Overcoming Barriers and Challenges in Reimbursement

Tonya Somers MS, RD, CDE
IUHP Diabetes Centers Program Manager

Liz Daily RN, BSN, CDE
IUHP Diabetes Centers Program Coordinator
Tonya Somers MS, RD, CDE

Overcoming challenges to DSMT reimbursement
Disclosure

Disclosures to Participants
Conflicts Of Interest and Financial Relationships Disclosures:
Presenters:
Tonya Somers MS, RD, CDE - none
Liz Daily RN, BSN, CDE - none
Sponsorship / Commercial Support: None
DSMT Basics

- DSMT
  - Diabetes Self-Management Training
- Requirements
  - Recognition
    - ADA, AADE,
    - Providers
      - RD, RN, PharmD, CDE, or BC-ADM
Challenges: The Referral

- Referral
  - Patient information
  - Service request (DSMT/CPT code)
  - Barriers if they exist
  - Qualifying dx
  - DSMT initial or follow up
    - Hours and content requested
Referral challenges continued

- ICD 10 code!!!!!!
- Second Referral options
Solutions to Referral challenges

▪ Try to work smarter
  ▪ Work with your EMR team. ICD 10 codes are very important.

▪ Work with your providers
  ▪ Be creative
  ▪ Don’t forget about your provider’s staff!
Why yes, I’m a bit stressed. Why do you ask?
Diabetes Self-Management Education/Training Services Order Form

Name: DEMO PATIENT ISRAEL
Date of Birth: MAY 31, 1949
Gender: MALE
Address: 7100 WEST UNION RD MURPHY, SD 28906
Phone: 605-123-4567
Other Phone: 605-228-1234
E-mail Address: Demo.patient@gmail.com

_____ Diabetes Self-Management Education/Training (DSME/T)_____
Check Type of training: Initial Group DSME/T:

_____ Hours Requested_____
10 hour

Patient with Special Needs requiring individual (1 on 1) DSME/T:
Check all special needs that apply:
Cognitive Impairment, Language Limitations

DSME/T Content:
Physical activity, Goal setting, problem solving

_____ Diagnosis
Type 2
Diagnosis Code: 250.01

_____ Complications/Comorbidities
Mental/affective disorder, Obesity

/es/ Dr. Donna Bacon, MD
Signed: 12/07/2011 09:41
The Challenges: Documentation and Data

- Documentation Requirements
- Data
  - Data to meet Recognition needs
- EMR
  - Medical documentation to meet the needs the payer
Coverage and Denials

- Commercial
  - Does the patient have coverage for the service?
  - Does the patient have a large deductible?
  - Are the providers enrolled appropriately
Coverage and Denials

- Medicare
  - Are there hours available for the benefit?
  - Group vs Individual appointment
  - Is the Recognition certificate on file?
  - Are the providers enrolled properly?
For my presentation today, I'll be reading the powerpoint slides word for word.
Specifics to Indiana

- In accordance with the terms and provisions of *Indiana Code IC 27-8-14.5-6*, the IHCP provides reimbursement for DSMT services that meet the following conditions:
  - Medically necessary
  - Ordered in writing by a physician or podiatrist licensed under applicable Indiana law
  - Provided by a healthcare professional licensed, registered, or certified under applicable Indiana law and with specialized training in the management of diabetes
  - 4 hrs per member, per calendar year, without prior authorization
Indiana Medicaid

- May enroll for direct care
  - Audiologists
  - Chiropractors
  - Dentists
  - Health service providers in psychology (HSPPs)
  - Nurse practitioners
  - Occupational therapists
  - Optometrists
  - Pharmacists
  - Physical therapists
  - Physicians
  - Podiatrists
  - Respiratory therapists
  - Speech and language pathologists

- Practitioners who **may not** enroll in the IHCP. Practitioners in this list must bill under the IHCP-enrolled supervising practitioner’s National Provider Identifier (NPI):
  - Dietitians
  - Registered Nurses
  - Physician Assistant
  - Social Work
Indiana Medicaid

- Modifier required
  - U6
- Changes the benefit from 30 minute unit to 15 minute unit
  - G0108 U6 – *Diabetes outpatient self-management training services, individual, per 15 minutes*
  - G0109 U6 – *Diabetes self-management training service, group session (2 or more), per 15 minutes*
Other Costs for the Person with Diabetes
The Numbers

The Staggering Costs of Diabetes

GROWING EPIDEMIC

Diabetes affects 30 million children and adults in the U.S. That’s 1 in 11 Americans.

84M

84 million Americans have prediabetes and are at risk for developing type 2 diabetes. 90% of them don’t know they have it.

21

Every 21 seconds someone in the U.S. is diagnosed with diabetes.

HUMAN COSTS

African Americans and Hispanics are over 50% more likely to have diabetes than non-Hispanic whites.

STROKE
BLINDNESS
KIDNEY DISEASE
HEART DISEASE
LOSS OF TOES, FEET, OR LEG

People with diabetes are at higher risk of serious health complications.

ECONOMIC COSTS

The total cost of diabetes and prediabetes in the U.S. is $322 billion.

$322 billion

The average price of insulin increased nearly 3x between 2002 and 2013.

3x

People with diabetes have 2.3x greater health care costs than those without diabetes.

Learn more at diabetes.org
Deciphering Insurance

Types of Insurance

Group Health Plan
Available through employer for employee and family

Health Insurance Marketplace
For those who don’t have employer insurance option

Healthy Indiana Plan
Low income Indiana residents who don’t qualify for Medicaid or Medicare

HIP Plus
- Monthly payments into POWER accounts, no other costs unless non-emergency ER visit
- Includes dental and vision benefits

HIP Basic
- No monthly payments into POWER accounts, copays from $4 - 75 for outpatient services, inpatient stays, preferred and non-preferred medications, non-emergency ER visits
- No dental or vision benefits
Deciphering Insurance

Types of Insurance

Medicaid
- Based on income
  - Hoosier Healthwise
    - Pregnant women, children up to age 19
  - Traditional Medicaid/Hoosier Care Connect
    - Children or adults who are blind or disabled

Children with Special Health Care Needs Services (CSHCS)
- Income based, can supplement other insurances
- Children birth – 21 years old with diabetes and or other chronic conditions may qualify

Medicare
- Over age 65
- Receiving Social Security Disability Insurance for 25 months or longer
Medicare

Medicare Part A

- Inpatient care, skilled nursing facility after hospital stay (up to 100 days), home care for skilled nursing, some therapy, hospice care
- No premium if paid Medicare taxes X 13.3 years
- Deductibles and coinsurance for each benefit period

Medicare Part B

- Outpatient care from physicians or other health care providers, outpatient services from a hospital, durable medical equipment, preventatives services
- Monthly premium $109 per month if paid through Social Security benefit, may be higher based on income
- Deductible of $183 and then 20% co-insurance of Medicare approved cost for physician services, outpatient therapy, durable medical equipment (glucose meter supplies)

Medicare Supplement Insurance (Medigap)

- Covers a percentage of the “gaps” in Medicare Part A and B.
- Monthly premium is based on percentage of gap coverage
- Does not cover prescription cost
Medicare

Medicare Part C

- Medicare Advantage plan offered by private insurance companies
- Covers part A, B and D (prescription drug coverage)
- Monthly premium may be just part B premium up to $300
- Limits on out of pocket costs
- Providers and services restricted to the plan's network

Medicare Part D

- Prescription medication plan for people with Medicare
- Medicare D plans are administered by private insurance company
- Monthly premium
- This is an optional program but there are penalties if enrollment is delayed

Medicare Extra Help

- Assistance for people with low income be able to reduce cost of prescription meds
- A single person with income below $18,900 or Married person with combined income of $24,360 is the income qualifier
- This eliminates the monthly premium, the costs are lower and no coverage gap
Insurance Out of Pocket Costs

Deductible

The amount the insured person pays before the insurance starts to pick the cost. There may be an individual deductible or a family deductible. Sometimes the pharmacy benefit has a separate deductible or it may be part of the insurance deductible. Preventative services and excluded services listed by the plan will be covered before the deductible is met. Generally the higher the deductible, the lower the premium.

Maximum out of pocket

The maximum amount paid for a benefit year

Original Medicare does not have a limit on out of pocket costs but Medigap and Advantage plans do

Copay/Co-Insurance

The amount the insured person is responsible for after the deductible is met. A copay is a fixed amount, co-insurance is a percentage of the cost

Medicare D Prescription Coverage Gap (Donut Hole)

Beginning in January, after the deductible for the plan is met, the patient pays 25% of the cost of the prescription, the plan pays 75%, up to $3700 is spent by the patient and the plan

Between $3701 - $4950 the patient pays 40% of the cost, the plan pays 50%, the drug manufacturer pays 50%

After $4950, the patient pays $3.30 generics, $8.25 for brand name drugs or 5%, whichever is higher
Insurance Preferences

Glucose Meter and supplies

Group insurance and Medicaid plans have preferred brands for meters and the supplies needed. This will provide a discount on the cost of the supplies but they may still be expensive.

For private group insurance plans, a discount card can be used to further reduce the cost.

Some discount cards will only provide the discount if the product is preferred by the insurance.

Original Medicare does not have a preference for meter brand. Glucose meters and supplies are covered under Medicare B, Durable Medical Equipment, and the cost to the patient is 20%. The cost reimbursed by Medicare is set, so the cost is the same for all brands.

Medicare Advantage plans usually have a preferred brand, but the meter and supplies may be covered at 100% of the cost.

The amount of supplies Medicare will reimburse is based on if the patient takes insulin or not. If not on insulin, 100 strips and lancets for 90 day supply is covered, if on insulin 100 strips and lancets for 30 day supply is reimbursed.

Medicare prescriptions must state if taking insulin or not and include a diabetes diagnosis code on the prescription.
Prescription Formulary

Formulary or Preferred Drug List (PDL)

A formulary or Preferred Drug List has the prescription medications that are covered by the insurance plan. A preferred drug will be discounted because the insurance company has negotiated a lower cost with the drug manufacturer.

A Prior Authorization will be needed to explain why a non preferred drug is needed for a patient, depending on the circumstances, this may or may not be approved.

Formulary Tiers

A breakdown of the cost to the patient for the drugs on the formulary. Tier 1 is usually preferred generics and the higher tiers can be non preferred generic, preferred name brand, non preferred name brand, or non-formulary.

The copay or co-insurance goes up with the higher tiers.

Insurance company formulary may be published online for the public to see. The insured person should have access to the complete formulary.

Step Therapy

The insurance plan may require other medications be tried and documented that they have been tried and did not work before another medication can be tried.

Quantity Limits

The amount of the medication that is covered per 30 days. Some plans have different quantity limits even for the preferred drugs.
Uninsured Patient

Lower cost options

Generic drugs

Lilly coupon, one time a year use with prescription for 1 vial or 1 box of Lilly insulin

ReliOn Novolin insulin from WalMart

Novolin Regular, NPH and 70/30 vial are $24.99 each

Glucose Meter options

Store brand meters are usually cheaper

WalMart ReliOn Prime meter $9, 20 strips $5, 50 strips $9, 100 $18

WalMart ReliOn Confirm meter $15, 20 strips $9, 50 strips $20, 100 $36

WalMart ReliOn lancet device $7, 200 lancets $3.32

AccuChek Guide with Simple Pay card

50 strips $20, 100 strips $30, 200 strips $50, 300 strips $70

OneTouch Verio test strips effective January 1, 2018

25 strips $16.18, 50 strips $32.35, 100 strips $64.70

Patient Assistance Programs for name brand medications
Patient Assistance Programs

Drug manufacturer sponsored programs to provide free medications for uninsured patient, patient with no prescription coverage or patient with Medicare D that have spent a set amount on prescriptions, are in the coverage gap or don’t qualify for Medicare Extra Help.

The applications are lengthy to fill out and require the patient to show proof of income, documentation of medication costs paid and documentation from the prescribing physicians. For patients with Medicare D plans, they may need proof they applied for Extra Help and were denied, a copy of the denial letter may be needed.

Many programs have an family income limit, frequently used is at or below 300% of the Federal Poverty Level:

1 person Household - $36,180
2 person Household - $48,720
4 person Household - $73,800

Additional $12,540 for each person in the home

May need to reapply every 3-4 months or may be in effect for 1 year. Refills may be need to be done by the patient or the providers office.

The medication may be shipped to the prescribing office for pick up or coupons are sent to the patient to be used at the pharmacy.
Resources for Health Care Providers

Formulary Tier level in electronic medical record

Fingertip Formulary/ Decision Resource Group

https://lookup.decisionresourcesgroup.com/

Enter the name of the prescription, the state, and up to 5 insurance plans to find out if a prescription is on formulary and at what tier. Insurance is searchable by commercial, Medicaid plans, Medicare plans, and Health Insurance Exchange

Glucose meter, insulin pump, insulin sensor and drug manufacturer representatives

Medicare and You

www.medicare.gov

Details on Medicaid, Healthy Indiana Plans

www.in.gov
Resources for People with Diabetes

Insurance company customer service or employer human resource department

Patient Assistance Program

Eli Lilly – All insulins, Glucagon and Trulicity
http://www.lillytruassist.com/Pages/AboutLillyCares.aspx

NovoNordisk – All insulins, GlucaGen, Victoza,
https://www.cornerstones4care.com/patient-assistance-program.html

Sanofi – Lantus, Apidra, Toujeo
http://www.sanofipatientconnection.com/

Johnson and Johnson – Invokana, Invoamet, Pancreaze
http://www.jjpaf.org/

Merck – all Januvia, Janumet, Janumet XL,
http://www.merckhelps.com/

AstraZenica – Bydureon, Byetta, Farxiga, Onglyza
http://www.azandmeapp.com/

Boehringer-Ingelheim – Jardiance, Tradjenta
Resources for People with Diabetes

Good Rx – phone app and website that lists the pharmacy cost of a prescription based on zip code

https://www.goodrx.com/

Blink Health – a prescription discount program that is paid for through a phone app before heading to the pharmacy. When arriving at the pharmacy, the patient shows the receipt on the phone to the pharmacist and receives their medication. Kroger, WalMart, Kmart pharmacies are participating, CVS and Walgreens is not.

https://www.blinkhealth.com/

Cornerstones 4 care Understanding health insurance – a comprehensive review of insurance


Medicare and You – 2018 – a comprehensive review of Medicare with helpful links to more information

www.medicare.gov

VeryWell. Com – detailed review of health insurance

https://www.verywell.com/health-insurance-4014713

American Diabetes Association – Health insurance information specific for people with diabetes

References

Questions?