A Greater Understanding

Patients: How to Discuss the Cost of Health Care Treatments With Your Provider

CONCLUSION
When dealing with cost, you may have additional questions. Start with your provider. If he or she is unable to answer these, and they deal with employer-related medical insurance, you may want to talk with your human resources representative. If your questions related to a private or government health plan, seek assistance through advocates.

The reality of the current health care climate in America is that both the patient and provider need to address the issue of treatment costs prior to beginning a course of therapy. The cost of treatment should not be the limiting factor in determining a patient's care. However, it does need to be a consideration. We hope that this brochure is a beginning in helping both the patient and provider talk freely and openly about costs associated with care.

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How to discuss the cost of health care treatments with your Provider ...

... has been prepared by the Patient Advocate Foundation, a national network for health care reform and patient services headquartered in Newport News, VA, with seven regional offices nationwide. Patient Advocate Foundation would like to acknowledge and thank the many invaluable resources that provided invaluable information for this publication. Principal writing and editing was done by:

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Editors Note:
This is one in a series of brochures entitled A Greater Understanding. Begun in 2003, the information in each was prepared in response to frequently asked questions by our patients. Each brochure is intended to provide general but informative responses. They are written in plain language so that the user can better understand content.

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Mission
Patient Advocate Foundation (PAF) is dedicated to ensuring that all Americans have access to health care. Case Managers are available to assist patients affected by chronic, debilitating, or life-threatening diseases by empowering them to make informed decisions regarding their health care options.

INTRODUCTION
Historically, there have not been open discussions about the cost of health care treatment and how this may affect the decisions being made. However, recently there has been a change of opinion on this subject. This is a new day in health care delivery in the United States. Patients and providers need to recognize that their roles and responsibilities have changed. This document has been written to help both groups have a simple conversation about the costs of medical care and treatment as well as the patient’s financial liabilities.

For years, PAF has helped patients who are well informed but are still looking for answers. They ask, “What will this cost me?” or “Can you help me determine my out-of-pocket expenses?” The best PAF could do was to look at the plan language and identify the co-pay, deductible, stop loss, premiums, and out-of-pocket maximum.

America is moving towards a team approach for health care services, because of multiple locations and providers. Therefore, it is becoming more difficult to determine cost and what out-of-pocket requirements patients are responsible for.

GETTING READY TO TALK
You prepare for a good discussion with your provider.

First of all, read your health insurance plan.

GETTING STARTED
Your provider works hard to keep you healthy and on target with your current health plan, but quality health care is a team effort. You have an important role to play to make sure you receive the best care possible.
**LAB AND DIAGNOSTIC TESTING**

Lab and testing services include a wide range of diagnostic laboratory tests. While lab tests are often considered standard care, there are ways you can help control costs. (For example, consider using an in-network testing facility if you can.) Discuss the questions listed under Imaging/Radiology Services. They apply here as well.

**PRESCRIPTION MEDICATIONS**

Drug costs and new therapies have caused a rise in prescription expenses and cost shifting to the patient. The placement of a drug on a specialty tier has dramatic cost implications for enrollees. Patients are choosing to delay starting treatment. They often contact Patient Advocate Foundation due to concern about their ability to afford the out-of-pocket expenses associated with these higher priced drugs.

Access to pharmaceutical issues includes off-label indications and clinical trials. The continuing evolution of treatment methods has created an increase in requests for co-payment assistance. The increase in the number of medications and oral chemotherapy agents is forcing patients to use their prescription benefits for treatment when they previously used their major medical or Medicare Part B health benefit. When treatment can be administered in an outpatient clinic or physician’s office, there is often an option to access a charity program or make payment arrangements rather than having to pay at the time the service is provided.

**IMAGING/RADIOLOGY SERVICES**

Questions to ask about Imaging or Radiology services

- **What is the purpose of the test or procedure?**
- **Is there any other test that would supply the same result?**
- **Does it require preauthorization?**
- **What is the cost of the test or procedure?**
- **Will I need anesthesia services during the procedure?**
- **Are there experimental or investigational treatments or clinical trials available for my condition?**
- **Where will the test or procedure be performed?**

If you have Medicare Part D, review your plan each year to ensure coverage has not changed or another plan does not offer better—i.e. most cost-effective—coverage.

Apply for all available state and federal programs when financially qualified.

Below are some commonly used discount, free, or co-pay programs available to patients.

**Needy Meds** [www.needymeds.org](http://www.needymeds.org)

**Rx Assist** [www.rxassist.org](http://www.rxassist.org)

**Partnership for Prescription Assistance** [www.pparx.org](http://www.pparx.org)

**Rx Aid** [www.rxaid.us](http://www.rxaid.us)

Listing of state pharmaceutical assistance programs can be found at: [www.ncsl.org/programs/health/drugaid.htm](http://www.ncsl.org/programs/health/drugaid.htm)

**familyWize** (a prescription drug card that provides an average of 20% savings) [www.familywize.org](http://www.familywize.org)

**Disease-Specific Organizations**

**Heart Support of America** (cardiac meds) [www.heartsupportofamerica.org](http://www.heartsupportofamerica.org)

**Caring Voice Coalition** (Pulmonary meds) [www.caringvoice.org](http://www.caringvoice.org)

**NORD** (specific medication/diseases) [www.rarediseases.org](http://www.rarediseases.org)

**American Kidney Fund** [www.kidneyfund.org](http://www.kidneyfund.org)

There are discounted—frequently $4 for a 30-day supply—generic medications available at multiple retail outlets, including but not limited to:

**Wal-Mart** [www.walmart.com/pharmacy](http://www.walmart.com/pharmacy)

**Target** [www.target.com](http://www.target.com)

**K-Mart** [www.kmart.com](http://www.kmart.com)

**Walgreens** [www.walgreens.com](http://www.walgreens.com)

You should also contact your local supermarket pharmacy for discount programs they may offer. Many are mirroring the large chains listed above.