



Facts For Action

Improving patient outcomes through data informed decisions

Cambridge Health Alliance

Volume 2, Issue 4

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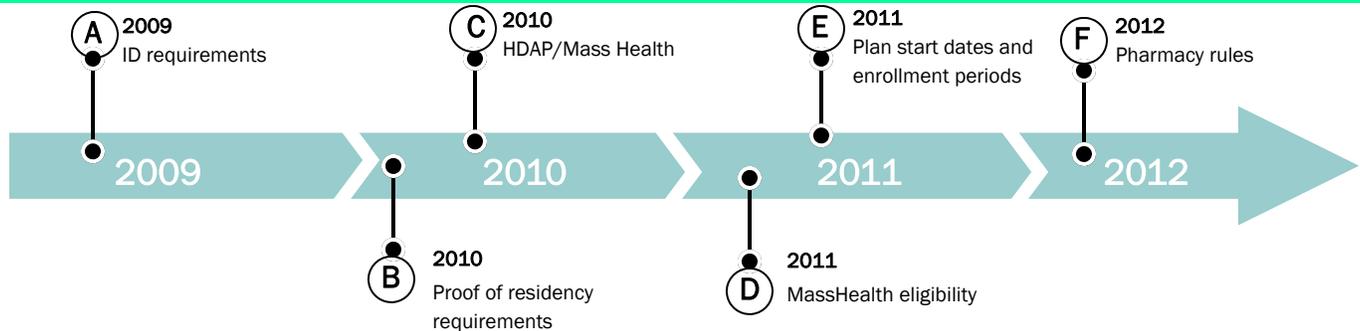
HIV and Insurance: The Problem

- HIV patients need regular medication to stay healthy, so it is especially important that they are always insured
- Case management staff work very hard to help patients complete insurance applications and ensure patients are covered
- 63% of our HIV patients are on Medicare, Medicaid, or other public insurance, and 24% are on private insurance plans. Of those on private plans, most have their premiums paid through HDAP¹. Our HIV patient population is especially vulnerable to changes in insurance policies and requirements.

Insurance policy changes have **quadrupled** the amount of time it takes case managers to ensure that each patient has adequate coverage.



HIV Insurance Changes Timeline²



HIV Insurance Changes and Its Effects on Patients

| Label | Insurance change (e.g., policy, requirements, etc.) | Effect on patients |
|-------|--|---|
| (A) | Individual Tax ID# can no longer be used for insurance applications - must provide SSN | Undocumented patients cannot provide the required documents. |
| (B) | With MA health reform, proof of residency requirements became more strict | Low-income patients often do not have access to the types of documents that are required (e.g., mortgage papers, utility bills). |
| (C) | To use HDAP, patients must first prove that they are not eligible for MassHealth | Patients must wait for confirmation from MassHealth before HDAP application can be approved. |
| (D) | After status changes (e.g., changes to family members, income, address, jobs), patients may no longer be eligible for certain insurance policies | Patients may have to apply for new insurance with every status change. This can happen month-to-month, causing confusion about which insurance is active and therefore which pharmacy can be used to get medications. |
| (E) | Open enrollment periods for insurance plans may only be once a year | If patients lose insurance, they may not be able to apply for a new policy until the next open enrollment period. In some cases, this could be almost a full year away. |
| (F) | With some insurance plans, only specific pharmacies can be used for medication refills | Patients may not have an eligible pharmacy nearby and there is often confusion about where to pick up medications. Coordination between pharmacy, patient, and provider takes more time. |

Insurance regulations have become more complex. It is a time-consuming process to ensure each patient gets coverage. These issues can easily cause gaps in coverage, making it difficult for patients to obtain needed treatment and care.

Footnotes: 1) The Massachusetts HIV Drug Assistance Program (HDAP) provides access to HIV medications to residents of Massachusetts who are otherwise unable to obtain the medications; 2) Policy changes were implemented over a long period of time, making it difficult to identify the specific date that each change took effect. Years given in the timeline are approximate.



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What you need to know to prevent gaps in insurance coverage and medication access

Insurance can change with any of these situations:

- Changes in members of family
- Changes in address
- Changes in income
- Changes in job status

The pharmacies that can supply medications may change with insurance

PROVIDERS

- If a patient mentions any of the situational changes listed above, please tell them **they need to see their case manager immediately**, and make a note on the Exit Sheet to **schedule the next available appt** with a case manager, indicating which change the patient experienced. **Inform a case manager** about the situation immediately.
- Remind patients to **request medication refills** at least 3 business days in advance
- Tell patients that when they request refills, they should ask the pharmacy to **check insurance** and make sure there are no problems.
- If your patient experiences any problems with insurance, **notify a case manager** immediately

PATIENTS

- **See your case manager regularly**, at least every 6 months, and **return all requested documents** as soon as possible
- **Inform your case manager immediately** if you experience any of the changes listed above
- When you request refills (at least 3 business days in advance), ask the pharmacy to **check your insurance** and make sure there are no problems.
- If you are experiencing any problems with insurance, **call your case manager** immediately for assistance
- If you are planning **extended travel** and you need medications, talk to your case manager about this at least 2 months in advance

Ordering refills

When you call for a refill, you will need:

- Name
- Date of birth
- Medication name
- Prescription number

If the number of remaining refills is 0, you need a **new prescription**. Call the clinic front desk immediately for a new prescription.

