

MINNESOTA Health Care News

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Few states do better than Minnesota when it comes to the percentage of residents covered by health insurance.

National figures released by the U.S. Census Bureau in August showed that the percentage of Minnesotans without health coverage dropped from 9.2 percent in 2006 to 8.3 percent last year. That's the fourth-lowest level of uninsured people in the country, well below the national average of 15.3 percent.

As patients across the country have found out, though, just having insurance doesn't guarantee coverage of the prescription drugs, medical devices, or diagnostic tests the doctor orders. Every year more patients find themselves caught in the dilemma of having their insurance carriers refuse to cover a treatment their doctors want them to have, most commonly a prescription drug.

A colleague of mine had been using Botox injections for 10 years to treat a patient with spasmodic dysphonia, a condition in which spasms of the vocal cords interfere with speech. One day, without warning, the national insurance carrier that had been paying for the injections classified them as "cosmetic" and stopped covering the treatment.



The patient as self-advocate

When the doctor says "yes," but the insurer says "no"

By David Charles, MD

The doctor appealed the carrier's denial and fought a lengthy battle. Eventually, coverage was restored nationally for patients with this condition and patients were compensated retroactively. Few victories like this are won, however, without the full participation of the patient in supporting the appeals process and in the search for alternative funding sources.

Coverage shortfalls in Minnesota

Last year thousands of Medicare recipients in Minnesota opened their mailboxes to find unwanted notices from the federal government. Their Medicare prescription drug coverage was being temporarily suspended because they had fallen into the Medicare "doughnut

hole." This means that, after a set dollar amount of benefits are paid, the coverage stops and doesn't restart until the patient has absorbed \$3,850 in out-of-pocket expenses.

A full third of Medicare enrollees in Minnesota and the six other states in the Northern Plains Region fell into that hole last year. The Minnesota Board on Aging estimates as many as 160,000 Minnesotans may have had their Medicare drug coverage temporarily suspended last year because of the doughnut hole effect.

Coverage gaps, of course, are not limited to Medicare. In most insurance

plans, newer and more expensive drugs are unlikely to be found on the all-important "formulary" list maintained by the patient's insurance carrier. If these newer drugs make the formulary, they often carry a much higher copay expected from the patient. With health care costs still growing at better than 10 percent annually, insurance plans are under pressure to postpone adding newer drugs to their formularies, especially if they can make a case that an older, less costly drug will achieve similar results.

Then there are those 433,000 Minnesotans who have no health coverage at all. They are part of a group of approximately 45 million uninsured Americans nationally, many of whom

find themselves without coverage due to job changes or temporary unemployment.

Patients are their own best advocates

Whatever the reason, people without coverage for the medical care they need are not without resources and allies. A patient's No. 1 ally is his or her doctor, but no one is a better advocate for patients than the patients themselves.

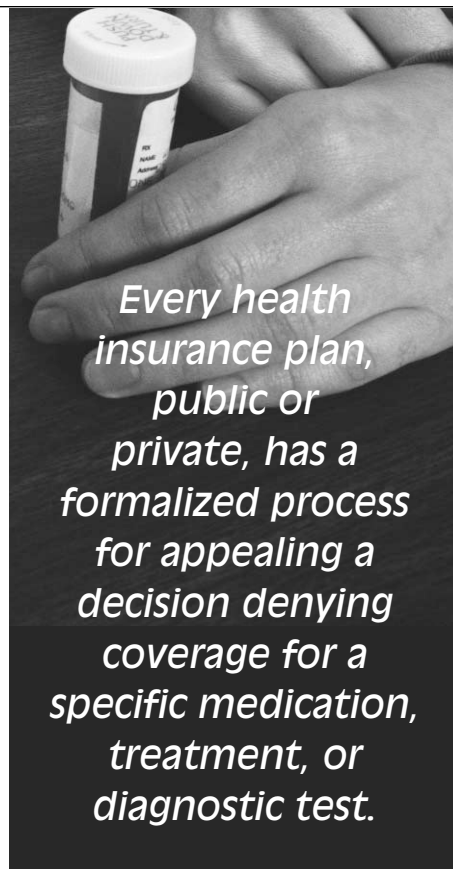
I serve as chairman of the Alliance for Patient Access. We work to educate physicians around the country on how to improve patient access to care. We have found that the chances for a successful appeal improve when patients actively partner with their physicians in pressing the case for coverage.

A typical medical practice often can't devote enough time to pursuing an appeal of an insurance company's decision or locating alternate sources of the drug or treatment the patient needs. The more knowledgeable patients become, the more they can assist their doctors in finding a solution.

Supporting the appeal process

Every health insurance plan, public or private, has a formalized process for appealing a decision denying coverage for a specific medication, treatment, or diagnostic test. And every patient should make it his or her business to know how that appeals process works. That information is usually available directly from the insurance carrier or from the benefits department of an employer. Minnesotans who need more information or need to file a complaint about their carrier can call the Minnesota Department of Health (MDH) managed-care section at 800-657-3916.

When an insurance carrier refuses coverage for a drug because it is not included in the company's formulary, doctors in Minnesota can file a request for an exception. According to MDH, carriers usually respond to these requests within 48 hours.



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If the exception is denied and appeal is necessary, the patient's active support becomes even more important. While the physician will make his or her case for why a specific drug or other treatment is necessary, the patient can add powerful third-party information to support the doctor's case. The Internet makes it relatively easy for patients to gather the latest information and examples of how a specific drug or treatment is being successfully used.

Documentation can make a critical difference in winning a coverage appeal. And it's often easily found on the Web pages of patient advocacy groups for specific diseases and conditions. Well-known groups like the National Multiple Sclerosis Society and the American Cancer Society are rich sources of information, but organizations and Web sites exist for virtually every disease, no matter how rare. Patients who take time to search these Web sites will very likely come away with information that will be helpful to their doctors' appeals.

Help from pharmaceutical companies

Beyond the arena of insurance coverage appeals, substantial help is available from pharmaceutical companies. Every year many Americans who are either uninsured or financially struggling get prescription drugs free or at minimal cost from the patient assistance programs run by these companies.

The easiest way to connect with the right patient assistance program is through the Partnership for Prescription Assistance. This is a coalition of drug companies, medical societies, patient advocacy, and social action groups sponsored by the pharmaceutical industry. The PPA essentially acts as a clearinghouse to connect patients with programs that provide the drugs they need but can't afford. Since the program began three years ago, it has helped 5 million patients.

In Minnesota, PPA offers a single point of contact that will connect patients with numerous public and private patient assistance programs, including those run by 150 pharmaceutical companies. Those programs offer 1,200 different medications free or at minimal charge. While there are family income guidelines associated with PPA, qualifications vary by program, so anyone struggling to pay for a prescription not covered by insurance would do well to contact PPA at its toll-free number: 888-477-2669. For online information about what PPA offers specifically in Minnesota, go to www.pparxmn.org.

This is just one more important way patients can be their own advocates and partner with their physicians. Given the challenge of health care financing today, patients should take every opportunity to help their doctors help them. ■

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