

Addressing Medical Debt Crisis for Low Income Patients

SUMMIT ON HEALTH CARE COVERAGE AND ACCESS FOR MUSICIANS Arlington, VA

Alan Balch, PhD March 5, 2020



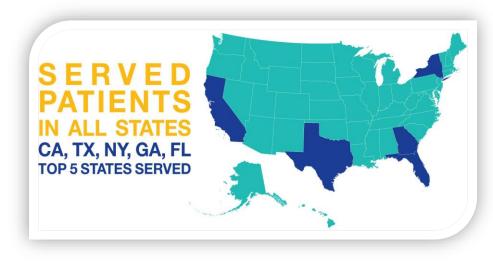
Patient Advocate Foundation (PAF) is a national 501(c)3 non-profit organization which provides case management services and financial aid to those with chronic, life-threatening and debilitating illnesses.

PATIENT ADVOCATE FOUNDATION SERVICE AREAS





PAF: Who We Serve



Patients reported

619 Different diagnoses

SUMMARY OF 2019 PATIENT CASES

Total Patient Case Count	145,815
Case Management Cases	23,702
Co-Pay Relief Cases	73,007
Financial Support Programs Cases	42,124
Patient Services Email Helpline Sessions	6,982
Total Patients Assisted by PAF between 1994 and 2019	1,364,370

Financial Aid Fund Program Highlights

1,183

Patients Served

\$721,250

Paid in Patient Grants

\$300-\$1000

Grant Award Range

6 FAF Funds

Donna, Heart Valve, LEISHLine, Merkel Cell, MBC, Mahan





Precision Navigation

- > Getting the right help, to the right patient, at the right time.
- Listening to and documenting the real and immediate problems a patient is facing.
- > Figuring out how to help them in ways that matter to them.
- Average of ten days to close



"PAF's service was absolutely excellent and my case manager was a godsend. I needed assistance with disability and her handling of my issue was so professional."

Michael | Pennsylvania Cancer

Case Management Programs

Case Management Partnerships

- American Cancer Society Partnership
- LIVESTRONG Cancer Navigation Services
- LIVESTRONG Fertility Program

Current MedCareLine and Education Programs

- ALS Associations' Medicare Resource Line
- Consumer Education and Training Center Partnership
- Colorectal CareLine
- Donna CareLine
- Heart Valve CareLine
- Hepatitis C CareLine
- HIV, AIDS and Prevention CareLine
- Know Your Tumor™ CareLine
- Jennifer Jaffe CareLine
- Migraine CareLine
- Personalized Medicine CareLine
- Sickle Cell CareLine
- West Virginia Lung Cancer CareLine
- ZERO360 : Comprehensive Patient Support











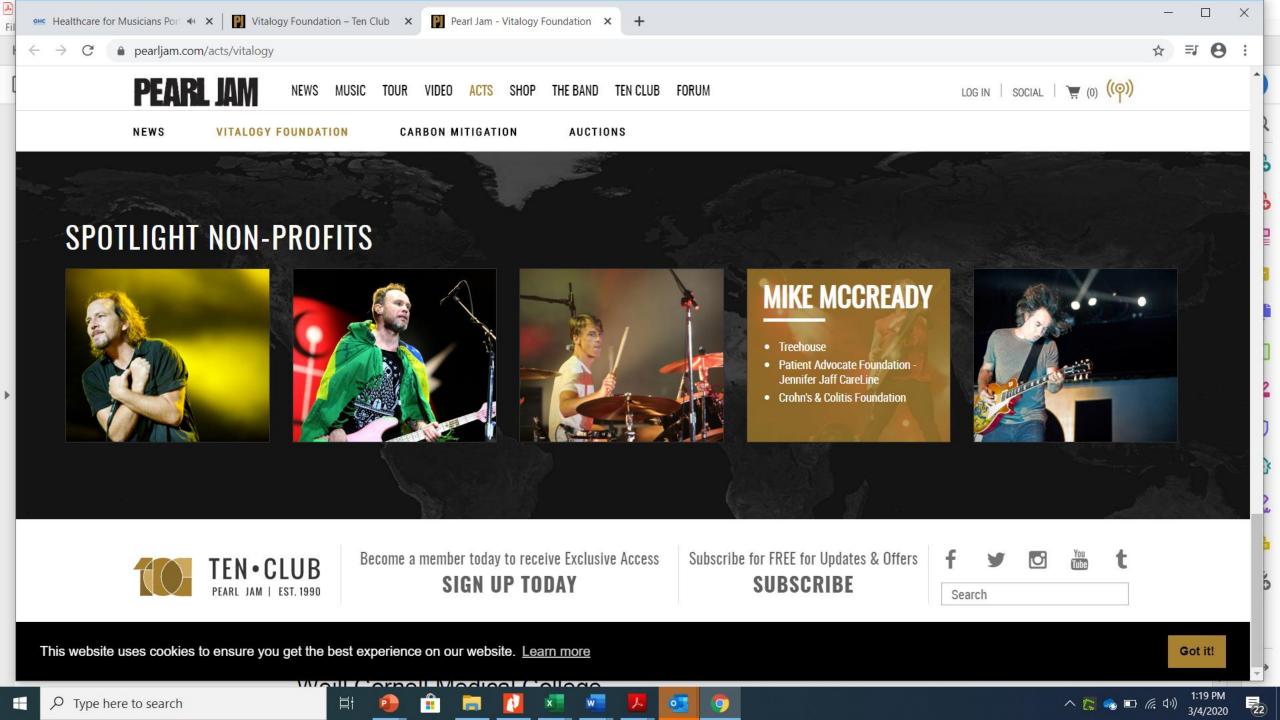












CASE MANAGEMENT DEMOGRAPHICS

AGE OF PATIENTS

2.17% Birth to 18

14.99% 19 to 35

28.75% 36 to 55

44.80% 56 to 75

9.29% Over 75

EMPLOYMENT STATUS

25.80% Disabled

24.57% Employed

2.14% Full-Time Student

0.70% Homemaker

0.74% Minor Child

26.91% Retired

2.47% Self-Employed

16.67% Unemployed

ETHNICITY

20.16% African American

0.52% American Indian/Alaska Native

2.71% Asian

1.68% Blended Race

0.29% Caribbean Islander

63.26% Caucasian

10.71% Hispanic/Latino

0.54% Middle Eastern

0.13% Native Hawaiian/Other Pacific Islander

INCOME GROUPS

51.42% Less than \$23,999

27.12% \$24,000 - \$47,999

4.67% \$48,000 - \$71,999

10.44% \$72,000 - \$95,999

2.78% \$96,000 - \$119,999

3.57% \$120,000 or More

ROADBLOCKS TO ACCESS & AFFORDABILITY

Insurance Access

Lack of insurance, insurance with high out-of-pocket requirements and/or service limitations and low insurance literacy contribute to routine and significant access barriers.

Employment Protections & Workplace Entitlements

Commonly insurance benefits are provided through employers, as are income replacement policies (STD/LTD), and are jeopardized if the employee cannot work. Patients often lack knowledge about employee protections and how to access them: FMLA, ADA, COBRA.



Medical Debt & Ability to Pay

Patients receive healthcare services from a multitude of providers/facilities and there are costs associated with each. Medical debt mounts quickly, at the very time when their ability to pay is hardest.

Emotional Distress

Patients' inability to access and afford necessary healthcare and maintain their financial stability creates emotional trauma that impacts their overall health.

Cost-of-Living Impacts

When people become ill, or live with a chronic disease, their income is almost always impacted. Many patients cannot sustain their basic needs such as housing, transportation, food and utilities.

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Service Area Concentrations

Level 1 – Reduce financial burden

- Financial support: transportation, housing, food, utility shut off
- Educational and emotional support: support groups, nutritional and wellness

Level 2 – Enroll in insurance and social programs

- Eligibility and enrollment: Medicare, Medicaid, Disability, ACA Products,
 Insurance, charity care, negotiation of payment plans or discounts for medical care
- Financial support: Co-pay, discount and indigent drug programs,

Level 3 – Insurance navigation

- Insurance utilization: benefit review, preauthorization, clinical appeals
- Hospital billing and coding issues
- Clinical Trial
- Medical Treatment Decision

Case Management Program Highlights

24,000

Patients Served

\$1,000

Average debt Relief per case

16 cases of at least \$100K in debt relief

600+ Diagnoses

Cardiovascular cases increased 39% Heart Valve cases increased 32% Oncology cases represent 57%

24 Patient Programs

15 oncology 9 non-oncology 12 non-profit and academic partnerships





Being Responsive to the Needs of Consumers

We identified more than 200 unique issues reported by patients calling for assistance. These are the top issues by prevalence. No single problem is the problem, but it is rather a combination of many problems.

Issue Reported by Patient	Percentage
Transportation expenses	8.16%
Hospital/facility cost share	7.49%
Medication cost share	6.78%
Rent/mortgage	5.62%
Utility/shut off notice	4.82%
Medicare Part B cost share	4.43%
Diagnosis out-of-scope	3.56%
Medicare Part D cost share	3.03%
No access to care	2.77%
Food/nutritional needs	2.19%

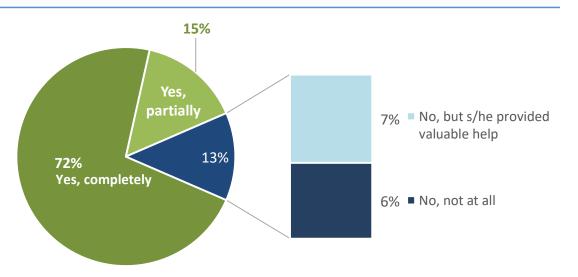
Unmet Needs in Navigation

Which are most important issues with which you need help?

	CM Cancer	CM Breast	CM Other
Day-to-day living expenses (rent/mortgage/utilities)	65%	69%	61%
Hospital bills	40%	41%	40%
Health insurance premiums	29%	27%	30%
Imagining like x-rays, MRIs, or CT/PET scans	28%	28%	28%
Transportation (to and from treatment)	19%	18%	20%

PATIENT REPORTED SATISFACTION

Was the staff able to resolve the caller's issue?



Patients rating value of PAF as "8" or higher (out of 10)



Patients that would recommend PAF to others



Patients that report being satisfied with PAF services



A CASE STUDY

ISSUES:

- Insured Caucasian male in his 50's
- Patient suffered a severe stroke
- Seen first at the nearest available
 Emergency Room then transferred to a
 University Hospital for expert care
- Needs assistance with appealing Out-Of-Network charges
- Needs assistance with unpaid medical bills



PAF STEPS TO RESOLUTION:

- Reconciled Explanation of Benefit statements from both facilities against billed charges
- Researched appeal options identifying a statewide "hold harmless" protection for patients impacted by "surprise" bills resulting from emergency care
- In collaboration with the patient, assembled an appeal addressing the out-of-network reimbursement rate based on the "hold harmless" provision, as there wasn't an in-network hospital with the scope of medical expertise necessary to save his life
- The appeal was successful and the insurer approved additional reimbursement to the university hospital
- The hospital then excused the remainder of the patient's out of pocket responsibility **leaving the patient with a zero balance**

A CASE STUDY

ISSUE:

- African American male in his 60's
- Insured
- Diagnosed with prostate cancer
- Needs assistance obtaining full time housing
- Needs information on available resources to assist with cost of living expenses in the future



PAF STEPS TO RESOLUTION:

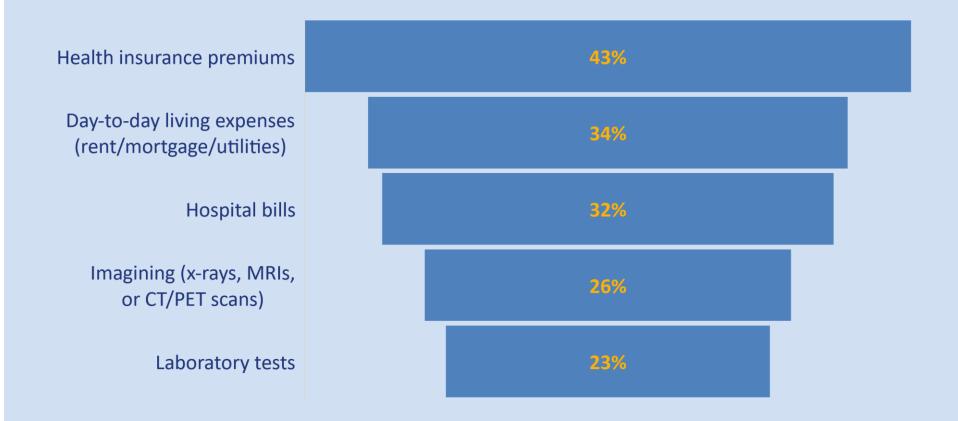
- Patient is a commercial truck driver and did not need private, daily housing prior to his diagnosis – requires it now during treatment and recuperation period
- Researched available options and connected the patient to a relief fund specifically for truckers
- Spoke with four local resources to identify assistance for immediate and potential future cost of living needs
- Connected the patient to a grant program for working applicants in need of emergency financial assistance rent vouchers and energy assistance
- Supplied patient with a directory for locating resources for future needs

EMBEDDED MEASUREMENT OF ENGAGEMENT

Domain	Mechanism	Measure
Health Education	 Discuss patient situation, in depth, to identify misconceptions, goals, barriers, and solutions Educating patients on relevant content areas and the process requirements for a desired goal 	48% Utilized PAF materials 7 2.2 eHealth Literacy Score
Navigation	 Identify resources and providing support to facilitate connection to these resources Walk patients through a task (many employ the "See One, Do One, Teach One" strategy) 	7.52 Confidence in Navigation
Communication	•Model communication skills and coach callers on effective approaches to talk to healthcare providers and insurers	7.32 Confidence in Communication
Self-Advocacy	 Identify barriers that may emerge or are currently standing in the way of their goals. Provide coaching to empower patients to be their own advocate and engage in their health and care 	No change on current metrics But 1.86 General Distress

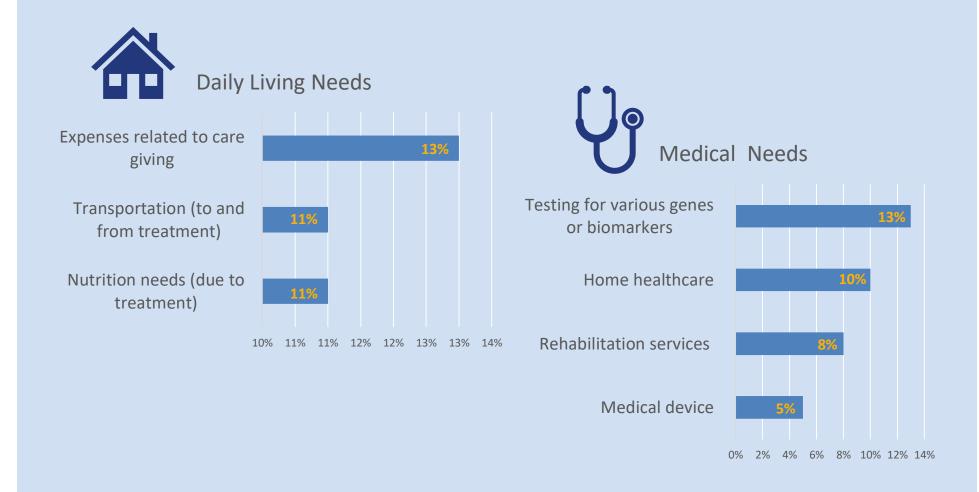


MOST FREQUENTLY REPORTED UNMET NEEDS





OTHER REPORTED UNMET NEEDS





Educational Resources Organized by Topics

- The Language of Insurance
- **Understanding Health Insurance**
- Choosing a Health Plan
- Common Barriers Affordability & Costs
- Medication Benefits & Your Formulary
- Interacting with Insurer
- Interacting with Your Physician
- Insurance Denials & Appeals
- Maintaining Employment & Job Benefits
- Preserving Income & Federal Benefits
- Laws & Protections
- **Getting Care While Uninsured**





PAF's Authored Publications



What is Insurance? Why do I need It?

FAST FACT

outlines your plan in easy to understand language.

The Importance of Choosing the Right Plan

each plan option. It is c

within your plan netwo

to know whether the

plan's approved drug

of covered services, b

the identified medica

not be paid by your

also important. You

the plan's list of non-

or benefit exclusions

excluded, you will be

the full cost.

noosing the right plan in the beginning can significantly impact your overall care options as well as your financial health during the plan year. Comparing coverage benefits with financial costs will help you understand differences in plan options and allow you familiar with medici to choose the best plan for your needs. Sometimes the cheapest premium may ultimately mean you are paying significantly more during the year for your care.

Consider factors beyond the premium amount when looking at cost. Out-ofpocket costs tend to impact the family's budget all at once rather than as a reoccurring bill that can be budgeted like premiums. Some out-of-pocket costs like prescription co-payments are required to be paid upfront and cannot be paid

It's important to become familiar with the out-of-pocket co-payments and co-insurance amounts associated with potential services you may need, such as: routine care, specialty care, emergency care or prescription drug costs.

In addition to costs, when selecting a plan you should closely review and compare both the basic benefits offered



whether your curren of the network. You'll

Essential Health Benefits Defined by the Affordable Care Act

Making The Most

of your Insurance 365 Days a Year

These categories of coverage ensure

- O Laboratory services
- Ambulatory or outpatient service Pregnancy, maternity and
- Pediatric services, including pediatric dental and vision
- O Preventive and wellness services
- O Chronic disease management Mental health and substance
- brand name and

abuse treatment

Rehabilitative, habilitative services and medical devices

and AMNUAL CHECKUPS

Health Insurance Matters

of you are healthy it is difficult to foresee potential illness or injury. and even more difficult to predict the costs of future health problems. But it's important to remember that health insurance-unlike car or home insurance—does not just help you to pay for an unexpected disaster. Health plans provide vital benefits intended to help you maintain good health and enjoy life on an ongoing basis.

Health insurance is ultimately a contract between you and a health insurer to pay some or all of your healthcare costs in exchange for a monthly premium

payment. The kind of coverage v have-that is, the amount your insurance company is willing to a depending on the insurance police you're selected.

With a health insurance policy, y not penalized for using your cove throughout the year-and are act encouraged to seek regular check preventive care during the year. DISORIENTED DEWILDERED

Unlike other types of insurance, rates are not determined by anni and claims cannot affect future b

Common

The Doctor | Need

Is Out of My Network

your provider network, contact your insurance plan to learn what your options are and how to request prior approval before seeing an out-of-network provider.

pecialized care you need. Ask the provid

Roadblocks to Care

Advice to prevent and deal with the most common insurance-related hurdles

Selecting and enrolling in a comprehensive insurance plan eliminates the obstacle of accessing care when uninsured. However, there are still many potential barriers that you may face when you go to utilize your plan benefits.

Medication-Related Barriers

Navigating the Plan's Medication List and Drug Formulary

Tedications can be a large financial barrier for patients. especially if dealing with a chronic or life-threatening condition. To protect yourself, when prescribed a medication, compare the medication to your insurance plan's drug formulary to ensure the medication is on the approved covered list. Be aware of the costs that need to be paid in order to receive the prescription.

If your prescribed medication is not covered on the plan formulary:

whether a different medication on the formulary is an option in your situation.

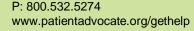
- Consider switching to the generic version of the drug if possible.
- Formally request an exception to the formulary list. Your request will the prescribing provider and should include documentation supporting the medically necessary reason for you to take a non-formulary medication to treat your condition. If your exemption request is not approved, you will be responsible to pay the full cost.
- Seek out co-payment programs, charity assistance or financial help from the drug manufacturer to help



FIND INE MISSING **PIECES**









Insured and Uninsured Resource Directory

Search criteria: age, state, diagnosis, and type of assistance.

https://www.patientadvocate.org/explore-our-resources/national-financial-resource-directory/

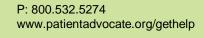
Housing & Lodging	Housekeeping and Repairs
Utilities	Hospice & End of Life
Transportation Assistance	Insurance Premium Assistance
Nonprofit Copay Programs	Legal or Advocate Services
Other Medication Assistance	Medical Equipment or Supplies
Drug Manufacturers Patient	Disease Information, Educational
Programs	& Research
Dental Care	Rehabilitation Assistance
Insurance Policy Options	Support for Caregivers
Emotional Support & Community	Vision Care & Eyeglasses
Childcare Resources	Wish Fulfillment & Camps
Clinical Trial Assistance	Affordable Options for Care
Reconstructive Surgery	Screening Services
Employment	Government Services & Programs
Fertility Related Services	Resource Directories & Finders
Food & Nutrition	Medical Bills & General Financial
Patient Fundraising Programs	Credit & Financial Management
Home health, Respite, or Day Care	Academic Scholarships

Type of Assistance Needed:

35+ Categories!!









My Resource Search Mobile Phone App

Update for iOS 10.3 coming in May 2017!









www.patientadvocate.org/myresources

Or from APP STORE directly from your phone

















Patient Empowerment Webinar Series



Clinical Trials

ACCESS

How could I benefit from one? What's in it for me?



Home Health Benefits What You Need to **Know about Home Health & Nursing Home Care**



Clinical Trials

INSTANT ACCESS

How to Search, Locate a Trial. and Enroll



Insurance Denials

How to Construct a Successful **Appeal**



INSTANT

ACCESS

Preparing for Open **Enrollment** Changing Plans & **Enrolling in New**

Insurance



ACCESS

Financial Barriers Tips for Affording Medications & **Prescribed Drugs**



Medicare Open **Enrollment** Basics



Disability **Benefits**

How to Access Social Security



Disability Benefits



Maximizing You Coverage **Getting the Most** Out of Your Insurance Benefits



Medicare Part D Open **Enrollment**



Understanding the **Basics**





After Open **Enrollment?** A discussion on how to access care you need

Migraine Educational Resource Area





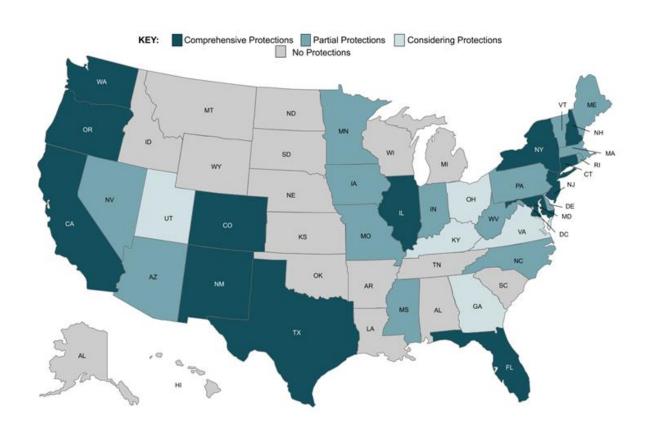
Presents Various Content Types

- Webinars, Videos, Interactive Graphics, Infographics
- Includes Compelling Statistic or Visual Fact
- Resources in the form of web articles, websites, PDFs, Publications, Images, audio podcasts

11 Possible Categories of Resources to Choose From to Customize Your Page

- Communication with your Doctors
- Access to Treatment
- Understanding Your Diagnosis
- Living with Migraine
- Understanding Insurance Coverage
- Migraine & the Workplace
- Caring for a Migraine Patient
- Emotional Support & Community
- Medical Research & News
- Advocating for Change
- For Providers & Medical Professionals

Surprise Medical Bills: State Activity



- 28 states have enacted protections to address surprise medical bills
- Currently, Virginia, Ohio and Georgia are considering protections.
- some of the protections include an opt-in for ERISA plans circumventing the need to wait on a federal solution (e.g., VA proposal)

Surprise Medical Bills

TheUpshot

Ban on Surprise Medical Bills May Pass After All

NY Times, Dec 8, 2019

POLITICS

A Deal To End Surprise Medical Billing Was Tanked At The Last Minute

BuzzFeed News, Dec 29, 2019

HEALTH CARE

Powerful House committee is latest to take stab at 'surprise' billing fix

Politico, Jan 16, 2020

Balance Billing – Federal Activity

- Senate HELP Committee "Lower Health Care Costs Act"
 - S. 1895, Sens. Alexander (R-TN) and Murray (D-WA)
 - Marked up and reported out of committee, July 8, 2019
- House E&C Committee "No Surprises Act"
 - H.R 3630, Reps. Pallone (D-NJ) and Walden (R-OR)
 - Marked up and reported out of committee, July 17, 2019

- "STOP Surprise Medical Billing Act" S. 1531, Sens. Cassidy (R-LA) and Hassan (D-NH)
- S. 1266, Sen. Scott (R-FL)

- H.R. 3502, Reps. Ruiz (D-NY) and Rep. Roe (R-TN)
- H.R. 861, Rep. Doggett (R-TX)

Provisions

- Settings
- Hold harmless
- Ban on balance billing
- Payment standard
- Dispute resolution
- Interaction with state laws
- Enforcement



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