Negotiating Healthcare Costs

Many options are available to reduce the cost of care — before and after treatment.

By Amy Scanlin, MS

HEALTHCARE IS EXPENSIVE, even for those in good health. Add a chronic condition, and costs can be pushed past the breaking point. To keep premiums lower, patients can opt for higher deductibles and co-pays. But this leads to a greater risk of financial hardship when payments for big-ticket services come due.

There has been tremendous growth in the numbers of people, whether uninsured or underinsured, who suffer financially from the cost of healthcare. And while it may seem that these costs are insurmountable, that is not always the case. Hospitals, doctor offices and insurance companies are the primary negotiators of the cost of care, but patients can also impact their own costs. Smart oversight, asking the right questions, knowing where to turn for assistance and keeping a close eye on medical bills can have a positive effect on the bottom line.

Smart Oversight

More and more, consumers expect to understand what things cost, says Mark Rukavina, MBA, founder of Community Health Advisors LLC. "However, with healthcare, that cost can be a mystery." The multi-party system, he says, involving payees, providers and patients, leads to a lack of knowledge and, in some cases, an inability to get good information.

That's why patients must keep track of the who and what when it comes to tests and procedures. Going out-of-network and having a lack of clear justification for care are two culprits of unexpected and crippling medical costs. In fact, unexpected out-of-network bills were a top consumer complaint, according to a New York State Department of Financial Services report.[1] A simple referral to a specialist or for a specific test by a trusted physician can unwittingly lead to financial disaster. Whether it's a broken arm, a second opinion or a specialist, any number of unexpected circumstances can arise that can cause costs to skyrocket. It is up to patients to ultimately understand what is covered by their insurance plan. As such, it is imperative they ask the right questions and manage where everything and everyone falls within the system.

Ask the Right People the Right Questions

Calling the insurance company to verify provider participation and covered tests allows patients to go back to their doctor to confer and determine if a more cost-effective option is available. This also enables patients to request better justification from the insurance company in its determination of coverage pre-approval. "Your health plan can tell you what services or procedures require pre-approval," says Karen Thomas, director of Healthcare Finance Policy, Consumer Engagement, at Healthcare Financial Management Association. "It's ultimately the patient's responsibility to make sure that pre-approval has been obtained when it's necessary. Ask your doctor if he or she will request the pre-approval, or if you should. Either way, call your health plan before receiving the care to ensure the pre-approval is on record." Of course, in emergency situations, pre-approval requirements generally do not apply.

Gathering information upfront will help to reduce the element of surprise later. Unfortunately, too many people realize after the fact the questions they should have asked beforehand. "Your health plan can help you compare price and quality for different physicians and hospitals," says Thomas. "Many health plans have a price estimator, often called a price transparency tool, on their websites for use by their members. Many hospitals can also provide you with price information upon request."

In addition, online cost aggregators such as FAIRHealth are options that allow patients to see the anticipated costs for services in their area. Costs passed on to patients vary widely depending on negotiations between hospitals and providers and which insurance plan a patient has. So shopping around for a better price, without compromising care, can be a good strategy. But, patients should be sure to compare apples to apples by asking for the exact name of the procedure and the specific billing codes.

Thomas suggests patients and physicians ask questions such as the following to help bring costs down: Are lab tests pre-authorized, including those conducted off-site? Are certain tests even necessary, or can a previous result provide needed detail? What about prescribed medications? Is there a less-expensive alternative?

GATHERING INFORMATION UPFRONT WILL HELP TO REDUCE THE ELEMENT OF SURPRISE LATER.

Patients should bring written lists of questions that are prioritized to make the best use of time. "If you are concerned that you won't remember or be able to process everything," says Thomas, "bring a friend or a family member with you to your doctor's appointment. Don't move forward with treatment until you feel comfortable that you know what to expect and that all your questions have been answered."

More than 10,000

patients and providers have put their confidence in Hizentra[1]

Hizentra offers a range of dosing options:

DAILY → ONCE EVERY 2 WEEKS

Hizentra—Ig therapy that fits your lifestyle.

Important Safety Information

Hizentra treats various forms of primary immunodeficiency (PI) in patients age 2 and over.

WARNING: Thrombosis (blood clotting) can occur with immune globulin products, including Hizentra. Risk factors can include: advanced age, prolonged immobilization, a history of blood clotting or hyperviscosity (blood thickness), use of estrogens, installed vascular catheters, and cardiovascular risk factors.

If you are at high risk of thrombosis, your doctor will prescribe Hizentra at the minimum dose and infusion rate practicable and will monitor you for signs of thrombosis and hyperviscosity. Always drink sufficient fluids before administration.

Please see additional Important Safety Information on reverse side and brief summary of full prescribing information for Hizentra, including boxed warning, on adjacent page.

Reference: 1. Data on file. Available from CSL Behring as DOF HIZ-003.

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Hizentra®
Immune Globulin Subcutaneous (Human) 20% Liquid

IgIQ®

Complete Support, All in One Place

IgIQ is a resource center for people who depend on the Ig therapies offered by CSL Behring, including Hizentra.

What can our friendly and knowledgeable IgIQ staff do for you?

- Answer general (non-medical) questions*
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*IgIQ personnel are not medical experts; medical questions will be forwarded to the appropriate CSL Behring department.

For more information, call **1-877-355-IGIQ (4447)** Monday–Friday, 8 AM to 8 PM ET.

Important Safety Information (continued)

Tell your doctor if you have had a serious reaction to other immune globulin medicines or have been told you also have a deficiency of the immunoglobulin called IgA, as you might not be able to take Hizentra. You should not take Hizentra if you know you have hyperprolinemia (too much proline in your blood).

Infuse Hizentra under your skin *only*; do not inject into a blood vessel.

Allergic reactions can occur with Hizentra. If your doctor suspects you are having a bad allergic reaction or are going into shock, treatment will be discontinued. Immediately tell your doctor or go to the emergency room if you have signs of such a reaction, including hives, trouble breathing, wheezing, dizziness, or fainting.

Tell your doctor about any side effects that concern you. Immediately report symptoms that could indicate a blood clot, including pain and/or swelling of an arm or leg, with warmth over affected area; discoloration in arm or leg; unexplained shortness of breath; chest pain or discomfort that worsens with deep breathing; unexplained rapid pulse; and numbness or weakness on one side of the body. Your doctor will also monitor symptoms that could indicate hemolysis (destruction of red blood cells), and other potentially serious reactions that have been seen with Ig treatment, including aseptic meningitis syndrome (brain swelling); kidney problems; and transfusion-related acute lung injury.

The most common drug-related adverse reactions in the clinical trial for Hizentra were swelling, pain, redness, heat or itching at the site of injection; headache; back pain; diarrhea; tiredness; cough; rash; itching; nausea and vomiting.

Hizentra is made from components of human blood. The risk of transmission of infectious agents, including viruses and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent, cannot be completely eliminated.

Before being treated with Hizentra, inform your doctor if you are pregnant, nursing or plan to become pregnant. Vaccines (such as measles, mumps and rubella) might not work well if you are using Hizentra. Before receiving any vaccine, tell the healthcare professional you are being treated with Hizentra.

Please see brief summary of full prescribing information for Hizentra on adjacent page. For full prescribing information, including box warning and patient product information, please visit Hizentra.com.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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Hizentra®
Immune Globulin Subcutaneous (Human) 20% Liquid

Can IgIQ help you? If you answer YES to any of these questions, call 1-877-355-IGIQ (4447) Monday–Friday, 8 AM to 8 PM ET.

Have you had a lapse in your insurance coverage?	Are you unable to afford your therapy?	Would you like to connect with other Hizentra patients?	Do you need help paying for Hizentra?	Are you unable to afford Ig infusion supplies?
CSL Behring Assurance℠	The Patient Assistance Program℠	Voice2Voice®	Hizentra Co-Pay Relief	The Ancillary Supply Program

Hizentra®, Immune Globulin Subcutaneous (Human), 20% Liquid
Initial U.S. Approval: 2010

BRIEF SUMMARY OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use HIZENTRA safely and effectively. See full prescribing information for HIZENTRA.

WARNING: THROMBOSIS

See full prescribing information for complete boxed warning.

- **Thrombosis may occur with immune globulin products, including Hizentra. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.**
- **For patients at risk of thrombosis, administer Hizentra at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.**

----------INDICATIONS AND USAGE----------

Hizentra is an Immune Globulin Subcutaneous (Human) (IGSC), 20% Liquid indicated for the treatment of primary immunodeficiency (PI) in adults and pediatric patients 2 years of age and older.

----------DOSAGE AND ADMINISTRATION----------

For subcutaneous infusion only. Do not inject into a blood vessel.
Administer at regular intervals from daily up to every two weeks (biweekly).

Dosage (2.2)

Before switching to Hizentra, obtain the patient's serum IgG trough level to guide subsequent dose adjustments.

- Weekly: Start Hizentra 1 week after last IGIV infusion

  $$\text{Initial weekly dose} = \frac{\text{Previous IGIV dose (in grams)}}{\text{No. of weeks between IGIV doses}} \times 1.37$$

- Biweekly: Start Hizentra 1 or 2 weeks after the last IGIV infusion or 1 week after the last weekly Hizentra/IGSC infusion. Administer twice the calculated weekly dose.
- Frequent dosing (2 to 7 times per week): Start Hizentra 1 week after the last IGIV or Hizentra/IGSC infusion. Divide the calculated weekly dose by the desired number of times per week.
- Adjust the dose based on clinical response and serum IgG trough levels.

Administration

- Infusion sites – 1 to 4 injection sites simultaneously, with at least 2 inches between sites.

Infusion Parameters*	Infusion Number			
	1st	2nd to 4th	5th	6th and above
Volume (mL/site)	≤ 15		≤ 20	≤ 25
Rate (mL/hr/site)	15	≤ 25		

* As tolerated

----------DOSAGE FORMS AND STRENGTHS----------

0.2 g per mL (20%) protein solution for subcutaneous injection

----------CONTRAINDICATIONS----------

- Anaphylactic or severe systemic reaction to human immune globulin or components of Hizentra, such as polysorbate 80
- Hyperprolinemia (type I or II) (Hizentra contains the stabilizer L-proline)
- IgA-deficient patients with antibodies against IgA and a history of hypersensitivity

----------WARNINGS AND PRECAUTIONS----------

- IgA-deficient patients with anti-IgA antibodies are at greater risk of severe hypersensitivity and anaphylactic reactions.
- Thrombosis may occur following treatment with immune globulin products, including Hizentra.
- Aseptic meningitis syndrome has been reported with IGIV or IGSC treatment.
- Monitor renal function, including blood urea nitrogen, serum creatinine, and urine output in patients at risk of acute renal failure.
- Monitor for clinical signs and symptoms of hemolysis.
- Monitor for pulmonary adverse reactions (transfusion-related acute lung injury [TRALI])
- Hizentra is made from human plasma and may contain infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

----------ADVERSE REACTIONS----------

The most common adverse reactions observed in ≥5% of study subjects were local reactions (i.e., swelling, redness, heat, pain, and itching at the injection site), headache, diarrhea, fatigue, back pain, nausea, pain in extremity, cough, rash, pruritus, vomiting, abdominal pain (upper), migraine, and pain.

To report SUSPECTED ADVERSE REACTIONS, contact CSL Behring Pharmacovigilance at 1-866-915-6958 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch.*

----------DRUG INTERACTIONS----------

The passive transfer of antibodies may interfere with the response to live virus vaccines, and lead to misinterpretation of the results of serological testing.

----------USE IN SPECIFIC POPULATIONS----------

- Pregnancy: No human or animal data. Use only if clearly needed.
- Pediatric: No specific dose requirements are necessary to achieve the desired serum IgG levels.

Based on January 2015 revision

Whether upfront or after a service has been rendered, patients have another option for trying to reduce the cost of care, and it is often the most successful. Simply ask. "The squeaky wheel gets the grease," says Rukavina. "That is true here with negotiating. Some wonder if negotiating the cost of care is appropriate, and the answer is 'yes.' There are all kinds of negotiations going on all the way up the chain."

If the quoted costs seem higher than area norms, or if they aren't affordable, patients should feel free to talk with the provider and explain, using the gathered data, why they feel that way. They should also ask about interest-free payment plans or even a discount if the entire bill is paid upfront.

Even asking for a reduced rate after the bill is received can be a viable option. And, self-pay discounts may be provided to those who opt out of insurance or who do not qualify for Medicaid. With 1.7 million Americans declaring bankruptcy due to medical debts, according to Nerd Wallet,[2] finding an acceptable payment option is in the best interest of the patient, provider and insurance company. After all, a fee going to collections is bad for all parties.

EVEN ASKING FOR A REDUCED RATE AFTER THE BILL IS RECEIVED CAN BE A VIABLE OPTION.

Keep a Close Eye on Bills

Patients should keep a close eye on medical bills as they are received so that concerns can be addressed and payment solutions can be found immediately. While, historically, medical bills have been confusing, this is changing. "Hospitals and doctors are working on developing price estimates for a patient's share of the bill that give patients the right amount of detail without overwhelming them," explains Thomas. "It's a big job, considering that the average hospital price list may include tens of thousands of items. But we know people don't want the whole phone book, they just want the particular 'entry' that corresponds to the care they will receive, taking into consideration the specifics of their health plan coverage. And that's what we're trying to give them."

In the case of extraordinarily high healthcare bills, Rukavina adds that assistance, termed "medical hardship" may also be available. This is true even for those who are not considered low income as long as a large portion of the person's bills are going to healthcare. Those with an ongoing health need that limits their ability to work may also be eligible for programs that can cover the cost of their care. Hospitals, insurance companies, foundations and associations all may offer assistance, as well as provide additional resources for places to turn to when in need of assistance.

When it comes to assistance, nonprofit hospitals are required to provide financial help, and many for-profit hospitals offer help as well. Assistance may be available even for those who have opted out of purchasing insurance or who do not qualify for other insurance discounts. By the end of 2016, nonprofits will be required by law to have their financial information posted in plain language, including what financial assistance programs are available, as well as an application to apply for assistance.

Rukavina suggests that patients could also reach out to their state ombudsman and other patient protection options in their public sector offices such as the state health insurance commissioner.

Help Is Available

Understanding what assistance is out there and how to pursue it can be a hurdle when in the midst of treatment or caring for a loved one. Help is available, however. Whether upfront or after a bill is received, there are countless resources — including patients themselves — that can ease the financial burden of care.

Patient-Centered Resources

- USA.gov Help with Bills: www.usa.gov/help-with-bills
- Healthcare Financial Management Association: www.hfma.org/ transparency
- FairHealth: fairhealthconsumer.org
- Nerd Wallet Health: www.nerdwallet.com/blog/category/health

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References

1. Lawsky, B. An Unwelcome Surprise: How New Yorkers Are Getting Stuck with Unexpected Medical Bills from Out of Network Providers. New York State Department of Financial Services, March 7, 2012. Accessed at www.governor.ny.gov/sites/governor.ny.gov/files/archive/assets/documents/DFS%20Report.pdf.
2. LaMontagne, C. NerdWallet Health Finds Medical Bankruptcy Accounts for Majority of Personal Bankruptcies. NerdWallet, March 26, 2014. Accessed at www.nerdwallet.com/blog/health/medical-bankruptcy.