

Healthcare Finances

Dealing with money matters on top of treatment can be stressful. However, taking care of your finances is another way of taking care of yourself.

At the time of this printing, the information contained in this section is current. However, healthcare financing is in an uncertain state and this information may not remain so.

Once diagnosed with cancer, you should check with your insurance provider and your healthcare team for the most up-to-date information as it pertains to your situation. You can also check with local, state and federally funded programs to determine their availability to consumers. Please understand no insurance plan will pay 100% of your medical expenses.

Nurse navigators, social workers and financial counselors may be able to connect you with financial support resources. Ask your doctor if his or her office can refer you to one of these people.

The Cancer Legal Resource Center produces an excellent publication titled *Managing the Cost of Care/Consumer Rights*. It gives an excellent list of ways to manage the financial aspects of care. It can be found by going to cancerlegalresources.org/publications-webinars/financial-publications/ and then clicking on that specific document.

Covered California

Covered California (*CoveredCa.com*) is the marketplace established for legal residents of California to purchase medical insurance as mandated through the Patient Protection and Affordable Care Act. You may qualify for certain private insurance plans or California's Medi-Cal program.

Many Californians will not need this website as they have obtained their medical insurance through their workplace, have Medicare, receive their health insurance through other programs such as

the Veterans Administration or purchased their insurance through other means. The primary goal of Covered California is to increase the number of Californians with health insurance.

To learn how you might benefit from obtaining health insurance through this marketplace, log on to Covered California (*CoveredCa.com*). As part of the application process you will be asked several questions: the number of people in your household, combined annual income of all the members of your household, the ages of the members of your household and the county in California where you live. The site will quickly notify you if any members of your household could qualify for free coverage through Medi-Cal and direct you to the site where you can apply for Medi-Cal.

If you do not qualify for Medi-Cal the site will direct you to the marketplace. In the marketplace, there will be different health insurance companies offering different payment options for health care. All healthcare plans in the marketplace must meet certain requirements for care such as; hospital stays, prescriptions, doctors visits and emergency care. The plans do vary based on cost. The site will allow you to compare the cost of things like premiums (what you pay each month to purchase your health insurance), co-pays (the amount you must pay for things like lab tests, x-rays, or doctors' visits) and annual deductibles. You should check and see if your physician is participating in the plan you are interested in.

The marketplace will give you some guidance in deciding what plan makes financial sense for you. You cannot be denied coverage because you have a pre-existing condition.

It is critical that you look at the total out of pocket costs and not just monthly premiums. Often times, a plan seems more affordable because the monthly premium is low, but your total out of pocket cost

could be much higher than a plan with a slightly higher monthly premium. For example, let us say Plan A has a monthly premium of \$100 and requires you to pay 20% of your medical expenses until you reach a maximum out of pocket maximum of \$7500 a person whereas Plan B has a monthly premium of \$45 and states you are responsible for 20% of all incurred costs with no maximum. Unfortunately, health care is expensive. In this example, let us pretend a patient accrued \$200,000 in medical bills in one year. With Plan A the patient's responsibility would be \$8700 (\$1200 in premiums and \$7500 maximum out of pocket). With Plan B, the patient's responsibility would be \$40,540 (20% of \$200,000 is \$40,000 plus \$540 in premiums). While this example may seem extreme, these are the things you need to look for when picking a plan.

Covered California plans have an open enrollment period, (the time period during which you can sign up for insurance). If you do not sign up during the current open enrollment period you must wait until the next open enrollment period. There are financial penalties for those individuals who do not have health insurance.

There are various ways to enroll; online, through a paper process or over the phone. The Covered California site will explain each of these processes and how to complete the application with each of these methods.

Working Within the Health Insurance Marketplace

One very valuable resource for getting help working within the marketplace can be found at *CancerInsuranceChecklist.org*, a website, which is "designed to help you when shopping for insurance on your state's Health Insurance Marketplace if you have cancer, a history of cancer, or are at risk for cancer." You can download the checklist at <https://cancerinsurancechecklist.org/>

Using Health Insurance

- Always bring your health insurance card and photo ID (i.e. driver's license) to every doctor or medical visit.
- Notify your insurance company according to their guidelines. For most policies, you must call to pre-certify any inpatient hospital admission. Some require an authorization for any service costing over a set amount. Knowing your policy's guidelines and making that phone call will save you money and hassle. Sometimes your physician's staff will obtain authorization from your insurance company for certain procedures. Confirm with the staff if authorization has been obtained.
- Health insurance is like homeowners or car insurance in that different policies cover different types of benefits. It is important to fully understand what your policy covers. Your plan may exclude or have a separate out-of-pocket maximum for prescription drugs.
- Be aware that some health plans may not pay for some special medical consultations. Other plans may pay for them, but you may have a higher co-pay than for a regular visit. If you have any questions, call your insurance company. Try to talk with the same person each time you call if possible.
- Do not let your health insurance policy expire. New insurance may be difficult to obtain while you are in treatment. Pay premiums in full and mail them in plenty of time to arrive and be processed before the due date. Some policies have a grace period for late payments; however, if you require care during the grace period, any late payments may complicate authorizations.

Getting Organized

- Call your employee benefits administrator to request a copy of your complete insurance policy. Ask for the entire detailed benefit description, usually called a “Summary Plan Description.” This is different from a brief overview or informational brochure. This document may have many pages and your employer will give you a copy upon request.
- Put aside some time to review your health policy line by line, and highlight relevant sections. Closely read any sections on exclusions and exceptions. Understand the dollar amount of your policy’s “out-of-pocket maximum.” If you have questions, ask your employee benefits administrator for clarification.
- Find out how to call a “claims assistant” at your insurance company. These people can help you with accurate information if you have questions about coverage or a specific claim.
- You will receive lot of mail related to your medical expenses. An Explanation of Benefits (EOB), is a statement of charges created by your insurance company. It will detail the services you received, the providers’ charges and how the charges are processed by the insurance company. A medical bill is a statement created by your healthcare provider and/or the facility where you received services.
- It can take a few weeks to months before your insurance company receives all the information related to your cancer treatment charges and payments. For example, you may receive a bill from the hospital for surgery, but there may be separate bills from the surgeon and anesthesiologist. Sometimes the doctor and hospital bills do not reflect the insurance payment when they are initially sent out.
- While it can be confusing, it is important keep track of what you are billed, how much insurance is covering and the amount you are responsible for.
- It may be helpful to keep a spreadsheet or some kind of tally to see how much you pay out-of-pocket. Since bills can come from various places, your doctors’ offices or the hospital may not know you have reached your maximum out of pocket limit (if your insurance plan has one). Once you reach your limit, you can inform the offices/facilities that you have met your maximum so you should not have to pay any more out-of-pocket expenses for the year.
- Your insurance plan may treat prescription drugs differently than other medical expenses. Make sure you check your Summary Plan Description to find out how your insurance plan covers prescription drugs.
- If you have a hard time sorting out what has been paid and what has been applied to your deductible, call your insurance company’s claims assistant and ask that a “Claims Summary” be mailed to you. This should list dates of service, billed amounts, how much was applied to your deductible and how much your insurance company paid.
 - “Explanation of Benefits” (EOB) letters need special attention. Never throw them away. An EOB is not a bill, but it includes important information. An EOB may indicate a payment, a partial payment or a claim denial.
 - When you receive an “Explanation of Benefits” (EOB), carefully read every line including all footnotes. Also, read any printing on the back of the EOB. Watch for language such as, “Please contact your provider to resubmit the claim with a valid diagnostic code. If this information is not received within 90 days of your receipt of this request, please consider this claim denied.” Be sure to meet these stated guidelines on time.
 - “Pre-authorization” letters also need special attention. Watch for language such as, “This authorization does not guarantee payment.” Call your insurance company if you have any questions.
 - Dealing with insurance matters can be frustrating. Take things one step at a time. Take a break. Ask for help if you need it.

Phone Help

- If you phone your insurance company for any reason, enter each telephone call into the “Insurance Tracking” form at the end of this section or any other log you are using.
- Write down the name, title and phone number of anyone you speak with. Note what was discussed, mailed or promised. This will help you remember the details of each call.
- Ask your insurance company to connect you with a case manager if possible. This person, sometimes a nurse, may be able to help with care coordination and helping with insurance problems or answering insurance related questions. If you have Medi-Cal, ask to speak with your eligibility worker when you have questions.
- Try to establish a warm human connection when you call to talk with a claims assistant. “Thanks so much for your help,” will get you further than “I’m so frustrated with this whole thing I could scream.”
- After any phone call, take careful notes of the things you have to do. Make a list of things you need to do to help remind you of your responsibilities. To avoid missing deadlines, include a “do by” column. Mail important documents several days ahead.



Setting Up a System to Manage Paperwork

- Identify a small work area and stock it with a stapler, yellow highlighter, pens, stamps, blank insurance claim forms and file folders. Setting up this space can be a good job for a friend who wants to help.
- Remember to document, document, document. Create a “paper trail” to keep a record of telephone and mail contacts. The tracking forms at the end of this section will help.
- Be aware that you will receive a variety of mail such as insurance pre-authorization notifications, authorizations and bills from various sources.
- A strategy some people find useful is to put a basket by the front door for all treatment-related envelopes. Then schedule an hour or so once a week to sit down and open each envelope. Read the material line-by-line and use your highlighter to note important information. This may be a task you can turn over to a family member or good friend.
- As insurance “Explanation of Benefits” (EOB) forms arrive, attach the EOB to its related claim form, the original bill and any record of your own payments.
- Write the claim number and policy number on every document. Include the procedure code if one is given.
- If you are required to fill out a form and return it, always make a copy for your file.
- If the document is especially important and has a deadline, hand-carry it to the post office and pay for delivery tracking, such as certified mail with the green “return receipt requested” postcard or a computer-based “Delivery Confirmation” with a tracking number.
- Submit claims for all medical expenses even if you are not sure if a particular expense is covered.

What to do if Your Insurance Claim is Denied

Although the Susan G Komen organization is focused only on breast cancer, the area of their website about health care and insurance is very useful and applies to most types of cancer.

Taken directly from www5.komen.org/Health-Insurance these steps may help resolve the problem if a health insurance claim is denied:

- Keep copies of all correspondence (such as letters and e-mails) with the insurance company about the claim. Note the claim number and policy or procedure code on all correspondence. Also, note the name of any customer service or claims representative you speak with on the phone.
- Call the insurance company to find out why the claim was denied. If it's still unclear, study the explanation of benefits (EOB) form. In some cases, the denial may be the result of a claim being improperly recorded (such as a service being omitted by mistake).
- Check the facts. Review your policy to make sure pre-certification, authorization and other procedures required by the insurer were followed. For example, claims for wigs and colostomy supplies may need a copy of the prescription and the bill.
- Ask your health care provider for help if fees, charges or procedures are questioned. Most providers and their staff are used to working with insurance companies and can help answer questions. Ask your provider to write a letter to the insurance company recording and justifying the charges or procedures. Be sure to keep a copy of this letter.
- If the claim is denied because the insurance company says a treatment is experimental or under study, ask your provider to help. If your provider can give the insurance company proof the scientific literature supports the use of a certain treatment, then it cannot be called experimental. Your provider can get published studies as well as support letters from other oncologists using the same procedure. National organizations, such as the Patient Advocate Foundation, can also help.
- Ask for a formal review of the denied claim. Often, claims that first were denied are paid in later reviews. If this fails, ask for an appeal of the review using outside cancer experts to review the medical records and claim.

If these steps fail to get payment for a claim you and your providers believe is justified, a final option is to contact a lawyer.

Taxes

- Medical costs that are not covered by insurance policies can sometimes be deductible. Tax-deductible expenses might include mileage for trips to and from medical appointments; out-of-pocket costs for treatment, prescription drugs or equipment; and the cost of meals during lengthy medical visits away from home.
- Obtain publications related to medical deductions from the Internal Revenue Service and from the state where you file your taxes. Find out if there are special rules for people who are self-employed, have a business or domestic partner or other special situations.
- Internal Revenue Service and state publications are mailed free upon request and usually arrive within two or three weeks. You can also view them online and print them.
- Internal Revenue Service publications are available by phone at 1-800-829-1040 or online at irs.gov.
- If you file taxes in California, the California State Franchise Tax Board publications are available by phone at 1-800-338-0505 or online at ftb.ca.gov.
- If you use a tax advisor or financial planner, consult with that person after your diagnosis.
- The “Expense Tracking” form at the end of this section can be used to help document out-of-pocket expenses as you go.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

- If you have a group health insurance plan through an employer with 20 or more employees, this federal legislation may enable you to keep your group coverage plan in the event of job loss, reduction in work hours, transition between jobs and certain other cases. Coverage may be available for 18 months. In California, you may be able to extend this time.
- Qualified individuals are required to pay the entire premium cost that the employer has been paying, plus a few percent. This may be quite expensive, yet it may be less costly than obtaining individual insurance outside of a group plan.
- Rules for COBRA are complex. Ask your employer for written information. You can obtain further information and a fact sheet from the U.S. Department of Labor Employee Benefits Security Administration. Visit www.dol.gov and enter Consolidated Omnibus Budget Reconciliation Act, or COBRA in the “search” line.

California State Disability Insurance (SDI)

- If you are out of work due to a non-work related surgery or illness, you may be eligible for disability benefits. These benefits are short-term, partial compensation for wages lost while you are unable to work. They are funded through your employee payroll deductions.
- If at all possible, plan ahead of time to use your disability benefits. This will help make things go more smoothly.
- Discuss the length of your disability with your physicians prior to completing your disability form if possible. Consider all the factors. Think about your job responsibilities and your financial situation. Be aware that the income you receive from State Disability Insurance is less than what you receive from your job wages.
- It may be possible to have partial SDI if you go back to work at reduced hours during treatment.
- Be aware that some doctor's offices require seven to 10 working days to complete the physician's portion of your application. It may also take four to six weeks from the time the state disability office receives your claim before the first check is issued.
- When you apply for SDI it is best to register online then call the physician's office with the receipt number so they can complete the physician's section. Or you can fill out a paper version. Fill out your section of the paperwork and hand carry the packet to your doctor's office. You can ask your doctor's office to mail in the signed application. Your physician's office may charge a nominal fee for filling out forms.
- For further information contact your employer or call SDI directly at 1-800-480-3287 or visit edd.ca.gov and follow the links for Disability Insurance. Disability forms can be filed online 24 hours a day, 7 days a week.
- The "State Disability Tracking" form at the end of this section can be used to document telephone calls regarding your claim.

- Under the Paid Family Leave Act (FMLA), disability compensation may be extended to cover individuals who take time off of work to care for a seriously ill spouse, parent, domestic partner or other reasons. The Paid Family Leave insurance program, also known as the Family Temporary Disability Insurance program, is administered by the State Disability Insurance (SDI) program. An estimated 13 million California workers covered by the SDI program are also covered for Paid Family Leave insurance benefits. The rules are complex, so check into whether you have job protection or return rights, whether benefits are taxable, and other issues. For general program and claim information, visit edd.ca.gov and follow the links to the Paid Family Leave Act or call 877-238-4373.

If You Begin to Feel Overwhelmed About Finances

- Even when we are in the best of health, money is a difficult area for many of us. In our culture, personal money issues are not usually discussed openly with friends or family. We may feel that we are supposed to "make it" on our own and never ask for help.
- To need help is simply part of being human. Break the silence. Ask for assistance. Take action in small but steady steps.
- Seek assistance before a crisis develops.
- Hospitals and physician offices usually have employees who specialize in insurance claims, reimbursement and public benefits. They may be called financial counselors, case managers or financial assistance planners. Hospital social workers may be able to suggest financial options and can offer emotional support as well.
- Talk about your situation with an advocacy organization, a family member or friend.

Getting the Most from a Service: What to Ask

No matter what type of help you are looking for, the only way to find resources to fit your needs is to ask the right questions.

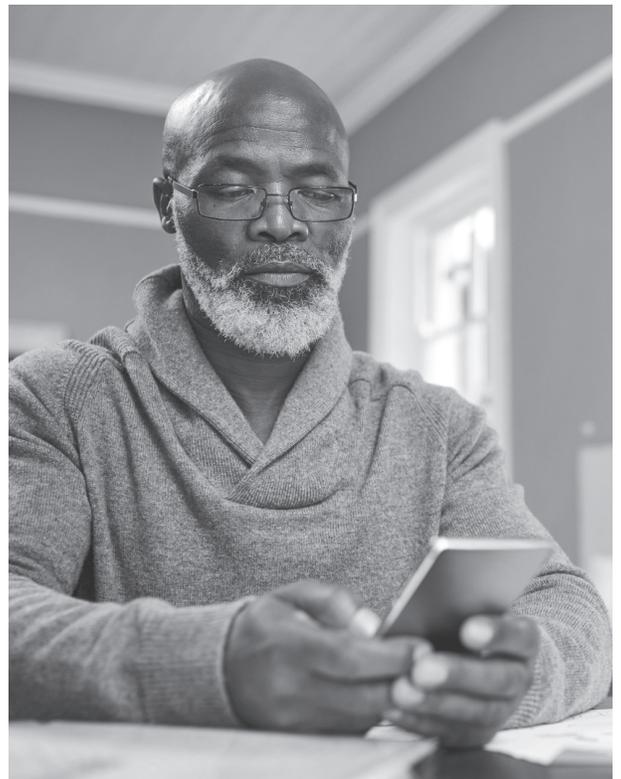
When you are calling an organization for information, it is important to think about what questions you are going to ask before you call. Many people find it helpful to write out their questions in advance and take notes during the call. Another good tip is to ask the name of the person with whom you are speaking in case you have follow-up questions.

Below are some questions you may want to consider when calling or visiting a new agency to learn how they can help you:

- How do I apply for your services?
- Are there eligibility requirements? What are they?
- Is there an application process? How long will it take? What information will I need to complete the application process? Will I need anything else to get the service?
- Do you have any other suggestions or ideas about where I can find help?

The most important thing to remember is that you need to be willing to ask for help to receive it. Asking can be the hardest part of getting help. Cancer is a very difficult diagnosis and disease, but there are people and services that can ease your burdens and help you focus on your treatment and recovery.

The information on “Getting the Most from a Service” was adapted with permission from CancerCare, a national nonprofit organization that provides free professional support services for people with cancer and their families. Find out more about CancerCare by calling 1-800-813- HOPE (4673) or visiting cancercares.org.



Additional Resources

American Cancer Society

Call 1-800-227-2345, 24 hours, seven days a week for cancer information, support and community resources. Web site: *cancer.org*. This respected organization offers a range of information, resources and publications. Local units provide practical and emotional services for cancer patients, including transportation to and from medical appointments, support services, and wigs and head coverings for women in treatment. Staff can accept calls in Spanish and distribute most publications in Spanish.

CancerCare

Web site: *cancercare.org*. CancerCare is a national nonprofit organization whose mission is to provide free, professional support services to anyone affected by cancer: people with cancer, caregivers, children, loved ones, and the bereaved. CancerCare programs – including professional counseling, education, financial assistance and practical help – are provided by trained oncology social workers and are completely free of charge.

Department of Social Service

This agency of your local county sometimes has emergency funds for rent, food, utilities, prescription drugs and medical expenses for those who are not eligible for other programs. Transportation services may be offered or mileage reimbursed. Funds are often limited. Information can be obtained by contacting your state or local Department of Social Services. Check with your cancer center social worker for contact information.

Fundraising

Some patients find that friends, family and community members are willing to contribute financially if they are aware of a difficult situation.

Medi-Cal

This program may provide medical coverage for people with low income, those with no/or limited medical insurance and people with disabilities. If you do not qualify for Medi-Cal, you may still qualify for a related program in your county that requires you to pay a monthly “share of costs.” Your doctor’s office or hospital can give you the best local telephone number to call. You can also call 1-800-541-5555 and listen carefully to the phone options. Unfortunately, many people with Medi-Cal have experienced delays because the pre-authorization process moves slowly. Use this time to learn about other options that may be available to you as you wait for Medi-Cal authorization.

Medicare

Call 1-800-633-4227. Web site: *medicare.gov*. Medicare is a federally-funded health insurance program that covers most Americans over age 65 and some people with disabilities. It provides for basic health coverage although not for all medical expenses. Co-payments and deductibles may be required. Basic benefits are determined by Congress and are the same across the country. Private supplemental insurance “Medigap” policies increase the range of coverage. Contact Medicare for information on eligibility, explanations of coverage and related publications. Some publications are available in Spanish and Spanish-speaking staff is available.

NeedyMeds

Web site: *needymeds.com*. Provides information about patient assistance programs funded by pharmaceutical companies with programs to assist people who cannot afford to buy the drugs they need. Your doctor’s office can supply you with direct lines to the Patient Assistance Programs of certain companies.

Partnership for Prescription Assistance (PPA)

Call 1-888-477-2669. Web site: pparx.org. Helps locate assistance programs from pharmaceutical companies.

Co-Pay Relief Program

Call 1-866-512-3861 or email visit copays.org. A subsidiary of the Patient Advocate Foundation (see entry below under “Insurance Advocacy”) that provides financial assistance to financially and medically qualified patients, including those insured through federally administered health plans such as Medicare, for co-payments, co-insurance and deductibles required by a patient’s insurer for pharmaceutical treatments and/or prescription medications prescribed to treat and/or manage his/her disease.

Programs of Assistance at Hospitals

Some hospitals have programs through which uninsured and low-income patients may qualify for assistance with their hospital expenses. Ask to speak with a hospital financial counselor or social worker about application procedures.

Social Security Administration

Call 1-800-772-1213. Web site: ssa.gov. Takes applications for Medicare, Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI). Apply with Social Security if your doctor feels that your disability will last one year or more. Applications can take three to four months for processing.

United Way

This national organization’s information service can refer you to an agency that may provide financial help for rent, food and other basic necessities. To find the United Way serving your community, go to unitedway.org. You can enter your zip code or city information to find the United Way office nearest you.

Veteran’s Administration

Call 1-877-222-8387. Web site: [va.gov/ Health_Benefits](http://va.gov/Health_Benefits). Eligible veterans and their families may receive cancer treatment at a Veteran’s Administration Medical Center. Some publications are available in Spanish, and Spanish-speaking staff is available in some offices.

Pharmaceutical Patient Assistance Programs

Many pharmaceutical companies have financial assistance programs that may be able to help you manage payments for their medications. You can call the pharmaceutical company or go onto their website to find out more about their programs and how to apply for them.

Colorectal Cancer Alliance

Blue Hope Financial Assistance program provides a one-time stipend for screening or treatment for qualifying families. Visit ccalliance.org/patientfamily-support/financial-assistance-programs.

Life Insurance

You may be able to borrow money against your life insurance policy. Call your insurance agent to find out your options.

Insurance Advocacy

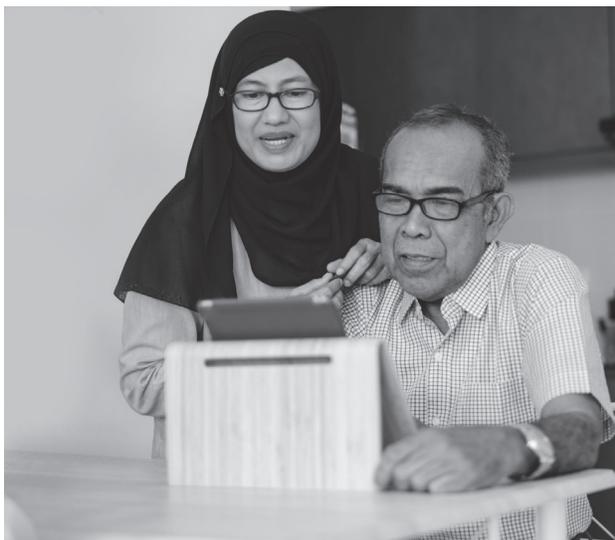
California Department of Insurance Consumer Hotline 1-800-927-4357. Web site: *insurance.ca.gov*. (Click on “Consumers”). This web site offers instructions and a form to request mediation of an insurance claim or coverage problem. Staff will review your complaint if you believe you have received improper denial or underpayment of a claim, delay in settlement of a claim, alleged illegal cancellation or termination of an insurance policy.

California Department of Managed Care HMO Help Center

Call 1-888-HMO-2219. Web site: *hmohelp.ca.gov*. Can help you resolve problems with your health plan, including issues about medical care, prescriptions, preventive testing and mental health services and the Affordable Care Act.

Patient Advocate Foundation

Call 1-800-532-5274. Web site: *patientadvocate.org* and follow the link to “Get Help.” Provides education, legal counseling and referrals for cancer patients and survivors concerning, insurance, financial issues, job discrimination and debt crisis matters. Professional case managers and attorneys specialized in mediation, negotiation and education will advocate on behalf of patients.



Legal Services

Cancer Legal Resource Center

Call 866-843-2572. The Cancer Legal Resource Center provides free and confidential information and resources on cancer-related legal issues to people with cancer, their families, friends, employers, health care professionals and others coping with cancer.

The Center, a joint program of Loyola Law School and the Disability Rights Legal Center (formerly Western Law Center for Disability Rights), has a national toll free Telephone Assistance Line (866-843-2572) where callers can receive information about relevant laws and resources for their particular situation. On the web at *cancerlegalresources.org*
E-mail: CLRC@drlcenter.org

Legal Services of Northern California

Provides legal services to low income and speciality populations including health care service access, senior healthcare insurance counseling (HICAP), senior legal hotline (800-222-1753), pension assistance and county specific speciality programs.

Utility Bills

Low Income Energy Assistance Program (LIHEAP)
Call 1-866-674-6327 or visit acf.hhs.gov/programs/liheap for this National Energy Assistance Referral program. May have assistance for bill payments and energy-related home repairs.

Pacific Gas and Electric Smarter Energy Line

Some medical conditions qualify for PG&E's Medical Baseline Program. Visit https://www.pge.com/en_US/residential/save-energy-money/help-paying-your-bill/longer-term-assistance/medical-condition-related/medical-baseline-allowance/medical-baseline-allowance.page or call 1-800-743-5000. Offers utility discounts based on medical needs. Also, CARE at 1-866-743-2273, or visit pge.com/care. Monthly discounts for income-eligible customers.

REACH (Relief for Energy Assistance through Community Help)

Call 1-800-933-9677 or visit pge.com/reach.

A one-time energy-assistance program sponsored by Pacific Gas and Electric Company and administered through the Salvation Army. REACH helps low-income customers who experience unplanned hardships and are unable to pay for their energy needs. Generally, recipients can receive REACH assistance only once within a 18-month period.

Telephone Assistance Programs

Many telephone and cell phone companies have reduced rates based on low income or medical necessity. Call yours for details.

Helpful Forms

You will find two copies of the forms listed below in the following section:

- Insurance Contact Tracking
- Expense Tracking
- State Disability Insurance Contact Tracking

The information in this section is not meant to replace the individual attention, advice, and treatment plan of your doctor, social worker or medical team.

