



National
Multiple Sclerosis
Society

Health Coverage Worksheet

This worksheet provides a pathway for you to inform us of unreasonable utilization management practices (e.g., a step therapy protocol requiring the patient to “fail” several DMTs) or problematic trends (e.g., increasingly long periods before coverage is authorized) that are negatively impacting people with MS.

By utilizing a systematic approach, the Society will be able to determine when the obstacles you report are isolated occurrences or systemic trends. The documentation you provide will help inform the breadth of the issue, as well as guide the Society’s action.

For individual prior authorization, coverage denials, and/or benefit caps, we are not asking you to use this worksheet unless it appears to be a new trend. You can always contact your Healthcare Advisory Committee liaison if you have questions.

- To help you file effective appeal or exception requests the Society offers [template appeal letters](#) with supporting evidence from the medical literature.
- MS patients and others can learn about their rights to appeal by calling the Society’s Information Resource Center (1-800-344-4867), reviewing information on [the Society’s website](#), or calling their insurer’s Customer Service representative.

To Complete and Submit: Healthcare providers may:

- Return/email the completed form with required verification from an insurer/other (Question 4) to your Healthcare Advisory Committee Staff Liaison (Liaison) or
- Request assistance from your Liaison in completing the form and securing required payer verification, or
- Use the form to facilitate discussion of recent payer obstacles at Healthcare Advisory Committee meetings, where the Liaison will be able to complete and submit the form based on the group’s input.

To protect patients' medical privacy, use only de-identified information on the worksheet and additional documentation.

1. What is the treatment you/your practice **prescribed or provided** that is being impacted?

Prescription Drugs	
	<input type="checkbox"/> Avonex <input type="checkbox"/> Betaseron <input type="checkbox"/> Copaxone <input type="checkbox"/> Extavia <input type="checkbox"/> Glatopa <input type="checkbox"/> Plegridy <input type="checkbox"/> Rebif <input type="checkbox"/> Aubagio <input type="checkbox"/> Gilenya <input type="checkbox"/> Tecfidera <input type="checkbox"/> Lemtrada <input type="checkbox"/> Novantrone <input type="checkbox"/> Tysabri <input type="checkbox"/> Zinbryta SYMPTOM MANAGEMENT DRUG (name) _____
Physician Services	
	<input type="checkbox"/> Neurology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Physical Medicine and Rehabilitation/Physiatry <input type="checkbox"/> Neuro-ophthalmology <input type="checkbox"/> Urology Other: _____
Rehab Therapy	
	<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Other: _____
Mental Health/Behavioral	
	<input type="checkbox"/> Psychiatry services <input type="checkbox"/> Psychology services <input type="checkbox"/> Neuro psychology services <input type="checkbox"/> Other counseling services
Neuroimaging	
	<input type="checkbox"/> MRI Brain <ul style="list-style-type: none"> <input type="checkbox"/> Initial (pre-diagnosis) <input type="checkbox"/> Disease monitoring (after MS diagnosis) <input type="checkbox"/> New symptom/exacerbation <input type="checkbox"/> MRI Cervical Spine <ul style="list-style-type: none"> <input type="checkbox"/> Initial (pre-diagnosis) <input type="checkbox"/> Disease monitoring (after MS diagnosis) <input type="checkbox"/> New symptom/exacerbation <input type="checkbox"/> MRI Thoracic spine <ul style="list-style-type: none"> <input type="checkbox"/> Initial (pre-diagnosis) <input type="checkbox"/> Disease monitoring (after MS diagnosis) <input type="checkbox"/> New symptom/exacerbation <input type="checkbox"/> Other: _____

Lab Tests	
	<input type="checkbox"/> Aquaporin 4 antibody/NMO <input type="checkbox"/> Neutralizing antibody test <input type="checkbox"/> interferon beta <input type="checkbox"/> onatalizumab <input type="checkbox"/> Vitamin D <input type="checkbox"/> Other: _____
Durable Medical Equipment	
	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Custom Orthotics <input type="checkbox"/> Hospital bed <input type="checkbox"/> Scooter <input type="checkbox"/> Other: _____

2. What type of insurance coverage is causing the problem?

Please indicate the type of health insurance coverage(s) involved in this issue by checking the appropriate box(es) on the left. Then, provide known details about the health plan(s) in the corresponding box to the right. If unsure, please indicate so and staff will assist.

Note: Many MS patients have more than one type of coverage, and determining which plan is responsible for which treatment can also present problems important to capture here.

For that reason, please **check all that apply** and provide details of each plan if/when coordination of coverage is related to the issue.

Type of Plan	Name of Carrier or plan, city and state of patient
<input type="checkbox"/> Employer-based or union GROUP coverage (examples include: Aetna Open Access, BCBS of KY, IBM employee plan)	
<input type="checkbox"/> Patient's own INDIVIDUAL coverage (including marketplace plans)	
<input type="checkbox"/> Traditional Medicare Part A (inpatient services)	
<input type="checkbox"/> Traditional Medicare Part B (outpatient and doctor-administered services, DME and supplies)	
<input type="checkbox"/> Medicare Advantage plan	
<input type="checkbox"/> Medicare Prescription Drug plan	
<input type="checkbox"/> Medicare Supplemental (aka Medigap plan)	

<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Veteran's Health Administration	
<input type="checkbox"/> Tri-Care	
<input type="checkbox"/> Federal Employee Health Benefits Plan (for current or former non-military government employees)	
<input type="checkbox"/> Other: (e.g., Student, Church/religious state employee plan, Peace Corps)	
<input type="checkbox"/> Unsure/I don't know	

3. In your own words, please describe how this issue is impacting treatment for your patients. If you have reason to believe this is currently or could potentially impact numerous MS patients, please explain why. Some examples include: step therapy requires 'failure' of two or more DMTs; maintenance therapy denied because patient "no longer improving"; patient(s) no longer covered for my/my facility's services due to change in provider network; co-payment for MRI risen and now unaffordable.

Comment Box Here

4. What verification related to the issue described are you attaching? Please check the type of available documentation below and attach a copy with your completed worksheet. Redact all patient identifying information.

- Official notice, guideline, list of benefits or provider network from government agency or payer
- Correspondence (letter, email) to patient or prescriber from government agency, payer or Pharmaceutical Benefit Manager (PBM)
- Letter, notice or website information from Patient Assistance Program
- Other (please describe) _____
- None

5. What have you/your practice or your patient(s) done so far to try to resolve the issue? For example: “patient is now seeking second level appeal for new wheelchair”; “I’m keeping patient on XXX pending authorization for Lemtrada”; “our nurse called this specialty pharmacy four times to complain about prior authorization requests taking 6 weeks or more”.

6. Is/are your patient(s) willing to share their story about this issue with the Society for possible advocacy or media activities?

Yes No Don't Know

7. Contact Information

Name of person or practice submitting this worksheet	
Contact name	
Contact's role or title in the practice	
Phone number	
Email	
Date submitted	

Thank you!