



2024 Oncology Fellows Program:
New Horizons in Quality Cancer Care™



Health Insurance 101:

Helping Patients Navigate the Health Insurance Maze

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Learning Objectives

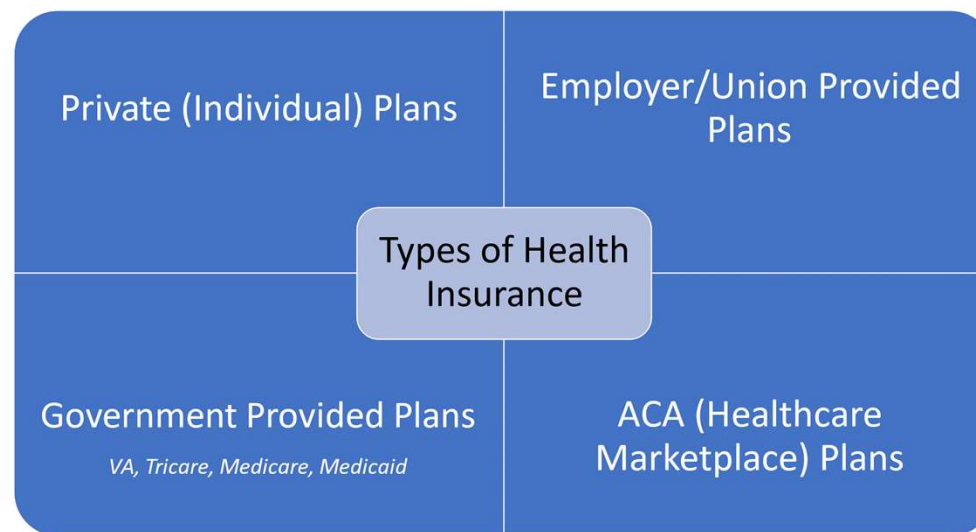
- Describe different insurance types (e.g., Medicare, Medicaid, Affordable Care Act) and how coverage can affect patients with cancer and the treatment they receive.
- Discuss potential insurance-related barriers (e.g., uninsured, denial letters, high co-pays, deductibles) and how to address them.
- Identify advocacy organizations and members of the interprofessional oncology care team that help patients navigate health insurance issues.

Glossary of Terms

- **Premium:** What you pay for your health insurance coverage (and how often)
- **Deductible:** What you pay before your health insurance starts coverage
- **Co-pay:** Amount you pay when you have an appointment/service. May differ for each service and in-network vs. out
- **Co-insurance:** Amount (usually a percentage) of the bill you pay
- **Out-of-Pocket:** Expenses for medical care that aren't reimbursed by insurance
- **Maximum Out of Pocket (MOOP):** Maximum out of pocket costs you can have during a benefit period. After you reach this you are covered 100%
- **High-deductible Health Plans (HDHP):** Plans with higher deductible and lower monthly premiums. The only plans that allow users to open a Health Savings Account (HSA), which has federal tax benefits that can be used to pay for qualifying medical expenses
- **Prior Authorization:** Health plan cost-control process that requires physicians and other health care professionals to obtain advance approval from a health plan before a specific service is delivered to that patient to qualify for payment coverage
- **Step therapy/step protocol:** Requiring patients to try a lower cost prescription drug that treats a given condition before “stepping up” to a similar-acting, but more expensive drug. Health plan won't cover the more expensive drug until the lower-cost medication has failed to treat the patient's condition
- **Drug formulary:** A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Includes both generic and brand names

Investopedia. Health Insurance: Definition, How it Works. www.investopedia.com/terms/h/healthinsurance.asp#toc-what-are-copays-deductibles-and-coinsurance. Accessed March 12, 2024.
American Medical Association. What is prior authorization? www.ama-assn.org/practice-management/prior-authorization/what-prior-authorization. Accessed March 12, 2024.
Healthinsurance.org, LLC. Step Therapy. www.healthinsurance.org/glossary/step-therapy. Accessed March 12, 2024.
U.S. Centers for Medicare & Medicaid Services. Glossary. www.healthcare.gov/glossary. Accessed March 12, 2024.

Types of Health Insurance



OncoLink Health Insurance Cost Inventory; <http://oncolink.org>; Accessed March 12, 2024.

Types of Health Insurance

Private (Individual Plans)

Coverage that individuals and families purchase directly from private insurance companies

Various levels of coverage

- **Health Maintenance Organization (HMO)**
 - Limits coverage to care from doctors who work for or contract with the HMO. Referrals to specialists required
- **Preferred Provider Organization (PPO)**
 - Coverage is provided through a network of selected healthcare providers (e.g., physicians, hospitals). Referrals to specialists not required
- **Exclusive Provider Organization (EPO)**
 - Care limited to in-network providers, but referrals not required
- **Point of Service (POS)**
 - Provides different benefits depending on whether the policyholder uses in-network or out-of-network providers
- **High Deductible Health Plan (HDHP)**
 - High deductible, lower monthly premium

Employer/Union Provided Plans

Private plans that are negotiated by an employer or union

- Employer/union may contribute costs to the premium as part of employment benefit
- Plans vary in terms of coverage options, types of services covered, deductibles, co-pays, and provider networks

Government Provided Plans

- **VA**
 - Coverage provided by the US Department of Veterans Affairs (VA) to eligible veterans
 - No monthly premiums, but may require co-pays for certain services
- **Tricare**
 - Provides world-wide coverage to active-duty service members, National Guard, Reserve, retirees, families, survivors
 - Various cost-sharing requirements
- **Medicare**
 - Federal health insurance program primarily for people aged 65 and older
 - Provides comprehensive coverage including hospital stays, doctor visits, prescription drugs
 - Divided into several parts (A, B, C, D)
- **Medicaid**
 - Federal/state program that provides coverage to low-income individuals and families
 - Administered by states within federal guidelines, so eligibility and coverage can vary from state to state

ACA (Healthcare Marketplace) Plans

Allows individuals/families to shop for/purchase insurance plans

- Allows consumers to compare different plans based on coverage, costs, provider network
- Individuals may qualify for tax credits and subsidies to help offset costs
- Also known as Obamacare

Investopedia. Health Insurance Definitions A-M. www.investopedia.com/health-insurance-definitions-a-m-6834354; Accessed March 13, 2024.



Patient Financial Assistance

Financial Toxicity/Financial Distress:

The objective monetary burden and subjective psychological distress that cancer patients face as a result of their care.¹ It can be multifactorial and pervasive.

- **Social workers and financial navigators or advocates** can provide education, support and assistance to mitigate financial toxicity
- Linkage to local, state and private and national resources
- Vetting resources before sharing
- Proactive follow up to measure outcomes
- Insurance assessment and optimization
- ACA / Marketplace eligibility and enrollment
- Medicaid eligibility
- Charity care / hospital-based help
- Premium and Copay Assistance
- COBRA
- PAP/Foundations/Grants
- Community resources
- Reallocating expenses
 - Food, utility and caregiving programs²

1. Cancer Support Community. Cancer Experience Registry: Biannual Snapshot. May 2023. www.cancersupportcommunity.org/sites/default/files/file/2023-05/2023_Q2_CERBiannualReport.pdf. Accessed March 25, 2024.

2. OncoLink Team. The Abramson Cancer Center of the University of Pennsylvania. Coping with Financial Toxicity: Help is Available - OncoLink Cancer Blogs. <https://blogs.oncolink.org/2019/11/financial-navigator/>. Accessed March 25, 2024.

Patient Assistance Resources

ORGANIZATIONS

- [Cancer Care Copay Foundation](#)
- [The Leukemia and Lymphoma Society Co-Pay Assistance Program](#)
- [Patient Advocate Foundation Co-Pay Relief Program](#)
- [The Chronic Disease Fund GoodDays Program](#)
- [The Healthwell Foundation](#)
- [Patient Services Incorporated](#)
- [National Association for Rare Disease \(NORD\)](#)
- [Patient Access Network Foundation](#)
- [Financial Assistance - Family Reach](#)
- Disease Specific Organization/Funds

PROGRAMS

- Patient Assistance Programs via Pharma
- Copay Cards
- GoodRx
- NeedyMeds
- Cost Plus

OTHER CONSIDERATIONS

- Rent, utility and food resources (local)
- Age-related caregiving grants
- Access, availability and eligibility factors
- Equity concerns

Case #1 – Standard of Care Therapy

- DIAGNOSIS: 53 YO Male. Stage III aggressive high-grade B cell non-Hodgkin's lymphoma double hit FISH positive for MYC and Bcl-2 rearrangement
- 12/2024 CT neck revealed multiple conglomerate masses seen within the posterior and tail of the left parotid gland which are most consistent with conglomerate lymph nodes, possibly related to lymphoma versus intrinsic parotid neoplasm such as a Warthin's tumor. More superiorly located within the superior posterior most portion of the left parotid gland just lateral to the mastoid tip is a possible lesion which is probably artifactual and related to beam hardening artifact. Few prominent left level 2 lymph nodes could reflect neoplastic involvement.
- 2/2024 ENT, FNA parotid mass which was highly suspicious for aggressive lymphoma
- 3/2024 PET/CT neck and lymph nodes revealing 3.1 cm left parotid mass multiple avid left neck nodes index lesion 1.3 cm at level 2 with an SUV of 20.6 0.8 cm in the short axis. Chest 7 mm right upper lobe maximum SUV 4. Retroperitoneum with cluster of right inguinal lymph nodes 2.2 cm short axis maximum SUV 25.7
- 3/2024 excisional biopsy left level 2 lymph node pathology revealed aggressive high-grade B cell non-Hodgkin's lymphoma positive FISH for MYC and Bcl-2 rearrangement
- R-CHOP cycle 1 3/2024
- **AMB-R-CHOP: Rituximab 375/1400, Doxorubicin 50, Vincristine 1.4, Cyclophos 750, Prednisone**

Case #1 – Standard of Care Therapy

Breaking down commercial vs. governmental differences in payers

Commercial Payer Considerations

- **Rituximab IV:**
 - What is the Biosimilar preference with commercial payer through medical benefit?
 - Ruxience, Truxima, Rituxan, Riabni
 - Does commercial payer support Rituxan Hycela?
 - Some commercial payers have this as non-preferred on their formulary
 - Some institutions start hycela after tolerance of ruxience infusion
- **Prednisone (oral)**
 - This would route to the patients take-home, pharmacy benefit

Governmental Payer Considerations (Medicare A/B, Medicaid)

- **Authorization consideration**
 - "No upfront authorization required" does NOT guarantee payment
 - Need to confirm medical necessity and patient meets criteria for treatment
- **Prednisone (oral)**
 - Similar to commercial, would route to the patients take-home, pharmacy benefit

Case #2 – Non-Standard of Care Therapy

- DIAGNOSIS: 82 YO Female. CD30 positive malignant lymphoma, classical Hodgkin's lymphoma
- Patient's most recent CT scan shows interval progression of retroperitoneal and right external iliac lymphadenopathy. Patient's CT scans were compared to previous and this showed progression of retroperitoneal and right external iliac lymphadenopathy.
- Patient's PET/CT also confirms multiple new hypermetabolic retroperitoneal lymphadenopathy. Patient preliminary report raise the question of recurrent diffuse large B cell. Liver final pathology proved to be positive for CD30 positive classical Hodgkin's lymphoma.
- Options include Nivo–AVD versus BV plus AVD. Given her comorbidities as well as age, recommend Nivo AVD.
- **AMB N + AVD: Doxorubicin 25, Vinblastine 6, Dacarbazine 375 Nivolumab 240 D1, 15 Q28D**

Case #2 – Non-Standard of Care Therapy

Breaking down commercial vs. governmental differences in payers

Commercial Payer Considerations

- Non-standard off label process (some institutions have process in place to navigate these requests)
 - Clinical approval as well as financial approval typically required
 - Financial evaluation would need completed (may involve a peer to peer or Appeal to payer)
 - Compassionate use could also be considered through manufacturer if appeal is upheld

Governmental Payer Key Points (Medicare A/B, MA)

- Authorization consideration
 - "No upfront authorization required" does NOT guarantee payment
 - Need to confirm medical necessity and patient meets criteria for treatment
 - In this case, provider letter support as well as studies to support would benefit post service denials team
 - Medicare follows NCCN Guidelines and recommendations



National Comprehensive
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Who We Are

An alliance of leading cancer centers devoted to patient care, research, and education

Our Mission

To improve and facilitate quality, effective, equitable, and accessible cancer care so all patients can live better lives

Our Vision

To define and advance high-quality, high-value, patient-centered cancer care globally



NCCN.org – For Clinicians

NCCN.org/patients – For Patients

Education.nccn.org – CE Portal