

State of Your Health: How New Laws May Impact You

Step Therapy Law in Illinois

Find Out What the Law Says

From this video, you will learn:

- the provisions of the step therapy law in IL that was fully implemented in 2018
- how to file an internal and external appeal and/or a complaint if you feel the law has been violated.

Thanks to Representative Laura Fine and Senator Julie Morrison for sponsoring House Bill 3549, the step therapy bill.



Defining Step Therapy

Step therapy protocol means a protocol or program that establishes the specific sequence in which prescription drugs for a specific medical condition, and medically appropriate for the patient, are covered by a health plan insurer.



What Are Your Rights?

Now that there is a new **Step Therapy** law – what are your rights? What's changed?

- If an insurer denies a request (within 72 hours or 24 for expedited)
- Medical exceptions shall be approved if:
 - Required drug is contraindicated
 - Patient has tried and failed a drug
 - Patient is stable on a prescription drug



Who Is Covered?

- **Covered:** Patients with state based plans, along with plans on the Exchange
- **Excluded:** Medicare, Medicaid or “self-insured” plans
- To learn if you are covered, contact your insurer and provide your policy number



What If Your Prescription Is Denied?

- If your medication is denied because of step therapy, your insurance won't cover the prescription.
- At this point, you may want to talk to your pharmacist and healthcare provider about alternatives that would be covered.
- You can also decide to pay out of pocket, and compare discount cards, cash prices, and assistance programs to determine what works best for you.



Beginning The Appeals Process

- Ask your pharmacist what they heard from your insurance company and write it down
- Call your doctor and report the problem. See if they can suggest next steps to get your medication
- Call your insurance company and find out how to appeal the decision. Your physician often needs to intervene and write a letter.
- Share copies of any insurance letters/information you receive with your doctor. Make sure you stay on the same page.



Working With Your Insurance Company

- Check with your human resources office to learn the specific rules to your plan.
- Check to see what measures your physician has already taken with the insurance company.
- If nothing has worked, you may need to appeal the insurance company's decision.
- Call your insurance company to find out why your medication did not receive approval. The number to call should be on your insurance card.
- Find out if your appeal needs to be online or there is another process from you insurer.



Working With Your Insurance Company

- Keep notes of all conversations: who you speak with, dates and times of calls, case reference numbers. Having good records helps move future calls forward.
- Stay in touch with your doctor through the process and share information.
- Your insurance company must provide the reason for your denial in writing. Ask about it if you have not received anything.
- If submitting an appeal yourself, include all relevant documents that may help your case: letters of support from physician, test results, your personal narrative
- **What do you do if you insurance company is not compliant?**



Guide to the External Review Process

Consumers/Health Insurance/External Review

IL Department of Insurance

<https://mc.insurance.illinois.gov/messagecenter.nsf>

Call the Illinois Department of Insurance Customer Assistance
Hotline at (866) 445-536

**Before you can request an External Review you must have completed the internal review process provided by your insurance company and received a final decision.*

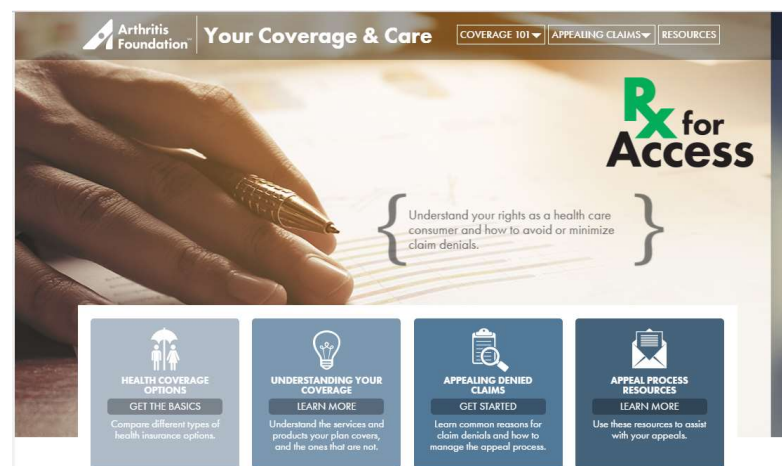


For More Information

Visit: [arthritis.org/advocate](https://www.arthritis.org/advocate)

Navigate to [Advocate Tools & Resources > Your Health & New State Laws](#)

Visit: Prescription for Access



Contact the Arthritis Foundation Helpline:

1-844-571-HELP

Champion of Yes

