NATIONAL HEMOPHILIA FOUNDATION
for all bleeding disorders

INSURANCE PLAN CHANGES – NOW WHAT?

With another year coming to a close, it's time again for insurance plans to begin open enrollment, make plan changes and amendments. And not unlike every year past, even the most seasoned veterans are left confused and frustrated by changes and new requirements.

It's natural to stress over navigating through the unknown; but you are not alone. There are many resources available to help you identify steps you can take to minimize the impact these changes can have on your treatment plan.

While ignoring correspondence from your insurance plan may seem to be the least stressful approach, the implications can be costly to your health and wallet in the New Year.

- **OPEN** all communications from your insurance plan.
- **READ** the entire notice, even if you think it does not apply specifically to you.
- **RESPOND** if action is requested.
- **ACT** most insurance plans changes include one or more of the following and should be identified and acted upon quickly.
    - Changes to your premium rate
    - Changes to your out of pocket costs
    - Changes to formulary or preferred drug lists
    - Changes to provider networks

Each of these changes can have a direct impact on the amount of money you pay out of pocket, and can affect where you receive your treatment/care.

FIRST and **FOREMOST**, time is of the essence, so it's imperative to act quickly.

Below, are samples of common language used in insurance change announcements, a summary of their meaning and what steps can be taken, if appropriate, to get an exception.

DENIAL OF PRESCRIBED TREATMENT

- The notice is a denial of the factor dosage prescribed by your provider and reads
    - Coverage request for the drug, XXXXX, at a dosage of 3,000 units dosed four times weekly (i.e. Mon, Wed, Friday & Sun or Monday Wed with a double dosage on Friday) is denied for not meeting the definition of medical necessity.
- What does this mean? Do you have to change your treatment plan?
    - Not necessarily – ask about your options
        - Appeal
        - Peer to peer review

FORMULARY CHANGE

- Your coverage is changing…
    - Effective 1/1/2017 the drug formulary under your health plan will be changing. Our records indicate that you are currently taking a medication that will become "non-preferred" as of 1/1/2017. We encourage you to talk with your physician and ask if a preferred alternative is right for you. Please note that if you choose to continue to take a non-preferred drug after 1/1/2017, you may be subject *to a* higher copayment based on your plan design.
- Does this mean you have to change products? Potentially, but not always.
    - What action should you take?
    - Does your plan have a medical exception policy?
        - What type of supporting documentation is required when submitting a request for exception?

PROVIDER NETWORK CHANGE

- Your physician is no longer contracted with the health plan…
    - Effective 1/1/2017 Dr. John Smith is no longer a participating provider in the XYZ insurance network. Please visit xyz.com/providernetwork for a list of network providers in your area.
- Do you have to switch to a different physician? Potentially, but not always.
    - Do you have out of network coverage under your health plan?
    - If your plan does not offer out of network benefits – you may still have the option to use that physician however, you <u>may</u> be responsible for the full cost
    - If your physician is a specialist, is there another specialist in the same field within the provider network?