State of Your Health:
How New Laws May Impact You

Prior Authorization Law in OHIO

Arthritis Foundation

Defining Prior Authorization

- Typically, physicians must fill out a *prior authorization* form whenever they prescribe a specialty medication or treatment that is restricted or not covered under the insurer's formulary.

- Each insurer uses its own unique form and physicians may have to spend many hours familiarizing themselves with and completing dozens of forms of varying lengths and complexities.

- As a result, prior authorization typically causes lengthy delays in treatment, thereby restricting a person's access to vital care.

What are your rights?

Transparency - An insurer must make information about the policies that clearly identify *specific* services, drugs, or devices for which a prior authorization requirement exists, available on its **website.**

Retroactive denials will be prohibited when, *on the date the provider renders the prior approved service*:

1. The patient is eligible;
2. The patient's condition hasn't changed;
3. The provider submits an accurate claim that matches the information submitted by the provider in the approved prior authorization request.

Effective January 2017

What are your rights?

Retrospective review allowed for a claim where a prior authorization was required but not obtained when the service in question meets the following:

1. The service is directly related to another service for which a PA has already been obtained and has already been performed;

2. The service was not known to be needed at the time the original prior authorized service was performed;

3. The need for the new service was revealed at the time the original authorized service was performed.

Effective January 2017

What are your rights?

A health insuring corporation may, but is not required to, provide a **twelve month approval for a prescription drug that meets either of the following**:

a) The drug is prescribed or administered to treat a **rare medical condition** and pursuant to "medical or scientific evidence."
b) Medications that are **controlled substances** that are **not** opioids or benzodiazepines.

"Rare medical condition" means any disease or condition that affects fewer than two hundred thousand individuals in the United States.

Effective January 2017

Faster turnaround times for prior authorization:

- For urgent situations, the insurer shall respond and approve or deny the request within **48 hours.**
- For non-urgent situations, the insurer shall respond and approve or deny the request within **10 calendar days (formerly 15 days).**
- If the PA is denied, the insurer must provide the **specific reason** for the denial.

Effective January 2018

Champion of Yes

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 prior authorization decision. Your physician often needs to intervene and write a letter.
- Share copies of any insurance letters or 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 for 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 prior authorization. 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 your insurer.

Working with your insurance company

- Keep notes of all conversations: who you speak with, dates and times of calls and 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 and your personal narrative.

The External Review Process

If an internal appeal with your insurance provider doesn't work, you may file a complaint with the Ohio Department of Insurance.

- You have several options:
  - Visit: www. insurance.ohio.gov
  - Follow the link: How to File a Consumer Complaint
  - Contact ODI Consumer Services at 1-800-686-1526

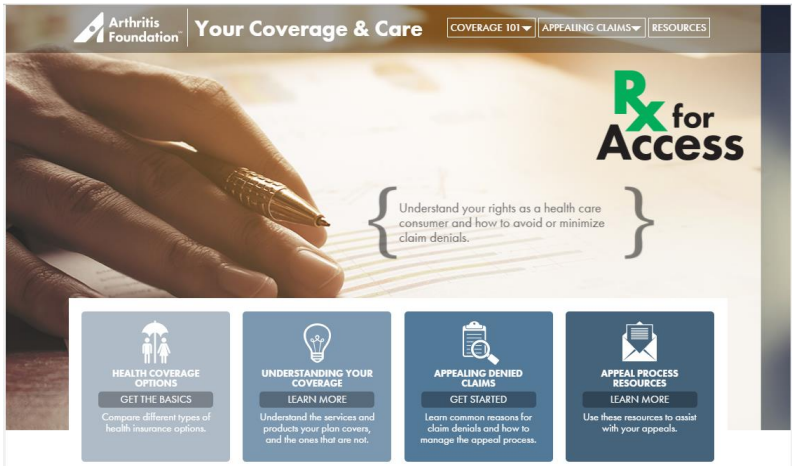
http://insurance.ohio.gov/Consumer/Pages/HealthCoverageAppealToolkit.aspx

For More Information

Visit: 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