



CLL SOCIETY

Smart Patients Get Smart Care™

Webinar Questions Answered Post-Webinar for “Money Matters: Help is There to Prevent Financial Toxicity”

Remember that we cannot give financial advice and any suggestions should be reviewed with a financial advisor or your physician.

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My health insurance company is refusing to pay \$72,000 for my treatments. They require a pre-authorization, which the hospital received. But the hospital used the wrong tax ID number on the pre-authorization, and it doesn't match the tax ID number on the billed claims. I know that the hospital has appealed it, but should I worry that I will be responsible?

Answer: *It was the billing department's responsibility to file a correct and timely claim on your behalf. I would not worry that this would become your responsibility since it's a mistake that was made on their end. I would keep track of what's going on, and if for some reason they do try to say it's your responsibility to pay, you can work your way up the "chain of command" to speak to higher ups in billing to have this adjusted off your account. If this is not remedied by the hospital, you can file a complaint through the Insurance Commissioner's office in your state of residence which you can find here: <https://eapps.naic.org/cis/fileComplaintMap.do>.*

In general, are the assistance programs looking at income only or are they basing assistance on assets as well? Seems like some of us may fall in a gap. Not poor but could deplete our retirement assets on expensive medications.

Answer: *It is true that most assistance programs are based on household size and gross income. This is used to calculate the percentage above the federal poverty level. Some*

programs may also use resource limits to establish eligibility. And yes, many people unfortunately fall into a gap and are required to use their hard-earned retirement assets as a result. Because of this, it is important to investigate possibilities to reduce your out-of-pocket responsibility so you can hold on to as much of your retirement as possible. Knock on every door, ask about discounts on the billing end, etc.

I'm with the Leukemia program and was provided a grant for a year, but it does not cover any labs or diagnostic procedures such as PETs, MRIs, etc.

Answer: We are sorry! Try to look at the other assistance programs - PANF, Healthwell, etc. Also, look into financial assistance, payment plans etc. that may be available at your facility, hospital, or clinic.

Are one-time payments considered income for Market Place or Medicaid?

Answer: It depends on the payment type and your State's Medicaid and Marketplace eligibility guidelines. For Medicaid, we recommend you search the eligibility guidelines and local help on your state on this website: <https://www.medicaid.gov/state-overviews/index.html>. For Marketplace eligibility we recommend you search <https://www.healthcare.gov> for eligibility guidelines and local help in your State and County of residence.

I'm stage 0, diagnosed one year ago, trying to plan ahead and be prepared. Would like to know if there are any insurance companies that are particularly good with covering CLL-related care and don't charge high premiums for this pre-existing condition. I will need new insurance in the Fall.

Answer: This is outside the scope of our expertise. Depending on what kind of insurance you are considering in the Fall, you really need to be working with an expert in the field. This would be either a qualified Marketplace Agent, SHIP and/or Medicare Agent. For Marketplace eligibility we recommend you search <https://www.healthcare.gov> for eligibility guidelines and local help in your State and County of residence. For assistance with Medicare, check here: <https://www.seniorresourceguide.com/directories/National/SHIP/>.

I feel comfortable with my CURRENT insurance, but switching to Medicare in a few months. I am in the dark and feeling my way around with that, any suggestions?

Answer: Get in contact with someone from your state's SHIP program - link here: <https://www.seniorsresourceguide.com/directories/National/SHIP/>. If you have an insurance agent that you've worked with in the past and like, reach back out to that person for assistance.

Surviving cancer is easy. I just got a notice in the mail from Borenstein and Associates because I owe almost \$6,000 to my cancer treatment center for a treatment that almost crippled me physically so my question is what do I do now?

Answer: We are uncertain of your specific question and are sorry to hear of your experience. If Borenstein and Associates is a collection agency, we suggest you seek expert guidance to better understand your responsibility once an account has been sent to collections. Your State's

Answer: Consumer Protection Office could be a good starting place:

<https://www.usa.gov/state-consumer>. If you are going to dispute the balance because you were harmed medically, that requires a legal expert. This is outside our scope, but you can start here: <https://www.usa.gov/state-consumer>. If you want to explore payment and/or discount options, we suggest you contact Borenstein & Associates to discuss any options. You can also reach out to Patient Advocate Foundation: <https://www.patientadvocate.org/>.

I have Medicare part D. Are there prescription drug copay assistance programs that do not have income restrictions?

Answer: From what we know, all assistance program eligibility is income-based. However, we are not experts in this area and so encourage you to reach out to pharmacy and/or medication assistance program staff at your cancer center for better guidance.

How would I find resources for financial aid in Minnesota?

Answer: First, ask your cancer center, hospital, or clinic if they offer financial assistance for medical bills. Second, Triage Cancer link for Minnesota: <https://triagecancer.org/resources/minnesota>. Third, most patient assistance programs are not state specific but diagnosis specific. I would recommend looking at PANF, LLS, and the Healthwell foundation.

What does Insurance transition mean?

Answer: Examples: 1. You have Medicaid but start working and are no longer eligible because your income has increased. Transitioning to a new insurance would then happen via your employer, the marketplace or directly with an insurance carrier, etc. 2. You are turning 65 and are going to be eligible for Medicare. Transitioning from whatever coverage you had to Medicare. 3. Your insurance was linked to employment and you've been let go. Now you have a special enrollment period (60 days) to either elect Cobra (if eligible) or find other insurance via the Marketplace, or by contacting an insurance carrier. Insurance transition is a broad term but for whatever reason, often happens to patient's during treatment, as a result of needing a lot of time off, or becoming unable to keep up with job responsibilities, etc.

I have Medicare Part A, B, and D. Can I get help on my ibrutinib drug costs?

Answer: Your ibrutinib is covered by your Medicare D. By clicking on the following link you can see typical costs as you move through deductible, typical copay, donut hole, and post-donut hole copay: <https://www.goodrx.com/ibrutinib/medicare-coverage>. On the following page be sure to read the additional information section that states: *Some Medicare Part D patients who cannot afford their medicines, and who meet certain financial criteria, may also be eligible for assistance. Please Contact the program for more information (1-800-652-6227).

**Please call 1-800-652-6227 or visit Program website for specific FPL income requirements. <https://www.needymeds.org/generic-drug/name/ibrutinib>.

Cancer treatment is very expensive as you know, wondering if this is a factor for an underwriter to let you switch to a better coverage plan under the same agency?

Answer: *We don't have any experience with this but would recommend you reach out to your State's Insurance Commissioner to file a complaint to see if it is a possibility. They often have attorney's you could consult with and obtain information about the possibility of doing what you are speaking of here. Below is the link for each state's point of contact for this:*
<https://eapps.naic.org/cis/fileComplaintMap.do>.

The purpose of Biosimilar drugs was to make medications much cheaper than the traditional medication, but they are not less expensive. Can you explain why?

Answer: *This is out of our scope, but we do understand the frustration behind drug costs and pharma. On an exciting note, there is ongoing bipartisan discussion about this happening at both the State and Federal levels.*

I am going to be retiring in a few months and not sure if Medicare will take care of my oncology bills. Should I get an additional insurance along with my Medicare or is it not necessary?

Answer: *Medicare covers oncology services; however, Medicare is extremely nuanced. It has 2 pathways, numerous enrollment periods and deadlines. Because of this, many people wind up under-insured with Medicare. As a result, we strongly encourage all patients to seek expert guidance and assistance to ensure they complete enrollment timely and acquire the most complete and affordable coverage. Expert help can be found through your State's SHIP office here: <https://www.seniorsresourceguide.com/directories/National/SHIP/>. Be sure to ask them about Medicare Savings Programs and Extra Help. Additionally, you can contact Medicare directly (<https://www.medicare.gov/>) or work with a qualified Medicare Insurance Agent in your county of residence.*

Will you address those of us who saved for our retirement and don't qualify for assistance from pharma or other programs?

Answer: *Unfortunately, we do see this happen more often than we'd like. You are definitely not alone in this. We'd recommend reaching out to your hospital, cancer center, or clinic to inquire about financial assistance (qualification is often a little more lenient), any type of prompt pay discount that may be offered while paying balances in full, or if they offer any kind of medication assistance. Occasionally we've had patients speak to their doctor to see if there is an alternative option for the drug that is too expensive. It may also be worth your time to look into coverage via needy meds.org and goodrx.com to see if using that type of benefit lowers your cost.*

How is household income determined for financial assistance in 2020 if you're still employed, but retiring in August 2019 and going on Medicare & Medicare Supplement?

Answer: *Because not all resources utilize the same criteria for determining gross household income, we suggest you contact the source of the financial assistance and ask for a list of income sources that do and do not count.*

Patients should also be aware about asking their doctor if a clinical trial is available which would cover the medication cost.

Answer: *We find that patients are often surprised by out-of-pocket responsibility when enrolled in a study. Patients need to be aware when enrolled in a clinical trial that insurance will be billed for everything that is considered Standard of Care (SOC) and not investigational. This can include labs, office visits, imaging studies, etc. Here is a useful link: <https://trriagecancer.org/wp-content/uploads/2018/05/2018-Clinical-Trials-Quick-Guide-1.pdf>.*

Are most Medicare part D plans similar? I'm on one very expensive Rx and transitioning to Medicare, but it's difficult to find a provider that will cost the least.

Answer: *Unfortunately, no. Each plan has its own formulary of covered drugs. All plans must cover certain categories of medications, but the specific drugs that are covered in each category could vary between plans and/or insurance companies. All plans must cover at least two prescription drugs in each category, but again, these vary by plan and company. You may have to dig in and do some research or allocate this to a caregiver if that is available for you. You can also reach out to your state's SHIP program to speak to someone to see if you can get them to do the legwork for you.*

Who can you speak with if hospital billing refuses to do a payment plan?

Answer: *Ask to speak to a manager or supervisor in the billing department and during that conversation also ask about any other billing options that may be available. Additionally, you can reach out to your State's Insurance Commissioner to ask for assistance. Here is the link for each state's point of contact for this: <https://eapps.naic.org/cis/fileComplaintMap.do>.*