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

Reducing Health Care Costs:
Tools, Strategies & Patient Assistance

Presented by
Mandy Herbert, Patient Services Incorporated &
Kim Isenberg, Hemophilia Federation of America

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…

- Preparing for Open Enrollment: Learn how to evaluate your needs, your health insurance options, and prepare to find the best fit for your and your family's needs! (October 28)
- Co-Pay Accumulator Adjustors Strike Back: What You Need to Know for Your Care. We thought they were gone, but these programs are back with a vengeance. Before you choose insurance for 2020, learn the latest on how these programs could affect your care. Tentative: November 13.
- You can find HCC's Roundup of Health Care Access in CA on our website:

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

Patient Services, Inc.

HCC Presentation | October 2019

Helping chronically ill patients with unaffordable medical expenses.

Inherited and Acquired Factor Deficiency Premium Assistance Program

Assistance Type Offered	Insurance Types Eligible	Diagnoses Covered	Federal Poverty Level (FPL)	Review Timeframe	Maximum Annual Assistance Amount
Premium	Private & Public	Hemophilia, Inhibitors, vWD, Glanzmann's' Thrombasthenia, Thrombocythemia	350% FPL	2 Years	$11,000.00

Public vs. Private Insurance Types

Public Insurance Types	Private Insurance Types
All forms of Medicare	Group
Medicaid	COBRA
Tricare	Marketplace
Continued Health Care Benefit Program (CHCBP)	Individual
ChampVA	High Risk
Veterans	Guaranteed Issue
Government Employees Health Association (GEHA)	Open Enrollment
Federal Employees Health Benefits (FEHB)	
State Employee Health Plan (SEHP)	

Required Documents for Determining Eligibility

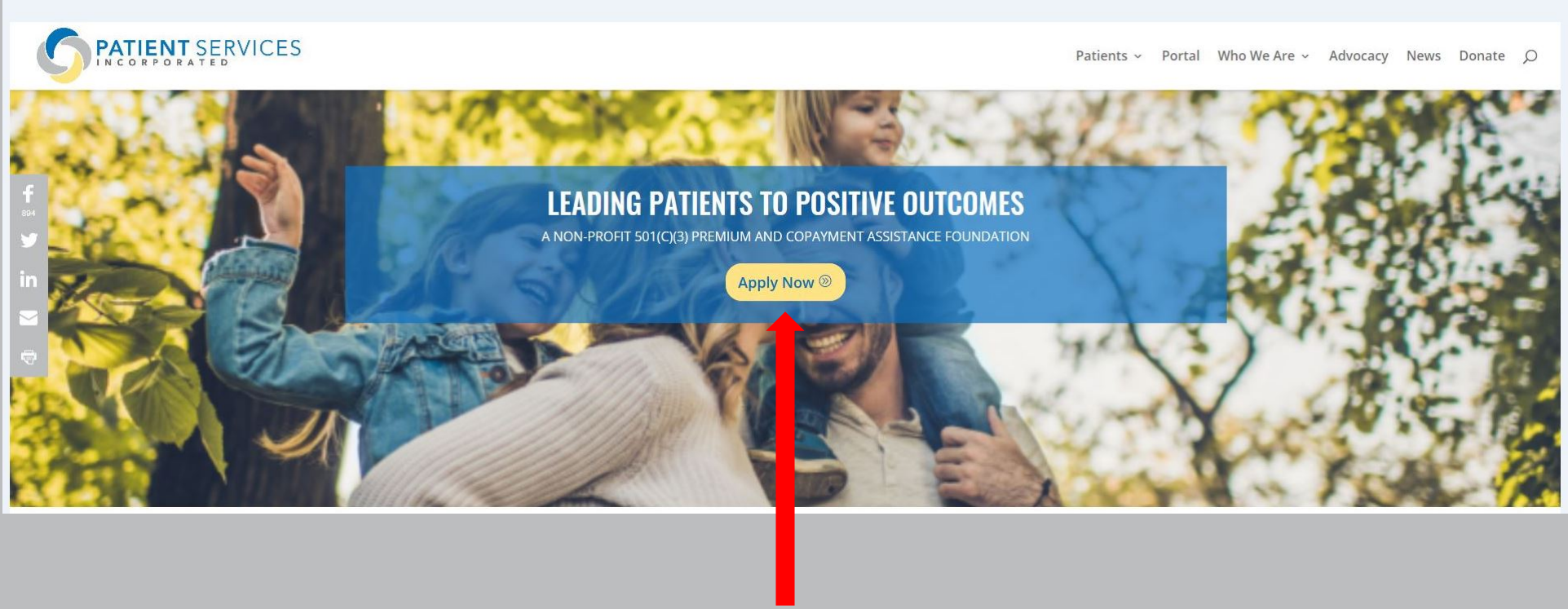
Proof of Household Income (Most recent 1040 tax form, W2 forms, 2 consecutive pay stubs, social security letter)

Signed Medical Care Provider Statement (Used to confirm diagnosis, must be signed by patient's physician)

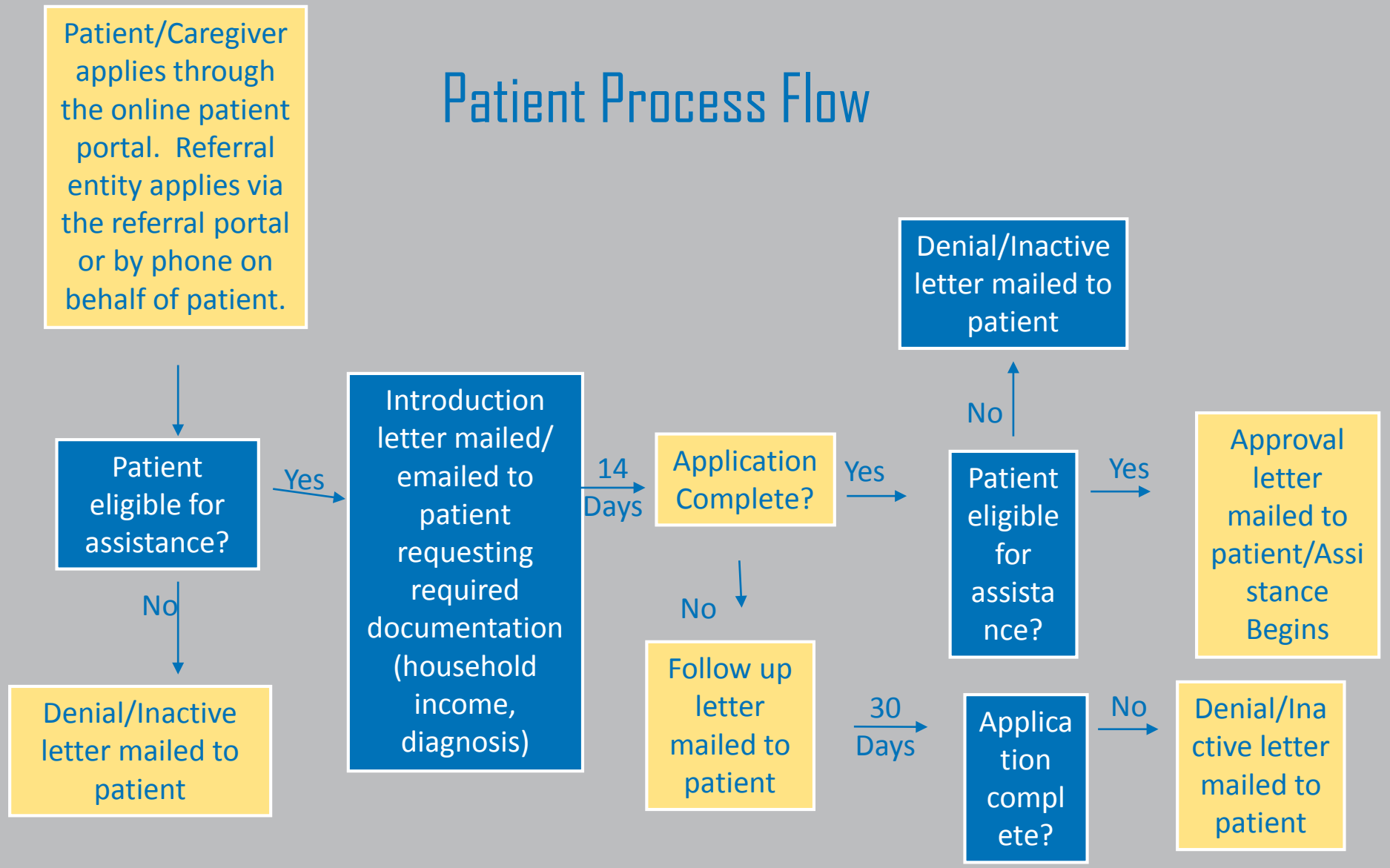
Proof of Insurance Upon Approval (Required to assist with premium amount)

Applying for Assistance

1) Visit www.patientservicesinc.org
2) Create a secure patient portal account
3) Login and complete the application in less than 10 minutes



Patient Process Flow



Premium Payment Options

- Check mailed directly to patient's insurance company
- Reimbursement to patient following proof of premium payment
- Credit card payment (Secure payment card that is used monthly to pay premium; Can only be used to make approved premium payment amount)
- Electronic deposit for reimbursement patients (Funds are deposited to a patient's bank account; Only available for patients seeking reimbursement for eligible payment)

Frequently Asked Questions

1. How long does it take to be approved?

   The application process can move very quickly once we receive household income and confirmation of diagnosis from your physician. Documentation is processed within 2 days at this time.

2. How much assistance will I received if approved?

   We assist with up to $916.67 per month for the patients health insurance premium. Once we receive your health insurance documentation, we will determine the best method of payment.

3. How often will I need to reapply for assistance?

   Any changes in income should be reported to PSI immediately. If you do not have any changes in household income, we will request information to determine continued eligibility every 2 years.

4. Is there anything else that I need to do to receive assistance?

   To ensure that we are assisting with the correct premium amount, we require a copy of your health insurance invoice every six (6) months.

PSI A.C.C.E.S.S. Program

Advocating for Chronic Conditions, Entitlements and Social Services

- Helps families navigate through the complex maze of state and federal entitlement programs.
- Free legal representation for Disability issues with an 83% success rate in accessing Disability coverage.
- Helps with questions regarding insurance issues.
- Free legal hotline support

A.C.C.E.S.S. 1-888-700-7010

Legal Hotline 1-877-851-9065

Thank You!

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Staying Covered

Patient Assistance

Kim Isenberg, Vice President Policy and Advocacy

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What We Will Cover Today

- Trends in Healthcare Insurance
- Patient Assistance
- Resources Available

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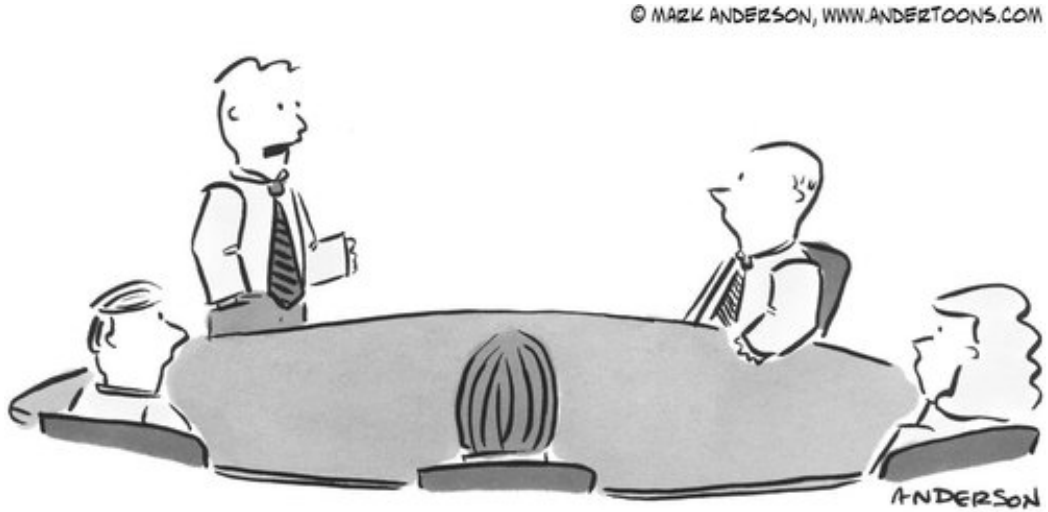
Trends in Insurance

Cost Cutting

- **Formularies and Preferred Drug Lists (PDLs)**
  - Step therapy/step edits
  - Specialty tiers
- **Prior authorization** required for products and/or services
- **Narrowing networks**
  - Balance or surprise billing
- **Rising premiums**
- **Rising OOP costs:** deductibles, co-pays, etc.
- **Rejection of 3rd party premium assistance:** for example PSI
- **Shorter open enrollment period:** ACA Marketplace plans
- **Accumulator Adjuster Programs**



"To cut costs, we're doing away with health insurance in favor of an apple a day."

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Basic Terms

Premium

- Monthly amount paid for health plan

Deductible

- Amount you must pay out of pocket before the health plan “kicks in”; may not apply to all services

Co-Pay

- Fixed dollar amount paid for services and/or prescription drugs

Co-insurance

- Percentage dollar amount paid (esp. for specialty drugs)

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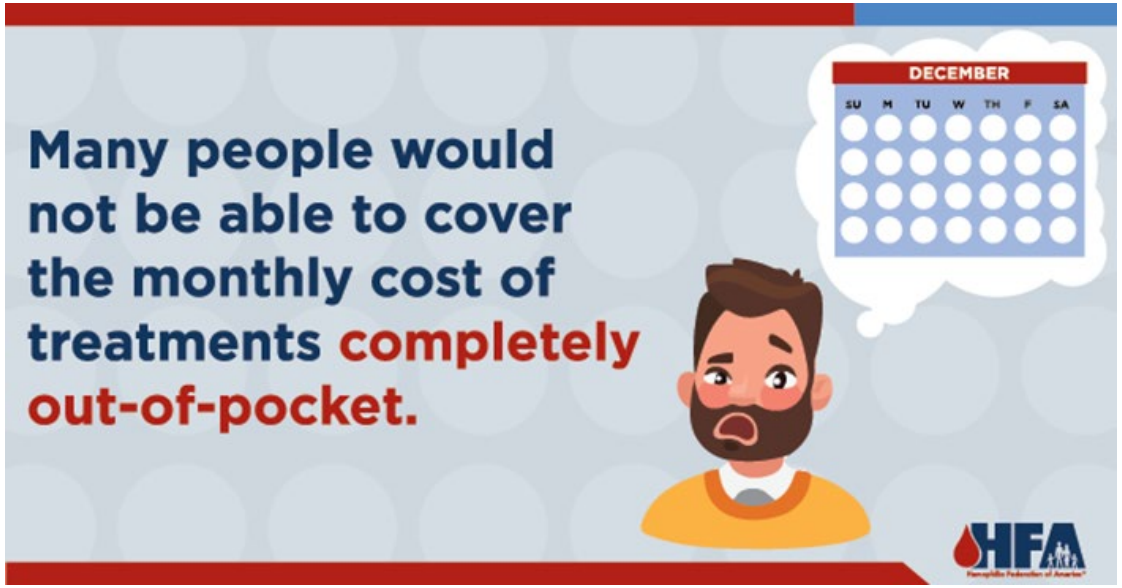
Financial Resources for Paying Insurance Costs

- Health Spending Accounts
  - Health Savings Account or HSA
  - Health Reimbursement Account or HRA
  - Flexible Spending Account or FSA
- Other Resources
  - Co-Pay and Co-Insurance Assistance
  - Premium Assistance



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Out-of-Pocket Spending (OOP): Limits

Dear Addy,

I just got my daughter's January EOB, and I realized that my family is now responsible for up to $14,300 in out-of-pocket (OOP) expenses. Why did this amount go up $600, even though we kept our same insurance? And how can I afford this?!? HELP!

Signed,
Anxious about OOPs

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Dear Addy,

Is there a difference between my deductible and out-of-pocket costs? If so, what counts towards my out-of-pocket costs?

Sincerely,
Pocket Picky

HFA Hemophilia Federation of America

- **ACA Annual out-of-pocket (OOP) maximums for 2020:**
  - $8,200 individuals; $16,400 families
  - $8,200 applies to individuals within families
- **What counts toward out-of-pocket maximum?**
  - Deductibles
  - Copayments
  - Coinsurance
  - Qualified health expenses for Essential Health Benefits

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Out-of-Pocket Spending, continued

The following expenditures do NOT count toward OOP maximum:

- Premiums
- Balance billing amounts for non-network providers
- Other out-of-network costs
- Spending on non-essential health benefits

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Costs

- **Don’t automatically assume that the plan with the lowest premiums will make the most financial sense for you!**
  - Make sure to consider what your OOP spending will be (deductibles, co-pays, coinsurance)

- **If you are buying insurance on the individual market, make sure you understand:**
  - Are you entitled to tax credits to help pay your premiums
  - Are you entitled to assistance with your OOP spending (cost-sharing reductions)

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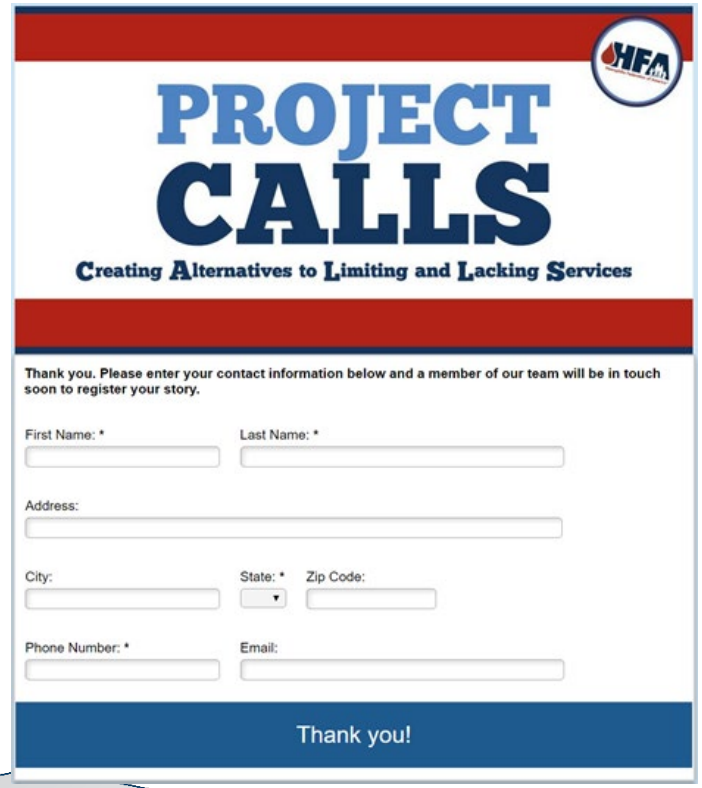
Definitions

Accumulator Adjuster Program (AAP)

- If an insurance plan adopts an AAP:
  - The plan accepts the manufacturer patient assistance payment
  - The plan does not count the payment toward the patient's deductible or out-of-pocket maximum obligations
  - Patients pay more out of pocket (up to the full amount of the out-of-pocket maximum)
  - 2020 NBPP **appears not to** address the problem for biologics

Project CALLS

Data to support access to care:



- Launched August 2015
- Collect patient-centered data from individuals who have:
  - Experienced barriers to care
  - Believe their bleeding disorder has been mismanaged due to limitations or mandates set by their insurance
- Survey Based
  - Phone
  - Internet

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Resources

- PAN Foundation
- State assistance
- Work with HR to educate about unintended consequences
  - (Increased ER use?)
- NHF video
  - (also IDF video)
- HFA infographic + social media messaging
  - (useful as consumers weigh their options during open enrollment period)
- National orgs are working to educate payers
  - Have joined a coalition that has written to 50 state insurance commissioners describing problems created by accumulator adjusters.
- State legislation?
  - (note that state-level legislation won't address self-funded plans)
- Project CALLS

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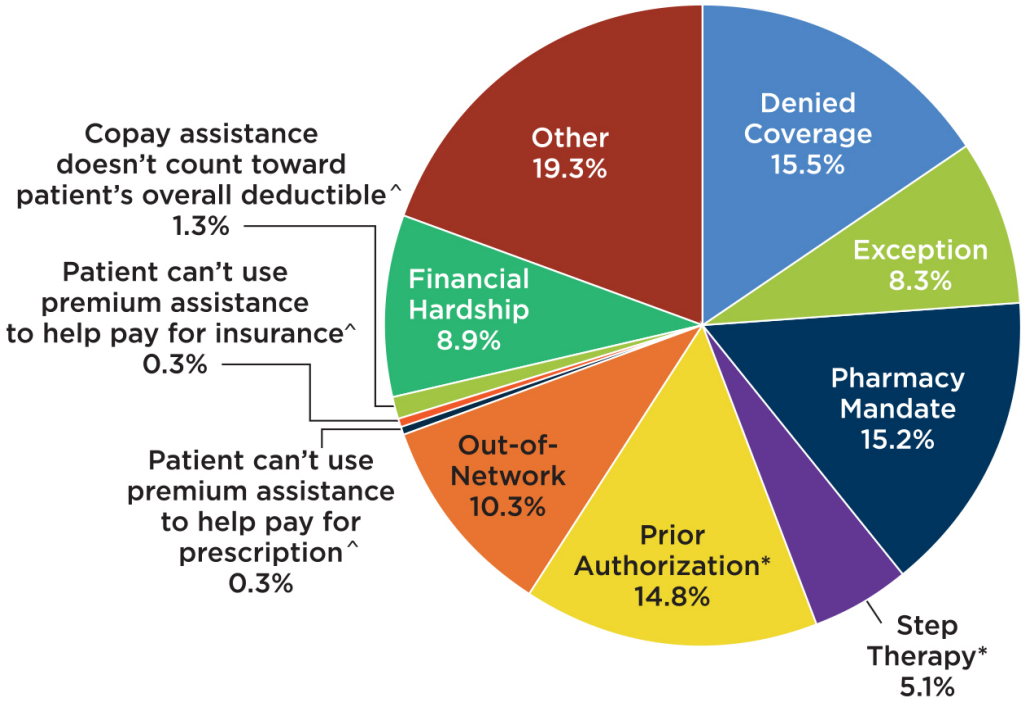
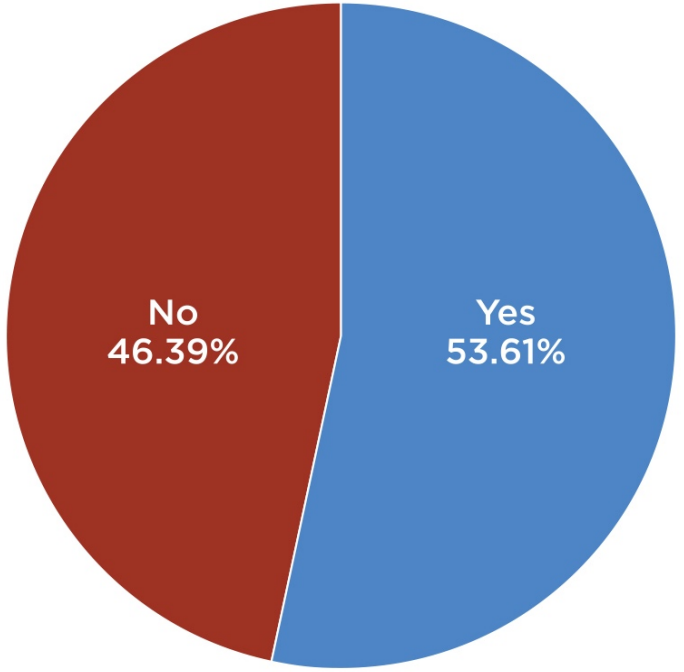
PROJECT CALLS

Creating Alternatives to Limiting and Lacking Services

Issue Reported**



Delayed Care?



www.ProjectCALLS.org
projectCALLS@hemophiliafed.org
202.836.2530

Have you had to wait for factor product either because your insurance company took a long time to approve the use, your pharmacy didn't handle the delivery properly, or for any other reason that lead to a delay in treatment?

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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/