

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.

ACKNOWLEDGEMENTS

Support for the development and distribution of this publication was sponsored by Millennium: The Takeda Oncology Company

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:

Tami Lewis, RN Director of Case Management Patient Advocate Foundation

Erin Moaratty Chief of External Communications Patient Advocate Foundation

Pat Jolley, RN Chief of Patient Services Patient Advocate Foundation

Thomas McCarty, Ph.D., CFRE Senior Grants Director

Patient Advocate Foundation

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.

Patient Advocate Foundation 421 Butler Farm Road Hampton, VA 23666 Toll Free: 1-800-532-5274 Fax: (757) 873-8999 Email: help@patientadvocate.org www.patientadvocate.org

A Greater Understanding

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





Solving Insurance and Healthcare Access Problems | since 1996

A Greater Understanding

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 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.

Get involved in your health care. Talk to your doctor about the cost of the treatment being recommended. Discuss co-payments, out of pocket amounts for deductible and any necessary preauthorization requirements. Patients who have a good relationship with their doctor receive better care and are happier with the health assistance that they receive.

Evaluate all of the options for recommended care. Some may be more costly than others. Others may be more effective. Choices may include any of the followina:

- Surgerv
- Imaging Services/Radiology
- Lab and testing

GETTING READY TO TALK WITH YOUR PROVIDER

There are the fundamental steps you need to take to prepare for a good discussion with your provider.

First of all, read your health insurance plan. Find out:

- Does your plan require preauthorization for procedures or medications?
- Does your policy have an annual or a lifetime maximum on the services you need? (This is important when determining what will be covered and how much you will have to pay.)
- Does your policy have restrictions on the type of coverage?
- Does your policy have coverage for outpatient procedures also, or just inpatient services?
- Do you need to use a specific provider network?

Tell it all. You know important facts about your symptoms and your health history. Bring an up-todate history. You may want to provide a copy to your family member. There are internet sites that

offer health history forms such as this one from the American Medical Association:

www.amaassn.org/ama1/pub/upload/mm/464/adult <u>history.pdf</u>

In addition:

- Assemble a comprehensive list of the medications you are taking. Include dosage, time of day, and how often you take them.
- Tell your doctor about any herbal products or alternative medicines you use or alternative treatments you receive.
- List all allergies or reactions you have to medicines or other sources.
- Bring other medical information, such as imaging films, test results and medical records.
- Write down your questions before your visit. List the most important ones first to make sure they get answered. Write down the answers.
- Bring a caregiver to your appointment. This person can help you understand the conversation with your provider and help recall the answers.
- Ask your doctor to provide pictures or drawings hat may help you understand.
- If you had tests and do not hear from your doctor, call the office for your results.

Ask questions:

These are general questions to ask.

- (Most importantly) What is the goal of treatment?
- What are my treatment options? How do I decide among the different options?
- What is your experience in treating this illness or condition? What have been the results of this treatment, in your experience?
- Should I get a second opinion about either the diagnosis or the treatment plan? If so, can you recommend someone to provide this second opinion?
- Are there experimental or investigational treatments or clinical trials available for my condition?
- Where will the test or procedure be performed: In the doctor's office, in an outpatient facility,

- or in a hospital setting? Is the facility in my provider network?
- What is the purpose of the procedure? What is the cost of the procedure or treatment and what services are included?
- If out-of-network, I will have a higher out-ofpocket amount? If I can't afford to pay, what other options do you have?
- How often will I receive treatment and how much will I have to pay for each treatment?
- Will I have required pre-treatment medications?
- What is my co-payment/coinsurance? What is mv insurance deductible?

Here are specific questions regarding surgical procedures.

- Do I need surgery? What is the cost? What is included in this cost?
- Will there be a biopsy? What is the cost? What does the cost include?
- What if there are complications after the procedure? Is this included in the fee for follow up or the global surgical fees?
- Will I have to pay a separate charge for the facility? Is it in my provider network?

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?
- Is this test covered under my insurance plan? Does it require preauthorization?
- What is the cost of the test or procedure? How often will I need to have treatment?
- Will I need anesthesia services during the procedure? What all will be included in the charges? (Some procedures will require it. If so, what will the costs be? "Your provider can tell you whether the operation or treatment required calls for anesthesia and the reason for local, regional, or general anesthesia."
- Will I have to pay a separate charge for the person reading the test?

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 guestions 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.

MEDICATION/OR CO-PAY ASSISTANCE

Understand and review your insurance plan. Does your plan require preauthorization for the medication?

There are programs available to assist with your out-of-pocket expenses associated with medications.

- Co-pay relief programs
- Discounted drugs
- Generic equivalents (when doctor approved)
- Mail order program (often a cost-saving measure)
- Indigent pharmaceutical assistance programs
- Samples of medications (available from your provider)

- N R Pa R Lis са fa Di Н C N Ar Th
- Wa Tai K-W

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 gualified

Below are some commonly used discount, free, or copay programs available to patients.

eedy Meds	www.needymeds.org	
x Assist	7	www.rxassist.org
artnership for Prescription Assi	stance	www.pparx.org
x Aid		www.rxaid.us
sting of state pharmaceutical an be found at:		
www.ncsl.org/programs/hea	alth/drug	<u>gaid.htm</u>
milyWize (a prescription dru average of 20% savings)	-	that provides an w.familywize.org
isease-Specific Organizatio	ons	
eart Support of America (cardiac meds) www.heartsupportofamerica.org		
aring Voice Coalition (Pulme	onary m	neds)
ORD (specific medication/di		<u>.caringvoice.org</u>)
	<u>www.</u> r	arediseases.org
merican Kidney Fund	<u>www</u>	.kidneyfund.org
here are discounted—frequently \$4 for a 30-day		

supply—generic medications available at multiple retail outlets, including but not limited to:

/al-Mart	www.walmart.com/pharmacy
arget	www.target.com
-Mart	www.Kmart.com
/algreen's	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.