

Facing The Financial Burden of Care

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This event is intended as a support service in an educational group format. This event does not establish a patient-provider relationship and is not meant to provide patient-specific clinical direction. Due to licensure law, this event is intended only for individuals physically located in the state of Colorado.



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Overview and Objectives

- Know Your Benefits
- Employer Based Benefits
- Social Security Disability Benefits
- State Funded Benefits

What is Financial Toxicity?

- Financial toxicity is a term used to describe the financial side effects induced by cancer treatment. This term was coined in 2013, by researchers at Duke University (Zafar & Abernathy, 2013).
- Financial Toxicity describes the financial hardship brought on by cancer treatment.
- A 2016 LIVESTRONG survey found that of cancer survivors surveyed:
 - 62% worried about large bills;
 - 40% had to make financial sacrifices to pay for their treatment;
 - 34% had to borrow money or go into debt to pay for therapy;
 - 144 filed for bankruptcy; and of those who reported going into debt because of cancer, 52% said they owed \$10,000 or more.
- A recent study found that cancer patients are more than twice as likely to declare bankruptcy as those without a cancer diagnosis (Ramsey et al., 2013).
- Between 22% and 64% of cancer patients report being stressed or concerned about paying for their medical expenses [13].

How Much Do You Know About Your Benefits?

- A survey conducted by PolicyGenius, an online insurance market place, showed that just 4% of American are able to correctly define all four terms that determine how much they would personally have to pay for medical services and drugs they receive under their health insurance plan.
- One survey found that only 25% of patients said they had a full understanding of the out of pocket costs they would incur. Additionally, 66% of respondents said they did not remember having the costs explain to them either before or during treatment.
- Not knowing or understanding your insurance plan can lead to unexpected costs or surprise bills.



Employer Sponsored/Individual Plans

- Offered through an employer or purchased through the Colorado Health Exchange
- Two Types:

Fee-For-Service - A health care provider is paid a fee for each service provided. With these plans, you can go to any provider willing to see you. You pay for a portion of your care, and the insurer pays the rest.

Managed Care: health care providers contract with a health insurance company to be a part of its network. If you go to a provider in the network, the provider has agreed to a certain payment rate for treating you. You typically pay a portion of the allowed amount, depending on your plan. (HMO, PPO, EPO).

- Policies vary based on employer and what they offer their employees



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Medical Insurance Terminology

- Monthly premium: what you pay each month to have coverage whether you seek medical care or not.
- Out-Of-Pocket Costs: These are what you pay when you get medical care.
 1. **Annual deductible:** the amount you have to pay out-of-pocket each year, before your health insurance begins to provide coverage.
 2. **Co-payment:** a fixed amount you pay when you get medical care.
 3. **Co-insurance (aka cost-share):** a percentage difference in what the insurance company pays for your medical expenses and what you pay for your medical expenses after paying your deductible.
 4. **Out-of-pocket maximum:** a fixed dollar amount that is the most that you will have to pay for your medical expenses per year.

Additional Benefits offered by employers

Short Term Disability:

- Benefit that provides temporary compensation for illness/injury that is not work related
- Offered through employer but not required
- Amount of time is pre-determined by employer and medical need
- Pays 50-70% of regular wage
- Does not protect your job

Long Term Disability:

- Ensures that an employee will still receive a percentage of their income if they cannot work due to sickness or a disabling injury
- Begins to assist the employee when short-term disability insurance (STD) benefits end
- Amount of time is pre-determined by employer (10years- 65 years)
- Pay varies based on policy
- Does not protect your job and employers may encourage you to apply for Social Security Disability benefits.

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Additional Benefits offered by employers

PTO – Paid full wages for time away from the job

Sick Bank – Per-determined by employer for illness/injury

Donated Hours – Employer allows employees to donate hours to those in need

Family and Medical Leave Act (FMLA)

- Employee must have worked at least 1250 hours within a 12 month period
- Employer must have at least 50 employees within a 75 mile radius
- Provides job protection; no financial compensation
- Typically 12 weeks of either intermittent leave or continuous leave per 12 month period

COBRA – Gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss

- Visit the Department of Labor website for more information:
www.dol.gov/general/topic/health-plans/cobra
- Speak directly to Human Resources through your employer to determine if this is a resource for you.

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Federal and State Insurance Benefits

Medicare - Medicare is the federal health insurance program for:

- People who are 65 or older
- Certain younger people with disabilities
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)

Medicare Parts - made up of different parts that cover specific services:

Medicare Part A (Hospital Insurance)

- Inpatient hospitalization, skilled nursing facility, hospice care, Rehab, home health care.

Medicare Part B (Medical Insurance)

- Outpatient care, medical supplies, and preventive services.

Medicare Part D (prescription drug coverage)

- Helps cover the cost of prescription drugs (including many recommended shots or vaccines).

Federal and State Insurance Benefits (Cont.)

Medicaid - Public health insurance for Coloradans who qualify. Health First Colorado is funded jointly by a federal-state partnership and is administered by the Department of Health Care Policy & Financing. Typically based on income/resources.

Services Provided:

Behavioral health

Dental services

Emergency care

Family planning services

Hospitalization

Laboratory services

Maternity care

Outpatient care

Prescription drugs

Preventive and wellness services

Primary care

Rehabilitation services

Newborn care

Contact the Department of Human Services in the county of your residence, or visit one of these websites for more information:

<https://coloradopeak.secure.force.com/AGHME>

<https://www.healthfirstcolorado.com/>

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Social Security Disability Programs

Social Security Disability Income SSDI	Supplemental Security Income SSI
Medical condition that's expected to last at least one year or result in death.	Medical condition that's expected to last at least one year or result in death. Must have limited resources/income
You must be U.S. resident (be lawfully residing in the United States)	You must be U.S. resident (be lawfully residing in the United States)
Worked Based Program You must have paid social security taxes through your employment. Need 40 work quarter hours.	Needs Based Program program pays benefits to disabled adults and children who have limited income and resources.
Benefit varies based on what you have paid into the system. Disability trust fund.	Federal Benefit Rate - \$794 for an eligible individual and \$1,191 per month for an eligible married couple. Subtract your countable income from the FBR and then add your state supplement, if any. General tax revenues.
Medicare after 24 months from disability	Medicaid

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How to Apply For Benefits

1. IN PERSON OR OVER THE TELEPHONE:

- Call 1-800-772-1213 to schedule an appointment to file a disability claim at your local Social Security office, or to schedule an appointment for someone to take your claim over the telephone.
- The scheduled claims interview will last about one hour
- If you are hearing impaired, you can call the toll-free TTY number: 1-800325-0778 between the weekday hours of 7:00am – 7:00pm
- After an appointment is scheduled, the SSA will send a Disability Starter Kit to help you prepare for the interview

1. **ONLINE:** What you Need to Know About Filling Out the Online Disability Application:

- <https://www.ssa.gov/hlp/radr/10/global-report-works.htm>

The Disability Starter Kit contains Checklists and Medical and Job Worksheets for in person/telephone interviews, and also if you are filing an online application. It is available at the following web address: https://www.ssa.gov/disability/disability_starter_kits_adult_eng.htm

Compassionate Allowances and TERI cases

Compassionate Allowances:

- Compassionate Allowances (CAL) identifies diseases and other medical conditions that, by definition, meet the SSA's standards for disability benefits.
- CAL helps to reduce waiting time to reach a disability determination for qualifying individuals.
- For a list of Compassionate Allowances conditions visit the website:
<https://www.ssa.gov/compassionateallowances/>

Terminal Illness (TERI) Cases:

- The SSA defines terminal illness as “a medical condition that is untreatable (cannot be reversed) and expected to result in death.”
- TERI Cases must be handled in an expeditious manner because of their
- Contact the SSA office for more information: 1-800-772-1213

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How Long Does it Take to Get a Decision About My SSDI Application?

According to the SSA: Generally, it takes about 3 to 5 months to get a decision. However, the exact time depends on how long it takes to get your medical records and any other evidence needed to make a decision.

If the SSA determines you meet the basic requirements , your application/case is processed and forwarded to the Disability Determination Services office in your state, who will complete the initial disability determination decision, by using a five-step evaluation process, in a set order, to decide if you're disabled:

1. Are you working?
2. Is your medical condition "severe"?
3. Does your medical condition meet or medically equal a listing?
4. Can you do the work you did before?
5. Can you do any other type of work?

Be certain that you ask if your condition(s) and application meet the criteria for Compassionate Allowances, and if this will effect the length of their decision.

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What happens next?

Decision about benefits: according to the SSA, applicants will typically receive a letter with their decision in about 3 to 5 months.

1. Benefit Approval:

- If you are approved, the letter will inform you what your monthly benefit will be and the effective date

2. Benefit Denial:

- If you are denied SSDI or SSI benefits, you may request an appeal.
- Your request must be in writing and received within 60 days of the date you receive the letter containing our decision.
- There are four levels of appeal: Reconsideration, hearing by an administrative law judge, review by the Appeals Council, federal court review

For more information visit <https://www.ssa.gov/benefits/disability/appeal.html>

WEBSITES RESOURCES

- Social Security Administration: www.ssa.gov
- Medicare: www.medicare.gov
- Cancer and Work: www.cancerandcareers.org
- Family Medical Leave Act (FMLA): www.dol.gov/whd/fmla/
- Consolidated Omnibus Budget Reconciliation Act (COBRA): www.dol.gov/general/topic/health-plans/cobra
- Program Eligibility and Application Kit (PEAK). Medicaid and other benefits: <https://coloradopeak.secure.force.com/>
- Health Care Exchange: www.healthcare.gov
- Connect for Health Colorado: <http://connectforhealthco.com/>
- Triage Cancer: <https://triagecancer.org>

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