

"We advocate for  
patients who cannot  
stand up for themselves."

- Joan Werblun, Chair, California  
Chronic Care Coalition

# Overcoming Barriers to Care and Treatment

March 11, 2019

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*We're About People. We're About Health.*



[WWW.CALIFORNIACHRONICCARE.ORG](http://WWW.CALIFORNIACHRONICCARE.ORG) • [WWW.MYPATIENTRIGHTS.ORG](http://WWW.MYPATIENTRIGHTS.ORG) •  
[WWW.CHRONICCAREALLIANCE.ORG](http://WWW.CHRONICCAREALLIANCE.ORG) • @CAchroniccare

# California Chronic Care Coalition

## *WHO WE ARE*

The California Chronic Care Coalition (CCCC) is a unique alliance of more than 30 leading consumer health organizations and provider groups that promote the collaborative work of policy makers, industry leaders, providers, and consumers to improve the health of Californians with chronic conditions.

We envision a system of care that is accessible, affordable, and of a high-quality that emphasizes prevention, coordinated care, and the patient's wellness and longevity. Features of the CCCC include the early diagnosis of chronic conditions, access to effective and appropriate treatment and improved chronic care management.

# Regulations

- Barriers and Access
  - CCS – Children Services – Into Managed Care
  - MSSP - Multiple Senior Services Program
  - Out of Pocket Costs
  - Coverages
  - Long Term Care
  - Step Therapy – Prior Authorization
  - Continuity of Care
  - Formularies
  - Accumulators



# Prescription Drug Benefit Design

## What's in your coverage?

- ✓ Medical Benefit
- ✓ Pharmacy Benefit
- ✓ High Deductible
- ✓ Low Deductible
- ✓ Co-pays vs co-insurance
- ✓ Medication Optimization – Comprehensive Medication Management





# Specialty Medications Co-pays vs. Co-insurance

## Advocates Unite

- ✓ Call to Action
- ✓ Access, Affordability, Quality and Adherence
- ✓ Discriminatory Practices
- ✓ Stakeholders Collaboratory



May 8, 2014

The Honorable Dave Jones  
300 Capitol Mall, Suite 1700  
Sacramento, CA 95814

Dear Insurance Commissioner Jones,

We are writing to bring a potentially illegal and discriminatory issue impacting chronically ill patients to your attention. The issue involves the use and proliferation of higher out-of-pocket costs (OOC) or specialty tiers as part of the design and management of prescription drug benefits offered in California. Higher OOC or specialty tiers are discriminatory because they apply a totally different benefit structure to certain medicines that patients with particular diseases need. By selectively applying high cost-sharing requirements to these drugs, while requiring lower, fixed co-payment requirements for other drugs, plans who use specialty tiers force certain patients who suffer from certain diseases to pay much more.

California's Unruh Civil Rights Act (Section 51 of the Civil Code) specifies that all people must be treated equally "no matter what their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status or sexual orientation." Additionally, Section 12926.1 of the California Government Code says that "physical and mental disabilities include, but are not limited to, chronic or episodic conditions such as HIV/AIDS, hepatitis, epilepsy, seizure disorder, diabetes, clinical depression, bipolar disorder, multiple sclerosis and heart disease." Therefore, it is our opinion that certain patients with certain medical conditions on certain medications are being forced to pay much higher OOC and are being discriminated against.

management tools that insurers and payers use to share the costs of certain prescription drugs. These specialty drugs generally include injectable, chronic conditions. Specialty tiers or inhaled. They may require refrigeration,

the specialty tiers remove that discrimination.



### CALL TO ACTION!

Please Join Us for a  
**Stakeholders Specialty Medications Collaboratory**  
**Access and Affordability: It's a Matter of Life or Death**

#### Background and Overview

As prescription drug costs increase, the practice of insurers creating a cost-sharing mechanism known as specialty-tiers as a way to control costs has increased putting a financial burden on many patients.

According to Prime Therapeutics LLC, the average cost of a specialty drug exceeds \$3,000, while some cost as much as \$50,000 for a 30-day supply. Almost no one can afford those prices; thus, patients are thrust into situations such as deciding if they will pay for food or medicine, paying a mortgage or rent or not having a roof over their heads. These are life or death decisions that many people have to make every day.

Specialty-tier drugs are high-cost drugs for which patients may be required by their insurance plan to pay a proportion of the total charge for the drug. These drugs usually have no generic counterpart and generally target very special medical conditions. Most drugs are purchased with a co-payment rather than a percentage as is done with specialty drugs.

The California Association of Health Plans states in a fact sheet that by 2019, specialty drugs will account for 50 percent of prescriptions sold in California (up from 27 percent in 2012).



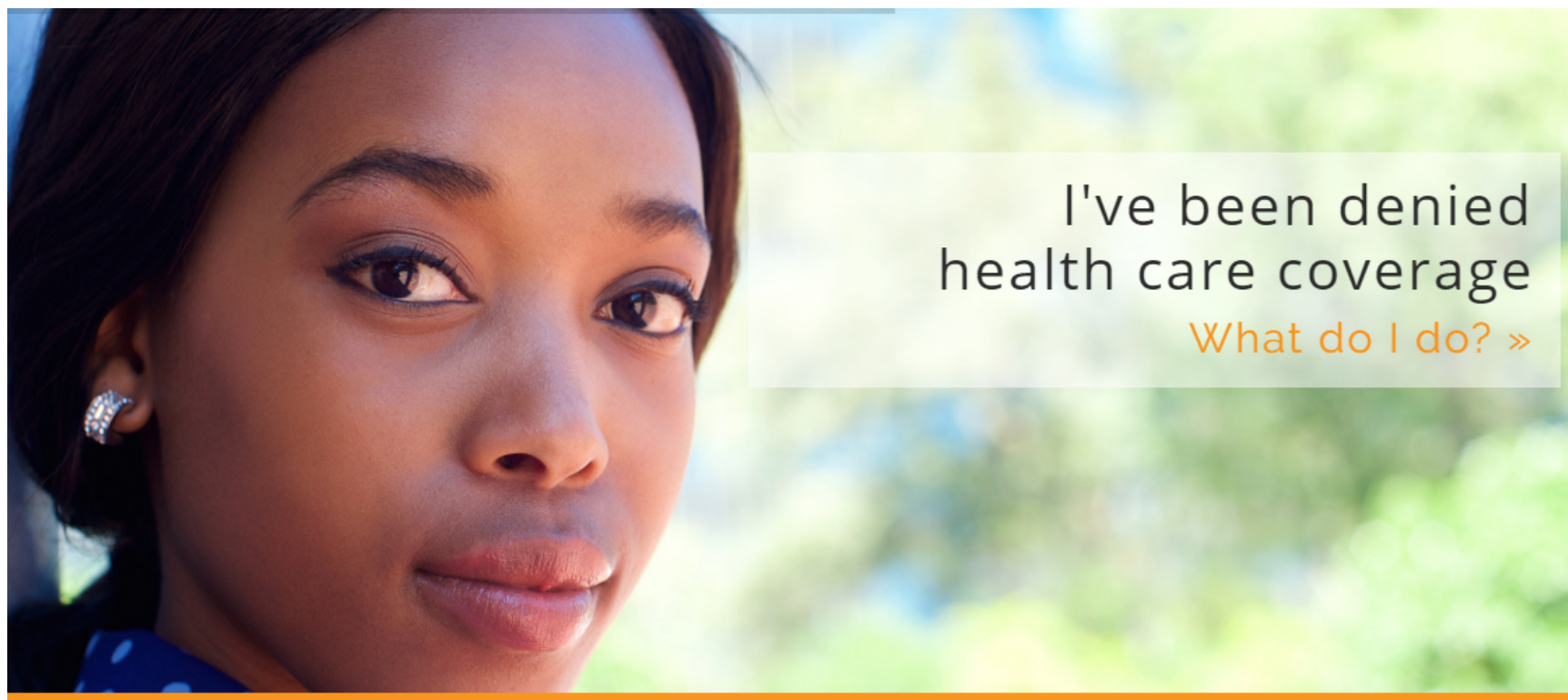
# Know Your Rights





An online resource helping patients  
access the care they need and deserve

**MyPatientRights.org**



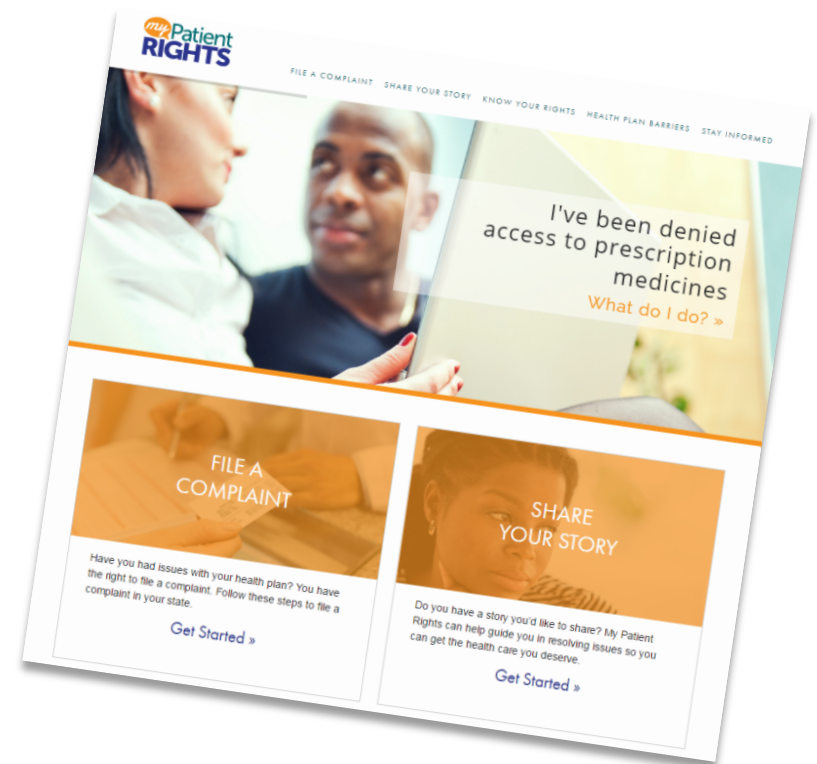
The California Chronic Care Coalition (CCCC) launched this website in California and is taking it nationwide to help people who have been denied treatment or medicines, experienced delays or are dissatisfied with the decisions made by their health plan.

1225 8th Street, Suite 485  
Sacramento, CA 95814  
(916) 531-3585

My Patient Rights (MPR) is a one stop shop for patients to file complaints with their health plan and state regulators to access the care they need.

MPR helps patients who experience:

- Denials to important procedures
- Barriers to prescription medicines
- Medical bills from out-of-network providers
- Delays receiving tests for chronic diseases
- Denials to specialists
- Billing issues





## Knowing Your Rights

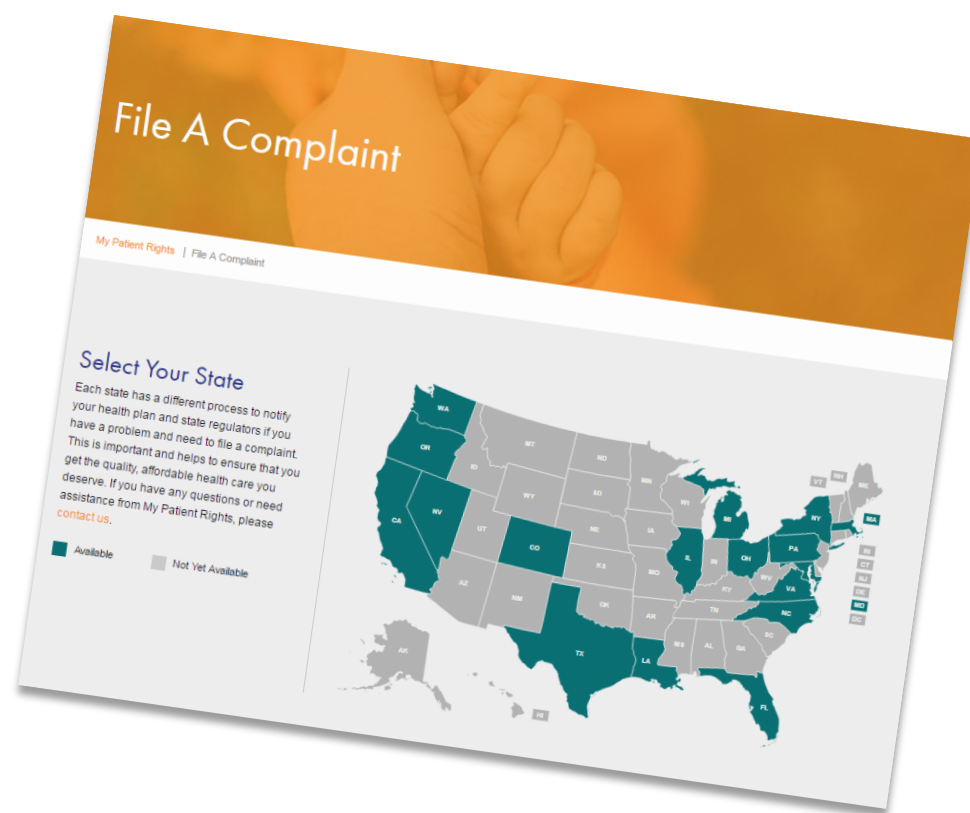
Many patients either don't understand their health care treatment options or are subject to their health plan's barriers to care.



## Getting Help

Patients who have been denied treatments often don't know where to go for help. MPR streamlines and simplifies the complaint processes for patients in 17 states:

- California
- Colorado
- Florida
- Illinois
- Louisiana
- Maryland
- Massachusetts
- Michigan
- Nevada
- North Carolina
- Ohio
- Oregon
- Pennsylvania
- Texas
- Virginia
- Washington





# California

[My Patient Rights](#) | [File A Complaint](#) | [California](#)

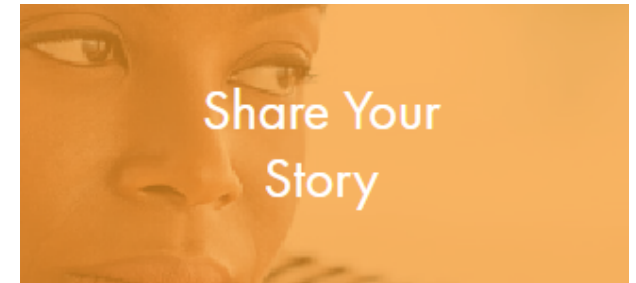
## STEP ONE – Notify Your Health Plan

The first thing you need to do is file a complaint with your health plan. By California law, complaints must be resolved within 30 days. Follow the steps below to file a complaint and appeal with your health plan:

- Call the member/customer service phone number for your health plan.
- State clearly that you want to file a formal complaint and then explain the problem.
- You can also file your complaint by letter, email, or online through your health plan's website (see below).
- If you disagree with your health plan's decision, you have the right to file an appeal.

Below are links to the complaint forms of California's top health plans:

- [Anthem Blue Cross of California/Blue Shield of California](#)
- [Assurant Health](#)
- [Chinese Community Health](#)
- [Health Net](#)
- [Kaiser Permanente](#)
- [L.A. Care Health Plan](#)
- [Molina Healthcare](#)
- [Sharp Health Plan](#)
- [Valley Health Plan](#)
- [Western Health Advantage](#)
- [My plan isn't listed](#)



Share Your  
Story

My Patient Rights can help guide you in resolving issues so you can get the health care you deserve.

## STEP TWO – File a Complaint

You have the right to file a complaint with the California Department of Managed Health Care (DMHC) and the California Department of Insurance (DOI) if you have a problem getting the services you need, including quality and affordable health care coverage. To file a complaint you must first complete your health plan's appeal process.

Depending on your coverage, you may need to file your complaint with the DMHC, the DOI or both. Call the DOI to determine which agency handles your health plan: (800) 927-4357.

- File a complaint with the DMHC and submit an Independent Medical Review application [here](#) or call the DMHC help line: (888) 466-2219.
- File a complaint with the Department of Insurance [here](#).

## Filing a Complaint

After clicking on California via the interactive map, patients are given a step-by-step guide on how to file a complaint with their health plan and the California Department of Managed Health Care (DMHC) or California Department of Insurance (DOI):

- Links to complaint forms of California's top health plans
- Contact information and links to the complaint forms of the DMHC and DOI
- A link to MPR's contact form if the patient's health plan is not listed



The screenshot shows the 'California' page on the My Patient Rights website. The page has an orange header with the word 'California' and a navigation bar with links: 'My Patient Rights', 'File A Complaint', and 'California'. The main content area is divided into two columns. The left column is titled 'STEP ONE – Notify Your Health Plan' and contains text about the 30-day resolution timeline and a list of steps to follow. Below this is a list of links to complaint forms for various health plans. The right column contains three sections: 'Share Your Story', 'FAQ', and 'Know Your Rights', each with a brief description of the service.

**California**

My Patient Rights | File A Complaint | California

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**Share Your Story**

My Patient Rights can help guide you in resolving issues so you can get the health care you deserve.

**FAQ**

Find answers to commonly asked questions.

**Know Your Rights**

State and federal law protects your rights. When you sign up for a health plan and/or if you have problems accessing care through your health plan, it is important to know your rights.

## “Standing Up For Your Rights Creates Results”

**OVER  
4,000**

IMR cases submitted  
to the DMHC in 2017

### THE RESULT:

More than 61% of health  
plan decisions were  
reversed or overturned

CARE RECEIVED IN

**61%**  
OF CASES



WE TOOK A HARDER LOOK AT

**1,011**

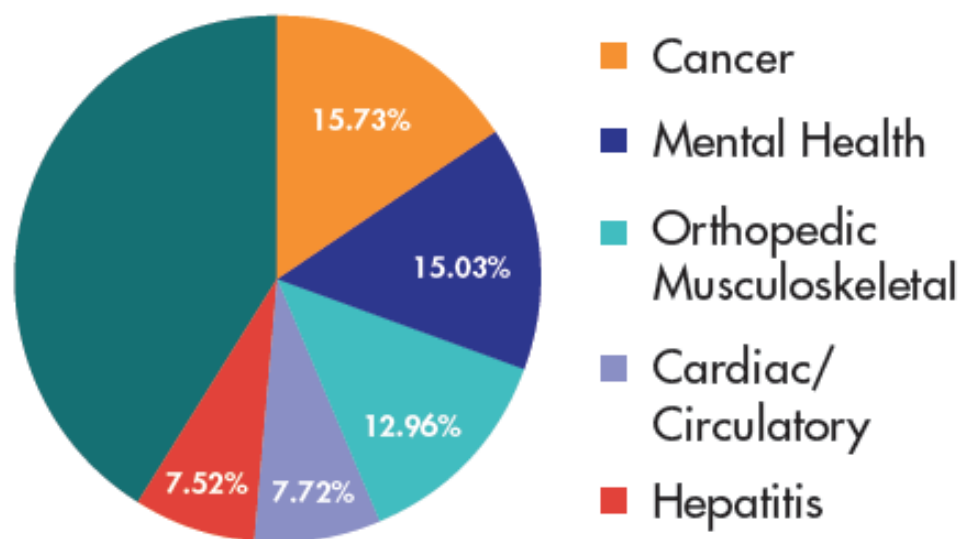
IMR CASES<sup>2</sup>

**489** Reversed or  
Overturned

**22** Partially  
Overturned

# “Standing Up For Your Rights Creates Results”

## TOP FIVE **DENIAL** PERCENTAGES



### THE TAKEAWAY:

If you've been denied coverage, you have options—don't give up!

Visit [www.mypatientrights.org](http://www.mypatientrights.org) for help appealing your insurance denial and to share your story.



## CHOOSE SMART NEVADA HEALTH PLANS

Be smart. Choose the right plan for **YOU!** Not all health plans are the same.

### CONSIDER

- What ongoing care do I need – is it covered?
- What are my out-of-pocket costs under the plan?
  - Deductible ◦ Copayment ◦ Coinsurance
- What is the annual out-of-pocket maximum?

### BE AWARE

These are not the only questions you should ask – use this checklist to evaluate and compare important plan benefits and restrictions.

	PLAN A	PLAN B	PLAN C
Can I keep seeing my current doctor?			
Is my doctor in my plan's network?			
Do I need a referral to see a specialist (doctor with special training)?			
Can I see a doctor outside the plan network?			
Is there a specific hospital I must use?			
Do I need prior authorization for treatment?			
Are my current medicines covered (on formulary)?			
Are my drugs on a high \$ tier? How much will that cost?			
Is there a step therapy program, which may require a certain drug to be tried first, rather than a drug originally prescribed by my doctor?			
Does my plan have a copay accumulator adjustment program?			
Are there restrictions on the pharmacy I can use?			
What are the mental health and substance abuse benefits? Does my plan cover out-patient drug rehabilitation?			
Does my plan cover home health care?			
Does my plan cover durable medical equipment?			
Does my plan offer health education?			
<b>MONTHLY PREMIUM</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



## GLOSSARY

### COINSURANCE

The money you have to pay for health services after you have paid the deductible.

### COPAYMENT

A fee you pay each time you see a doctor or fill a prescription.

### COPAY ACCUMULATOR ADJUSTMENT PROGRAM

When payments made from copay cards aren't counted toward your deductible.

### DEDUCTIBLE

The amount you must pay for health services before your insurance starts to pay.

### DURABLE MEDICAL EQUIPMENT (DME)

Examples are wheelchairs, hospital beds, canes, crutches, walkers, ventilators and oxygen.

### FORMULARY

A list of drugs covered by your health plan.

### HEALTH EDUCATION

Is done through programs and services dedicated to educating you on topics like staying fit, managing diseases, maintaining a healthy weight, eating healthy.

### HIGH \$ TIER

Even though a drug may be covered by your health plan, there are often several levels, or tiers, (1-6) that drugs may fall into, with each level having an increasing copay amount. For drugs on the highest tier, you may have to pay as much as 20-30% of the total cost. Some health plans may also use tiered copays for medical coverage as well.

### OUT-OF-POCKET MAXIMUM

The most you have to pay for health services. Once you have paid this amount, your insurance pays 100% of your health care costs.

### PRIOR AUTHORIZATION

Your health plan's approval process before you receive services. This process lets a provider know if the health plan will cover a needed service.

### STEP THERAPY

Requires "certain" drugs to be tried first, rather than the drug originally prescribed by your doctor.

As a patient, you have rights – visit: [www.mypatientrights.org](http://www.mypatientrights.org)



## Keeping You Informed

You can stay up to date on current events and hear of other individuals' health care journeys via the MPR blog and social media channels.

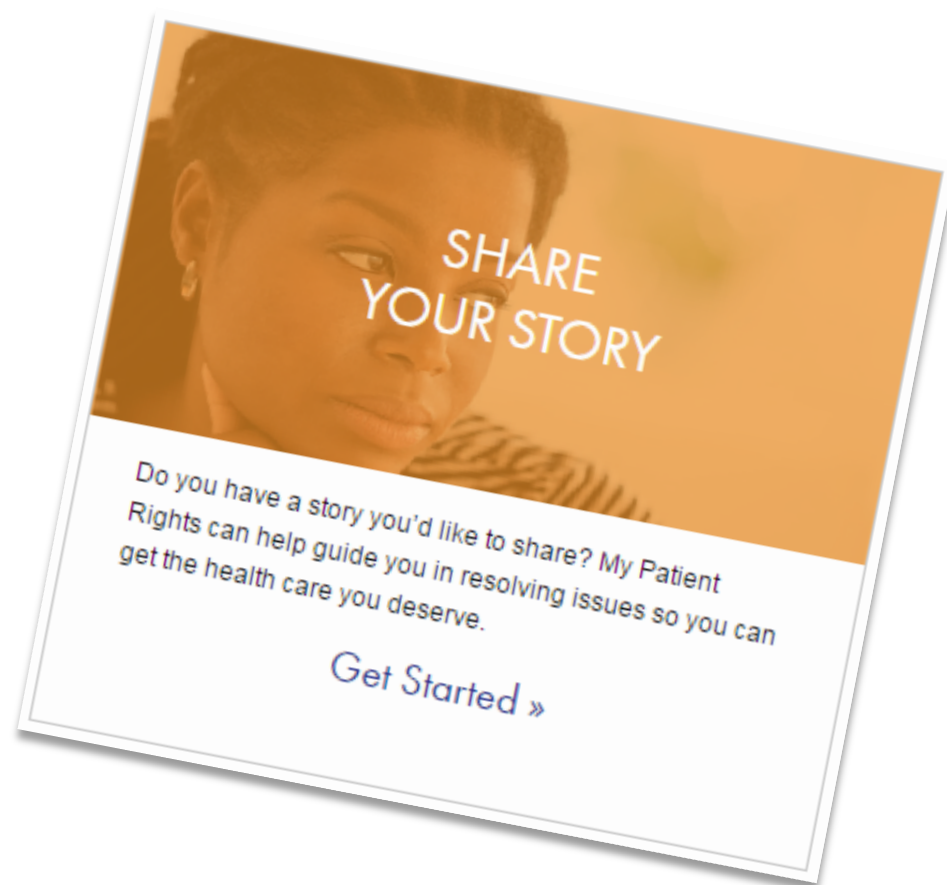




## Sharing Stories

- Amplifies **your** voice to make policymakers understand how health plans and others block access to care
- Empowers patients to tell their stories and impact public policy changes

*Patients have the right to share their story publicly or not; for confidentiality reasons, they must agree to allow MPR to share their story publicly.*

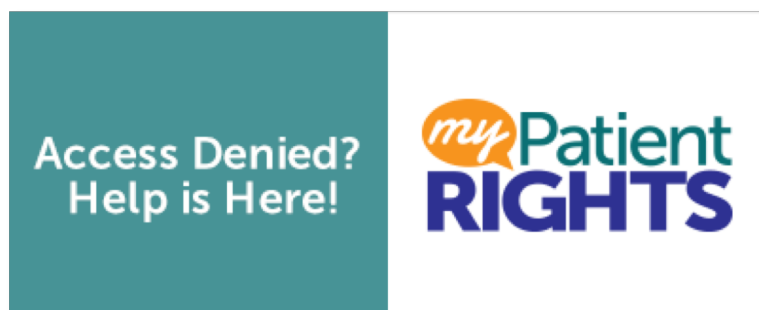


## Toolkit

Help us impact change by educating, activating and mobilizing people like you. Legislators and policymakers need to hear our stories. We need your help to share them.

This toolkit provides you with the following:

- Social media content
- Blog or newsletter content
- MPR badge to share on your website



Email [info@mypatientrights.org](mailto:info@mypatientrights.org) to receive the toolkit.



## California Chronic Care Coalition

 @CAChronicCare

[www.CaliforniaChronicCare.org](http://www.CaliforniaChronicCare.org)

 @CAChronicCare

 @MyHealthRights

[info@mypatientrights.org](mailto:info@mypatientrights.org)

 @MyPatientRights