

# Navigating Insurance: A Conversation About Coverage

## National Webinar Transcript

November 1, 2022

Presented by:



**SHARSHERET**  
The Jewish Breast & Ovarian Cancer Community

This event is part of the Sharsheret Summit: **Pink**, **Teal** and You  
generously sponsored by:



Summit Underwriter



Summit Underwriter



Summit Underwriter



Daiichi-Sankyo

Summit Champion



Summit Champion



Summit Champion



Summit Advocate



Summit Advocate

## Navigating Insurance: A Conversation About Coverage

Melissa Rosen:

Thank you so much for joining us tonight. My name is Melissa Rosen. I am the director of training and education at Sharsheret, and I want to welcome you all for the official conclusion of our second annual Sharsheret Summit. As you may know, the Sharsheret Summit is an array of both national webinars and local programs that provide support to those impacted and educate the greater community. I noted that tonight's the formal conclusion of the webinar, but please note that throughout the fall and even into early winter, we have had or will continue to have hundreds of programs across the country. So, definitely, be on the lookout for those. But tonight is our third of three national webinars that are officially part of the summit and graciously supported by our summit sponsors. So, thank you to the sponsors of this year's Sharsheret Summit, Eisai, GSK, Seagen, Daiichi-Sankyo, Merck, Pfizer, Exact Sciences and Lilly Oncology.

Their generosity allows us to expand our reach, making life a bit better for those impacted by breast cancer or ovarian cancer, or those living at higher diagnostic risk, and educating people to be proactive about their health, ultimately saving lives. Before we begin, I have a few housekeeping items. A reminder that tonight's webinar is being recorded and will be posted on Sharsheret's website along with the transcript. As always, participants' faces and names will not be in the recording. We receive some really great questions through the registration process, but I am sure that as our speaker presents tonight, other questions will arise. Please use the chat box and we will address those questions during the Q&A at the end of the webinar.

As a reminder, Sharsheret has been providing telehealth services to the breast and ovarian cancer communities for over 20 years, because cancer is so much more than simply a physical experience. In addition to our many formal programs to help women and their families navigate different aspects of the cancer experience, I want to remind you that our clinical social workers and genetic counselor are available every weekday, 9:00 to 5:00 in every time zone for one-on-one support. They can answer questions, connect you to appropriate resources, allow you to vent on a difficult day and so much more. And as always, our support services are 100% confidential and 100% free. As we move into the webinar itself, I also want to remind you that Sharsheret is a national not-for-profit cancer support and education organization, and does not provide any medical advice or perform any medical procedures.

The information provided tonight is not a substitute for medical advice or treatment for a specific medical condition. As always, seek the advice of your physician or qualified healthcare provider with any questions you have regarding your medical condition. Before we get to tonight's expert, we actually have a brief video from a Sharsheret caller who could not be with us tonight, but felt so strongly about this topic that she chose to record a message. So, give me a second to share my screen and I will present to you a video, a video from caller Miriam Lieber.

Miriam Lieber:

Well, thank you so much for inviting me to talk about my journey with respect to insurance and breast cancer. The two should not actually be thought of together. They actually should be mutually exclusive, but in my case it seems as though they were actually a joint process, one which really taught me a lesson in perseverance and determination. And whenever you're faced with a cancer diagnosis, you definitely have to have a bit of that to keep going. And for me, I just decided that it was my mission to get the insurance company to pay. So, when I got my diagnosis and I went through my journey, it ended up with a double mastectomy reconstruction. I was shocked and I didn't know what to do, so I went down the litany of let's interview all kinds of doctors. I ended up with a doctor that was out of network, because in

## Navigating Insurance: A Conversation About Coverage

my heart of hearts, I knew that I had to do what felt right for me and would provide me the self-confidence to continue. And that's what it took.

And I would do whatever I had to do to get that claim paid. And I was literally so bound and determined that I went through the surgery and I just looked back at my diary. I kept a diary of every single time I talked to the insurance company, and I did take a three week hiatus during my mastectomy and the initial surgery. And then I decided to start calling. Well, let me just say to you, it became this control thing. When you feel out of control, which we all know if you've been in that situation where you have a diagnosis that literally you just have to allow for the gods to take over and you do, well, I was about literally determined is going to work out better because I'm going to make it work for me. And so, the control came in the way of the insurance company.

I spoke to, let me just tell you, and I think it was, I recounted 35 occasions. I phoned either the insurance company or my doctor to tell them what was going on and I knew I had a medical necessity. So, I went through and I found federal guidelines that talk about the need to pay for reconstruction. And if anyone's looking for what to do, just make sure you access, and I would say this to anyone, the Women's Health and Cancer Rights Act that came out many, many years ago. And it's something that I touted because I felt so sure that I was going to get this paid. Well, fast forward to a year later, I finally got my out of network claim paid as in network. We found some loopholes and I found the right person at the insurance company. I looked back again at my notes and I found out that she gave me her personal phone number and email, and allowed me to send her information as I saw it.

And she promised to get back to me and when she didn't, I was on it that same day. Eventually she's the one that phoned my doctor's office literally a year later and was able to pay in network and I could close the case. It didn't come without frustration. And I have to say, that frustration was maybe part of me processing my breast cancer diagnosis. So, in theory, it was probably a little bit therapeutic at the same time as a business transaction. And don't we all go down those journeys ourselves? Thanks for the opportunity.

Melissa Rosen:

Okay. So, a couple of things that were so interesting to me. You can hear how passionate she is about this. I mean perseverance was her middle name there, but I also thought it was fascinating that she used it almost as an opportunity to work toward processing her experience. So, thank you to Miriam. We are also so incredibly fortunate to have our speaker here with us today. Erin Bradshaw is the Chief of Mission Delivery. I love that title, Chief of Mission Delivery at the Patient Advocate Foundation. Erin joined PAF just two years after the organization began in 1998 and has worked at nearly all levels of the organization from case manager to quality assurance analyst, to operations management. Throughout her tenure, Erin has developed an in-depth skill set critical to assisting patients dealing with access to care issues, insurance navigation, employment retention and debt crisis.

As chief of mission delivery, she currently oversees the numerous departments that provide direct services to patients. In this role, she leads the design, delivery and oversight for all case management, med care line, financial aid fund programs, and patient education projects that fulfill PAF's mission. Erin is also responsible, as if that wasn't enough, for enforcing quality assurance, compliance of case management programs, and financial services, and acts as a direct liaison between Patient Advocate Foundation and its nonprofit partners, donors and service partners. Thank you so much for being with us here tonight, Erin, for this really critically important topic.

Erin Bradshaw:

## Navigating Insurance: A Conversation About Coverage

Thank you for having me. I'm really excited to have this opportunity to speak with all your attendees today. So, I am going to share my screen, the technical part. Well, first, I do want to share as Miriam was speaking about, the navigation of health insurance is definitely one that is complex. And when someone is dealing with a health condition such as cancer, it can just maximize the stress and really the frustration that can come with it. So, today's conversation I think is very timely. Navigating insurance and having a conversation about the coverage and that you need for care, is one that we hear on a daily basis at the organization. So, Patient Advocate Foundation is a national nonprofit organization. We provide case management and financial aid and we have three direct patient service programs, two that have financial grants.

But the one I'm going to be speaking about inclusively is our case management services and the intervention that we offer, and give some tips along the way of what we understand and know in great detail to hope bring you some education and empowerment, but also know that there's a support system at Patient Advocate Foundation if you need us. So, the basic outline is just really when you pick a plan, how do you pick the best one for yourself and what options do you have? And then how do you understand it and digest all of those plan language descriptors and all these different nuances and legal mambo jumbo, to try to make sure you're making your best choices? And plan structure does matter. There's networks and that was very clear in the story that was just shared before us. And then understanding your medication tiers and costs.

And I will touch on the denials and the appeal process and close with some financial money sitting ideas. We have a lot to cover in a very short period of time. So, please note that I will give a very high-level overview, but we have tons of education with collateral and the support services that we offer that can complement this talk today. So, you might not know all the insurance options that you have available to you. And I think that's an important part to start the conversation with. If you're employed or you have a spouse, a partner, or even if you are a child under the age 26, you can be eligible for employer based coverage. And that can look very different for so many people in different ways. There might be one plan, there might be multiple plans. From the individual market, you have the Affordable Care Act passed what they call the marketplace or health insurance exchange.

You'll hear different terminology, but in essence it's an opportunity for you to get access to coverage with some safety nets around it. And then there are opportunities to deal directly with private insurers and brokers and agents, and online insurance sellers. I'll just simply put a caveat there and say that it's critically important that you understand the benefits that you are selecting and that it is comprehensive. And sometimes the plans that are sold may be misinformed or may understand that they don't offer those levels of comprehensiveness. And if they're usually a really inexpensive product, they may not meet your needs, especially if you are one that has a history of cancer or you have cancer yourself. And so, just be certain to ask a lot of questions and seek advice before you do that.

And then there are state and federal programs like Medicare, which is of the age for disabled. Medicaid, and I always try to compare them if you think of aid like need support and financial aid, and then certain states did go ahead and expand that for eligibility. And we have the children's health insurance plan that's a sub of the Medicaid program. And then if you are military or a veteran, you may have access to those benefits as well. And there are some little associations or membership organizations if you're self-employed or in an association or a particular network of sorts that you might be able to tap into, to get group benefits under it. So, as you can see, there's a range of benefits, but eligibility and timing really play into that. So, choosing the right plan comes down to what you have access to and then interpreting your unique situation. So, your income, your health needs, your age, your plan structure, what you think is important for yourself.

And this could be a challenge and it could change throughout the time that you are going through the course of your insurance journey. You may have a plan and be fine with the structure, and then you might move into a scenario where you want to have an expanded network or see someone who might be in a different area or state. And if you had a narrow network like an HMO, that could really create some hinder and potentially stop you from being able to go without going through some pretty rigor appeals or support to try to get there. So, when we talk about that and there's some tips that we give you, it's really about doing an analysis of the entire options that are available to you. And not just focusing on the cost of your premium, but looking at the premium amount plus the cost sharing and the reimbursement levels, as well as the out of pocket maximums and doing an assessment.

Because sometimes your premium may not be equal to your true out of pocket cost and entirety, and it also might create some limitations or benefit narrowing that you didn't expect. So, with that, we suggest as you're looking at your plan options, so that you gather the names of the doctors and medications, and treatments, and facilities, pharmacies that are important to you now and the ones that you project that potentially you're going to need. Identify all the plan options that you have, estimate your cost, look at your budgets, identify any financial safety nets. And so, I'll talk about these a little bit further down too, but there are subsidies that can be there. There are federal programs for those that have Medicare. There's also always a screen for Medicaid. And then there may be national charitable copay programs and premium assistance programs that can offset some of those costs when things are very challenging and you're trying to make a decision on that. So, kind of assessing it in entirety.

So, it's timely right now, because you have an open enrollment period if you're Medicare, and you're also an open enrollment period if you're looking at the marketplace. So, that happened to be today. So, Medicare open enrollment started on October 15th and goes through December 7th with an effective date of January 1. The marketplace traditionally goes through November 1st through December 15th, also with an effective date of January 1. I will just put a caveat out there, some states have expanded their timelines, the president could make a determination and we saw it over COVID period where there was an extension to that. But please don't expect that. Be very proactive and assess what options are in front of you, because there probably is a lot.

And you want to be able to start a kind of process of elimination, I would say is probably the easiest then to try to look at it from the grinder level and try to figure out, oh, well I have all these options, what do I do? And then there are resources out there. The Marketplace has them, Medicare has them. You have some local senior health insurance programs that are further out there. We also want to teach you so that you can feel really knowledgeable and educated as you move forward, because that to me is a critical component of being an educated consumer of your own healthcare, is to also understand the plan and so that you can feel better about this moving forward.

So, aside from that, your plan design, your plan language we call it, has a critical component to it because it is the governing language around your plan and how it pays. And this is oftentimes where the disputes can arise around coverage and what they determine. Just because the provider has determined the best course of action that they feel for you, it doesn't always align with the plans that you have. And so, having access to the plan documents, oftentimes they're online, that's very common. You can request a hard copy and have them handy for reference. And it is something that you're probably going to have to reference often because situations change, but there are some foundational things that you need to pay attention to and that's usually your networks and those out-of-pocket cost elements.

Because you want to always make sure that as you're going through whatever treatment journey you are, that you're following them to the best of your capability and you're also recognizing if there's a challenge that comes along the way. So, I'll be talking a little bit about that. And as far as paying attention to your explanation of benefits and your bills, and just don't pay things at face value. But also, if there

are prior authorization needs or if you have urgent or emergency care expectations that potentially could be very costly if you don't follow certain protocols, being aware of them in advance is beneficial before you have to use that kind of situation. So, plan structure, I mentioned this, it does matter and this is a personal decision. Some people want an open expanded network and the ability to make their own appointments with specialists or have the structure to see an out of network doctor but still have benefits associated to that and coverage.

Whereas, others for a cost containment might be okay with an HMO plan that has a very designated network, referral process and they have to see a primary care and kind of triage that way. Again, I think you have to assess your own unique treatment goals and determine that, and what you decide today might change. But keep in mind the network, what you've chosen is what you're likely going to be within that year that you've chosen that. So, sometimes when we work cases and that come to the organization, there's been a shift, a diagnosis, a treatment protocol, a need. And it has been an opportunity to really assess a different plan in the coming enrollment period that closely matches what their needs are.

So, again, just pay attention to it, look at the cost sharing, the reimbursement, any kind of narrow networks. And also, keep in mind, not only do you have network structure, but you also have different plan opportunities. So, if you're a Medicare recipient, you might want to consider a supplemental plan. But if you also might be okay with an advantaged opportunity, which is Medicare with sometimes some extra perks, so maybe it offers dental or some other elements. And so, just assessing that and knowing what they are, and then maximizing things if you're retired or eligible for benefits through TRICARE or VA, because those could be complimentary, almost supplemental plans too.

So, formulary is a big topic. Medications are treated very differently than provider visits. They have to be paid up front before you can get them and it doesn't leave a lot of room for payment plans and negotiating prices. And a lot of times these medications are ongoing long term and a biggest contributor to healthcare cost. It's really important to understand that, but it's probably the most complicated part of it all. And so, if you can assess your benefits based on how the tier structure works and any medication that you know that you're on, that can help give some sense to what that is. Location and type of pharmacy can also affect your medication. So, just like a network, if you don't go to a particular pharmacy, and this could be completely happenstance or didn't even realize that that was happening, then you might be paying a different rate or they might just be different negotiations with your insurer.

So, checking those things against a lot, oftentimes are on your website login or you can ask, you kind of do cost comparison. But overall, as you can tell over the years and it was mentioned, I've been with the organization for some time, you used to just pay a copay. You went to the doctor, they gave you the treatment they needed or you picked up a medicine, it was a flat, usually you didn't see these things. Over time, you start to see a breakout and more cost shift to you as the consumer of care. But then in that itself, there's also been a financial cost structure within tiers. And so, typically, a more expensive medicine or those types of things usually filed at the top of the tier, generics tend to be on the lower tier but not always available. And so, that is why tapping into financial resources like copay programs or pharmaceutical copay programs, and things like that are also an opportunity to help alleviate some of those expenses, and hopefully allow you to adhere to your care and not prohibit you from getting access.

So, a few takeaways, just assess the plan that's best for you. And sometimes you're in the one that you have and that's what we have to look at, and use to the best of your ability, but also just plan for the future. Health insured networks, are they important to you? We want to always avoid you having unnecessary costs or association to unknown going on a network. Medication costs vary by plan. They should list them by drug formulary and if you are in the process of selecting a plan, those are critical components. And then if you are denied, of course, you have the right to appeal and I'll talk about that in

a moment. So, this is kind of a complimentary jump off of what we just shared about, but really at the end of the day, just pay attention to the pharmacy that you're going to the medication.

And keep in mind, some pharmacies as you know, they'd have to go to a specialty pharmacy, a mail order, a brick and mortar, try to find the best assessment and the best way to get that drug. And sometimes it's mandated so that you can get the best prices. So, from a denial and appeal, I feel like it's really important to help you when you're looking at something and you see it for face value, oftentimes we get people that call us and they'll say, didn't get paid, it's denied. And we want to be sure that that's indeed the case and it really wasn't a billing error or a lack of information that they didn't have on file to actually submit to your claim. And so, that's where paying attention to your bills and your explanation of benefits play into this for you.

So, don't assume that just because you get a bill in the mail from your treating physician or whatever, hospitalization, that it actually is correct, always map it up to your explanation of benefit and ensure that it does indeed look accurate and correct. So, this is just a simulation of that. So, this our Wile E. Coyote example of an explanation of benefit and kind of gives you a detail of what it looks like. You're probably familiar with this, but it is something that is a little overwhelming. You've got dates of service, billed amount, amounts of paid, you've got their discounted rates, copays. And so, we're going to point out some things along the way that kind of help you break this down.

So, like I said, there's a lot that can be found. So, here's the area's basic information. The person who signed up for the policy in their name, the claim number is unique to you. And then it has a data service associated with it and a claim number. So, again, if there's also something that you're concerned about, these are good identifiers to have a conversation with your insurer and then also have a conversation with your facility. So, the details about when and what care is provided is found under the date and type of service columns. And then you can also look for the billed amounts or amount charged in the price area to give you a sense of what you've been charged and if you did not have health insurance. And then the allowed amount is set by the insurer after they subtract any charges that are not covered or applied.

And this is where you can find out sometimes that there is a denial or a dispute on coverage, because on the bottom there you see that there's a little code like 41 discount agreed, preferred contract, and then there's another one that says deductible amount. You can also see something about non-covered benefits or exclusion, which sometimes will pop up there. It's a little hard to follow sometimes. We've highlighted this for demonstration purposes. But that's why we recommend that, because you have a fixed amount of time to actually kind of get that resolved from a billing process area. So, at the end of it all, you should be able to determine how much is applied to your deductible, in network out of network, how much is remaining to that, what your annual limit and then what your financial responsibility. And your financial responsibility should match with the bill that you have.

But if you get denied, do you have the right to appeal? And you might be denied at prior authorization so you haven't had your service yet, but they've submitted it and they've want say that this is the treatment, the medication, this test that you know you need, and they've done what they're required to do and there's a kickback, they disagree, it's not approved. And sometimes that's as simple as getting some medical charting and some information to submit over through your provider and get that to compliment that. Other times it does require you to go through an actual appeal process and is medically supported by those who prescribed it, and complimented by assets that can really place the argument around why you're contesting it. And the reason for the denial is important so we understand what direction to take.

Now, on other occasions you're going to get denied and you might have had the service or the test or whatever that was, and then you're subject to the cost associated with it and you're getting that shock of the full bill and the insurance denial. And you will notice on the explanation of benefits and the prior

## Navigating Insurance: A Conversation About Coverage

authorization forms, that they're going to give you some very detailed structure around your rights, your timelines, and the reason why they said what they have. And it's important to follow that. It's also important to understand what position your physician's going to take or facility, and what kind of engagement that you need to be. And they might stop at a certain point and they might put that onus on you. And oftentimes, that's where we get a lot of phone calls, is trying to help them really get that reconsideration part.

So, timelines are critical, very critical so pay attention to them. And Miriam talked about it at the beginning and I really do have to put some emphasis on this. The diary and the journaling and the documentation of your communication is actually critical. It really does help, because you might have to reference things back and that might not always be yourself. Maybe you have somebody that is a caregiver or loved one that's helping you too or an advocate doing that as well. But it really just helps define those things for you. Also, you have different levels of appeal. And depending on where we are in the treatment journey, if it is considered urgent or an expedited appeal, are opportunities for us to submit those under that kind of review where there's a mandate of a 72 hour review.

There's also opportunities for providers to speak to medical directors and insurers through peer to peer. And then you have external reviews that are a non-biased third party, that is assessing the situation and oftentimes utilize the last step. But when the appeal process is pretty comprehensive, and so the timing today, I'm just going to say it's important that you are supported for the medical reasoning, that you are concise and factual, and that we look at state federal laws. Just like Miriam mentioned earlier, we also look at your plan language and try to find ways to contest what the purpose and the reason is. So, you can hear everything from an exclusion to medical necessity, investigational, experimental. Gosh, again, it can go pretty large off formulary. And so, that's the argument that you're trying to place and put a very comprehensive package together at the beginning is the best, because the more that you have up front, the more success that you have. But that doesn't mean you can't pursue that longer.

So, I'll just close by saying that I know the finances, even when you're utilizing the benefits to the best of your ability, the finances are a challenge. And we know that during the treatment journey, many people are faced with the burden of out-of-pocket costs, how to maintain their health benefits and how to sustain their household. And so, there are financial programs, there are charitable programs and benefits, sometimes they're connected towards the insurance product that you have, your financial situation, and sometimes very targeted towards the type of diagnosis and support you need. And that's where a lot of advocacy organizations like ourselves can be of benefit to you, to help kind of map you to those. And then your own due diligence and investigation too, because some of these are actually moving targets. And they require you to follow them and get on email alert systems because of just the financial demand and when they come available. Others have open enrollment period opportunities where you might be tapping them in.

So, I will just say Patient Advocate Foundation is here to help. This is our core competency, health insurance, navigation and selection is one of the main areas of what we help. We also help you address when you run into those areas of support and then try to wrap up and find those financial resources for you when you're having the challenges around paying for the benefits, paying for your care, your health expenses, and then addressing long term solutions like disability. So, I thank you for the opportunity to talk today and look forward to some questions and being able to talk to you further.

Melissa Rosen:

Thank you so much, Erin. That was amazing. That was really wonderful. So, we do have a lot of questions that came in, and so let's try and tackle some of them. So, a couple of really basic ones. And several people asked this in different ways, can you please speak about cancer adjacent coverage? Not

## Navigating Insurance: A Conversation About Coverage

something that's something like chemotherapy or surgery, but cold capping, IVF, or genetic testing, fertility preservation, things like that.

Erin Bradshaw:

So, there are some benefits that are not as commonly covered under benefit design. Fertility is one. There are some national organizations that have been established and have recognized that to try to help alleviate some of those costs. And so, when we're looking at that we have to look at that plan and see. It's an opportunity for really obviously at the time you need it. It's not ideal if you want to have an option. If you're employed and you have some influence and you want to talk to your benefits and your HR, if the change isn't something they can do, it's something they think about for someone in the future too. But we know that genetic testing or genomic testing and all of those, we are in the area of personalized medicine and finding ways to be proactive and learn about the best course of treatment or preventative treatments, but we're not quite there and aligned with the insurance coverage yet.

And so, it's not consistent and some of those are harder to proactively explore, because they're oftentimes associated with the normal course of treatment and diagnostic testing that goes along with a new diagnosis. And so, it may not be something that you can actually proactively ask because they're sending it off to do that. Otherwise, sometimes it is and we can kind of explore what that is and maybe assess that. Some of the facilities that are actually processing those, especially in the genomic testing, do have some charitable programs that they have been offering. And they're trying to do that and they even have an appeal support system and a lot of these, because they're realizing the barrier there. So, I guess the long answer short is that I think we have a lot more work to do and I think we have to continue to push these kinds of revisions and policy changes to make this more of the norm, and then continue to fight for it. So, appeal it and keep on that kind of path of your disagreement and why you think we need to do this.

Melissa Rosen:

Okay, that's good advice. And until insurance catches up, insurance benefits catch up, like you said, there are a lot of non-profit organizations that will help to fill that gap. Somebody asked about cold capping, Sharsheret has some resources there. We work with organizations that can provide support for fertility. And I'm sure PAF also has connections for different things. Thank you for that. So, speaking of health insurance, what are somebody's rights when they learn they carry a genetic mutation?

Erin Bradshaw:

So, health insurance, actually you have protections under the preexisting clause and so there really shouldn't be any exclusion to plan. Now the caveat to that is that you're eligible to benefits during those open enrollment periods, and so they can consider any kind of health condition against a policy opportunity or prevent creating an exclusionary period. So, while that's more of a potential, if you were to be diagnosed in that timeframe because you were being screened or whatever, it could potentially show. I haven't had a lot of outreach or people that have had that kind of challenge that arose. And I know that it's a concern because we are trying to be a good health consumer and also be attentive to our own healthcare needs and try to get ahead of the potential.

And so, I know you all have some resources on that as well about that. We got to look at the more broader approach of what protections that you have so that you can't be denied. And that is actually a growth that has happened over the years since I've been working with the organization, because it used to have that not to be the case and people would be job locked or in situations where they couldn't get

## Navigating Insurance: A Conversation About Coverage

health insurance at all, especially children with health diagnosis. So, there's been some evolution and I think there's a lot more protection around that.

Melissa Rosen:

And for genetic hereditary cancer, genetic mutations, we have the GINA act, which while we still have to be careful there are legal protections. So, I just want to make sure everybody understands that. So, now we have another question. We have someone who maintains her health insurance through COBRA, and therefore is looking at the marketplace, which is open now, but is just so overwhelmed and having trouble making decisions and understanding how the marketplace and the choices are presented. So, can you give us just a couple of quick tips about if you have to choose right now, what to look at first, what are the key columns to look at, things like that?

Erin Bradshaw:

It is definitely difficult. I will just say COBRA has a timeline. So, you have COBRA for so many months and so you have an opportunity right now during open enrollment to make a change. And it might be a financial one, because COBRA's usually pretty expensive, but that also means you're going to restart your deductibles and out-of-pocket costs. So, I think all those things need to be assessed. And then once your COBRA expires, that's another open enrollment period, because it's special enrollment. So, I just want to put that out there because when you're looking at it, I think you need to also be thoughtful about that. So, what is your cost savings to the premium and the coverage benefits that you're looking for, but what is the impact for that? It's really about looking at your availability to the state that you're in and the reaching area and what plans are offered to you.

And depending on where you live, it can be vast or it can be very not so vast. And so, once you know what that is, what are your treatment goals? Do you want open networks, narrow networks? And start sorting them based on that. You've got all different metal plan options and so you can look at the cost comparisons. And so, usually the higher metal, the more expensive premium, but the more comprehensive coverage. And so, that's where the assessment and then making sure that the treatment that you have is inclusive of that too. So, that's a very high overview of those parts. But they'll also tell you if you qualify for any tax credits. And there are in that kind of cost savings and there's been some expansions, the inflation act that has expanded that out to people that weren't necessarily qualified for them before. So, I do encourage you to look at that because it might also be financially beneficial. And of course, utilize the asset that you have, call the healthcare, talk to them about it or speak to someone that specializes in it

Melissa Rosen:

Right. There are people at these companies that can answer questions. And can you just clarify, PAF has counselors that can help, I know with denials, but also with this topic or not so much?

Erin Bradshaw:

Yeah, we can. We need to be proactive, so we want to know what your treatments are, your medications, your providers. So, those are helpful tips, and because that way we'll ask you to assess that, but we can look at it with you and help you understand how you can log in, make choices. We can't tell you what plan is best for you, but we can help you narrow it down based on what you tell us your treatment goals are.

Melissa Rosen:

## Navigating Insurance: A Conversation About Coverage

That's actually incredibly helpful. And there was a question that just came into the chat that's sort of about this. It said somebody called an insurance company prior to enrolling with a plan in mind to find out about different treatments or medications that would cost, and they were not able to advise unless a policy was already in place. Is that possible, legal? What's going on there?

Erin Bradshaw:

Oh, goodness. So, you're supposed to be able to assess the policy and the plan and the networks. Medicare for instance, you should be able to look at your medications and figure out the coverage and the formulary. But with the inflation act, there's been some changes that are going to be over time. And right now, you're in a review period, but that hasn't been reflective of some of that. So, insulin for instance, is supposed to be 35. And so, yes, you're supposed to be able to get that level of detail, but sometimes you can run up against that hurdle. Those search engines like the marketplace and Medicare, they're mandated to do that. And then when you're calling a particular insurance company about a plan, I have experienced that myself and from the organization that's ours well, and so that can be a real big challenge if they don't have that plan.

A lot of public like Medicare, they can be publicly found but they change. And so, that's why open enrollment, just because you have the plan that you have today doesn't mean it's going to be the same come January at 1, so check it. Yes, it's frustrating and I wish there was a really clear, absolutely guaranteed that you can find everything that you're looking for, but sometimes it does present that way. But you should have your basic foundation and understanding. And if there isn't something there, I would actually escalate it. I would try to speak to someone that's a little more than probably the broker or the salesperson because they probably don't know.

Melissa Rosen:

Right. Somebody else just asked a question in the chat box that was exactly what I had in my mind, which is, there's so much information here and we're not familiar with this, most of us. This is not a comfort zone for us. So, her question is, how do you even know what questions to ask? For instance, she found out that she's been paying for service she's been getting for years. If they had changed one word in the way they build it, it would've been free. If she had known about that, diagnostic versus preventative, and if it was preventative, it was covered, if it was diagnostic, it was not. So, where can you go to even find out those types of questions to ask?

Erin Bradshaw:

Well, under the Affordable Care Act, they define what they consider preventative and how it would be covered. Now, what I've seen is that it's not a matter of always just changing the word or the coding, because it is reflective of how that was determined. So, if there is a symptom or something was present and then they have to turn it into a diagnosis, because now at this point you are kind of watching for that. So, I'm not sure of the circumstance that occurred and it very much might have been that they were really not billing that. And that sounds like a billing issue more than if that's the code or what identifies that. So, you see it with colonoscopies and mammograms and other preventative types of things. And that has been the whole point was to try to push these preventative measures to avoid having late diagnoses and support needs.

But with that, there's always those little factors that come into play that have prevented that, so now you need the X or they want to do an extra procedure, or they want to do that, and now it's hitting your deductibles and you're out of pocket. So, yes, you are right. But I don't think I understand completely the

## Navigating Insurance: A Conversation About Coverage

whole situation on that if there was something. And I think it comes down to the timeline of when it flips back to preventative from the diagnostic.

Melissa Rosen:

Okay. All right. Couple more questions. So, somebody asks specifically, and you mentioned this, about the anxiety that is caused every time she picks up prescriptions because this is an ongoing thing, not a one time thing. And do you have any suggestions specifically for the, I mean you talked about a little bit, but any other suggestions specifically for the reducing cost of medications?

Erin Bradshaw:

Yeah, it's going to be reflective of the insurance plan you have and the type of benefits that are available. But you normally can go on your insurance and put the medication you're prescribed, and it will give you a cost comparison of what it looks like it's going to cost. And most times what happens is, is the pharmacist, they get the medications pushed. So, the doctor puts it in, they send it over and you're just expecting to go pick it up and then, yikes, get this kind of exhaust. And so, if you are a commercially insured and you want to always look at the manufacturer website for any copay discount cards, because those can be very helpful in cutting down those costs associated with that out of pocket. Unfortunately, anyone with a government plan that's Medicare, Medicaid or military are not subject to the same thing. And that just has to do with a lot of the regulations and rules that were set by the government that do not allow that because they're insured. So, then you want to look at any kind of charitable copay programs that might be out there that you could potentially apply for. And then aside from that, looking at your plan structure to see if you got it at one location over another or mail order versus brick and mortar, if there's any cross containment there. And if you're on Medicare, there's a low income subsidy. If you're low income you might get Medicaid. So, thinking about other alternative long term secondary options that also might be cost saving measures. And so, that's where an assessment often has as we do is try to figure out where you sit and look at it. But definitely have the conversations. Sometimes the pharmacist is a great asset.

Melissa Rosen:

Yeah, I found that myself. Absolutely. Okay, a couple more questions and I'm being careful about the time, but I also have a couple of really important questions. So, this is one that we don't talk about a lot. Somebody asked a question about applying specifically for additional or supplemental cancer insurance. She said she was denied it because you have to wait five years from a diagnosis till the next time you can apply for it, which I know myself, but I'd like to ask you what you think in general of supplemental cancer insurance.

Erin Bradshaw:

It's really an indemnity plan. So, they have accident plans, chronic disease plans, cancer plans. I think it's a personal choice. It is something that it's a flat dollar amount typically, associated with however the plan has been written. So, maybe you're diagnosed with cancer, it pays you X amount of dollars, maybe you have to go through chemo and they pay you that. It's an opportunity to offset some of the costs associated with high deductible plans or just general out of pocket. I think you have to weigh the pros and cons. A lot of employers offer it as kind of a complimentary option and there are no safety nets like she shared about getting it. So, you are subject to preexisting clauses. And so, I would definitely look at the premium associated with it and make that determination. Again, I personally can tell you I have it, but it's something that my company offers and it's a very minimal premium.

## Navigating Insurance: A Conversation About Coverage

And so, I work in this world and I thought, well, I'll just pick up on that. And I don't know, hopefully I don't ever have to use it, but that's how I assessed it. But I think that's how all benefits are kind of designed. I will say this though, if you have a supplemental plan opportunity with Medicare, you really should consider it. You really need to evaluate your open enrollment period in the first six months of turning 65 when you are guaranteed to be issued the most comprehensive coverage between Medicare and a supplement. And then cross compare that between an advantage plan.

Melissa Rosen:

Okay. So, somebody just asked if there's going to be a replay. If you registered, it's going on our website and in this week, early next week. And if you registered, you'll get notification when it goes up. Two more questions and then we're done. So, there are four or five questions that were asked that really have to do with the appeals process. If there's a billing error, whose responsibility? If I've already been denied twice, is it worth it to go again if I have no new information? What if I paid something just to stop the headache and now it was finally approved? Can I appeal to get that money back? So, all sort of related to one another.

Erin Bradshaw:

Yes, yes, and yes. So, I would say, if you've paid something and it's come back and it's been approved, you should be able to get reimbursed from the provider that you paid. So, you might have to show it because it could just be a simple administrative part of showing the bill, the clerk, and all that type of stuff. That shouldn't be a challenge because it was paid. Now, there might be an out-of-pocket cost that you have to be subject to. From appealing something that you've been denied twice, that I would have to say, I don't know the full facts there, but you do have the right. And normally the third level is an external review, which is a non-biased review of the situation. So, even though you don't have new information, they might look at it differently.

The biggest key here is that you're being supported by the physician that was making the recommendation and you've got some medical evidence and support. And that's why organizations like us do exist though, is to try to look at it and see if there's any state or federal laws that might help compliment that. And then as far as the billing and who's responsible, goodness. So, that can be a dispute that's argumentative. Where is it stemming from? Who is the dispute? Or is it a matter of the insurer not paying adequately? Or do you recognize that the hospital you don't think has billed right? Because I think sometimes it's more of an assessment in trying to almost, you have to work in both angles and bring it up.

You can call your insurer and say, I don't agree with this reimbursement, and they're billing me this. And they might come back and say, "Well, no, we paid what you're supposed to pay and this is the only amount you're supposed to pay." Or you could call the hospital too and have that conversation and they might say, "Your insurance has only paid." So, that's where the investigation element has to come in because you need to understand it more. And I realize that that is a lot to take in, but there's not a real clean way to know until you do that.

Melissa Rosen:

Okay, thank you. Okay, last question that came in, which is a perfect transition to the very end of this webinar. And I'm going to answer this one first. I'm going to take the moderator's prerogative and if you have anything to add, please do. But somebody has, can you share the best resources to learn more? I mean, this seems like such a wonderful question. So, right now, we're putting two links into the chat. There you go. There's one and another one coming into the chat box. We're putting it in a link to the

## Navigating Insurance: A Conversation About Coverage

Patient Advocate Foundation website, specifically the educational resources. We're also putting in a link to the Sharsheret financial wellness page, which includes a variety of information and resources. And you'll see on both of those pages, there really is so much information there and in different modalities, videos, guides from different organizations, as well as our own, opportunities to talk to staff members and receive resources. Erin, anything else you have in mind?

Erin Bradshaw:

Really, those are very informative for you. For our sub site, you can sort by different topics. We did put together a training module on how to identify a denial and appeal. It's a nine module training, that if you want to go through that, that gives you the case management thought process, but right down to tip sheets to a publication that gives it. And so, I think all of us have tried really hard to put some things together, realizing that it is something new for many, it is a complicated scenario. And so, that in knowing aside from those educational assets, that you have resources from entities like ourselves to help you do that too. But I know that many people are self-advocates or helping somebody there, so that's why they're created. And so, that was the big one. I think that you could probably find a lot of other great resources from other nonprofits too. But I feel pretty good on the areas that we vetted and give you those [inaudible 00:57:03].

Melissa Rosen:

For sure. Okay. Because it's nine 9:00, let's finish up with another two minutes of details and thank you all for joining us. First of all, I want to thank Miriam, who we heard via video, and of course, thank you to Erin Bradshaw for sharing her experience. This is a topic that is overwhelming to so many of us, myself included. And your presentation was so informative and absolutely empowering. I do want to share some upcoming Sharsheret programming with you, but before I do, please notice that there's a link to a brief evaluation survey going into the chat box now. You can click that link and still listen to me about upcoming programs. You heard me speak earlier about the Sharsheret Summit. There's a link now to a special summit website. This is information on national programs, local programs, and a digital resource kit that will allow you to download some amazing resources.

I'm sharing my slides again, because it's on the website, but if it's easier, you can simply scan this QR code now and you'll automatically download some amazing educational resources, like I said, from Sharsheret, as well as from our summit sponsors. And as we look beyond the success of the 2022 Sharsheret Summit, we need to acknowledge that today is November 1st and the beginning of Caregivers Awareness Month, and it's also known as November, a month dedicated to men's health. And we have two amazing, and not coincidental or not coincidentally, appropriate webinars scheduled for the coming weeks focused on those topics. You can register for these important events on our website or through the link that's going in right now. But on Wednesday next week, Wednesday, November 9th, we're doing a caregivers webinar. This is part of our Spungen Family Focus program.

And you can see the title here When Cancer Becomes the Third Wheel: Maintaining Your Relationship During Difficult Times. Usually, almost always when we do caregiver programs, we have it open to any type of caregiver, spouses, partners, best friends, adults, children, parents, whatever it is. This year we are focused on the partner relationship, whether it's a partner, a spouse, a husband, whatever it is. So, please, join us for that. And then a week later, we have our annual Men's Hereditary Cancer Program. Men, this one is for you. And we have two amazing speakers and healthcare providers for Memorial Sloan Kettering. So definitely take the opportunity to join us for those.

And as we conclude this evening, again, the evaluation links back in the chat box. One more thank you to Erin for all she has done for us tonight. And of course, deep gratitude for our Sharsheret Summit

## Navigating Insurance: A Conversation About Coverage

sponsors who have made all of this programming possible. Eisai, GSK, CGEN, Daiichi Sankyo, Merck, Pfizer, Exact Sciences, and Lilly Oncology. Remember that Sharsheret social workers and our genetic counselor are there for you to answer questions, connect you to resources, and provide support. You can reach out to them at the email that's in the box right now. Have a wonderful evening and we hope to see you at upcoming local programs and our national webinars. Goodnight.