

Living Beyond Cancer Podcast Transcript

Navigating Financial Resources After a Cancer Diagnosis

Guests: Erin Bradshaw and Patricia Policicchio

Episode 1 of 2

Lauren Hixenbaugh (00:00):

Welcome to Living Beyond Cancer. I'm Lauren Hixenbaugh, the Coalition Manager for Mountains of Hope. Living Beyond Cancer is a series of podcasts created for cancer patients, survivors, and their caregivers. This series is sponsored by the West Virginia Cancer Coalition, Mountains of Hope, and it's produced by the WVU Cancer Institute's Cancer Prevention and Control. Today we are recording in multiple locations, so please forgive any of our tonal differences. It is also important to note that this podcast produced such great information that we decided to break it up into two episodes.

Lauren Hixenbaugh (00:33):

The first episode introduces the experts from The Patient Advocate Foundation and the WVU Cancer Institute, and they discuss how financial challenges associated with cancer impact patient's lives during and after treatment. Their conversation goes beyond the basics and includes how to look for policies you didn't know you had, tips to consider when exploring supplemental insurance, and key things to have prepared when seeking SSI and SSDI. So, without further ado, please enjoy part one of this two-part series.

Lauren Hixenbaugh (01:05):

Today's focus is on financial resources available to patients, survivors, and their families. This topic was chosen because of the high financial burden of a cancer diagnosis. To help us better understand this topic I have invited some experts. It is my pleasure to introduce today's guests, Erin Bradshaw, and Patricia Policicchio. Thank you for being here today and fitting us into your busy schedule. I'm excited to dive into today's topic, but first I'd like for each of you to introduce yourself.

Erin Bradshaw (01:33):

Hi. I'm Erin Bradshaw. I am the Chief of Mission Delivery for Patient Advocate Foundation, and I am responsible for the oversight and management for our case management division, and I'm very excited to be here today.

Patricia Policicchio (01:45):

My name is Patricia Policicchio. My current role is an Oncology Quality Coordinator with our newly created Survivorship Program. But in my past role for about 18 years, I served as a Oncology Social Worker in an outpatient cancer center. I'm welcome to be here. Welcome to everyone.

Lauren Hixenbaugh (02:03):

Thank you both. Like I said, I'm really excited to have both of you here and kind of talk about this topic. It is something that keeps coming up consistently within our podcasts. So, to give our folks a little more information about the topic, it just seemed like the perfect setup. We all know that a cancer diagnosis comes with a pretty high financial burden. So, let's just talk about what some basic costs are associated with this diagnosis.

Erin Bradshaw (02:27):

Certainly. So, this is Erin and as I shared earlier, I'm with Patient Advocate Foundation and our role as an organization is to support people with cancer and other critical illnesses that are facing access and affordability barriers. Through that work, we have identified very common themes of what cost is associated to treatment and ranges from doctor visits to clinics for treatment lab tests, procedures, imaging tests, radiation treatments that drug costs associated from chemotherapy and other medications that you might need, as well as hospital, stays or rehabilitation stays, surgeries, home care, and equipment and different types of specialty care above and beyond the actual medical cost associated to care. We also know that there is an indirect financial support need around things such as transportation costs. You might need to travel close or far, and you might find yourself having to secure additional gas costs or maintenance to a vehicle.

Erin Bradshaw (03:34):

You might have to travel by train or plane, the variety of different purposes that you might need. In addition, some facilities do have parking costs associated to the hospitals, or you might have to go into a city that has some parking charges as well and tolls. We know that those things can add up, especially when they're not part of the initial budget when you are initially diagnosed. We also have uncovered that when you have to travel distance, the hotels or lodging expense during treatment. Then there are just true lifestyle factors, your employment needs, you might have to miss work or have to reduce in the hours that you're actually working, which reduces your income. And just to maintain the roof over your head and all of the things that you were initially responsible for prior to your diagnosis maintained, but they become sometimes more of a struggle, or you might need additional support like childcare and mortgage and rent support, or nutrition or special diets, as well as just all of the overall basic necessities around utilities and such. So, we'd recognize that as you are dealing with your support needs with cancer itself, that the outcomes of those financial consequences can result in a very difficult challenge for some, and some people already come and are disadvantaged by preexisting social-economic circumstances, and then others are just finding that it's a new support need. That's a financial burden that they didn't expect nor budget or plan and may not have the savings or the means in which to support them. So, it is a concern we recognize, that talk to your healthcare team, your social workers are an excellent resource, as well as our organization Patient Advocate Foundation. When you're hitting against those barriers, we want to provide that guidance and counsel to you. I think it's best to be as proactive as you can and try, even if you didn't expect it, to plan and try to see if there's methods or opportunities to help you as you uncover these things so that you are not falling further and further behind.

Lauren Hixenbaugh (05:54):

Yeah. Erin, you're exactly right. We also know that depending on the cancer diagnosis, these costs continue to vary significantly between different cancers and definitely thinking about the additional costs, we kind of think about those set costs. Then like you said, who wouldn't even think about parking at the hospital or a toll or something like that. I mean, I have driven to New Jersey and things like that for a vacation and you end up spending \$50 in tolls to get there.

Imagine going back and forth for cancer treatments and having to pay tolls like that can really add up. So, Patricia is going to talk to us a little bit more about a statistic that I read that says 46% of patients utilize their long-term savings to defray their out-of-pocket expenses from cancer treatment. What does that mean for patients and their families?

Patricia Policicchio (06:46):

That's actually a really good question. I'm going to give a little bit more, Erin gave some great background about some of the cumulative costs that come into a cancer diagnosis and what a patient and caregiver, and family might encounter. But I think it's important to answer this question and give a little bit more background information about why cancer care right now is so expensive and how that directly impacts patients and their families. For many of our patients, when I was an outpatient social worker, I would go in to see new patients, and many of them were middle-aged. They were in their maybe fifties or sixties, but this was really their first significant medical condition that they had been diagnosed with, so they were very unfamiliar with the healthcare system, didn't know how to navigate through the system very well. Obviously, they were very anxious just having a cancer diagnosis and now having to understand their insurance benefits, what their employment benefits were and how to access those. So there's a lot of it that comes into play. Cancer is obviously one of the most expensive medical conditions to treat in the United States. I know in 2020 we had a projected the cost to be around \$173 billion. A lot of patients used to say to me, "I don't understand. Why is it so expensive? I have insurance, I have good insurance. Why are my bills so high?" A lot of it is trying to help patients understand things like coinsurance and deductible and out-of-pocket costs. But just to give a little background about costs and why, because I hear about patients that may be possibly went bankrupt, or really had exhausted all their life savings or had a cash and assets.

Patricia Policicchio (08:34):

They don't really understand how that can happen or why that should happen when you have insurance. But for a lot of our cancer treatments, now, I would probably say the past, maybe 8 to 10 years, a lot of these treatments that we now give are what are referred to as novel targeted therapies. A lot of them, we call it smart chemotherapies. These are treatments that on the plus side, on the positive side, they usually have less side effects than older traditional chemotherapies. However, they are newer treatments, so there was a lot of research that went into them, which is very costly. So, when these treatments come to market, a lot of these, if we're looking at, for example, chemotherapy treatment, one IV infusion chemotherapy treatment based on the diagnosis could cost roughly an average of 14,000. That's one cycle. So, if you have a patient that's scheduled for six cycles of chemotherapy, you could kind of add that up in your head a little bit. If you do have commercial insurance, but you have maybe an 80/20 policy covers, 80%, patient is responsible for 20% until possibly their out-of-pocket max is met. You could see how that could quickly add up and why somebody would have to dip into their savings, or have to cash in assets to help pay for that treatment. With a lot of these treatments, also, it's not just, okay, you get six cycles of chemotherapy, and then you're done, even though you're in a quote, maybe remission, you have no signs of cancer. Sometimes the patients has had, they have to remain on what we call maintenance therapy. So, even though maybe their scans are showing no evidence of disease, the doctor says, "Well, your risk factors are kind of high. You had an aggressive cancer, so we're going to have you remained on treatment for one year."

Patricia Policicchio (10:16):

That's something that is sometimes not figured into when patients are looking at the overall length of their treatment. Additionally, a lot of these newer treatments that we have come in oral form, which means they are prescriptions. Your benefits for most oral prescription treatment medications, or under your prescription carrier, not your major medical, not your medical insurance. So, it doesn't fall into, "Oh, I will have good. I've met my deductible on him. I've met my out-of-pocket max." Well, this is your prescription coverage. So, you have not met that in your prescription benefits. So, you're always in, maybe let's say 20, 30% for a medication that could possibly cost 14,000 to \$20,000 for one month. Insurance kicks in and covers are 80%, but now you're left with your 20%, which comes through usually a mail-order pharmacy and they call you and they say, "This is emailed that you owe for your one month of medication."

Patricia Policicchio (11:14):

That could easily sometimes be three, four, \$5,000. So, that's a new realm where it's very new for a lot of patients that even healthcare providers because we've moved from a lot of infusion treatments over to oral medications. So, it's a completely different benefit for that patient. Additionally, a lot of these patients, especially if you're diagnosed at a more advanced stage of disease, you're going to go through multiple lines of treatment. You're going to have possibly surgery at some point, if not initially, chemotherapy radiation therapy, so that is cumulative. That is a lot of therapy. All of that is very expensive therapy. For some of our patients, they do end up having recurrences. So, if that does happen, then you're back into treatment. You're in the new year, all of these benefits start at that new year on, based on that insurance plan. So, you again have to meet a deductible and co-insurance, and may out of pocket max, and that's going to be every year for these patients. It may not be possibly not curative. It is now a chronic condition, which we can treat for very long and actually manage quality of life pretty well. However, there's still that financial cost to it that's going to happen. Like Erin mentioned, she made a very good point of, it's not like anything changes in terms of your pills. All of that is still the same, you're still having to manage the life, your lifestyle, and all those costs associated with it, plus trying to manage all these medical bills. Then you have patients who, especially those who are more advanced and even those who are earlier stage and they completed active treatment, who now are dealing with some of the long-term side effects of treatment, which could be lymphedema, lung and heart problems, blood disorders, neuropathy, which now means, well, now I have to go to these other sets of doctors and continue to be treated. Not necessarily I don't have cancer treatment, but this is treatments as a result of the cancer therapy that I received.

Patricia Policicchio (13:08):

Something that I've been seeing in the last couple years is for a lot of patients with commercial insurance, it seemed like that they were paying more. There was more of a cost shift. So, the insurance was still paying, but maybe the insurance had a higher deductible, had a higher co-insurance, and went from 20% to 30% out of pocket. Max is maybe \$10,000, meaning the insurance doesn't kick in and cover a hundred percent of the costs until the patient meets that out-of-pocket expense. So, those benefits you're paying more for the insurance premium, but you're getting less covered by the insurance. All of these together are cumulative, a lot of the reasons why there's such a high price tag with cancer treatment. Actually, as I was doing some research for this talk, I was looking online. There was a good resource called the Cancer Support Community, and they actually published results from an online survey that they had conducted. The survey results were published from 2020, and it's actually from their cancer registry. This is a registry that has over 14,000 registered cancer patients along with caregivers and included over 50 different cancer types. It included all diagnosis. But some of the highlights I found were interesting were a front, so this is an online survey that they did, and it out the

results that just recently reported showed that 1 out of 3 patients reported to have depleted their savings or use from retirement to cover the cost of their treatment. 1 out of 10 patients reported to a postponed filling their prescriptions due to concerns about costs, 7 out of 10 patients reported that no one from their healthcare team ever spoke to them at the cost of their care.

Patricia Policicchio (15:00):

On average, patients were reporting to have spent around \$500 a month in out-of-pocket cost, so what was not being covered by the insurance. That means copays, deductibles, co-insurance. I thought that was pretty significant because as we're reaching the point that we have more of this group that we call baby boomers, people that are in their sixties and seventies being affected by cancer diagnosis. This is something that I think we're going to be coming across more and needing to be better at having these conversations with our patients, or at least knowing who to refer our patients to so they can have these important conversations. So, all of that being said, there's a couple of different implications. If you're a younger patient, you're going to have increased financial toxicity because a lot of times you don't have as much in savings or assets because you're younger.

Patricia Policicchio (15:49):

You maybe have other financial costs, children still in the home under the age of 18, maybe having to take FMLA from work because you're still working. And depending on that income and not getting any pay or having to go to short-term disability and getting a portion of that pay, however, your bills and everything remains the same or going from a two parent or two partner household to one if you completely cannot work at all. Then with older adults, some of the implication is those 65 and older is, are now on a fixed income. So, relying on social security or a pension and not being able to just go out and get a part-time job because you're older and have other co-morbidities in addition to your cancer and sometimes less support in the home. So, in general, I just make sure that patients number one, and Erin had touched on this. You didn't know about the resources that are offered through your facility, make sure that you make an early connection with your social worker, financial counselor, make sure that you understand your benefits, call the insurance, speak with possibly a case manager to make sure that you completely understand what benefits are included under your plan. I've had patients, I always bring up, "Do you have any additional cancer policies like Aflac or things of that nature?" They would think they didn't, but then they would call and find out that they did.

Patricia Policicchio (17:07):

So, make sure that you're there, you do have a policy that will help you through your diagnosis. Then sometimes meeting with an actual insurance agent and talking about possible options of, if maybe for your more advanced disease cashing in life insurance policies, or looking at reverse mortgages or things like that, just looking at all your options, at least knowing one, what all your options are. Sometimes that makes patients feel better just to know, should this happen, should I end up having a lot of out-of-pocket bills or should this become years of treatment, I know what some of my options are.

Lauren Hixenbaugh (17:39):

Oh, that's a lot of information. Thank you so much. A couple of things that I was thinking about while you were talking is that navigating the system is a term that I kind of wanted to point out and you elaborate that on the end of what you were saying there. Patients really do need to find somebody who can help them advocate for themselves and really talk through, what are the steps? What do I need? Who can help me? That sort of thing to help them. Like I said, kind of

navigate the system, kind of just be difficult all on its own. You also talked a little bit about social security and social security disability, which kind of takes us into our next topic. We've talked about this pretty extensively in our last podcast. So, if you're listening to this and you're interested, if you look at the podcast previous to this one like I said, we definitely get into it pretty extensive SSI versus SSDI. But what I thought we might do is briefly talk about those and then what else is available to West Virginia families to help them with this high burden. I guess I also want to say to those that are listening is, I know we're talking about a lot of the financial burden here, but we are going to get into how do we help folks, and what are the resources available? So keep listening.

Erin Bradshaw (19:00):

Patricia and I are actually going to share some information around disability. I think what I'll do is I'll go ahead and start. As an organization, I had shared earlier the we really do hear kind of those immediate reactive support needs that patients are calling when they are undergoing a diagnosis of cancer. Oftentimes it is abrupt and they're not prepared or don't realize the impact of the treatment that they might need or how they react to said treatment. And so we actually had done a survey in 2019 where we were interested to learn from our patient pool specifically, around the impact of their treatment and some of the factors that were important to them. 55% had to take significant amount of time away from work in treatment, 35% of those that were employed. Patients went on a paid disability for their diagnosis and treatment plan. So, we also have learned from them that a lot of decision-making and how they are going to choose treatment options along with their doctor's recommendation does come along with the factors of their ability to not impact their work environment, as well as what costs are going to be associated with it. So, we do recognize that if you are in a situation where your disease is really putting you into a position where a disability plan would be of value to you so that you can focus on the outcome of your health and not have to worry about and, or completely have the inability to work, that disability plans really are that protection. So, I preferenced this with saying that if you don't have a disability plan, now it is an opportunity for you to consider at an employer to definitely explore that.

Erin Bradshaw (20:52):

If you do have a preexisting health condition, there could be some limitations, but don't let that hinder your exploration of that and to see if you can access them. If you have them, understand them, and if you have opportunities to lift the coverage amounts that they have by paying additional more during your open enrollment, really be thoughtful of those options, because ultimately while they are considered safety nets or protections, and hopefully you don't have to find yourself using them as you undergo a cancer diagnosis, you are learning that that is something that is likely a benefit for you, whether you've used it now or not. I know that there was a very lengthy podcast on social security disability, so I'm going to just highlight that very briefly and talk about the different options. Social Security Disability is truly a long-term disability plan. It is intended to offer two options depending on how you financially and medically qualify. Supplemental Security Income often coined as SSI is our program designed to assist low-income individuals who may have never worked or have not worked enough or earned enough significant credits to gain what we call Social Security Disability Insurance, or SSDI. That is funded by the taxes that you pay. It's also for adults who have a work history and have met and earned enough work credits and are eligible. The variable is truly the amount of money that you may qualify for and some eligibility in the backend. I'm not going to go into the details because I know that was shared prior, but one of the big takeaways that I have in specifically around

social security disability is if you think that this is something that your disease is going to prolong 12 months or more, we recommend that you apply.

Erin Bradshaw (22:47):

The process can take a little bit of time. It can be frustrating, and you might find yourself in a denial and you might have to appeal, but not only do you have to go through those things, if you do qualify, it is a gateway to health insurance. We know that also the financial impact of your disease, as well as your ability to maintain employment, a lot of times your employer is also who supplies your health insurance. So, they all have some interconnectivity, and that's why thinking ahead and having some ideas or what you personally are feeling or how your doctor is supporting you, will give you some direction on why you want to be proactively applying for a program like that. Medicare is something that will automatically be part of a social security disability insurance plan. There is a wait period, unfortunately, so you are looking at two years since the onset of approved diagnosis. Social security income or SSI, oftentimes due to the low benefits that they offer per month, you tend to get Medicaid or how it's coined in other States support systems to help offset those medical costs. So, with that overarching understanding, I started off the conversation talking about employer-based disability plans, and those are intended to be short and long-term benefits. So, depending on what you have, your employer has offered you, or you have selected, you may have a short-term disability plan that can be eligible to you pretty much on the onset of your health care needs. And it is intended to be a short period of time, where you can get a percentage of your income, and the eligibility guidelines usually have a very small wait period, maybe seven days before our benefit kicks in, and then you are eligible to get usually weekly payments that support you up to a certain threshold.

Erin Bradshaw (24:58):

If your disease is progressing and you find yourself needing more long-term support, you may, if you have a benefit, a long-term disability plan is usually what is offered next, which is different than social security disability, because these are privately purchased plans, whether it's through an employer or through a private entity that you have acquired. So, we just strongly recommend, as Patricia said earlier if you don't know what benefits you have, definitely explore them. Contact your human resources, look at your benefit log in, pull out your paperwork from your open enrollment, because what you don't use, you likely don't know. So, it is ideal for you to get that thing and to make sure that you are really taking advantage of what you are eligible for to alleviate those financial stresses.

Erin Bradshaw (25:50):

One of the key points that I will just point out is that you oftentimes with a long-term disability plan, if you roll into that and are eligible, there is a requirement for you to apply for social security disability because it is kind of, they're projecting that the long-term support needs are going to be there. And the way that these contracts have been written, they're kind of a complementary to what you would be eligible through social security, then it provides the overage or the difference that you would be supported for. So, I just point that out because I have noticed through the work that I've done, that there can be an assumptive that you would qualify for not only the benefits that you are getting paid out by your long-term plan but a hundred percent of that and your social security. When in theory, it is usually your social security benefit with the supplemental support of the max of what the long-term plan was saying. But there are support services out there to help you do these things. Don't get discouraged. Your doctor's an element of support when it comes to supplying the medical

information for these. There are resources like our own organization, your social workers, your hospitals. It is definitely an added value, and dig into your files, find out if you purchase something independently that you may not be doing that because that's above and beyond. If you have, and it was mentioned earlier by Patricia, those cancer plans, but they have plans that are very similar in the disability phase or supplemental income plans, what they're called that you could benefit as well, that are completely separate from the enrollment in the eligibility of these themselves.

Erin Bradshaw (27:33):

I know that we're talking about West Virginia, but I'm just going to say it, there are five States that actually do offer statewide assistance to those that pay into the network. So, they are a little bit different, but while West Virginia does not offer it, we do have California, Hawaii, New Jersey, New York, and Rhode Island. And then we have Puerto Rico as a U.S. Territory, which does have eligible benefits for individuals that are facing short-term health support needs and need a financial gain. So, keep in mind, dig and dive in and explore your state resources too, because sometimes it isn't always what you actually purchase or have through your employer. Sometimes there are other added values as well.

Patricia Policicchio (28:14):

That was great, Erin. Erin made a lot of really important key points, and I'm glad she kind of briefly mentioned some States have what they refer to as short-term disability, which isn't, we're talking primarily about disability benefits that paid and through your work history and everything. I mentioned that because I would have a lot of physicians, I'd be in clinic I'd have physicians come in and we would have patients that were, certainly was great, they were diagnosed at an earlier stage, but they just needed six to eight months off work so they can get through their chemotherapy and or surgery, radiation. And they thought there was disability benefits out there for that amount of time, and unfortunately, there are only a few States that do have that, because those are taxes that either the residents paid into that state and West Virginia, Pennsylvania they're not one of them.

Patricia Policicchio (29:05):

But that's when I would sit down with these patients and look at making sure you know, did you take out any additional policies like Aflac or some serious medical illness, accidental policies that you just weren't aware of? Because it'd been so many years and you just weren't aware that that was something that you can access, because that was something that would help you while you were waiting to receive benefits from SSDI. Erin mentioned there was that wait period, and that's kind of the hardest things that I would have to help counsel a patient through would be what to do as you were waiting for that wait period. I know this has probably been discussed in the other podcast about SSDI and SSI, but generally just speak, when you're applying for disability benefits, it is not a quick process. There is a lot that goes into when you sit down to determine, do I think I could continue to work? Do I think I need to go in and apply for disability benefits? And that's what I would go back to these patients and say, "You really need to have a thorough conversation with your physician to look at a couple of different factors, one being based on my diagnosis and all of the characteristics of my particular cancer, how long do you think, what is the expected timeline for my treatment? What is my prognosis? Even after I've completed my treatment, my active treatment, do I need maintenance therapy afterwards? And if so, how long is that going to be? And even after I stopped my active treatment, what is my expected time to recover from some of those side effects of treatment that I can go back into the workforce, whether it's the job I had before, or to go into some type of vocational rehab where

you may have to be retrained for a different position." But those are really very important key points that a patient needs to know, and I believe that is the physician's responsibility to help communicate that with the patient.

Patricia Policicchio (30:52):

Because once you look at all of those factors that's what will help you to determine one, should I be applying for social security disability? Because even if you meet what is referred to as a blue book criteria that social security looks at, you meet all those key points for that diagnosis. You still are looking at a five-month wait period before you withdraw your first check. As Erin mentioned, it's two years from your onset disability date that you would actually even be eligible for Medicare for insurance. So, if you have to stop work and go completely to disability, we're looking at others factors like, how am I going to be covered? How am I going to continue with my insurance if that's through my employer? What are my options? So those are all really important things to be able to sit and think about an outline and bring those questions into the physician because that's a really important conversation piece because that physician is going to be the best person to help answer that for you and to help determine should you apply for benefits. Even if you meet the compassionate allowance listed for that diagnosis, all that really means is, it's great that they're going to expedite your application quicker and you'll know maybe within 30 days that you were approved for benefits, but it does not actually expedite your first check that you're going to get based on when they determine your onset of disability, which, if it's a new diagnosis or a newer diagnosis, we still have to wait for that five months of disability.

Patricia Policicchio (32:10):

Just to add on, I think those are important things to think about. Like Erin said, to be aware of all the benefits that you're eligible for and have those conversations with your employer and with your human resources department, and certainly with your physician, because those are the people that are going to be best able to direct you about what you're looking at in terms of the treatment course. Then following up with a social worker or somebody with benefits to find out how am I going to make, what is the process? How does this work? To help answer all those questions, because there's a lot of resources out there now that helps you to know what you need to have to do the application, what resources you would need to have together.

Patricia Policicchio (32:46):

Because luckily the application is not as, not as tenuous as when I first started many years back. The application was quite thorough, and it took a long time to do it. Now the application is not quite as thorough, as long, and you can actually, there's many ways you can apply for disability, including online. You don't even have to go into your local social security office, if you do it online you're able to go in and check the status of it. The big thing I liked about online, because you can also do a phone interview, but some patients felt they were, it's kind of hard sometimes based on if they were having any kind of cognition or memory issues, and felt like they were trying to hurry through because the person was busy, the disability worker was busy and they want to try to rush through it. Although that is one option, but a lot of my patients did choose to do online because you can always, once you go in and create a password and a login account, you can go in and out as you want to answer those questions, gives you more time to think about it, and then you can also go in to check the status of your claim. So, I just think those are just key points to keep in mind and to know that there's a lot of resources and we realize this is very new for a lot of patients as this is the first time they've been diagnosed with a serious medical condition. So, use all your resources, know who was available to assist you within the facility, in addition to national organizations like Patient Advocate Foundation and

Cancer Care and things of that nature that have free services and people to help guide you through the process.

Erin Bradshaw (34:16):

Patient Advocate Foundation has uncovered a very common theme of where denials and delays can be, so I'm going to offer just as a tidbit of advice and information so that you can be a very proactive consumer if you're applying for disability, you're finding yourself not knowing where your application is. As Patricia shared, it is so important to follow where it is and check upon things because there is a very large volume of applications that come in on a daily basis where the caseworker is working them. But in addition, they're only able to judge your disability based on what you provide. So, even though you might be applying under the context of a cancer diagnosis, if you have side effects that are debilitating, if you have other health conditions like diabetes or other comorbidities, make sure that you detail them, even if you don't think that they're the full disabling condition, because collectively they could be something that really does push your case into a different light.

Erin Bradshaw (35:18):

In addition, they do request your medical records from those that you acknowledge on your disability application. Be sure that you include any and all providers or any support that you have gotten through medical care so that they have a very comprehensive understanding of your health condition. I encourage you to communicate that back to the doctor and the office itself so that they are aware and familiar when they get those requests for medical records, you know what it is. And you would likely want to be proactive and follow up within your application status and find out where the holdup lies. It could be simply that they're waiting on one medical chart from one hospital, and it's truly an oversight, or it was sent and maybe they didn't get it. Things happen from an administrative standpoint that you could help close the gap of time if you can help kind of coordinate the along the way. You don't have to be the person who does that, pick an advocate for you, whether that's a family friend or organization that can be supportive of you, but definitely be aware that those are really key important elements to make sure that you can have a successful outcome on the onset of application and avoid hopefully appeals to denials that can prolong just based on the pure bandwidth of how many applications are out there. So, while there are lawyers out there that do the service too, that's personally your choice. They do obviously take a percentage of what they're awarded that they uncover for you. There are means and methods in which you can also do the same thing through organizations and or through just a true advocate that's on your behalf trying to follow those processes. So, I just point that out and don't want you to feel like you don't have any means in which you can get involved. You certainly do, call, ask questions and learn.

Lauren Hixenbaugh (37:15):

Thanks, Erin and Patricia, for all of that great information. As I mentioned earlier on the podcast, it produced such great information that we decided to separate it into two parts. In the second episode, we discuss financial concerns. Cancer experts from the Patient Advocate Foundation and the WVU Cancer Institute discuss how to be your own best advocate and where to ask for help. They offer suggestions for making health insurance and describe what questions to ask your care team, as well as share Patient Advocate Foundation resources for case management and financial aid. We hope that you enjoyed part one and will continue on with part two. In addition, you can find out more information about Living Beyond Cancer by visiting moh.wv.gov or wvucancer.org. I mentioned our Facebook page earlier on, which is a great place to find

additional resources and support. Living Beyond Cancer would like to thank Erin and Patricia for joining us today, as well as in part two. We hope you'll continue to join us.