DISCLAIMER

Immune Deficiency Foundation (IDF) education events offer a wide array of educational presentations, including presentations developed by healthcare and life management professionals invited to serve as presenters. The views and opinions expressed by guest speakers do not necessarily reflect the views and opinions of IDF.

The information presented during this event is not medical advice, nor is it intended to be a substitute for medical advice, diagnosis or treatment. Always seek the advice of a physician or other qualified health provider with questions concerning a medical condition. Never disregard professional medical advice, or delay seeking it based on information presented during the event.
MISSION

Improving the diagnosis, treatment, and quality of life of people affected by primary immunodeficiency through fostering a community empowered by advocacy, education, and research.
Questions?

https://community.primaryimmune.org/s/newask
800-296-4433
Get Connected Groups

https://primaryimmune.org/support-services

Virtual groups exclusively for individuals & families living with PI
Commercial Insurance

- Deductible
- OOP
- Co-pays
- Eligible until age 26
- www.healthcare.gov
Medicare

- Open enrollment runs from October 15 to December 7, 2022. During this time, people eligible for Medicare can compare 2023 coverage options on Medicare.gov
- Medicare Plan Finder allows people to compare options for health and drug coverage, which may change from year to year
- How products are billed through Medicare is strictly based upon the diagnosis code. A diagnosis code is determined by a clinician analyzing lab results and the clinical history of the patient/constituent. There is a list of Medicare qualifying diagnosis codes. All the qualifying diagnosis codes will be billed through Medicare part B, the rest are billed through Part D
Medicare Part B

- You are required to pay your deductible
- Medicare Part B will cover 80% of medication
- Secondary or supplement will cover 20%
- Prior authorizations are not required
- If you are on sub-q therapy, the cost of supplies are covered
- If you are on IVIG, you will need to sign up for IVIG Demonstration Project
IVIG Demonstration Project

- Only for Part B
- Covers cost of nursing and supplies
- Must sign up annually
- Must sign up by 15th of the month to be eligible for next month
- Be sure to fill out EVERY box on form
- Needs to be signed by MD and patient
Noridian Website

- IVIG Demonstration Application Form (noridianmedicare.com)
- Application Guide - English - IVIG - Noridian (noridianmedicare.com)
- Solicitud de Beneficiario del Programa Piloto de Inmunoglobulina Intravenosa (IGIV) (noridianmedicare.com)
- Application Guide - Spanish - IVIG - Noridian (noridianmedicare.com)
Medicare Part D

- You are responsible for the annual deductible $233
- “donut hole” $7050 met
- “catastrophic phase” 5% total cost of drug
- Prior authorization is required
- Good news on the horizon for those who must utilize Part D benefit- Inflation Reduction Act (IRA)
Qualifying Diagnosis Codes

- (D80.0) Congenital/hereditary hypogammaglobulinemia (applicable to: Autosomal recessive agammaglobulinemia (Swiss type), X-linked agammaglobulinemia [Bruton] (with growth hormone deficiency)
- (D80.5) Immunodeficiency with Increased IgM
- (D83.9) Common Variable Deficiency, unspecified
- (D83.0) CVID (Common Variable Immune Deficiency) with predominant abnormalities of B-cell numbers and function
- (D83.2) CVID with autoantibodies to B-or T-cells
- (D83.3) Other CVID
- (D83.9) CVID, unspecified
- (D82.0) Wiskott-Aldrich syndrome
Qualifying Diagnosis Codes

- D81.89) Other combined immunodeficiencies
- (D81.9) Combined immunodeficiency, unspecified
- (D81.0) Severe Combined Immune Deficiency with reticular dysgenesis
- (D81.1) Severe Combined Immune Deficiency with low T- and B-cell numbers
- (D81.2) Severe Combined Immune Deficiency with low or normal B-cell numbers
- (D81.6) Major histocompatibility complex class I deficiency
- (D81.7) Major histocompatibility complex class II deficiency
- (D80.3) Selective Deficiency of immunoglobulin G (IgG) subclasses
- (D80.6) Antibody deficiency with near normal immunoglobulins or with hypogammaglobulinemia
Cobra

1. COBRA is a federal law that may let you keep your employer group health plan.
2. This is called "continuation coverage." coverage for a limited time after your employment ends or you lose coverage as a dependent of the covered employee.
3. In general, COBRA only applies to employers with 20 or more employees. However, some states require insurers covering employers with fewer than 20 employees to let you keep your coverage for a limited time.
4. In most situations that give you COBRA rights (other than a divorce), you should get a notice from your employer's benefits administrator or the group health plan. The notice will tell you your coverage is ending and offer you the right to elect COBRA continuation coverage.
5. COBRA coverage generally is offered for 18 months (36 months in some cases). Ask the employer's benefits administrator or group health plan about your COBRA rights if you find out your coverage has ended and you don't get a notice, or if you get divorced.
6. The employer must tell the plan administrator if you qualify for COBRA because the covered employee died, lost their job, or became entitled to Medicare. Once the plan administrator is notified, the plan must let you know you have the right to choose COBRA coverage.
7. You or the covered employee needs to tell the plan administrator if you qualify for COBRA because you got divorced or legally separated (court-issued separation decree) from the covered employee, or you were a dependent child or dependent adult child who's no longer a dependent.
   You'll need to tell the plan administrator about your change in situation within 60 days of the change.
8. Before you elect COBRA, talk with your State Health Insurance Assistance Program (SHIP) about Part B and Medigap.
Inflation Reduction Act

• Eliminates 5% co-insurance for catastrophic coverage in Medicare Part D in 2024
• $2,000 cap on Part D out-of-pocket spending in 2025 and limits increases in Part D premiums for 2024-2030
• Expands eligibility for Medicare Part D Low-Income Subsidy (LIS) full benefits
• Eliminates cost-sharing for adult vaccines
• Limits monthly co-pay for insulin products to $35 for people with Medicare
The Low-Income Subsidy (LIS) is a Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance.

You can apply for a low income subsidy by following three steps:
- Find out if you are eligible by using the Extra Help Calculator.
- Contact the Social Security Administration by phone or fill out the necessary forms online.
- If you need assistance, get in touch with a licensed insurance agent who can walk you through the process.
Manufacturer Co-Pay Assistance

- Co-pay card for every Ig product on the market
- Individuals with Medicare, Medicaid, Tricare, and those less than age 2 are not eligible
- Must sign yourself up
- Does not cover nursing and supplies
Insurance Denials & Appeals

- Denials happen more often than you might think
- Is this a formulary issue?
- Copies of denials are sent to patients and MD’s, not Specialty Pharmacies
- Best way to handle an appeal is to have MD to peer-to-peer review
- After two denials, must go to an external appeal
Specialty Pharmacy

- Most pharmacies offer financial assistance
- Typically based upon income
- You MUST ask
Non-profit Organizations

- The Assistance Fund (TAF)
- Patient Services, Inc. (PSI)
- Patient Advocate Foundation (PAF)
- National Patient Advocate Fund
- Patient Access Network (PAN)
- Hope Charities
- NORD
- Good Days
- HealthWell Foundation
YOUR QUESTIONS ANSWERED
THANK YOU!

Stephanie Steele
Immune Deficiency Foundation
From all of us at IDF

Thank You!

You make the IDF community stronger

Immune Deficiency Foundation