State of Your Health: How New Laws May Impact You

Step Therapy Law in New York



Find Out What the Law Says

From this video, you will learn:

- the provisions of the step therapy law in NY 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 Senator Catharine Young and Assemblyman Matthew Titone for sponsoring \$3419C, 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?

The law includes two basic patient protections

- Requires clinical review criteria be based on science and evidence-based guidelines
- Requires a clear and expedient process (timelines of 72 hours or 24 for an emergency) to request an override



Who Is Covered?

- Covered: State-regulated commercial health insurance plans, HMO plans, Medicaid Managed Care plans and Child Health Plus plans.
- Excluded: Medicare, Medicaid fee-for service, "self-insured" plans
- To learn if you are covered, contact your insurer and provider 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

NY State Superintendent of Insurance https://www.dfs.ny.gov/consumer/filea complaint.htm (800) 342-3736

*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: <u>arthritis.org/advocate</u>

Navigate to <u>Advocate Tools & Resources > Your Health &</u> New State Laws

Visit: Prescription for Access



Contact the Arthritis Foundation Helpline:

1-844-571-HELP

