

TAKE ACTION



MEDICAL ADVOCACY

Advocacy extends beyond politics to the doctor's office and, more commonly, your health insurance company. Sometimes you must advocate to get proper testing or a proper diagnosis. Other times, you may have to fight to get the treatment and insurance coverage you've paid for. Take charge by learning how to communicate with your doctor and navigate insurance denials, ensuring you get the best care possible.

Advocating for yourself and communicating with your health care provider is key to managing your chronic condition.

Communicating with Your Doctor

EXPLAIN YOUR CONDITION

Ensuring you get the coverage and treatment you need is crucial when battling chronic disease. To get adequate treatment, you need to communicate and work with your doctor effectively. Before talking with your doctor, think about how you've been feeling, your symptoms and potential issues you may have experienced from your treatment.

MAKING YOUR VOICE HEARD

- ✓ **Be prepared:** Talking with your doctor can be difficult, but being prepared to ask and answer questions can be a great way to start that conversation. **Keep a close record of your experiences with your condition so you are prepared to answer tough questions.** This includes recent medications, allergies, symptoms and more.
- ✓ **Be direct and respectful:** Don't be afraid to stand up for yourself and respectfully correct your doctor if they mishear or overlook your concerns. **Clearly explaining your experience and concerns helps provide the doctor with necessary feedback that will inform your care.**
- ✓ **Ask researched questions:** **Research your condition and utilize reliable sources** like the Centers for Disease Control and Prevention to develop and ask your own questions. By interacting with your doctor and asking good questions, you demonstrate an understanding of your condition that can open up the conversation and help build a relationship with your care provider.

Tip:

Take notes to keep track of important conversations with medical professionals.



Helpful questions to ask your doctor:

- What impact will my treatment have on my quality of life?
- What lifestyle changes can I make to improve my condition?
- Who can I contact to get more specific information on my condition?
- Can I expect my condition to worsen or improve? What is the expected progression for my condition?
- Is this treatment covered? How can I get coverage for this treatment?
- Am I eligible for any clinical or experimental trials?
- What does recent research say about my condition?
- Are there alternative treatment options I should investigate?
- Do you know of any patient support groups for my chronic illness?

When to Find a New Doctor

Talking with your doctor is an important part of advocating for yourself and your condition. If you feel your doctor does not have your health and wellness as their top priority it is important to do some research:

- ✓ **What are others saying about the doctor online?**
- ✓ **Ask your care provider if they offer a patient advocate program.**
- ✓ **Can you work with a social worker to find a better doctor?**
- ✓ **Look online to identify where other patients are having success.**

Finding a quality doctor that understands your condition and goes above and beyond to provide care can sometimes be difficult, but they will play an important role in your health and wellness, so take your time when selecting a new doctor. Ultimately, don't be afraid to switch providers if necessary.

Appealing an Insurance Denial

Imagine you need a critical treatment for a serious health condition. You talk to your doctor, have a diagnosis and a prescription, but your insurer says they won't cover it—it not unless you try and fail on another medication first, one that a doctor did not prescribe. This process is known as step therapy. Unfortunately, discriminatory insurance practices like step therapy are all too common in the chronic disease community, and sometimes you must fight your insurer to get the coverage you deserve. In this section, we will look at how to navigate insurance denials and stand up to your insurer.

Be sure to document everything!

DOCUMENT EVERYTHING

The first step to appealing an insurance denial is being prepared. Keep a clear record of everything from conversations with doctors to medication schedules and prior approvals. Be sure to remain organized so that you can provide details to your insurer when necessary.

- ✓ **Keep a record of who you have spoken with at your insurance agency and what the conversation entailed.** It's helpful to keep a call log of who you spoke with, when you talked and what they said to reference back as you move through the process.
- ✓ **Document everything so you are better prepared to walk through coverage conversations.** Share this background information with your insurer to pressure them to reverse their decision or to grant you coverage.

KNOW YOUR COVERAGE

In addition to being prepared with documents, patients should research and know the details of their health plan. CDC Ambassador and endometriosis Advocate Samantha Bowick recommends these helpful questions to better understand your insurance coverage:

- ✓ **Do I have to have a referral to see a specialist for it to be covered?** If so, is there any way I can override this if my doctor will not refer me to a specialist for my illness?
- ✓ **How long does it take for prior authorizations to be approved?**
- ✓ **Is there anything I can do if a doctor I want to see for my illness is out of network?**
- ✓ **What is involved in the appeal process?**

STOP, COLLABORATE AND LISTEN!

Appealing an insurance denial requires time, patience and teamwork to ensure you have the evidence and information to get coverage for your treatment. This means communicating with your doctor's office, reviewing paperwork and clinical guidelines and having a peer-to-peer evaluation with your insurer. By being persistent and communicating through all the channels in your health care network, you will be better prepared to stand up to your insurer and get the coverage you deserve.

Tip:

Insurance companies may require prior authorizations for various types of treatment. This means your pharmacy and doctor must work together to send the insurance company paperwork regarding treatment. Approval can sometimes take days or weeks. If it is not approved, the patient is responsible for paying the entire cost—be aware!

Tip:

If your insurer refuses to cover your doctor's recommended treatment, contact local media using tips on page 14 of this toolkit. Patients have earned coverage for treatments by bringing media attention to insurance discrimination.

EXAMPLES: Three examples of news media helping people gain coverage.

- » 'Maisie's Army' Helps 16 Other Children Get Life-Saving Medication Denied By Insurance
- » "I was being penalized for having breast cancer": Survivor fights with insurance over follow-up tests
- » 'Wrongfully denied: Minnesotans fighting mental illness denied coverage from insurance providers

Still Not Sure Where to Start?

Even after discussions with your doctor and insurer, you may still have questions. In that case, turning to online resources can help answer some basic questions.

Check out these helpful resources from the Department of Health and Human Services and the Center for Medicare and Medicaid Services to learn more about appealing an insurance denial.

- ✓ ["How to appeal an insurance company decision" by HealthCare.gov](#)
- ✓ ["Appealing Health Plan Decisions" from the Department of Health and Human Services](#)
- ✓ ["Appealing Health Plan Decisions" from the Center for Medicare and Medicaid Services](#)

