

# MANAGING THE COST OF YOUR TREATMENT



AT MEMORIAL SLOAN KETTERING  
CANCER CENTER

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**Information for this guide was been adapted from “Managing the Cost of Cancer Center,” created by the American Society for Clinical Oncology.**

## **Introduction**

As you begin your cancer care at Memorial Sloan Kettering (MSK), you may have questions about your cost of care. At MSK we are dedicated to providing financial resources to help guide you through your care process. This booklet serves to inform you about a variety of financial topics including insurance, cost-estimates, co-pay assistance, financial assistance, and others.

It is important as you begin your care at MSK to have a full understanding of your financial options. No one plans for cancer, and MSK has a variety of resources to help assist you with paying for your care.

## **Navigating the Costs of Cancer Care**

Dealing with a cancer diagnosis can be frightening, stressful, surprising and confusing. Consider this guide your one stop checklist for understanding, taking control of, and managing the cost of your cancer treatment at MSK. We're here to help you make sense of your options and to ensure that you get the care you need.

### **Medical Costs and Hidden Costs**

When it comes to paying for your cancer treatment, some costs may be more obvious than others. For example, when you think about cancer cost, you may expect to consider the cost of a medication based on your insurance coverage. However, costs of daily living can increase as a result of long term illness and its treatment. We urge you to consider the hidden costs of cancer and educate yourself on resources to help offset these.

For instance, your expenses for travel, gasoline, and parking will go up if you are traveling from the greater NYC metropolitan area to the Upper East Side. Or, new expenses might be added as you adjust to your treatment plan. You might need child care on Thursdays so you can visit our site for chemotherapy. At the same time, we understand that the demands of your treatment schedule may mean that you need to reduce your work hours, therefore earning less money. We want you to know that we are here to help.

## **Bill's Story.**

**Bill has a family of five, with two children in college and one in high school and an annual income \$600,000.00; after taxes his income came to \$402,000.00.**

Bill was the sole supporter prior to being diagnosed with cancer. Bill's family monthly expenses include their mortgage (\$13,200.00); college tuition for two children (\$12,500); and high school tuition for one child (\$2000.00).

After his diagnosis, Bill's annual salary decreased by 60% of his previous salary for a total of \$340,000.00. Because of that, his family could no longer afford all their monthly bills, and they had to borrow from family and friends.

[MSK's Financial Assistance Program](#) takes all expenses into account when considering eligibility and employs a holistic approach to calculating need. Bill qualified for financial assistance through MSK and was deemed fully eligible, meaning that he didn't have to pay anything out of pocket.

To help you get started, we have grouped different types of costs. It is often helpful to consider the costs based on your budget and needs within these groupings.

### **Doctor Appointments**

Payment for the medical care that you receive at your doctor's office falls into this category. This might include physical examination visits, check-ups, or laboratory tests ordered as a part of your visit, among other appointments. Your insurance company may require you to pay a fee called a ["co-pay"](#) every time that you visit, something that is set by your insurance company and not by MSK. For more information regarding your cost-sharing responsibilities, please contact your individual insurance company. Our

[Patient Financial Services \(PFS\)](#) staff are also happy to help you discuss your co-pay or out of pocket responsibilities and connect you to financial assistance should you find yourself overwhelmed.

## **Cancer Treatment**

Because cancer treatment can take anywhere from months to years, it is important to consider payments for the medical care you will receive over the duration of your treatment, as the costs can add up regardless of insurance type or status. Many services such as surgery, radiation treatment and inpatient stays include a professional charge (your doctor's fee) along with a hospital charge. After you have discussed your treatment plan with your doctor you can contact your [Patient Access Coordinator](#) to discuss the potential costs as well as programs to help offset the expenses.

## **Medication**

Depending on your insurance, you will be responsible for a portion of the costs for any medication prescribed as part of your treatment regimen. We know that over the duration of your treatment here at MSK, medication related costs have the potential to add up. Contact your Patient Access Coordinator when you are at MSK for more information on Drug Replacement Programs or Co-Pay Assistance Programs. If you are unsure who your Patient Access Coordinator is, contact your doctor's office.

## **Transportation and Travel**

Depending on where you decide to receive treatment, whether it be in Manhattan or any of the MSK locations in the surrounding areas, you should be sure to account for the gas, tolls, parking, and other transportation related costs that might be necessary. For patients traveling from farther away, this might include flights and hotel stays. Social Workers are available to discuss the possibility of assistance with travel and transportation related expenses. Contact your doctor's office to meet with a Social Worker.

## **Family and Living Expenses**

This encompasses costs that pertain to the continued needs of your family and household. Our social workers are here to discuss ways in which MSK can help support you with child or elder care, coping support, and home maintenance services.

## **Caregiving, at-home care, and long-term care**

This category includes the cost of the added services that you may need as you undergo treatment. Many patients find that they might need assistance, whether through meals, rides to treatment, or home health aides. Speak with a social worker to learn more.

## **Jason's Story.**

Jason is four years old with a diagnosis of retinoblastoma. Initially his mother had him covered under her insurance, however she was laid off and the insurance only remained effective through December 31, 2016.

The patient and his family reside in New Jersey and are over Medicaid guidelines, however, they do not have the money to pay COBRA premiums. The patient's annual family income is \$54,000.00 gross.

Jason's mother is the primary care giver for the patient who has been admitted 4 times since July 2016, therefore she does not have time to look for work.

They were approved for our [MSK Financial Assistance Program](#) and we are absorbing all charges via charity care funds. Jason's parents were also approved for Social Work funds to assist them in paying for transportation expenses to and from MSK.

## **Cost Estimates**

At Memorial Sloan Kettering, we understand no one likes a surprise when it comes to the cost of healthcare. That is why our [Patient Billing Specialists](#) are here to provide you with an estimate of your out-of-pocket expenses before you begin treatment.

We base the estimate on the course of treatment recommended by your MSK doctor and your existing insurance coverage. We also consider your deductible and any co-insurance you may have. If you would like to arrange for a charge estimate, please call us at 646-888-1750 or email [chargeestimatespbd@mskcc.org](mailto:chargeestimatespbd@mskcc.org).



# Understanding Your Health Insurance

## Insurance companies that participate with MSK

Certain insurance plans have relationships with MSK and our doctors. These plans are considered [“In Network”](#) with MSK. Please see the updated list of carriers at the following link <https://www.mskcc.org/insurance-assistance/insurance-information>. Call us if you have questions or need help understanding.

## Insurance Companies that do not have Relationships with MSK

Before MSK can schedule your appointment, you must see your Primary Care Physician to secure an [out-of-network](#) authorization for a comprehensive consultation along with any additional services that your clinician may need during the first visit to make recommendations on a treatment plan. You would be advised of these services during the registration process that MSK must receive this authorization before any appointments are scheduled.

## Appealing Health Plan Decisions

Here are some steps to consider if your insurance company initially does not allow coverage for your medical care at Memorial Sloan Kettering.

- Become educated about your insurance plan. Know the type of coverage it provides. Learn the reasons why your coverage is being denied.
- Learn about your medical condition and what the recommended treatment options typically are. If you have not made an appointment at Memorial Sloan Kettering, ask your primary care physician or oncologist if Memorial Sloan Kettering offers treatment that is not available from doctors or hospitals that are

in your insurance plan's network. If you have an appointment for a consultation at Memorial Sloan Kettering, ask the doctor if the recommended treatment is unique to our Center.

- Write an appeal letter and follow the process for filing the appeal as outlined by your insurance company. Organizations such as the Patient Advocate Foundation (800-532-5274) offer guidelines for writing letters of appeal. You can also find sample letters of appeal on their website. Search "Appeal Letter" from the home page of the Patient Advocate Foundation's website to find this information.
- Speak to your employer or union and ask that they advocate on your behalf with the insurer.

If you don't see your insurance plan on our website, or you don't have insurance, we encourage you to call us. There may be other ways we can help, through our Financial Assistance program. Please call 646-497-9176, Monday through Friday 8:00am - 5:00pm EST.

### **Insurance Rates**

Every insurance carrier has an established payment rate for each test, procedure, and medical service. The rates are what the insurer has decided are appropriate for these services in New York City. Insurers have different ways of deciding what is [usual and customary](#).

Our charges may be different from an insurer's rates due to the high level of care we provide to our patients. If you only have out-of-network benefits, you are responsible for

paying the difference between Memorial Sloan Kettering's charges and the carrier's [usual and customary](#) rates, in addition to your [co-insurance](#) and [deductible](#) costs.

Please contact your insurance company's customer service representative to verify your [out-of-network](#) benefits and find out what your financial responsibility will be.

### **Multiple Insurance Plans**

If you are covered by more than one insurance plan, you will want to determine your benefits from both plans. First, you need to determine which one is your primary insurance provider by contacting your employee benefits office or your insurance carriers. After you find out which is your primary insurance provider, you should then contact your insurance carrier to determine if you have access to Memorial Sloan Kettering.

### **Services that May Not Be Covered by Major Medical Insurance**

While you are receiving care at MSK, it is important to confirm with your major medical insurance provider what they cover. In some cases, dental services or psychological care related to your cancer diagnosis may only be covered through your dental insurance and/or your behavioral health benefits. As always, [Patient Financial Services](#) can assist you in preparing for these conversations with your insurance carrier.

## **Government Sponsored Insurance**

### Medicare

Hospital and physician services at Memorial Sloan Kettering are covered by standard Medicare insurance. You are responsible for [co-insurance](#) and deductible costs. If you are enrolled in a Medicare Advantage plan, please contact your insurance carrier to determine your benefits and coverage at Memorial Sloan Kettering since your access may be limited.

### Medicaid

New York State Medicaid covers physician and hospital services at Memorial Sloan Kettering. Patients are responsible for co-payments. We also have contractual relationships involving certain Medicaid Managed Care plans. Please see the participating Medicaid plans at the following link: <https://www.mskcc.org/insurance-assistance/insurance-information/medicare-medicaid>. If you are enrolled in a Medicaid Managed Care plan that is not listed here, please contact a Medicaid representative to determine whether the plan provides coverage at Memorial Sloan Kettering.

## **Prescription Coverage**

Your medical insurance is not necessarily the same thing as your prescription insurance. It is possible that even though you have medical insurance, you may not have prescription insurance, or it may be different. Specific plans from certain insurance companies have relationships with Memorial Sloan Kettering and our doctors. If you have an active pharmacy card, please bring it with you to your next visit.

## **Health Insurance Marketplace**

We understand that there may be many complexities involved with insurance coverage purchased through the health exchange network of the Affordable Care Act. We are here to help. If you have questions about how your care will be covered by an insurance provider, or need help navigating a change in coverage, please call us at 646-227-3378; if you are not a resident of New York, you can call us at 866-248-1274. Our team is here to listen to your concerns and assist you in any way we can. We want our care to be as accessible and affordable for as many people as possible.

## **Care for Patients Without Health Insurance**

If you do not have health insurance or are worried that your health insurance may not cover your MSK bills in full, we may be able to help. Start by reaching out to your Patient Access Coordinator for assistance. Beyond that, please contact Patient Billing Services; we will work with you to find alternative payment options. In addition, for those who qualify, MSK offers financial help to patients in need through our Financial Assistance Program.

For your convenience, we have included a [glossary](#) of health insurance terms at the end of this booklet that have been used here and/or may be used in discussions you may have with your plan's customer service representatives.

## **MSK Financial Resources**

### **Financial Assistance Program (FAP)**

The Memorial Sloan Kettering Financial Assistance Program (FAP) helps uninsured and underinsured patients with a household income up to five times the federal poverty level who cannot get publicly funded health insurance and cannot afford to pay for their medical care. The premise of the program is that all patients are expected to contribute to their care, based on their ability to pay, as it is the intention of the hospital to offer financial assistance to our most medically and financially needy patients.

Hospital and physician fees can be reduced for patients who qualify for the program. Aid is given based on the patient's household income, assets, family size, expenses, and medical needs. New patients who reside in New York or New Jersey may qualify for aid. Memorial Hospital patients may qualify for financial assistance regardless of where they live in the United States. We understand that each patient has a unique financial situation and encourage you to contact our Patient Financial Services department if you need assistance. Each application for assistance is handled confidentially and requires the cooperation of the applicant. For more information on the financial assistance program please call 212 639 -3810, between 8:30am – 5:30pm, Monday through Friday.

### **Marie's story.**

Marie is a 50-year-old Nursing Assistant with a diagnosis of lung cancer. Family of four, annual income was \$104,000.00.

Her son was diagnosed with severe kidney failure and Marie planned to donate one of her kidneys. She had to have a complete physical prior to becoming a donor and that is when they discovered her lung cancer.

At that point, they were enrolled in Union Local 1199 insurance which only pays 50% of outpatient services. Due to her illness as well as trying to take care of her son she was working less hours; therefore, their annual income had decreased significantly.

They were fully approved for **financial assistance** and MSK is accepting the amount that their insurance pays as payment in full, meaning no out of pocket costs for Marie and her family.

### **Co-Pay Assistance and Drug Replacement Programs**

As the cost for cancer drugs continue to increase as well as a patient's financial responsibility related their treatment overall, MSK actively seeks out ways to assist in offsetting patient expenses. There are many patient financial support programs offered through external sources, such as pharmaceutical companies and foundations, that help to cover the cost of a patient's cancer medications. For more information, call your Doctor's office to speak with your [Patient Access Coordinator](#).

### **Social Services**

At Memorial Sloan Kettering, we are committed to helping patients negotiate the emotional and social challenges of cancer and its treatments. Social workers play an

important role in providing emotional support and guidance to people with cancer, as well as friends, families, and caregivers. They can also help with logistical concerns surrounding transportation, finances, and other practical issues. To speak with a social worker, please ask your Memorial Sloan Kettering doctor or nurse, or call the Department of Social Work directly at 212-639-7020.

### **Patient Revenue Department**

Our Patient Revenue Department works in partnership with you, your insurance carrier and clinical team to ensure that paying for your cancer treatment is as seamless as possible. Our staff is committed to ensuring that you have a clear understanding of our billing and payment processes. They are available over the phone and in person to discuss any financial concerns you may have while you are being treated at MSK.

- **Patient Financial Coordinator (PFC):** Responsible for registering and counseling new and existing patients on all matters related to registration, insurance updates and questions about coverage. They can be reached at **646-888-1500**.
- **Patient Access Coordinator (PAC):** Financial Navigators that provide in person counseling to patients that may have questions concerning their insurance and payment responsibilities, throughout the course of their treatment. They work directly with the clinical teams to ensure that patients financial concerns can be addressed proactively. Please contact your clinical teams if you would like to arrange for a meeting.



- **Patient Billing Services (PBS):** Responds to patients questions and needs regarding their hospital and physician bills over the telephone and via the MSK portal and mail. You can contact them at **646-497-9176** to discuss insurance updates, to make payments on your account, and to get cost estimates on services.
- **Patient Care Advocacy Program (PCAP):** Offers insurance authorization assistance to patients who do not have access to Memorial through their current health insurance plan. They work with patient, outside physicians, clinical staff at MSK, and the patients' insurance carrier to try and obtain an authorization for care at MSK. They can be reached at **212 639-3111**.

# Navigating MSK

## Navigating Your Financial Questions at MSK



### New Patient

Contact **Patient Billing Services** if:

? I have questions about my insurance coverage.

**Call:** 646-497-9176

? I don't live in New York and have questions about receiving care at MSK.

**Call:** 866-248-1274

? I would like to know how much I might be charged

**Call:** 646-888-1750 or email [chargeestimatespbd@mskc.c.org](mailto:chargeestimatespbd@mskc.c.org)



### Current Patient

Contact **Patient Billing Services** if:

? I would like to update my insurance.

**Call:** 646-497-9176

? I have questions about my bill.

**Call:** 646-227-3378

Contact **Patient Financial Services** if:

? I need help paying my hospital bills and would like to learn more about my options.

**Call:** 212-639-3810

? My medication co-pay is high and I would like to learn more about prescription assistance programs.

**Call your doctor's office and ask to meet with your Patient Access Coordinator.**



Memorial Sloan Kettering  
Cancer Center

## Insurance Glossary

**Affordable Care Act:** Health reform legislation signed into law in March 2010. It includes a long list of health-related provisions that began taking effect in 2010. Key provisions are intended to extend coverage to millions of uninsured Americans, lower healthcare costs and improve system efficiency, and eliminate industry practices that include rescission and denial of coverage due to preexisting conditions.

**Authorization:** Written approval from your insurance carrier in advance of a service being rendered, for you to receive medical care at Memorial Sloan Kettering. Please note that a new authorization is needed for each type of service, such as chemotherapy, radiation therapy, MRI, CT scan, outpatient surgery, and hospital admission. We will obtain this authorization for you 24 to 48 hours prior to the scheduled service.

**Cancer Resource Services (CRS):** Cancer Resource Services (CRS) is a program provided by UnitedHealthcare that offers UnitedHealthcare patients access to a network of premier cancer centers. UnitedHealthcare patients should call CRS at 866-936-6002 to verify eligibility for this specialized coverage.

**Carrier:** An insurance company that issues policies and makes payments to medical providers for its members.

**Case Manager:** A Memorial Sloan Kettering employee, usually a nurse, who will advocate on your behalf with your insurance company if the proposed treatment plan is not available within your network of providers.

**Co-Insurance:** The amount (usually a percentage) of the healthcare costs for which you have to pay. You pay co-insurance even if your deductible has been met. For example, you may pay 20 percent of the cost of medical services after meeting the deductible.

**Co-Payment:** A flat fee that you pay for healthcare services from an in-network provider for certain services such as an office visit or physical therapy. For example, you may be responsible for a \$15 co-payment for each office visit

**Deductible:** The annual amount you must pay for healthcare expenses before your insurance company begins to pay for covered medical services.

**Exclusive Provider Organization (EPO):** A managed care organization that is similar to a preferred provider organization (PPO). If you're a member of an EPO, you can see any doctor in the network without obtaining a referral. You do not need to choose a primary care physician, but cannot go to an out-of-network provider without an authorization. You are responsible for all charges if you receive treatment from a non-network provider and do not have an authorization.

**Financial Counselor:** A Memorial Sloan Kettering employee who is available to answer questions you may have or to explain billing procedures

**Health Insurance Exchange (also known as the Health Insurance Marketplace):** A key provision of the Affordable Care Act, established to provide a selection of competing health insurance providers, each offering different qualified plans. All qualified plans must meet standards established and enforced by the federal government.

**Health Maintenance Organization (HMO):** A managed care plan that requires its members to use the services of their network of physicians, hospitals, or other healthcare providers. If you're a member of an HMO, you are required to choose a primary care physician who must provide you with a referral to see a specialist.

**In-Network:** Physicians, hospitals, or other healthcare providers who have a managed care contract with your insurance plan. The fees of these providers are covered by the plan. You may still be responsible for a co-payment.

**Indemnity Health Plans:** Also called a fee-for-service plan. An insurance plan that allows you to see medical providers of your choice. You are responsible for paying a percentage of total charges no matter which medical provider you see.

**Managed Care:** An insurance plan that contracts with a network of healthcare providers. Your financial responsibility is significantly less when provided in-network. EPOs, HMOs, POS, and PPOs are managed care plans.

**Medicaid:** A state program that provides medical benefits to eligible people who have a low income level as well as to people with disabilities.

**Medicare:** A federal health insurance program that covers the cost of hospitalization, medical care, and some related services for people 65 years or older and for people with disabilities.

**Network:** A group of physicians, specialists, hospitals, outpatient centers, pharmacies, and other providers who has signed a contract with an insurance company to provide healthcare services to their subscribers.

**Non-Covered Procedure or Service:** A medical procedure or service that an insurance plan considers medically unnecessary (or experimental) and therefore does not cover.

**Out-of-Network:** Physicians, hospitals, or other healthcare providers who do not have a managed care contract with an individual's insurance company. When you receive care out-of-network, you will be financially responsible for that care.

**Out-of-Pocket Costs:** The amount you are responsible to pay for medical services that are not reimbursed by your insurance plan.

**Point of Service (POS):** A health plan that contracts with a group of providers to offer medical services at discounted rates. When seeing an in-network specialist, such as an oncologist, you must obtain a referral from your primary care physician. POS plans allow you to seek care outside of the PPO network, but the insured party has a greater out-of-pocket expense.

**Precertification:** Obtaining authorization from your insurance plan for any hospital admission and those outpatient procedures specified under your policy. Memorial Sloan Kettering will handle insurance-required precertification on your behalf, no matter which insurance company you have a policy with. These services include (but are not limited to) inpatient stays, emergency admissions, outpatient surgeries, radiology procedures, and radiation therapy.

**Preferred Provider Organization (PPO):** A health plan that contracts with a group of providers to offer medical services at discounted rates. Typically, you can see any doctor in the PPO network without requiring special approval, and you usually do not need to choose a primary care physician. PPOs allow you to seek care outside of the PPO network, but the insured party has a greater out-of-pocket expense.

**Primary Care Physician (PCP):** A general or family practitioner who is your personal physician and first contact within a managed care system. The PCP will usually direct the course of your treatment and refer you to other doctors and/or specialists in the network if specialized care is needed.

**Provider:** Any medical professional (physician, nurse practitioner, etc.) or institution (hospital, clinic, etc.) that provides medical care.

**Referral:** The approval form you receive from your primary care physician for you to see a specialist or get certain services. In many managed care plans, you need to get a referral form before you get care from anyone except your primary care doctor. If you do not first get a referral, the plan may not pay for your care. Patients in HMO plans must also obtain authorization for treatment from the carrier prior to an appointment at an out-of-network facility.

**Usual, Customary, and Reasonable (UCR), or Reasonable and Customary:** Every insurance carrier has a payment rate for each test, procedure, and medical service. The rates are what the insurer has decided are appropriate for these services in New York

City. Insurers have different ways of deciding what is usual and customary. Memorial Sloan Kettering's charges may be different from an insurer's rates due to the high level of care we provide to our patients. If you only have out-of-network benefits, you are responsible for paying the difference between Memorial Sloan Kettering's charges and the carrier's usual and customary rates, in addition to your co-insurance and deductible costs.



