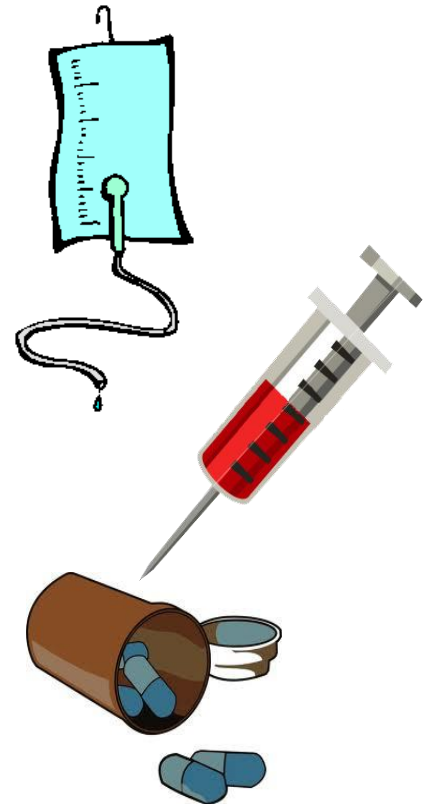


Health Insurance: Friend or Foe for Myositis

Michelle Vogel, MPA
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CSI Pharmacy

The Myositis Association
September 2018





Michelle Vogel, MPA

- ✓ **Personal mission to ensure patients have access to the providers they choose, the brands of therapies that work best for them, in the best site of care.**
- ✓ **Has worked with the Myositis community since 2007.**
- ✓ **Specializes in Patient Advocacy, Navigating Health Insurance, Medicare and Medicaid reimbursement, Health insurance policy, and disability reform.**
- ✓ **Expertise in patient access issues and specialty therapies i.e. Immune Globulin Therapy.**
- ✓ **In 2016, joined CSI Pharmacy as the Vice President of Patient Advocacy & Provider Relations**



Who Is CSI Pharmacy?

CSI Pharmacy is a nationwide specialty pharmacy dedicated to servicing patients with chronic and rare illnesses requiring complex care. We are invested in improving the health—and the lives—of the people we serve by offering expert clinicians, passionate advocates, committed healthcare partners and strategic reimbursement experts. Our goal is to optimize patient outcomes, while treating patients as if they were members of our family.

CSI Pharmacy Specializes in Myositis

We treat...

- Dermatomyositis
- Polymyositis
- Necrotizing Myopathy
- Inclusion Body Myositis
- Juvenile Myositis

20% of our
patients have a
form of Myositis

Today's Goal



- Teach you important Healthcare Terms
- Teach you about your rights.
- Help you choose the right health insurance plan.
- Teach you how to navigate your current healthcare plan.
- Always remember that you should be treated with respect and not as a number.
- Choose providers who will partner in your care because it will be a long journey.
- By the time we finish, I want you to feel that NO Insurance Company is too big to CONQUER!
- Most importantly, you are not alone in this fight!
- **YOU HAVE ME!!!**



Types of Health Insurance Plans

- Medicare
 - Traditional
 - Supplemental Plan
 - Part D Plan
 - Advantage Plans
- Medicaid
 - Expansion States
- Veterans Affairs
- Tricare
- Federal Employees Health Benefits Plan
- Employer-Sponsored Plans
 - Choice of plans
- Healthcare Market Place Plans (Affordable Care Act)
- Healthcare Sharing Plans (Faith Based Plans)
- Other Individual Plans

How Does Health Insurance Make You Feel?





*What's in
Store for
Health
Care?*



Perfect Storm

DESTABILIZATION OF
THE ACA

ELIMINATION OF
PATIENT CHOICE

TRUMP HEALTH PLANS
INCREASE COSTS OF
INSURANCE & DRUGS

Complex problem consisting of: Destabilizing of the ACA; Driving up Costs of Health Insurance Plans in the Marketplace; Introduction of Cheap Health plans (Trump Plans) with no protections for the most vulnerable populations needing the most effective & expensive therapies = **THE PERFECT STORM**



What are the Current Threats for Patients with Rare Diseases?

- Changes in the Affordable Care Act (ACA)
- Trump plans
- Healthcare Sharing Plans
- Understanding Medicare
- Knowing the Prior-authorization process
- Patient Choice



Affordable Care Act – How does it Help Rare Disease patients?

- **Elimination of Pre-existing Conditions:** Insurance providers are prohibited from denying coverage to children based on pre-existing conditions. Protections will be expanded to all health insurance policies.
- **Out-of-pocket Cost & Deductibles:** Limits placed on the amount insurance companies can require policyholders to pay in out-of-pocket expenses such as co-payments and deductibles. *Will change*
- **Individual Mandate:** Individuals will be required to have health insurance, with some exceptions, or will be subject to an annual financial penalty. Maximum fine of \$2,085 per family or 2.5% of household income . *Eliminated*
 - *Causes the cost of all of the health insurance plans to increase because more sick people than healthy young people.*

Affordable Care Act (cont.)



No Lifetime & Annual Caps: Plans are prohibited from using lifetime limits in issued or renewed policies. Annual Caps were phased out.

End Of Rescissions: Insurance providers can no longer drop an individuals coverage when he or she gets sick.

Donut Hole Rebate: Provides a 50% discount on all brand-name drugs in the donut hole and begins phasing in additional drugs to close the hole by 2020.

Trump Plans

Short-term plans can exclude coverage for pre-existing conditions and can omit some benefits deemed essential in the Affordable Care Act. Short-term insurance policies were originally intended for people who were between jobs or needed temporary coverage for other reasons. There is nothing that would prevent companies from underwriting and issuing new policies to individuals at the end of the one-year coverage term.

UnitedHealth Group, does not cover the following benefits:

- Prescription drug coverage
- Expenses related to a normal pregnancy
- Treatment of mental disorders

National General, does not cover the following benefits:

- Outpatient prescription drugs
- Normal pregnancy or childbirth
- Routine well-baby care
- Costs resulting from a pre-existing condition

Healthcare sharing plans



- Faith-based programs which facilitate voluntary sharing among members for eligible medical expenses
 - Less expensive than health insurance (\$300 to \$500 per month/family)
- However...
 - Biggest problem with all healthcare sharing programs is their prescription drug policies.
 - People who require ongoing expensive prescriptions are only covered for a short duration. Maintenance prescriptions are not eligible for sharing at all. Members are encouraged to participate in prescription discount programs such as NeedyMeds, GoodRX, OneRX and LowestMed.
 - Exceptions, cancer and transplant recipients may be covered for only 6 months. Type 1 Diabetes would cover insulin for only a very short duration.

HILER.
MIBUS DISPATCH. 2011





Medicare

Traditional Medicare

Part A – Hospital

Part B – Physician, Outpatient

Part D – Prescription Drug Plan

- Home Infusion Therapies covered under Part D like IVIG. Donut Hole coverage plans are offered. If you are low income, assistance plans are offered.

Supplemental Plans

Medigap plans

- If you are disabled and don't choose a Medigap plan when offered, may not be eligible until 65 years old.
- Pre-existing conditions may apply.

Medicare Advantage Plans

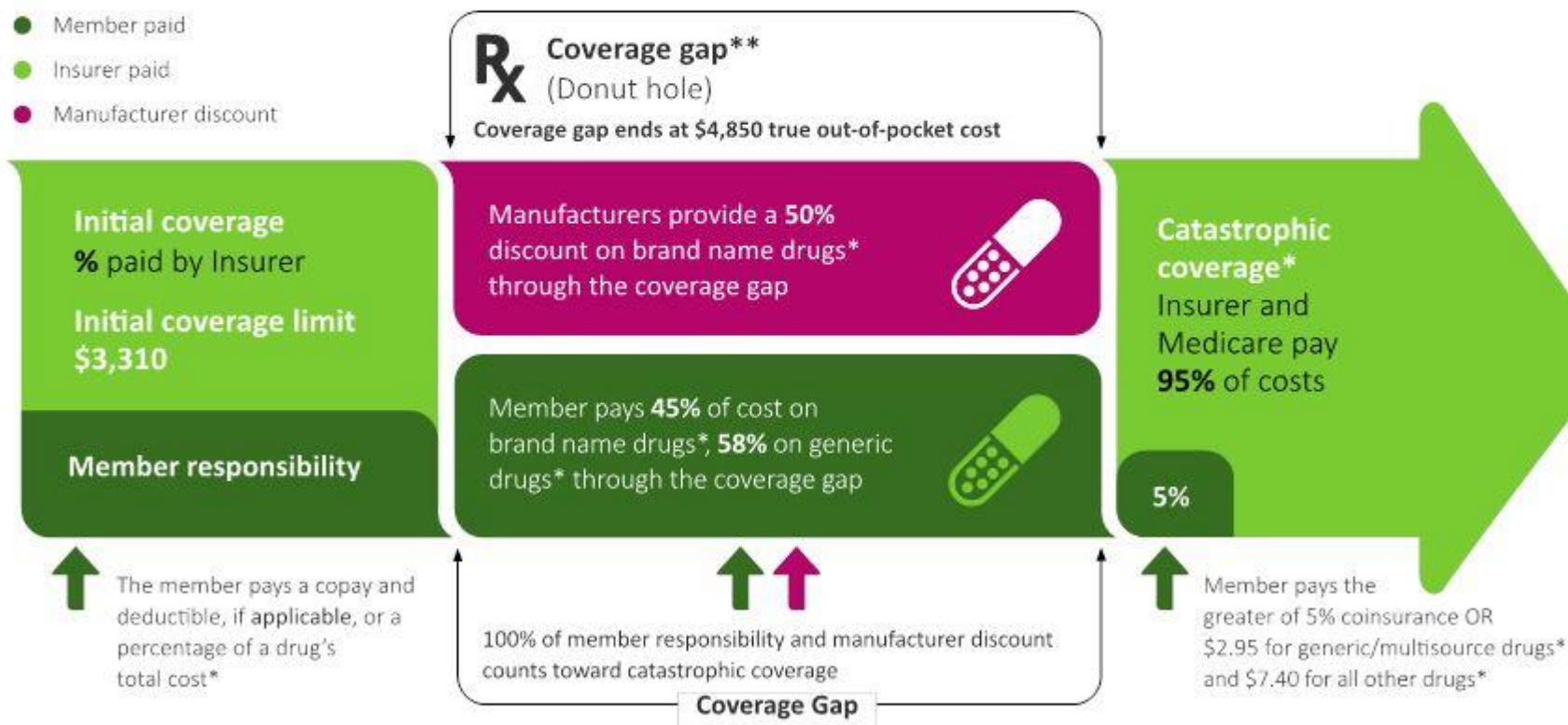
Plan C – Medicare HMO

- Limits network of providers
- Limits specialty drugs
- Step Therapy
- Need permission to go out-of-state

Get to know the coverage gap

Chances are, you've heard of the Medicare prescription drug "coverage gap" – also called the "donut hole." The coverage gap is the period when you have to pay a larger share of your drug costs – and before additional Medicare coverage kicks in.

- Member paid
- Insurer paid
- Manufacturer discount



*Applies only to drugs covered by the selected plan.

**Some plans have additional coverage while the member is in the gap.

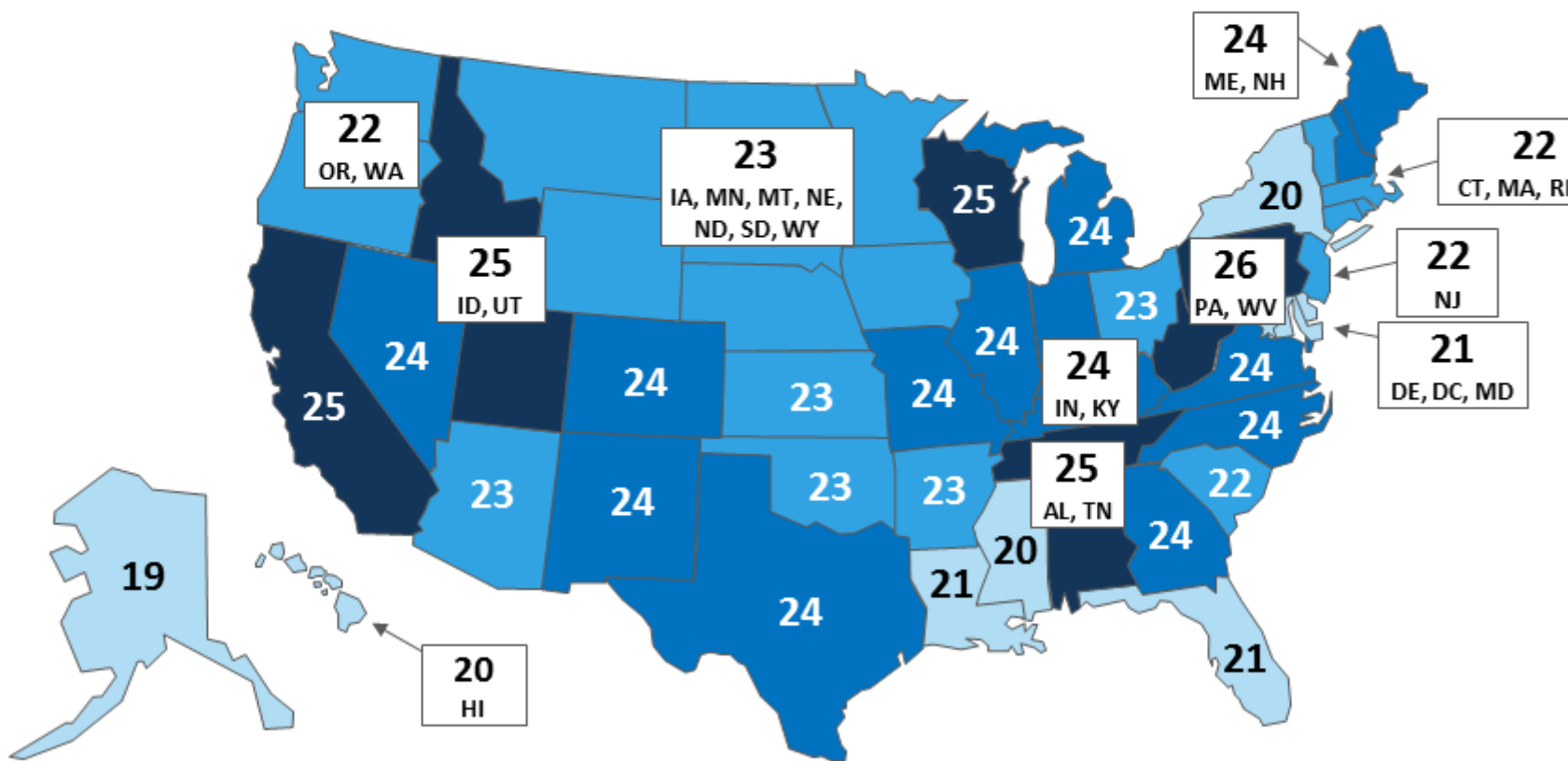
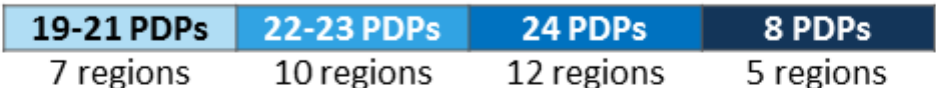
Humana

Humana.com

Figure 2

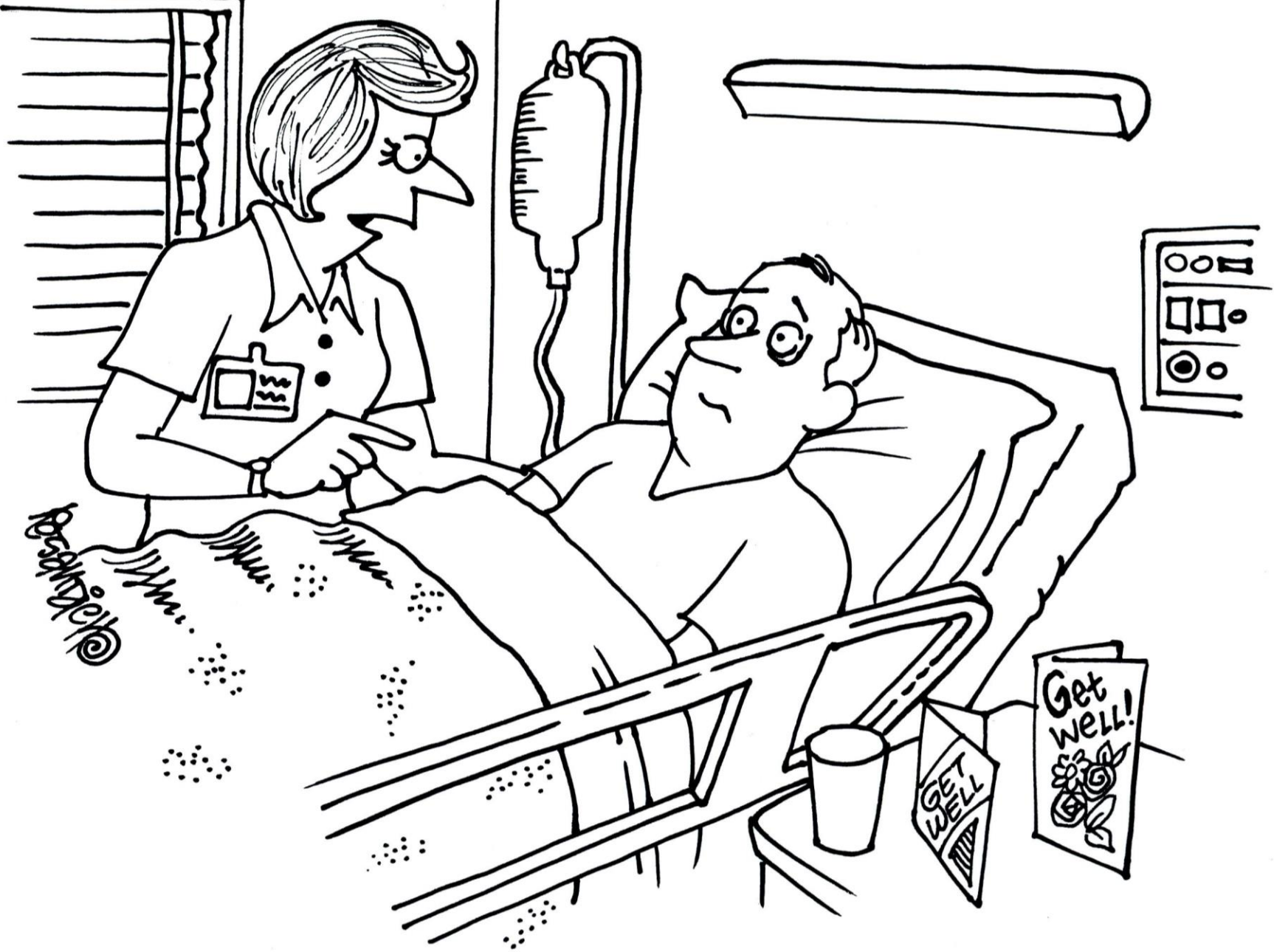
Number of Medicare Part D Stand-Alone Prescription Drug Plans, by Region, 2018

Total Number of PDPs Across All Regions = 782



NOTE: PDP is prescription drug plan. Excludes PDPs in the territories. Total includes 2 sanctioned PDPs closed to new enrollees as of September 2017.

SOURCE: Kaiser Family Foundation analysis of CMS 2018 PDP landscape source file.



"Did you get prior authorization before you became ill?"

Prior-authorization

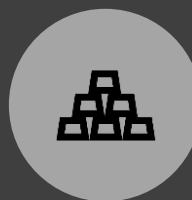


- A prior authorization is an extra step that most insurance companies require before they decide if they are going to pay for expensive specialists, procedures, and specialty therapies (medications).
- During this process, the insurer may request and review medical records, test results, and other information so they can make an informed decisions.
- It will be determined if the service will be deemed medically necessary and identified as a covered service under your insurance policy based on what information was submitted.
- Usually, your doctor or pharmacist is notified in writing or by phone and you will receive a letter.
 - If you are denied you can appeal.
 - If you are told you do not need a prior-authorization, make sure or your will be responsible for the bill if you get denied!

Patient Choice



Have you been forced to change providers, pharmacies, labs?



Have you been told you can no longer receive the brand of therapy you were getting?



Have you been told you can no longer receive the care you have been receiving from the specialist you like or the home care provider you have been with?



The Elimination of Patient Choice

Pharmacy Benefit Managers

PBMs

Industry leaders

- CVS Caremark
- Express Scripts

Mid-market challengers

- Catamaran
- OptumRx
- Prime Therapeutics

Regional / niche competitors

- Cigna Pharmacy Management
- Costco Health Solutions
- Humana Pharmacy Solutions
- MedImpact
- Perform Rx
- US Script

Other competitors

Healthcare and pharmacy management services organizations

- Magellan
- Walgreens
- Walmart Pharmacy

5 Top Nationwide Insurers & Their PBM Partners

Insurers	PBM Partners
UnitedHealth Group	OptumRx (in-house); CatamaranRx (purchased 2015)
Anthem	IngenioRx (launching in-house in 2020)
Aetna	CVS/Caremark (purchase under review)
Cigna	Cigna Pharmacy Management (in-house); Express Scripts (purchase under review)
Humana	Humana Pharmacy Solutions (in-house)

Future?



- Patients Need to be their own Advocates!
- Patients Need to be knowledgeable about what's in their health insurance plan and how to choose the right plan for their needs.
- Open Season is coming up...
 - Don't assume your plan is the same as last year. **READ YOUR PLAN!**
 - Employer-based plans are carving out prescription drug benefit plans.
 - More High-deductible plans are being introduced.
 - State plans have less protections.
 - Medicare Advantage = less choice



Questions?