CMLearning network®

A Resource Center for Today's Case Manager

Care "Current-cy": Regulatory Matters and Case Managers as Advocates



Liz Helms
President and CEO
California Chronic Care Coalition (CCCC)
Author: Healthcare Unhinged,
The Making of an Advocate



MaryBeth Kurland, CAE
Chief Executive Officer
Commission for Case Manager Certification



Agenda

- Welcome and Introductions
- Learning Outcomes
- Presentation:
 - MaryBeth Kurland, CAE
 Chief Executive Officer, Commission for Case Manager Certification
 - Liz Helms

 President and CEO, California Chronic Care Coalition (CCCC), Author:

 Healthcare Unhinged, The Making of an Advocate
- Question and Answer Session





Audience Notes

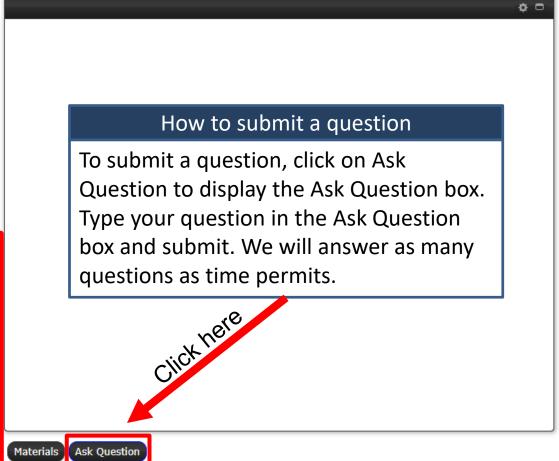
• There is no call-in number for today's event. Audio is by streaming only. Please use your computer speakers, or you may prefer to use headphones. There is a troubleshooting guide in the tab to the left of your screen. Please refresh your screen if slides don't appear to advance.















Audience Notes

- A recording of today's session will be posted within one week to the Commission's website, www.ccmcertification.org
- One CCM continuing education credit for board-certified case managers (CCM) and one ANCC nursing contact hour continuing education credit is available for today's webinar only to those who registered in advance and are participating today.





Learning Outcomes Overview

After the webinar, participants will be able to:

- 1. Describe how regulations can enable consumer access or create barriers to care;
- 2. Identify trends in health care coverage or prescription benefit design that can result in barriers to care for those with chronic conditions; and
- 3. Demonstrate advocacy and educate clients on their rights as patients, consumers, and citizens through the My Patient Rights portal (mypatientrights.org).





Care "Current-cy": Regulatory Matters and Case Managers as Advocates



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CarelManagement



Health care system is not client-friendly



Case managers are ADVOCATES



CODE OF PROFESSIONAL CONDUCT for CASE MANAGERS

Principle 1:

CCMs will place the public interest above their own at all times.





Introduction

President and CEO California Chronic Care Coalition (CCCC) Author: Healthcare Unhinged, The Making of an Advocate





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
 - ✓ Coverage for Caregiving
 - ✓ Long Term Care
 - ✓ Step Therapy Prior Authorization
 - **✓** Continuity of Care
 - **✓** Formularies
 - ✓ Accumulators

Prescription Drug Benefit Design

- Medicare Part B and D
 - ✓ 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



Stakeholders
Specialty Medication
Collaboratory

nts to your attention. The issue involves the use and proliferation of higher out-of-pocket onth (OOC) or specially lens as part of the design and an arrangement of prescription drug energing differed in California. Higher OOC or specially lens are discriminatory because they poly a totally different benefit structure to certain medicines that patients with particular feasiers need. By selectively applying high cored drating requirements to these drugs, while eated equally "no matter what their sex, race, color, religion, ancestry, national origin and the second section of the second section of the second section of the section acterosis 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 COC and an share of the costs of certain prescription.
These specially drugs generally include liex, chronic conditions. Specially tiers or inhaled. They may require refrigeration **CALL TO ACTION!** Please Join Us for a Stakeholders Specialty Medications Collaboratory Access and Affordability: It's a Matter of Life or Death As prescription drug costs increase, the practice of insurers creating a cost-sharing mechanism known as specially-tiers as a way to control costs has increased putting a 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. Specially-lier 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 The California Association of Health Plans states in a fact sheet that by 2019, specially drugs will account for 50 percent of prescriptions sold in California (up from 27 percent

Sacramento, CA 95814

Grassroots Advocacy Let Your Voice Be Heard



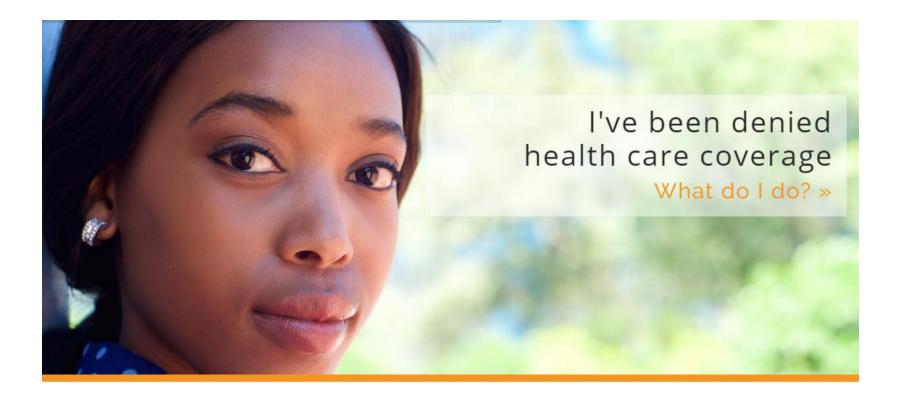
Advocate:

- ✓ How to advocate for your own or others health and be part of grassroots initiatives on access-to-care issues at the local, state and federal levels.
 - ✓ ad·vo·ca·cy 'advəkəsē/Submit noun
 - public support for or recommendation of a particular cause or policy.
 - "their advocacy of traditional family values"
 - synonyms: support for, backing of, promotion of, championing of



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

MyPatientRights.org





Know Your Rights











Have you had issues with your health plan? You have the right to file a complaint. Follow these steps to file a complaint in your state.

Get Started »



Do you have a story you'd like to share? My Patient Rights can help guide you in resolving issues so you can get the health care you deserve.

Get Started »







Stay Informed

Reminding CalPERS
Employees and Retirees
to Shop Around During
Open Enrollment

Before choosing a plan, consumers should know what they are buying Similar to most major purchases, people will go to great lengths to determine the best value for the best

READ MORE

What Happens If You're Forced To Switch Health Plans When You're Sick?

Joanna Joshua, 39, panicked when she opened a letter from her family's insurer, Cigna, only to learn it was pulling out of California's individual market next year. The Santa Clarita.

READ MORE

Patient Engagement Is Mandatory at Our Table

PRECISION MEDICINE ENTAILS the consideration of individual patient characteristics so that doctors, working directly with patients, can develop the best treatment plans for them as early in their care as possible....

READ MORE





File A Complaint

My Patient Rights

File A Complaint

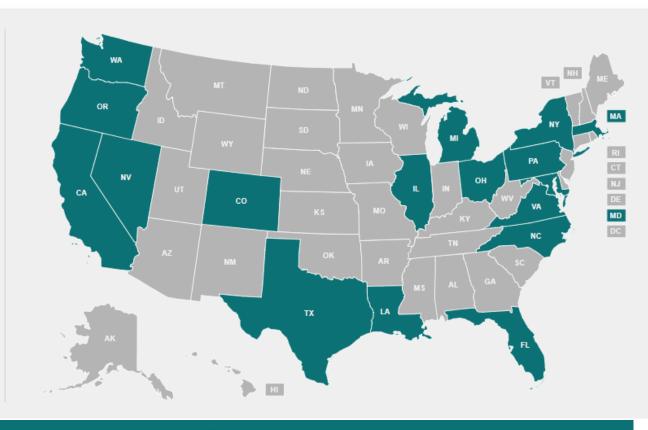
Select Your State

Each state has a different process to notify your health plan and state regulators if you have a problem and need to file a complaint. This is important and helps to ensure that you get the quality, affordable health care you deserve. If you have any questions or need assistance from My Patient Rights, please contact us.



Not Yet Available

- Select Your State - ▼









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



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.



Patient CHOOSE SMART CALIFORNIA 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?			
MONTHLY PREMIUM	\$	\$	\$



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







Share Your Story

My Patient Rights | Share Your Story

Name *	
First	Last Initial
Email *	
City *	
Select your State	
Select your state	▼
Health Plan *	
Please indicate what action has been taken	
I notified my health plan	

Susan V

Riverside, California

"I was denied Harvoni, the medicine I need to treat my chronic condition, Hepatitis C. Apparently I am not sick enough. I filed a...

Read More

Bill R

Petaluma, California

"Accessing affordable health care is important for patients like me. As a Hepatitis C patient, liver cancer survivor and the recipient of two





Know Your Rights

My Patient Rights | Know Your Rights

Patient

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.

Below are some basic health care rights. To find out more about the specific rights in your state, and how you can file a complaint, visit the state resource page.

Health Plan Coverage Information

You have a right to understand what your health plan covers and what it does not. Contact your health plan's member services department to get information about what your plan includes.

Access to Medical Records

You have a right to see and review all of your health care records.

Privacy

Under the Health Insurance Portability and Accountability Act (HIPPA) you have the right to keep your health care information and records private.

Health Plan Complaints

You have a right to know how your health plan handles complaints and grievances. Contact your health plan's member services department to get information about filing a complaint about your health coverage

If your issue is not resolved through your health plan's complaint process, you can file a complaint through your state agency that handles health plans.

Timely Complaint Resolution

State and federal laws require health plans to follow certain timelines when processing and responding to health care complaints. Check your health plan coverage information and/or contact your state regulatory agency to learn about these timelines



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



Find answers to commonly asked questions.





Health Plan Barriers

My Patient Rights

Health Plan Barriers

Health plans create barriers that can prevent access to quality, affordable health care. In some cases, this may be illegal. At My Patient Rights, we help you to understand the issues you may have had with your health plan and guide you in resolving these issues so you can get the health care you deserve.

Have you experienced any of these barriers?



If you have experienced any of these obstacles to your healthcare, share your story, find out about your rights and how to get your denial reversed in your state.



Find answers to commonly asked questions.



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.





FAQ

My Patient Rights | FAQ

What is mypatientrights.org?

My Patient Rights is a website inspired by actual patients who have experienced denials, delays, high out-of-pocket costs, out-of-network charges and other barriers to quality, affordable health care from their health plans.

These patients want to make it easier for you to understand how to resolve issues with your health plan, reach the applicable government agencies, file a complaint and get the health care you deserve.

If your health plan has denied any health care services or prescriptions – or if you have experienced any other barriers with your health plan that leave you dissatisfied, My Patient Rights can help you resolve these problems.

Why is the California Chronic Care Coalition (CCCC) providing this resource?

Why should I share my story?

Isn't health care information supposed to remain confidential?

Will My Patient Rights post my story to this website?

Share Your Story

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



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.



My Patient Rights | Contact Us



Contact Us

Name *

First Last

Email *

Message *



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



Find answers to commonly asked questions.

Submit





Thank you!

We're About People. We're About

lizhelms@chroniccareca.org

(916) 444-1985







MyPatientRights.org



Question and Answer Session

President and CEO California Chronic Care Coalition (CCCC) Author: Healthcare Unhinged, The Making of an Advocate





Thank you!

- Please fill out the survey after today's session
- Those who signed up for continuing education will receive an evaluation from the Commission.
- A recording of today's webinar and slides will be available in one week at http://ccmcertification.org

Commission for Case Manager Certification

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