

MANAGING YOUR MENOPAUSE CARE

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TALKING TO YOUR HEALTH CARE PROVIDER

Some women may be hesitant to discuss their symptoms with their health care provider because they are embarrassed about their symptoms or feel that their symptoms may not be severe enough to warrant medical attention. Do not let these concerns stand in the way of your care – **you should feel confident in your right to address symptoms that are disruptive in your life!** Health care providers can only assist you with issues that you share with them.

Preparing for a Visit

To help your provider better understand your symptoms and experience, give specific examples of activities that your symptoms prohibit you from doing as well as remedies you have tried to manage your symptoms.

Consider bringing the following to your appointment:

- ▶ Date of your last menstrual period
- ▶ Your history of symptoms (e.g., when they started, duration, triggers, coping and management strategies)

Be empowered to advocate for your care and to share with your provider any medical concerns that have not been addressed to your satisfaction. If you think your provider or treatment plan is not working well for you, do not be afraid to consult another provider.

- ▶ A record of relevant tests, treatments, and surgeries you have completed
- ▶ A list of your current medications and past and current diagnoses for any medical conditions, including your pregnancy and gynecologic health history (e.g., history of infertility, endometriosis, polyendocrine metabolic ovarian syndrome (PMOS), preeclampsia, and gestational diabetes)
- ▶ Names and contact information for other health care professionals who provide you with care
- ▶ A support person (such as a spouse, family member, or friend) who can help you take notes and advocate for you

QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

Compiling a list of questions before visiting your provider may help you feel more prepared to discuss your menopause experience and plans for symptom management. Questions may vary depending on your stage of menopause and severity of symptoms. Below are some example questions:



- ▶ I am experiencing [*hot flashes/low libido/incontinence/painful sex*]. What can I do to manage them?
- ▶ Are the symptoms I am experiencing signs of perimenopause or menopause? What is the difference?
- ▶ What other symptoms should I look out for during my menopausal transition?
- ▶ How long can I expect to experience menopausal symptoms?
- ▶ How can menopause affect my long-term health and/or my lifestyle?
- ▶ Do I have an elevated risk for a condition like heart disease or osteoporosis? Is there a screening or diagnostic test I should pursue?
- ▶ Should I continue taking my method of birth control?
- ▶ Can menopause hormone therapy help me manage my symptoms? What are the risks and benefits for my particular situation?
- ▶ What natural or alternative therapies or lifestyle approaches would you suggest to help manage my symptoms?
- ▶ Can you recommend some resources that can help me talk to my partner, family, friends, or even my employer, about my menopause journey?
- ▶ What additional resources or support groups do you recommend I pursue?

DECIDING ON A CARE PLAN

While menopausal symptoms do not necessarily require treatment, your provider might prescribe a care plan that includes lifestyle changes, complementary and alternative therapies, and/or medication to help alleviate and manage your symptoms.

When deciding on a care plan with your provider, your plan may incorporate a combination of approaches, which may change over time. You should discuss with your provider(s) which treatments will address your menopausal symptoms and which will address other health related conditions, as well as your personal needs/goals for treatment now and in the future.

It is also important to find out the details of your health insurance coverage for the treatment options you desire to pursue.

Things to consider when creating your care plan:

- ▶ Your age
- ▶ Lifestyle and activity levels
- ▶ Symptom management
- ▶ Treatment efficacy and side effects
- ▶ Other health risk factors and conditions
- ▶ Health insurance coverage

Ask your provider to outline what a follow-up plan for monitoring your symptoms looks like — risks, benefits, and side effects for any medications and therapies, additional screenings or tests, which specialists to consult, how often to schedule a visit, etc.

It is helpful to keep an accurate record or journal of your treatments and how each affects your symptoms and health. A **Menopause Care Journal** is provided in the Appendix of the SWHR Menopause Preparedness Toolkit for you to fill out and take with you when visiting your providers. Share this information with your health care providers so that you can discuss any modifications to your plan that may be helpful or necessary moving forward.

NAVIGATING INSURANCE COVERAGE

It is important that you speak with your health care providers and insurance company to check what is covered by your insurance plan to avoid high out-of-pocket costs. Here are some tips on how to effectively engage with your insurance company.

Be aware of special coverage requirements. Some insurance companies have prior authorization requirements that must be met before they will cover a specific medication, treatment, or procedure.

Talking with Your Insurance Company

Know the details of your insurance policies. Request a copy of your policies that explain:

- ▶ Services covered
- ▶ Referral processes to see various health care professionals
- ▶ Prior authorization processes to receive services or medications
- ▶ Premium payment amounts
- ▶ Out of network benefits
- ▶ Policy expiration date

After talking with your insurance company, it might be helpful to take a list of their approved medications with you to your doctor's visit. This lets your provider know in advance what options are covered, and if they may need time to advocate for a preferred treatment on your behalf.

\$1,649 - average cost of additional medical services per person to treat hot flashes each year¹⁶

Understand the financial aspects of your policy.

Insurance plans rarely cover 100% of health care costs, requiring patients to pay the outstanding portion. There are 3 primary out-of-pocket costs:

- ▶ **Deductible** — a preset amount in expenses you must finish paying each year before your insurance begins to cover expenses
- ▶ **Coinsurance** — an amount (often a percentage) you must pay for services after a deductible has been reached
- ▶ **Copayment** — a preset, flat fee you must pay for each doctor's visit, and for prescriptions, tests, etc.; these payments do not count towards your annual deductible

While certain medications, such as drugs used for MHT, *may* be covered by insurance when prescribed by a provider, they are not necessarily covered. Other medications, such as those used to treat sexual dysfunction, are not covered by Medicare Part D and are often denied by private insurers. Vaginal estrogens can be particularly expensive.

Medicare Part D is an optional plan that provides prescription drug coverage for eligible beneficiaries. The premiums, benefits, deductibles, and out-of-pocket costs vary based on the type of plan, so it is important to check which medications (if any) are covered when consulting with your health care provider.

However, your plan may allow for out-of-network benefits that can help cover part of the cost of care if you submit a claim. If your health care provider informs you certain services are consider out of network, you can call your insurance company's customer care number for more information on your plan's out of network coverage.

