

Managing Change in Health Care Insurance

► Key insurance transitions of care

Certain triggers may change a patient's health care coverage



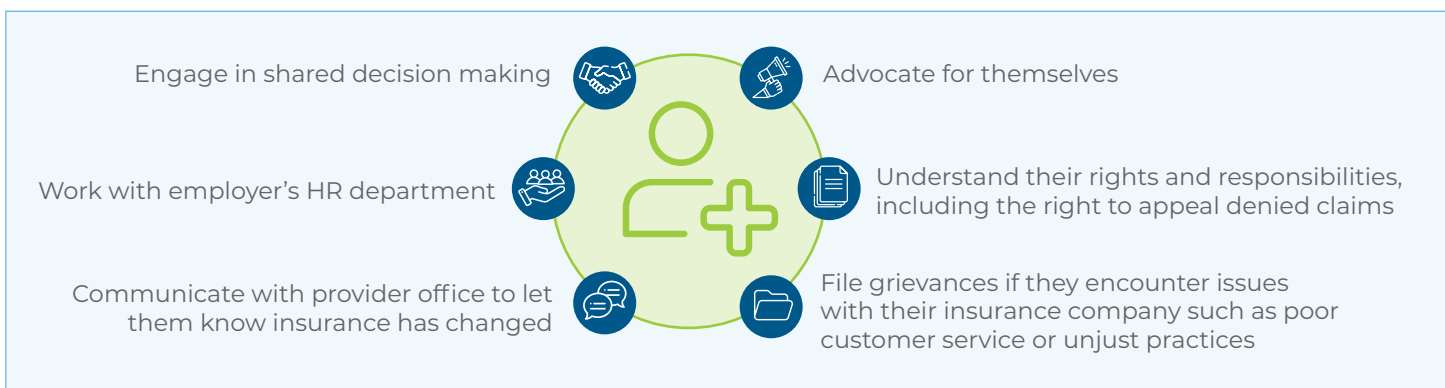
Insurance changes and transitions of care can be problematic for patients due to several reasons:

- Switching medications due to differences in formulary coverage may lead to potential lapses in treatment and adverse health outcomes
- Administrative hurdles such as resubmitting prior authorizations (PAs), updating insurance information with providers, and understanding new billing processes
- Higher out-of-pocket costs, new deductibles, co-pays, and coinsurance, which can be financially burdensome for patients
- Transitioning to a new plan can result in delays in obtaining necessary referrals and PAs, potentially postponing needed treatments
- Understanding the details of a new insurance plan can be complex and confusing, leading to difficulties in accessing covered services and recognizing benefits

These factors highlight why it is crucial for you to work with payors to minimize the impact of insurance changes and care transitions on patients, ensuring continuity and quality of care.

► Patient engagement

The patient's role in managing health insurance is multifaceted and involves several key responsibilities:



When making changes in their health insurance patients should¹

- ✓ Evaluate whether current providers and treatments are covered by new insurance payor
- ✓ If feasible, select a payor that will allow continuity of care

By taking on these roles, patients can effectively manage their health insurance, ensure they receive the benefits they are entitled to, and minimize their out-of-pocket health care costs and treatment disruptions.

► Non-medical switching²⁻³



You can collaborate with payors to address non-medical switching, which is when a patient's medication is changed for reasons other than clinical effectiveness, such as cost.

Challenges

- Lack of transparency regarding the reasons and the potential benefits to the patient
- Patient may not understand why drug is being changed
- May impact shared decision making
- May require new PAs

Working with payors

- Identify the top 2-3 payors in your clinic and establish regular communication channels with these payors
- Provide detailed clinical documentation, peer-reviewed studies, and clinical guidelines to justify the necessity of prescribed medications for individual patients
- When necessary, submit PA requests to justify the use of specific medications over alternatives
- Work with payors to develop and implement protocols that prioritize clinical efficacy and ensure that essential medications remain accessible within the formulary
- Discuss implementing a value-based agreement or quality improvement initiative as alternatives to non-medical switching

► **By employing these strategies, you can work collaboratively with payors to address the challenges of non-medical switching, ensuring that patient care remains the primary focus in treatment decisions.**

► Site of care⁴⁻⁵



Physicians can work with payors to address site of care concerns through a variety of collaborative strategies.

Challenges

- Medicare and commercial insurers pay higher rates for services performed in hospital outpatient departments (HOPDs) than for the same services performed at physicians' offices or ambulatory surgical centers (ASCs)
- Service provision is driven to higher-cost sites (e.g., from physician offices to HOPDs)
- Hospitals are incentivized to purchase physician practices to convert them to HOPDs
- Confusion for patients who may receive bills for physician visit from both physician and hospital

How to communicate with payors

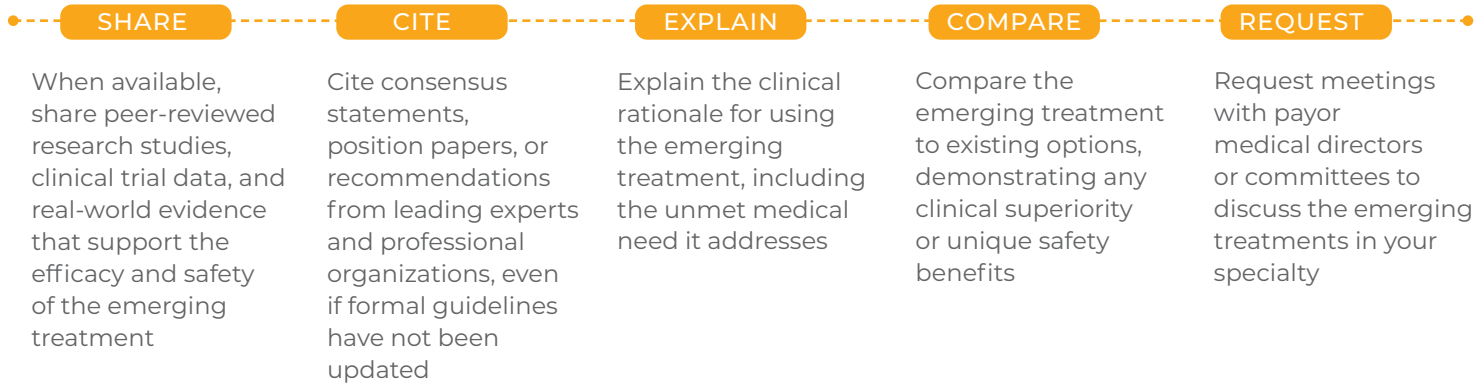
- Establish regular meetings with payors to discuss care issues and develop mutually beneficial solutions to prevent site of care concerns
- If available, provide payors with data on patient outcomes, safety, and costs associated with different sites of care and collaborate to analyze the data from a total cost of care perspective to identify the most cost-effective and clinically appropriate sites of care
- Provide guidance to help determine the most appropriate site of care for various treatments and procedures
- Help identify alternatives to hospital or clinic-based care, such as home health services or telehealth
- Discuss how specialty clinics can provide targeted care in a cost-effective manner
- Educate patients about their site of care options, including the benefits and risks associated with each

► **By adopting these strategies, you can collaborate effectively with payors to address site of care concerns, ensuring that patients receive the most appropriate, cost-effective, and high-quality care possible.**

Emerging treatments

Communicating with payors about the use of novel treatment options when guidelines have not yet been updated may be challenging. Clinical treatment guidelines are a key component of payor coverage policy development and are often cited as the rationale for coverage determinations in medical policies. However, updating clinical treatment guidelines is a complex and time-consuming process.

Provide robust clinical evidence



Highlight patient-centered benefits



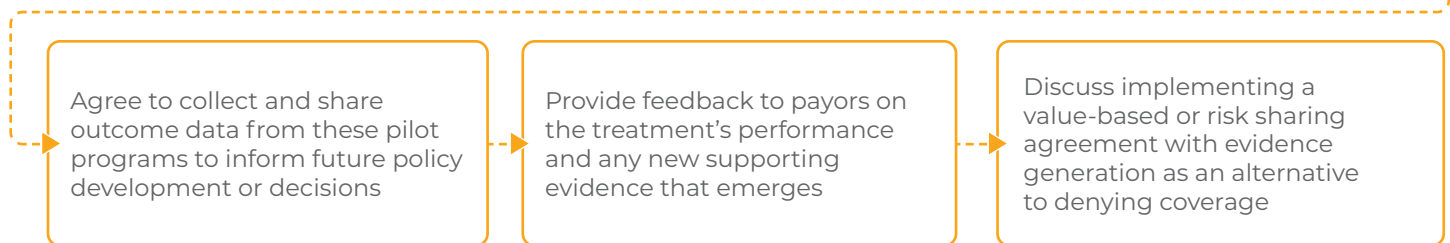
Emphasize the potential for improved patient outcomes, safety, and quality of life



Introduce the potential long-term cost savings associated with better health outcomes and reduced need for other medical interventions (cost off-sets)

Collaborate with payors on pilot programs

Suggest pilot programs or case-by-case reviews to evaluate the emerging treatment's effectiveness and safety



By employing these strategies, you can more effectively communicate with payors about emerging treatment options and advocate for your patients, even when formal guidelines have not yet caught up with the latest advancements in medical care.

Key messaging for payor

- Emphasize that treatment decisions are made with the patient's best interest in mind, aiming for the best possible health outcomes
- Share how updating clinical treatment guidelines is complex and a time-consuming process, and basing treatment decisions on the latest clinical evidence ensures the highest standard of care
- Reinforce that investing in appropriate, evidence-based treatments can lead to long-term cost savings by preventing complications and reducing hospital readmissions
- Highlight strategies for efficient resource utilization that balance cost and quality, such as appropriate site of care choices and preventive care measures

By focusing on these key messages, you can effectively foster a collaborative relationship that ultimately benefits your patients

References

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