

State of Your Health: How New Laws May Impact You

Out of Pocket Costs Law in Washington, DC



Find Out What the Law Says

From this video, you will learn the provisions of the out of pocket costs law in Washington, DC that was fully implemented January 2018 and how to file an internal and external appeal and/or a complaint if you feel the law has been violated.



Specialty Drug Co-Payment Limitation Act HB736

Thanks to Councilmembers Anita Bonds and Mary Cheh for sponsoring the Specialty Drug Copayment Limitation Act of 2015 HB736.



Defining Co-Payment Limitation

- Historically pharmacy benefits have come with **fixed copays** for different tiers of medications.
- Now some health insurance policies are moving vital medications into a fourth or higher specialty tier.
- Specialty tiers require people with arthritis and other conditions to pay a **percentage** (coinsurance) of their drug cost.



Let's Look at an Example of What this looks like

- The copayments might be set at \$10/\$20/\$50 for the three tiers.
- If your medication is moved to a higher specialty tier, you may be paying 25 to 50 percent of the drug cost rather than a fixed amount.



What Are Your Rights?

Now that there is a new Out of Pocket Costs law – what are your rights?

- Imposes a limit on the amount that a person must pay in copayment or coinsurance through a health benefit plan for a specialty drug prescription.
- The copayment shall not exceed \$150 per month for up to a 30-day supply of the drug.
- A request may be made for a non-preferred drug to be covered under the same cost sharing as for preferred drugs if certain conditions apply.



Who benefits from this new law?

- This law will decrease out of pocket cost to the patient and gives the patient the right to request a non-preferred drug to be covered under the same cost-sharing
- To learn if you are covered, contact your insurer and provide your policy number



What Happens If Your Prescription Cost is Too High?

- If your medication is above the new cap of \$150 for 30 day supply or \$300 for a 90-day supply, 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 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?**



If You Feel Your Rights Have Been Violated

- Go to your insurance company first
- If you do not receive a satisfactory response from your insurance company, request an external review with your commissioner by going to <https://disb.dc.gov/service/file-complaint-or-report-fraud> (DC Department of Insurance, Securities and Banking)
- Phone: 202-727-8000

**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.*

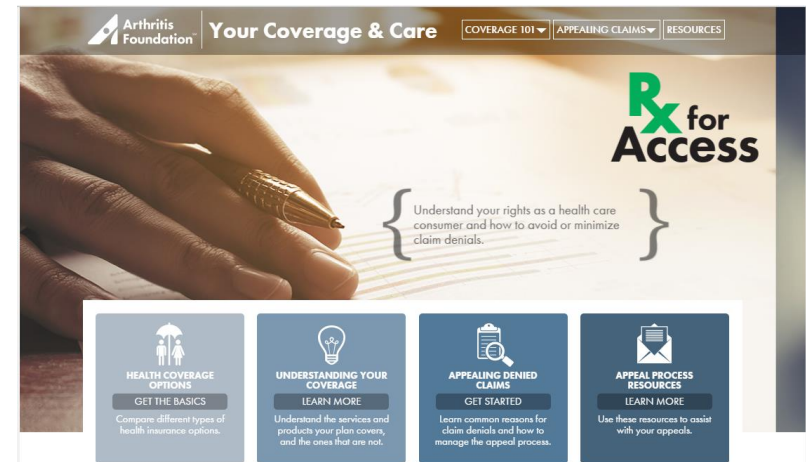


For More Information

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

