: _____ Does patient have other coverage? ☐ Yes ☐ No
Member ID #: _____ If yes, Carrier Name: _____
Group #: _____ ID#: _____
Insured: Insured:

Medicare: ☐ Yes ☐ No If yes, ID #: **Medicaid:** ☐ Yes ☐ No If yes, ID #:

C. PHYSICIAN INFORMATION

First Name:	Last Name:	*(Check one):* ☐M.D. ☐D.O. ☐N.P. ☐P.A.		
Address:	City:	State:	ZIP:	
Phone: Fax:	DEA #:	NPI #:	Office Contact:	

D. DIAGNOSIS

Primary ICD Code: Other ICD Code:

E. PRESCRIPTION

Please refer to the insurance carrier's participating provider precertification list to verify precertification requirements.

Medication	Directions	Quantity	Refills
☐ ADVATE ☐ ADYNOVATE ☐ ALPHANATE* ☐ ALPHANINE SD ☐ ALPROLIX ☐ BEBULIN ☐ BEBULIN VH ☐ BENEFIX ☐ COAGADEX ☐ COFIFACT ☐ ELOCTATE ☐ FEIBA NF ☐ HELIXATE ☐ HEMOFIL-M ☐ HUMATE-P* ☐ IDELVION ☐ IXINITY ☐ KOATE-DVI	Does the patient have a current bleed? ☐Yes ☐No Assay Variation: +/- ____% ☐ Prophylaxis: _____ #____ doses/month X ____ ☐ Immune Tolerance: _____ #____ doses/month X ____ ☐ Breakthrough Bleeding: ☐ Minor: _____ #____ doses/month X ____ ☐ Moderate: _____ #____ doses/month X ____ ☐ Major: _____ #____ doses/month X ____ ☐ Other: _____ #____ doses/month X ____ * Dose will be dispensed in vWF:RCo units unless otherwise specified		

Patient information (DOB, weight, logs)

Insurance information

Physician information

Diagnosis Code

Prescription

- Drug
- Dosage
- **Rationale**
- **Inventory on hand**

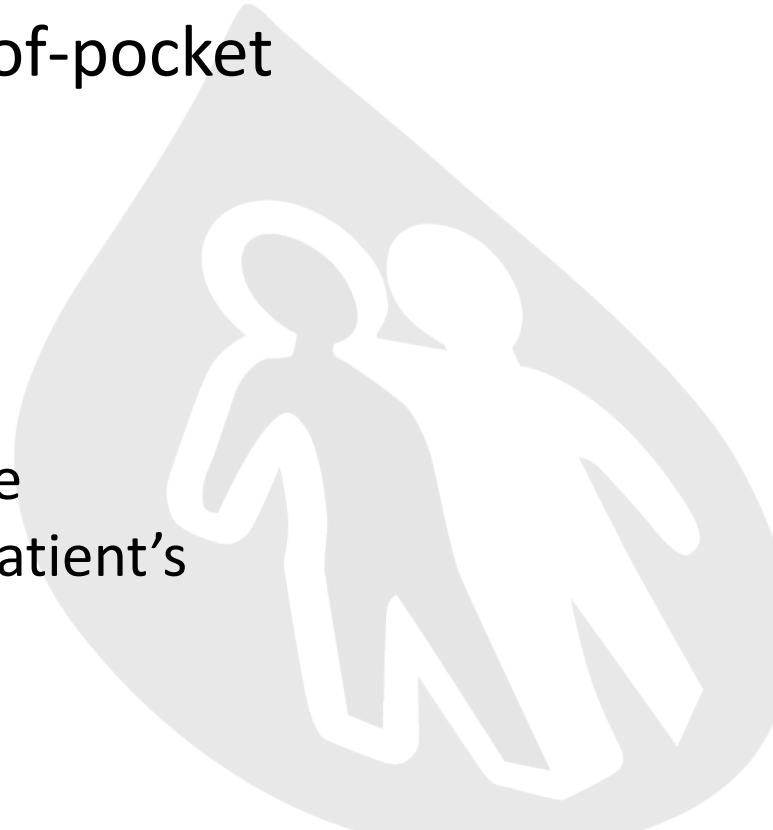
Accumulator Adjustment Programs

Defined:

Accumulator programs target specialty drugs for which a manufacturer provides copayment assistance. Unlike conventional benefit designs, these new programs no longer allow manufacturer assistance programs to count toward a patient's deductible or out-of-pocket maximum.

WHAT WE KNOW NOW….

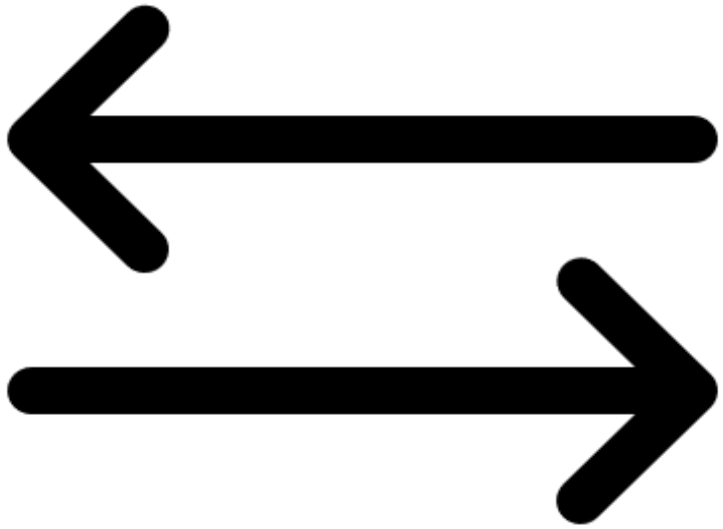
Effective 1/1/2020 if a generic is not available, the manufacturer's copay card MUST count toward patient's deductible and out of pocket.



What is your Role?

Patients have two choices

REACTIVE



PROACTIVE

I was Denied Coverage or was Unhappy with the Care I Received

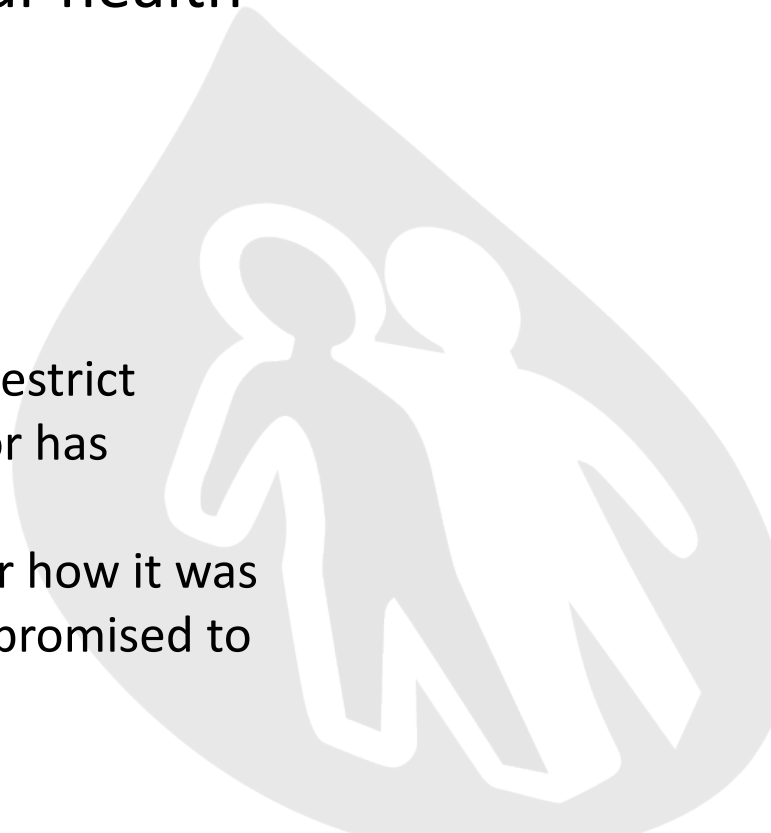
What can I do?

If you receive a denial for a requested service or medication or if you are unhappy with the service you received under your health plan, you have options.

Appeals and Grievances

Appeal – a request to reconsider a decision made to deny coverage or restrict approval for a healthcare service you wish to receive or that your doctor has recommended for you

Grievance – a complaint about the quality of healthcare you received or how it was delivered (customer service- wait in doctor's office too long, your plan promised to call you back but didn't, etc.)



What are my Rights to Appeal?

Always open mail from your insurer!

ACA states that when a plan denies a claim they must notify you of the following:

- The reason the claim was denied
- Your right to request an internal appeal
- Your right to request an external appeal if your internal appeal is denied
- The availability of a consumer assistance program (CAP) that can help you file an appeal or request a review (if your state has such a program)
- If English is not your first language, you may be entitled to receive appeals information in your native language upon request

What are my Rights to Appeal?

Internal Appeals

- Can be requested up to 6 months from the date of your denial of coverage or payment for a specific service; the health plan must give you its decision
  - within 72 hours for an appeal of a denial of a claim for urgent care*
  - 30 days for denials of non-urgent care you have not yet received
  - 60 days for denial of services you have already received

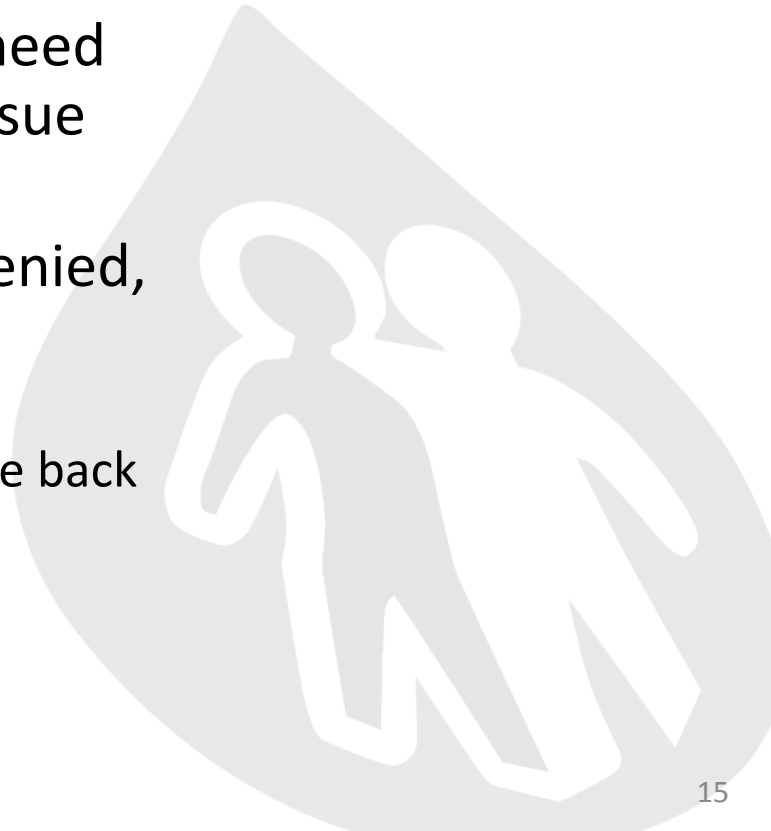
*All levels of the internal appeals process must be completed within the time frames stated above, however some group plans may require more than one level of internal appeal before an external appeal can be submitted.

Advocating for the Coverage you Need

Where To Start

Contact your prescribing physician

- Ask your physician to contact your insurer and request a peer to peer review to discuss the specific reason(s) why you need this type of medication or service (this may resolve the issue without going through a more formal process)
- If after a peer to peer review the claim continues to be denied, you have the right to appeal the decision in writing
  - You can find information on the appeals process in your plan documents or by contacting the member services number on the back of your card



Be Clear and Precise

Make your words count

When requesting an internal appeal or exception be sure to write a clear and simple letter providing the following information:

- Pertinent clinical information regarding your health and medication history, including any corresponding medical records
- If requesting a medication, include information on other drugs or dosages you may have tried or considered, but were or would have been ineffective or cause harm and why
  - Include history of any adverse reactions or side effects you had to similar medications or generics that were not effective
- Also include a letter of medical necessity from your physician (often the provider's office will assist you in filing your appeal)

Remember – HOW YOU SAY IT MATTERS

Sometimes words have different meanings to different people, this can lead to frustration and confusion.

For example: what does the term ‘COST’ mean to:

AS DEFINED BY	COST
PROVIDERS	The expense incurred to deliver health care services to patients
PAYERS	The amount they pay to providers for services rendered
PATIENTS	The amount they pay out-of-pocket for health care services

Key Takeaways

- Buyer beware! Shop carefully!
  - Don’t buy a plan just because it costs less
  - Ask questions—prescription drugs covered? Access to the providers you need? Are there limits on services or drugs?
- Only you know your healthcare needs—be careful with recommendations
- Call your HTC social worker or chapter for help in navigating plans!
- Don’t wait until the last minute to shop!
- Be prepared for higher premiums and plan accordingly
- Be aware of your appeal rights

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Questions?

HCC's 2019 Webinar series is sponsored by:

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Thank you for joining us!

Reminder: this webinar is part of a series of educational webinars presented by the Hemophilia Council of California.

A recording and slides will be available in a few weeks at http://www.hemophiliaca.org/programs/webinars/