

Policy Advocacy for Physicians

Tips for Advocating for Treatment Reimbursement

Your role in reimbursement advocacy:

- Your objective: To assist payers in developing coverage and payment policies that enable patients to access appropriate treatments
- Policy advocacy is a natural extension of your role as a physician:
 - You are already an advocate for your patients, responsible for finding the most appropriate treatment for your patients' medical conditions
 - When you pursue policy improvement, you take on another form of advocacy: helping to ensure that as many patients as possible can receive needed and appropriate treatment
- In reimbursement advocacy, your role is to:
 - Communicate the medical need to treat patients with appropriate therapies and demonstrate the clinical value of those therapies by:
 - Working with available reimbursement support services and procedures
 - Each carrier has different reimbursement services and procedures, and it is important to go through the proper channels when disputing a claim or policy
 - Communicating with payer decision-makers, which may include any or all of the following:
 - Meetings
 - Telephone calls
 - Letters
 - E-mails
 - Preparing and delivering a persuasive argument
 - Asking questions and gaining insights on details

Reimbursement Review:

- There are three components of reimbursement:
 1. Coverage
 2. Coding
 3. Payment
- Important concepts to understand:
 - "Coverage" means that a product or service is eligible for payment, but does not guarantee a particular amount
 - Having an assigned code does not guarantee coverage
 - Services without a specific code can still be covered
 - Coverage doesn't always negate the need for a prior-authorization

- Criteria for coverage: Before a treatment will be considered for coverage, the procedure or drug:
 - Must be included within the scope of benefits of the private payer's plan
 - Must not be considered investigational or experimental
 - Must be considered medically necessary

- What is the purpose of codes?
 - Codes allow you to communicate the service provided
 - Codes tell a payer the amount to pay for services provided
 - You need to understand correct coding and specific payer requirement for coding for procedures
 - Correct use of modifiers enables physicians to accurately report the entire service provided

- How is payment determined?
 - Payment for services and physician administered drugs is usually linked to the codes reported
 - Payment for physician dispensed drugs is frequently determined by
 - a fee schedule maintained by the payer, or
 - the contract between the payer and the physician that identifies the method used to determine payment

- What is the difference between public and private payers?
 - Coverage policy by public payers is determined by national Medicare and Medicaid statute, policies and regulations. These guidelines must be followed by local CMS contractors and state Medicaid agencies; however, states are not always in compliance due to “regional interpretation.”
 - Coverage by private payers, while influenced by state insurance laws and Medicare policies, is primarily an issue of the benefits provided by the particular plan.

Tips on Preparing Your Case for Reimbursement:

- When working with payer decision-makers, it's important to:
 - Use patients who are beneficiaries to illustrate need
 - Compile data that meets the purpose of the audience to whom you're speaking; payer decision-makers are only concerned with their own beneficiaries – make them care about what you have to say
 - Provide an opportunity for patients to tell their stories – or be prepared to tell their story for them
 - Successful advocates use personal anecdotes to help explain why they are asking for reimbursement. Personal experiences provide a powerful point of reference for the issue being discussed and highlight why you are actively engaged in solving the problem.
 - Assemble your clinical data and evidence-based medicine as needed

- Create validation of your message by compiling studies and articles that support your case (AfPA can help)
 - Do your homework, the Medical Director will expect it, so learn as much as you can about the payer:
 - Policies and procedures
 - Vision and mission
 - The decision-maker you're meeting
 - What has been his or her reaction to similar meetings in the past?
 - What types of information have swayed him or her before?
 - Has he or she voiced a negative opinion on this product or service in the past?
 - Does he or she have a personal familiarity with the medical condition you're treating?
 - Be clear and specific with your request
 - Expect a short visit. Payer decision-makers have limited time, so you will want to deliver a succinct, direct message. For example, a CAC meeting may offer only five minutes for you to speak. Your comments need to be brief and to-the-point.
 - Offer to provide additional information where appropriate
 - Involve your colleagues if necessary
 - Five or ten physicians asking for a change in policy will always be more powerful than one
- What should you provide when making your case?
 - Name and credentials
 - Briefly highlight your credibility (job title, educational background)
 - Type of practice/specialty
 - Number of patients seen
 - Number of patients whose cases fit the severity criteria
 - Number of those patients you have treated with specific treatment in question
 - Details about success rates and a patient example
 - Conclusion
 - Lead your audience to a conclusion that meets your purpose and conveys your specific request – arrive at a logical bottom line together
- After meeting with the payer by phone or in person, it's important to send a follow-up letter to:
 - Convey your appreciation
 - Provide any additional data requested
 - Confirm all that was agreed to in the meeting
 - If necessary, reiterate the case for reimbursement
 - Reconfirm and request the action that you want the payer to take

- Finally, remember that change does not occur overnight. Patience and persistence are important to remember for advocacy. After meeting with a payer decision-maker, it's important to:
 - Continue your follow-up at least once per month until the desired action is taken
 - Keep a written record of your contact
 - Write a letter of appreciation when a decision is made in your favor