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While the United States does not yet provide universal health insurance for everyone, there have been some important recent changes. In 2014, national legislation called “The Patient Protection and Affordable Care Act,” or ACA, was enacted. Perhaps most important for cancer survivors is that insurance companies can no longer deny you coverage because of pre-existing conditions. Additionally, each plan must offer a minimum package of benefits called “essential health benefits,” which guarantee a standard set of benefits for everyone. This doesn’t mean that all health insurance costs the same or covers exactly the same things. Most insurance plans have four tiers of coverage that determine how much of an average consumer’s medical expenses each plan will cover. The platinum plan covers 90%, the gold plan covers 80%, the silver plan covers 70%, and the bronze plan covers 60%. You pay a lower premium for the bronze plan, but your out-of-pocket costs will be higher. It’s important for you to think about out-of-pocket costs when you are deciding on insurance coverage, as many cancer treatments are quite costly.

If you find out that your insurance will not pay for a treatment your doctor has recommended, or your insurance will not pay enough of the cost to allow you to have the treatment, discuss this problem with your doctor and the office staff. Your doctor may be able to call or write your insurance company to explain how this treatment might be best for you. You may also want to contact your employer, if your insurance is offered through your job, or your own insurance agent, to ask for their help as well. Your employer or your insurance agent may be able to explain how the insurance company decides what it will pay for and how you can appeal their decision. Your doctor, or someone in his or her office, will often be willing to talk to your employer or insurance agent to provide further information once you have taken the first step in contacting them.

Other members of the health-care team who can assist you in negotiating with your insurance company include the social worker and the case manager. They are specialists who often negotiate with insurance companies on behalf of cancer survivors to obtain treatment, home health care, or skilled nursing care.

You should be aware that there is no law guaranteeing that all cancer survivors will be able to buy adequate, affordable health insurance. Some laws, however, help survivors buy and keep insurance. Each state regulates the companies that sell insurance in their state. Many states now have “health exchanges” or “health insurance marketplaces” to help uninsured people find health coverage. If you live in a state without an exchange or marketplace, you can still purchase insurance through a federal exchange. For more information, visit www.healthcare.gov, or go to your state health exchange online.

Here are some steps you can take when you are looking to buy a good health plan. First, look for an open enrollment period that lets you buy insurance. Second, look for a policy that gives you the right to renew it every year. Third, make sure you understand what kinds of cancer treatments the policy will cover, and what flexibility it gives you in terms of choosing your doctor or hospital. Fourth, consider the possibility of insurance coverage in a group plan through your work, or if you’re married or have a domestic partner, through their work, or through a professional, social, or religious organization.
Some federal laws, in addition to some state laws, can help when negotiating for benefits or resources related to cancer treatments or other treatments such as physical therapy. See the online Resource Booklet for details on these laws. They're called the Americans with Disabilities Act (ADA), the Employee Retirement Income Security Act (ERISA), the Consolidated Omnibus Budget Reconciliation Act (COBRA), and the Health Insurance Portability and Accountability Act (HIPAA).

Be certain that you receive all the benefits you are entitled to under your health-care plan. To make sure that your claims are paid fairly, file your medical claims promptly, keep copies of all claims and letters, and appeal every time the company does not pay a health claim covered by the policy. Many claims are not paid because of simple mistakes, such as failing to complete all parts of the claim form. So make sure you fill out each form completely and accurately. Also, make sure that you follow the insurance company's rules, such as whether you must call a toll-free number to get preauthorization for treatment before you go to the hospital.

If your insurance company refuses to pay your claim, or does not pay as much as you think it should, you do not have to take "no" for an answer. Send the claim back with a note explaining why you think the insurance company made a mistake. If necessary, include a letter from your doctor explaining why the treatment was the best one for you and why your doctor's charges were reasonable. If the company rejects your claim again, ask that a doctor, instead of a clerk, look at your claim. Send it back with a letter that says, "I would like to request a review of this denial of coverage by the peer review physicians."

When negotiating with an insurance company, it is important to talk to someone who has the authority to make decisions. You can ask directly, for example, "Who can authorize payment for a bone marrow transplant in my case?" Be sure to get that person's name, job title, and direct phone number. Write this information down in a notebook where you keep all your insurance information. Don't give up. If the company still rejects your claim and you believe they are wrong, get the help of a state or federal agency, social worker, cancer support group, or an attorney.

Now, let's look at an example of how one man handled some of these issues. Anthony is a 55-year old man who was diagnosed with colon cancer. His brother died from colon cancer that had been treated, but came back and attacked his liver two years after his cancer surgery. You can see how Anthony uses the skills we've covered to get what he needs for the cancer treatment he has chosen.