

Chapter 13. Financial Matters

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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 as you move toward recovery.

If You Have Health Insurance

- Always bring your health insurance card 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, such as \$500. Knowing your policy's guidelines and making that phone call will save you money and hassle.
- Health insurance is like house or car insurance in that different policies cover different types of benefits. It is important to fully understand what your policy covers.
- 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.
- 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," not a brief overview or marketing brochure. This document may have a number of 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.
- 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.
- Try to establish a warm human connection when you call to talk with a claims assistant. Saying "thanks so much for your help" will get you further than saying "I'm so frustrated with this whole thing I could scream."
- Explanation of Benefits (EOB) letters need special attention. ***Never throw them away.*** They include important information. An EOB may indicate a payment, a partial payment or a claim denial.
- When you receive an Explanation of Benefits (EOB) letter, 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.
- If you phone your insurance company for any reason, enter each telephone call into the “Insurance Tracking” form at the end of this section if you find it useful.
- 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.

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” post card 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 an Insurance Claim is Denied

If you have health insurance and a particular claim is denied, you can take the following steps to resolve the problem:

- In all interactions with the insurance company about a claim, keep copies of all correspondence and note the claim number and policy or procedure code on all correspondence. Also note the name of any customer service or claims representative spoken with on the telephone.
- Call the insurance company to find out why the claim was denied. If it is still unclear, study the explanation of benefits form. In some cases, the denial may be the result of a claim being improperly documented, such as a particular service being inadvertently omitted.
- Check the facts. Review the policy to make sure that pre-certification, authorization and other procedures required by the insurer were followed.
- Enlist a doctor’s help if fees, charges or procedures are questioned. Most physicians and their staff are experienced in working with insurance companies and can help answer questions. Ask the physician to write a letter to the insurance company documenting and/or justifying the

charges, and be sure to keep a copy.

- If the claim is denied because the insurance company states that a particular treatment is experimental or under investigation, enlist a physician to provide assistance. If he or she can give the insurance company evidence that the scientific literature supports the use of a particular therapy for a particular patient, then the procedure cannot technically be labeled as experimental. To accomplish this, ask the doctor to help obtain peer review study reports and support letters from other oncologists performing the same procedure. National patient support organizations can also help.
- Ask for a formal review of the denied claim. Often, claims that were denied initially are paid in subsequent reviews. If this fails, ask for an appeal of the review using outside oncology experts to review the medical records and claim. Do not give up! Keep marching through the appeal procedures.
- If these steps fail to yield reimbursement for a claim that a patient and his physicians believe is justified, a final recourse would be to contact a lawyer. National patient support organizations can help identify lawyers in each state who specialize in cancer-related insurance issues.

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.
- 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 www.irs.ustreas.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 www.ftb.ca.gov/forms.
- 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 had been paying, plus a few percent. This may be quite expensive, yet is still 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. Call 415-975-4600 or visit www.dol.gov and enter 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 (SDI) is usually 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 two to four weeks from the time the state disability office receives your claim before the first check is issued.
- When you apply for SDI, fill out your short 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. However, some people prefer to personally mail the paperwork to confirm timely processing and to track the date that it is received by the SDI. Make a copy for your files and mail the originals from a post office using a tracking mechanism such as those mentioned in the above section, "Setting Up a System to Manage Paperwork."
- For further information and for claim forms, contact your employer or call SDI directly at 1-800-480-3287 (English) or 1-866-658-8846 (Spanish) or visit www.edd.ca.gov and follow the links for disability insurance.
- 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, disability compensation may be extended to cover individuals who take time off of work to care for a seriously ill spouse, parent or domestic partner, or for 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. Call 1-877-379-3819 (English) or 1-877-379-3819 (Spanish) for general program and claim information or visit www.edd.ca.gov and follow the links to the Paid Family Leave Act.
- *Disability Benefits 101* (www.disabilitybenefits101.org) is a knowledgeable source if you need more help understanding your benefits. This comprehensive website offers information on disability benefits, state disability insurance, health insurance, Medi-Cal, Medicare, COBRA and a variety of additional programs administered by state, federal and private organizations. The organization's purpose "is to take a broad, customer-centered view, focusing on the linkages among programs" and how programs interact with each other, discussing them "under one roof, in plain language."

If You Begin to Feel Overwhelmed About Finances

- Even in the best of healthy times, 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.
- 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.
- Seek assistance from a community volunteer, an advocacy organization, a family member or friend. See the end of this section for resources.
- “Taking Charge of Money Matters” is a workshop developed by the American Cancer Society and the National Endowment for Financial Education. This two-hour workshop addresses money issues that arise during or after a person’s cancer treatment. Specially trained and experienced facilitators lead the workshop. Guest speakers may include insurance specialists, Social Security/ Medicare/Medicaid representatives, licensed certified financial planners, hospital billing representatives, attorneys and others. To find out if “Taking Charge of Money Matters” is available in your community or by telephone conference, call 1-800-ACS-2345. You may want to have someone attend with you or go in your place depending on how you are feeling.

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 www.cancercares.org.

Additional Resources

American Cancer Society (Web site: www.cancer.org)

Call 1-800-227-2345, 24 hours, seven days a week for cancer information, support and community resources. 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.

California Major Risk Medical Insurance Program (MRMIP)

(Web site: www.mrmib.ca.gov)

Call 1-800-289-6574. This program provides health insurance for qualifying Californians who are unable to obtain coverage on the open market. The program is funded by \$40 million from the state's tobacco tax fund. Services are delivered through contracts with health insurance providers. Qualifying Californians share the cost of their coverage by paying premiums, and then the program supplements those premiums to cover the cost of care. Insurance agents make no profit on this policy.

Costs Related to Clinical Trials

Some states require health plans to cover patient care costs in clinical trials. For more information, see the National Cancer Institute's information at www.cancer.gov/clinicaltrials/learning/laws-aboutclinical-trial-costs.

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 your local telephone directory for their phone number.

Fundraising

Some patients find that friends, family and community members are willing to contribute financially if they are aware of a difficult situation. Contact your local library for information about how to organize fundraising efforts.

Health Insurance and Disability Benefits

This is an extensive written article on insurance and public benefits by Danial Fortuno and Keren Stronach, MPH. It is available through the Cancer Resource Center at the Comprehensive Cancer Center of the University of California at San Francisco (UCSF). Call the Cancer Resource Center at 415-885-3693. The article is also posted at http://cc.ucsf.edu/crc/insurance_overview.html.

Medi-Cal

This county-administered federal program may provide medical coverage for people with low income, those with no/or limited medical insurance and people with disabilities. Personal property, excluding house and car, cannot exceed a limited value, which was \$2,000 for one person in December 2004. You must apply in your county of residence. Eligibility and benefits may be somewhat different in each California county. 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 916-445-4171 and listen carefully to the phone options. Unfortunately, many people with Medi-Cal experience delays because the pre-authorization process moves slowly.

Medi-Cal/HIPP (Medi-Cal/Health Insurance Premium Payment)

A state program that may pay for private health insurance premiums to enable an individual to receive continuous coverage instead of relying solely on Medi-Cal. Call 1-866-298-8443 for information on application procedures.

Medicare (Web site: www.medicare.gov)

Call 1-800-633-4227. 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: www.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 (see below).

Patient Assistance Program

Call 1-866-512-3861 or email pap@patientadvocate.org. This program is a subsidiary of the Patient Advocate Foundation (see entry under “Insurance Advocacy”) providing financial assistance to patients who meet certain qualifications, and may help pay for prescriptions and/or treatments. Helps patients who have insurance including Medicare and Medi-Cal. This assistance lets patients who have chronic, life threatening and/or debilitating illnesses afford the out-of-pocket costs that their insurance companies require. Telephone counselors screen for eligibility. Once eligibility has been determined, a comprehensive application is processed. Patients are assigned their own call counselor who will be available to answer questions. Once the individual is approved for the program and depending on the level of need, payments may be made to the doctor, to the pharmacy or to the patient directly.

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

(Web site: www.ssa.gov/notices/supplemental-security-income)

Call 1-800-772-1213. The Social Security Administration 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, visit their online directory at www.unitedway.org or check the white pages of your local telephone book.

Veteran's Administration (Web site: www1.va.gov/Health_Benefits)

Call 1-877-222-8387. 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.

Insurance Advocacy

California Consumer Health Care Council

Call 415-666-0757. Advocates with insurance companies and health providers on behalf of patients.

California Department of Insurance (Web site: www.insurance.ca.gov)

Consumer Hotline 1-800-927-4357. On the Web site, click on "Consumers" then "Help with your Problems"). The 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

(Web site: www.hmohelp.ca.gov)

Call 1-888-HMO-2219. The department can help you resolve problems with your health plan, including issues about medical care, prescriptions, preventive testing and mental health services.

A Consumer Guide to Handling Disputes with Your Employer or Private Health Plan

(Web site: www.kff.org/consumerguide)

Call 1-800-656-4533. This booklet offers guidance for denied claims and is provided by the Consumers Union and the Kaiser Family Foundation. It discusses internal reviews for handling complaints and appeals inside a health plan and independent reviews to provide an unbiased way to resolve disputes between patients and their health plans.

Health Insurance Information (Web site: www.healthinsuranceinfo.net)

This project of the Georgetown University Health Policy Institute offers online and printable versions of *A Consumer's Guide to Getting and Keeping Health Insurance* for each state. These consumer guides are updated periodically to reflect changes in federal and state policy.

Patient Advocate Foundation (Web site: www.patientadvocate.org)

Call 1-800-532-5274. On the Web site, follow the link to "Personalized Help." The Foundation provides education, legal counseling, and referrals for cancer patients and survivors concerning managed care, 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 (CLRC) (Web site: www.lls.edu/community/clrc.htm)

Call 213-736-1455. This is a community-based joint program of the Western Law Center for Disability Rights and Loyola Law School. The CLRC provides information and educational outreach on cancer-related legal issues to people with cancer, their families, friends, employers and those who provide services to them. The program provides prompt and confidential information in English and Spanish on legal aspects of health insurance, state disability insurance, Medicare, Medi-Cal, financial management, the Family & Medical Leave Act, COBRA, managed care and other issues.

Legal Services of Northern California

Call 1-800-222-1753. Legal hotline for seniors. Free phone consultation.

Patient Advocate Foundation

See entry listed in above “Insurance Advocacy” section.

Public Interest Clearinghouse (Web site: www.pic.org)

Call 1-425-834-0100. They work with over 100 non-profit civil and legal aid programs in California, including law schools and students, law firm practitioners, the State Bar, the courts and others in the community. Provides legal services to low-income people in the areas of family law and eviction defense. Offers information seminars, self-help clinics and referrals to volunteer attorneys.

Utility Bills

Pacific Gas and Electric Smarter Energy Line

Call 1-800-933-9555. Offers utility discounts based on medical needs. Also, CARE at 1-800-743-5000. Monthly discounts for income-eligible customers.

REACH (Relief for Energy Assistance through Community Help)

Call 1-800-933-9677. 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 12-month period.

Telephone Assistance Programs

Most telephone phone companies have reduced rates based on low income or medical necessity. Call your phone company 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.

