



Being Your Own Advocate: Insurance Edition

Know Your Options and Rights

Knowing how to talk to your insurer will help you navigate important conversations regarding your health and treatment.

Types of Insurance

There are different types of insurance, and they provide individuals with varying degrees of coverage for medical care. The type of insurance you have may impact the options and approaches available to you:

Private or Commercial Insurance

- Private insurance is run by private companies or entities. Private insurance covers individuals with employer-sponsored plans as well as those who purchase individual or family health insurance. There are a variety of plans available to those who are privately insured, with varying degrees of coverage.

Medicare

- Medicare is a federal insurance program available to individuals above the age of 65, individuals with disabilities or those who require dialysis. Medicare is only available to those who have paid into the program over time and includes minor monthly premiums.

Medicaid

- Medicaid is a federal-state program, meaning that access and coverage differs from state to state but it is governed by federal guidelines. Medicaid is available to low-income individuals. Participants are not responsible for any part of their medical expenses.

Uninsured

- Uninsured individuals are required to pay out-of-pocket for the entirety of their medical expenses. There might be a tax penalty at the state level if you are uninsured.

Insurance Terms to Know

When communicating with your insurer to receive financial coverage for medical care, there are certain terms that you may not be familiar with that can be challenging to understand.

With that in mind, listed below are some key terms to know:

Step Therapy

- Sometimes an insurer requires individuals to try another treatment first. Your doctor will then have to prove that the first treatment was not a success before they agree to reimburse a specific treatment.

Prior Authorization Form

- In the case of some medications, an insurer will require an individual to seek their permission in advance. Without their pre-approval, the medication will not be covered by the insurer. This authorization usually comes in a form that will need to be filled out.

Letter of Medical Necessity

- This is a letter that is written by a doctor that serves as a formal explanation of why a certain course of treatment is medically necessary so that the insurance provider will consider coverage.

Formulary

- A formulary is a list of prescription drugs covered by an insurance plan. Check the different options when selecting insurance to see if they cover your current prescription medicines and what your estimated payment would be.





Advocating for Yourself

Navigating the rules and regulations when it comes to insurance coverage can be difficult and confusing, particularly when you have a rare disease such as IgA nephropathy. New treatment options for rare diseases are not commonly reviewed by insurance providers, so it can often feel like you are in uncharted waters.

The following tips may help you reach your desired outcome when communicating with your insurer:

Know Your Rights

Private insurance is run by private companies or entities. Private insurance covers individuals with employer-sponsored plans as well as those who purchase individual or family health insurance. There are a variety of plans available to those who are privately insured, with varying degrees of coverage.

- If you file a claim that is denied by your insurer, you are allowed to request an appeal. An internal appeal means that your insurance provider will take a second look at the details to determine if they will stand by their initial decision or if they will alter their choice. You may also request an external review, which means that the decision no longer remains with your insurer.
- In order to request an internal review:
 - Communicate**– Reach out to your insurer to request the appropriate paperwork and instructions.
 - Collaborate**– Speak with your doctor to request their assistance. This can include them supporting with paperwork, which may entail a Letter of Medical Necessity.
 - Consider**– Request an expedited internal appeal if your situation is time-sensitive.
 - Complete**– Provide your insurer with the proper and detailed paperwork.
 - Continue**– Follow up with your insurer to guarantee your review remains on their radar.
- In order to request an external review:
 - Contact**– Reach out to the Office of Patient Protection to pay a fee and file the appropriate paperwork.

Stay Organized

Keeping detailed records will allow you to communicate more effectively with insurers, your doctor and external organizations.

Build a Support Network

Fighting for access to medical care can be aggravating, time-consuming, and isolating. Remember, you are not alone. Your health is worth fighting for and there are advocacy organizations, government programs, doctors, pharmaceutical companies, your Human Resources department, friends and family members who want to help you along your journey.

Be Determined

Advocating for financial coverage of medical care with insurers can be a long and tedious process. Remain persistent in your efforts by equipping yourself with the latest data and policy information while also continuing to follow-up on your claims.

