

# The Value of Dedicated Financial Coordinators

by Teri U. Guidi, MBA, FAAMA, and Elaine Kloos, RN, NE-BC, MBA

As payers continue to tighten their requirements to reimburse providers for care, it is not surprising that community cancer centers—in physician practices and in hospitals—are increasingly looking for ways to ensure optimal financial performance. In addition, the evolution of “accountable care” is shining the spotlight on the need to manage the quality of care as well as the costs. Accountable Care Organizations (ACOs) will be expecting to pay for care in a new manner that will certainly heighten the pressure on providers to receive all reimbursements appropriately due in a timely fashion.

Today, a key best practice to ensure receipt of reimbursements is to employ a financial coordinator. Due to the very complex nature of oncology services (including the detailed coding and billing for those services), it is vital for cancer centers to have a dedicated financial coordinator for oncology.

These individuals serve on the front line for the cancer center, working to maximize the likelihood of submitting a “clean” and payable claim for services. Financial coordinators also advocate for patients and assist them with accessing as many outside services as possible to help minimize the financial burden of cancer care.

## KEY RESPONSIBILITIES AND FUNCTIONS

Financial coordinators provide services for both medical and radiation oncology and, depending on patient volume, cancer programs may consider employing more than one financial coordinator in the cancer center. Key responsibilities of this staff member include:

**Insurance verification.** Before the patient’s first visit is scheduled, his or her current insurance enrollment

must be verified. Some providers have access to electronic systems for this verification, but few include all insurers’ information and some may be outdated. The initial information is generally captured by clerical staff. This function should be performed each month without fail and both primary and secondary insurances should be verified.

**Pre-certification and pre-authorization.** When the provider determines the treatment plan, this information must be available to the financial coordinator as soon as possible—either in paper format or

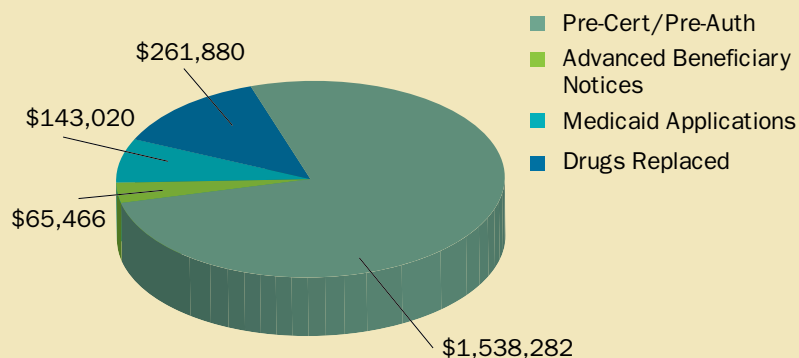
electronically. Once the financial coordinator receives this notification, he or she can begin the pre-certification or pre-authorization process. Before a patient begins treatment, the financial coordinator should double check the patient’s insurance enrollment and identify the patient’s specific insurance plan. The financial coordinator then obtains from the payer coverage benefit details related to the patient’s treatment.

An organized financial coordinator will maintain a file or database for all major payers’ plans, updating information periodically, to speed the pre-certification and pre-authorization process. Included would be:

- Any policies or rules regarding medical necessity for specific drugs (matching a patient’s diagnosis to the approved list of conditions for each drug)
- Number of treatments permitted before renewing the pre-authorization.

The financial coordinator should keep a file on each patient to ensure that pre-authorizations do

**Figure 1. Quantifying the Financial Coordinator’s Value: An Example of Annual Cost-savings for One Community Cancer Center**





that is signed by the patient.

- **Secondary coverage.** For patients covered by Medicare only, discussion and cost estimates for secondary coverage is warranted. This process can include an application to the Medicaid program if the patient meets the financial criteria. If the patient can afford a secondary insurance, such as AARP, the cost is typically much less than the 20 percent out-of-pocket that Medicare does not cover.
- **Applications for assistance.** Many types of patient assistance programs are available.
- **Hospital assistance programs and/or charity care.** The financial coordinator should assist the patient with the paperwork and ensure it is forwarded to the appropriate hospital staff.
- **Co-pay assistance programs.** Most of these programs require that patients complete extensive paperwork. Patients must understand their accountability in this process and receive assistance as appropriate so the ball does not get dropped. Some of the more common co-pay assistance programs can be found on pages S54-S58.

## TEAM AND STAFF INTERACTION

The financial coordinator must be an integral member of the cancer center team, frequently interacting with clinical, clerical, and billing staff.

The financial coordinator and the clinical staff need to develop processes and communicate regularly about new patients' treatment plans, changes to treatment plans, and scheduling. The financial coordinator should be notified of any changes in a patient's treatment regimen in order to re-check for authorizations. For example, whenever a patient's treatment regimen is changed and a new drug or supportive care drug added, the financial coordinator should

## What Cancer Survivors Need to Know About Health Insurance

Published by the National Coalition for Cancer Survivorship, this booklet discusses several aspects of health insurance that are important to cancer survivors. First, it describes the many different types of health insurance that are available and what cancer survivors should look for when considering a health insurance policy. Then, it looks at the rights cancer survivors have under state and federal law that can help them buy and keep health insurance coverage. The booklet also lists places cancer survivors can turn to for information on how to solve their health insurance problems. It is available online at: [www.canceradvocacy.org/assets/documents/health-insurance-publication.pdf](http://www.canceradvocacy.org/assets/documents/health-insurance-publication.pdf).

re-check authorizations.

The financial coordinator and billing staff need to communicate when a patient's treatment is denied for any reason. Over time, denials should decrease dramatically as a result of the financial coordinator's work on the front end.

In the event of a denial, the financial coordinator needs to communicate with the appropriate physician(s). If the payer declines to cover care, the financial coordinator should notify cancer center management to take appropriate action (for example, conferring with physicians regarding the treatment plan). If the treatment plan is not adjusted, the financial coordinator should discuss the costs with the patient and have the patient sign an ABN (advance beneficiary notice) prior to proceeding. If pharmaceutical replacement programs are accessed, the financial coordinator needs to work closely with the pharmacy staff.

## QUANTIFYING THE VALUE

Because the financial coordinator position does not generate direct revenue, getting approval to staff this position may be difficult. Regularly measuring the financial coordinator's true value is an important step in justifying the financial coordinator position. The most convincing argument comes from drug replacement programs. These programs give the provider free drugs to

replace those given to qualifying patients. Although the scale of these programs and their options have diminished in recent years, drug replacement programs still offer very direct and readily measured value.

Additional benefits accruing from the financial coordinator's efforts are best defined in terms of charges that would otherwise have been at risk for non-payment due to non-coverage, lack of insurance, and more. And finally, financial coordinators benefit cancer centers in terms of time saved from reduced handling of denials and appeals.

Figure 1 (page S4) is an example of infusion services data that could be realized annually from a community cancer center employing a financial coordinator:

- Average number of infusion chairs in the sample: 18
- Average number of financial coordinators in the sample: 1.5
- Average financial coordinator salary in the sample: \$50,000
- Average charges checked for pre-certification/pre-authorization: \$1,538,282
- Average charges covered by ABNs obtained by the financial coordinators: \$65,466
- Average charges for patients who were assisted in applying for Medicaid: \$143,020
- Average value (purchase cost) of drugs replaced by drug replacement programs: \$261,880

In this example, financial coordinator services brought the cancer center a drug value of \$261,880 and "protected" more than \$1.7 million in charges otherwise at risk of being challenged or unpaid.

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