Navigating the Health Insurance Process

Knowing your resources and working with plan limitations

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Do Your " Insurance Homework"

(MAKE SURE YOU ARE GETTING THE MOST OUT OF YOUR COVERAGE)

- Blood glucose supplies and medications are costly.
- Knowing the answers to questions like these, can be critical to your child's care.

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1) Does your child have an assigned nurse/case manager? _____

2) If YES, what is his/her name? _____

3) Can I get medications and supplies at my local pharmacy? _____

4) Is there a benefit to using mail order services? _____

5) Do I have a durable medical equipment benefit? _____

6) Are there supply limitations? _____

7) When is prior authorization needed? _____

8) What is my deductible or co-payment? _____

9) Which glucometer and supplies are on formulary? _____

10) Does your child have secondary insurance coverage? _____

11) If YES, what does it cover? _____

Faced with a denial??

Common Reasons for Denials

* Incorrect or missing Information about the diagnosis and/or treatment history
* General Error – some claims stall at the reviewer level and get struck down before even getting to a nurse reviewer or medical director
* Precertification or prior authorization needed

Engage your rare disease patient advocacy organization

* Get in contact with families with similar experiences
* Find out what worked/ what didn't
* No "cookie cutter" answers. Every child and family is unique

Maintain close relationships with your doctors' staff

* They may have extremely helpful information and resources
* Consistent medical follow-up is not just important, but necessary to maintain services

Connect with insurance plan decision makers

* Remember, insurance plan personnel are people
* Contacts have limited knowledge/ understanding of the condition
* Stay calm when there is a sudden change in a plan or new people involved in administering a plan.

HR personnel can help with employee plans

* Know your Human Resource contacts – Do you have a reliable contact, you can call with questions?
* When do changes occur?
* Coverage options – Is there another insurance plan offered by the company, that might be better for higher level care needs?

A Bumpy Road

* Accept positive advice from other patients who have had success
* Hopefully, “no” is just part of the process of getting to “yes.”
* Leave behind anger and “principles.”

Use all your resources

* Use outside resources. If there is one, engage with biotech or pharma company developing or producing the drug.

* Be persistent. Case managers, medical directors, and others in the insurance world can be very busy. Call or email frequently until response is elicited.

Get people involved!

* When necessary, contact local and state officials. Share your story.

* If necessary, talk to the press. Most towns have local blogs or newspapers. Get in touch and share your story

What is a Provider Network?

* A network of providers that have a contract with an insurance plan which set the reimbursement, pricing, and range of coverage.

TIPS ON GOING OUT OF NETWORK

* **Letter of Medical Necessity** from the referring physician or the attending at the accepting institution is often needed.

* **Peer to Peer Review** may be necessary. Dr. who is making the case for the transfer will present evidence that the patient must be admitted to save the patient's life, reduce risk of adverse effects, or improve the odds of measurable and significant quality of life issues.

* For **Medicaid plans**, insurance plan might request 3 opinions from peers about ability to handle case in state.

* **Letter from patient advocacy organization** to medical director or physician making the decision about the transfer is a good idea. Letter needs to be very compelling, specific, and persuasive.

Out of Network Clinical Care

- Work with your physicians and your plan case manager on this.
- **Prior Authorization** will be necessary.
- **Recent clinical notes** from referring physician may be necessary and **Peer to Peer Review**.
- Try to get authorization for a series of visits.
- If denial is received, start appeal as soon as possible.
- Local referring doctor (specialist of PCP) usually has to be involved in appeal.
- Include **authorization for labs (codes may be needed)**with your request.
- Letter from patient advocacy organization to the case manager, medical director or physician making the decision about out-of-network visits to clinic or hospital is suggested.

“Non-formulary” medications

* A **Formulary Exception Request** is needed when there is only one drug in the plan approved for the condition but it is not indicated for the patient and another drug is.
* Specialist doctor writes this letter and must include information proving that the requested medication is life sustaining or significantly improves quality of life.
* Patient advocacy organization can also write to medical director or physician making the decision about the **Formulary Exception.**

Non-formulary continued.....

* When medication is prescribed **Off Label** the **Formulary Exception Request** is still made by specialist doctor. The specialist doctor should provide clinical information proving that off label med is needed.

* Drug company may have patient advocates who can help.

Correct Medication Dosing

* **Dispensing Limit Prior Authorization Request**
* Specialist doctor will submit this request to the insurance plan case manager.
* More frequent trips to the pharmacy may be necessary.
* Letter from patient advocacy organization to the case manager, medical director or physician making the case for following the prescribing doctors instructions about dose.

Supplies and Devices

Common supplies and devices used for HI sometimes pose a problem:

* A **Letter of Medical Necessity** is often needed. Must have compelling reasons for needing these. Condition needs to be well explained.

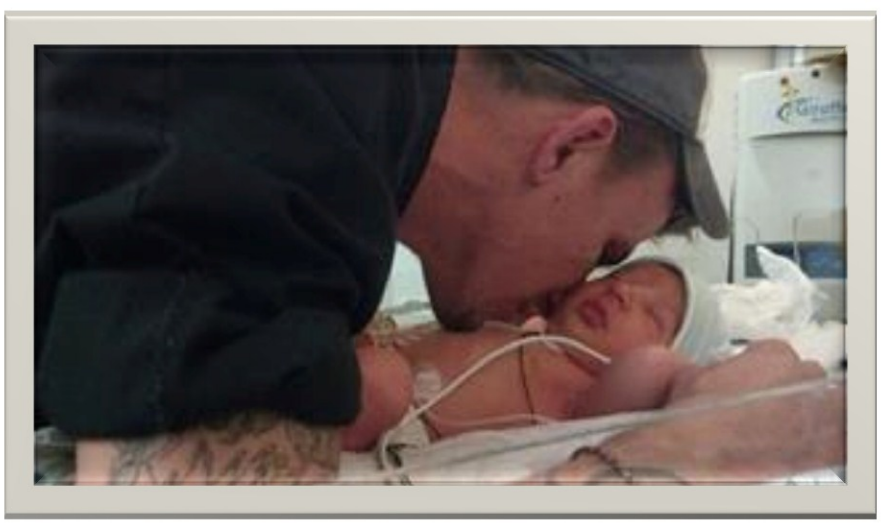
  DME company vs Pharmacy covered benefit

  Different plans……..different rules

* As always, a strongly worded letter from the patient advocacy organization helps.

* Even when supplies are granted, there are often limits. Sometimes these limits need to be exceeded for a patient. Exceeding the limit must be included in the **Letter of Medical Necessity**.

So……



* Be persistent
* Be thorough
* Be aware of your resources
* Be calm
* Be your child's strongest advocate