

Scott: Welcome to The Three P's of Cancer podcast where we'll discuss prevention, preparedness and progress in cancer treatments and research brought to you by the University of Michigan Rogel Cancer Center. I'm Scott Redding.

A topic that is a concern for most cancer patients is finances. Today we're talking with Michigan Medicine patient financial advocate Yoshiko [Caceres 00:00:21] to try and help navigate this important part of cancer treatment. Welcome Yoshi. Let's get down to the dollars and cents. If I have insurance, is my care completely covered?

Yoshiko: Hello Scott, thank you for having me. This is a question that many patients ask and it actually depends on the patient's plan benefits with their insurance. So, some insurance plans may cover services that other plans don't. If a patient wants to know the cost of a service, we work with the insurance to determine this. We would call the insurance and we would see if it's a covered benefit. We would also ask questions such as, does the patient have a deductible? Have they met that deductible? Does the patient have an out-of-pocket expense?

And with these answers, we can develop an estimate for the patient so that they're aware of what their out-of-pocket cost would be.

Scott: Can you explain a little but more the process particularly as it relates to type of out-of-pocket expenses?

Yoshiko: Yeah. So, it really depends on the patient's health plan regarding how much they would be paying out of pocket. Because, if it's not a covered benefit with the insurance company, they obviously would be responsible for the full cost. If it is a covered benefit, it may be subject to deductible, co insurance or co-pay. So, that's the kind of information I would have to obtain from the insurance company.

Scott: And I know insurances are different but are there typical treatment options that pretty much most insurances will cover like chemotherapy or radiation or surgery?

Yoshiko: For the most part it's medically necessary services. There are some services that patients have here the insurance plan may deem experimental because we are a teaching facility. So, in those instances it can be as easy as providing the medical records or a physician's letter of medical necessity to the insurance company so they can understand why we've rendered these services. And a lot of times they'll pay.

Scott: What would be considered an experimental treatment?

Yoshiko: Off the top of my head, I've had some drugs where we've provided that drug to the patient and we billed the insurance and we received an experimental denial.

Scott: There's a lot of talk about clinical trials, are clinical trials considered experimental or is there a different aspect from a financial standpoint for patients if they get involved in a clinical trial?

Yoshiko: So, if a patient's on a clinical trial for let's say a specific drug, that drug is covered by the study sponsor. Now if they do have standard of care meaning they have services that they would have normally had even if they weren't on the clinical trial, these would be billed to the patient's insurance or to the patient themselves.

Scott: Outside of some treatment expenses at this point, what if I lived, and we're in Ann Arbor now, so if I lived in Trevor City and I needed to come here for a regimen of radiation or chemo therapy, are there resources or avenues to help with some of those travel and lodging expenses?

Yoshiko: I do work very closely with the social work department and this is something that they can assist the patients with as they have access to many of those resources.

Scott: So far, we've talked about an insured patient. What if I don't have insurance or I've got, or I'm under insured?

Yoshiko: We do have a financial assistance program that can assist our patients with their balances. It's very easy to complete a screening. If I'm on the phone with a patient, it's a matter of maybe four or five questions. Face to face we complete the screening that determines if they would qualify for an application. Once they get the application, they would just provide supporting documentation to their financial status as far as recent pay stubs, a copy of their W2s.

If they do qualify for arm support and they've completed the whole application process, they could either qualify for a 55% discount of their balance or 100% discount of their balance. And obviously if you have 100% discount you won't have a balance left over but if there is a remaining balance after the 55% discount, we also offer an interest free payment plan and patients really appreciate that. The lowest amount that we can do on our payment plan is \$25 a month. And we like to have the balances paid off within 12 months; we can go up to 24 months.

And we are currently looking at a loan vendor to assist patients with their outstanding balances as well.

Scott: Very helpful for those patients. What are some other questions ... I know I've just scratched the surface here but what are some other questions that patients come to you around cancer care and other? If they're coming here for cancer care, they're also probably coming here for other care as well.

Yoshiko: Patients may ask questions related to their remaining balance. For instance why did I get this statement? I thought I had met my deductible and I'm getting billed for this. I thought my co-pay for seeing this physician should have been 25 instead of 35. Those questions we get a lot. We educate our patients on what is their deductible? And if the patient doesn't even know how much their yearly deductible is, we can reach out to the insurance to find out what that is and how close they are to meeting that.

And then the same goes for their out of pocket. If they have an out-of-pocket maximum, we can call the insurance and obtain what that dollar amount is and how close they are to meeting that as well as finding out how much is our co-pay if they see their PCP? How much is their co-pay if they go and see a specialist? Those are the main questions. We do also have questions because it is October; we're coming close to open enrollment for the ACA, the marketplace plans. So we do have patients coming in asking us what plans are available; what plans does Michigan Medicine participate with? How much is that going to cost?

And all of our PSCs on site, we are more than happy to assist the patient during open enrollment time to see if they would qualify for an ACA plan. In addition, they may ask about Medicaid. Would I qualify for Medicaid? I make this dollar amount each month, could you help me fill out this application? This is also something that the patient financial counselors on site here at the hospital and at our off site clinics, we can assist the patient with completing a Medicaid application as well.

Scott: So, you help the patients fill out paperwork as needed and can help direct them to certain areas that can help them down the road with being able to afford their care?

Yoshiko: Definitely. The great thing about all these, the ACA, Medicaid and even our M support is all done for the most part electronically. M support, we complete the screening electronically but there is a hard copy application the patient would have to fill out. But Medicaid and ACA, that's all done on the computer with the patient. So, it's nice and easy and they're fairly quick to do.

Scott: Filling out these forms and knowing what my expenses are happens quite a bit past when I've been diagnosed or when I've already maybe started treatment. As you say, why am I getting this bill because I thought this was covered? In an ideal world, how would you like to see a patient understanding their costs and expenses?

Yoshiko: For me, the ideal patient experience would be them receiving their diagnosis and at that time we provide them an outline of their cost for treatment. I know at this time it can be very difficult but being transparent with our patients to let them know about this cost, they do have the option to continue having their care at Michigan Medicine or at other facilities.

Scott: What resources are available for patients who either want to cut back on their care or not continue with certain care because they're just too difficult to afford that because they can't work?

Yoshiko: We have co-pay assistance programs that assist patients. We also have programs that would assist them with their chemo drugs, with their infusion drugs. For patients who have outstanding medical bills, we do have our M support program.

Scott: What is M support?

Yoshiko: M support is our financial assistance program that can, patients would qualify for based on financial need of a discount of 55% of their bill or 100%. And this can be for uninsured patients, it can be for the under insured patients. So, a patient has an outrageous deductible that they have to meet each year, they can't afford it, they would qualify for M support based on their financial need.

Scott: Financial assistance for patients seems like there's just a lot going on. If you're to leave us with some advice for patients, what would that be?

Yoshiko: My advice would be to be proactive. Know your insurance plan. If there's any questions, please feel free to reach out to a patient financial counselor, a patient financial advocate to enquire about the cost of services. The more you understand, the better prepared that you'll be.

Scott: Great. Thank you for taking the time today Yoshi.

Yoshiko: Thank you Scott.

Scott: Thank you for listening and tell us what you think of this podcast by rating and reviewing us. If you have suggestions for additional topics, you can send them to cancercenter@med.umich.edu or message us on Twitter @UMRogelCancer. You can continue to explore The Three P's of Cancer by visiting rogelcancercenter.org.