# Saint Joseph Mercy Ann Arbor Financial Navigation Program

October 19, 2016 ACCC – St. Louis, MO Pamela Wyatt–Elkins, MBA

## Performance Improvement Road Map

## 6. Control & Sustain

#### Performance Measures

- How will we know our solutions had an impact?
- How can we monitor this process or "go & see"?
- What factors could impact our ongoing success?
- Who should we share this with?

## 5. Improve

#### Proposed Solutions

- What interventions do we want to implement?
- How will these interventions address the root cause(s)?

#### Implementation Plan

- What are the key deliverables & milestones (who, what, when)?
- · How could this change fail?
- How can we prepare people for this change?

#### 1. Reflect

- Who is on our team?
- What is the culture of our team?
- · What does our data tell us?
  - Patient Experience
  - Associate & Physician Engagement
  - VOICE, RCA
  - Patient Complaints
- · What else do we need to know?



### 4. Analyze

#### Root Cause

- Why is this specific problem or outcome occurring?
- Why are we not hitting our metrics

#### Goals & Targets

- What specific outcome is desired?
- Do we have the information we need?

#### 2. Define

#### Identify the Problem

- What do we want to improve?
- Define the process, problem or outcome that requires improvement

#### Problem Background

 Why is the problem important to patients, staff, and our organizational goals?

#### 3. Measure

#### "Go and See" - Current Condition

- What does our process look like?
- Do we have a process metric to track this area or problem?
- · What are our gaps?

## Reflection

# Patient Advocacy Is Good for Business

Each Financial Navigation team member is an advocate for the patient and protects the resources of the organization

## Define the Goal

## Quality & Safety

- > No patient billed unnecessarily
- > No avoidable write-offs
- Timely management of denials

## **Current State**

Management of the patient's account often mirrors care in healthcare systems

- Disconnected
- Missing or lacking needed information
- Confusion
- Rework due to processing errors
- Not coordinated

## **Needs Assessment**

- A "Care Model" for patient finances in Oncology
- Revenue Cycle Management or Account Management
- All services and support follow primary disease (s)
- \* Proposed Solution: Patient Financial Navigator

## Case Study #1

- Patient: Male, 87 yrs. old
- Diagnosis: High-grade Myelodysplastic Syndrome Lesions
- Treatment: Azacitidine (Vidaza)
- Insurance: HMO Plan with high cost share
- Patient Assistance: Foundation work to get claims paid – retro payments covered cost share

## Case Study #2

- Patient: Female, 52 yrs. old
- Diagnosis: Breast Cancer
- Treatment: Pertuzumab (Perjeta), Trastuzumab (Herceptin) and Neulasta
- Insurance: Commercial Plan with high deductible (\$12,000) and out-of-pocket (\$13,000) with 40 percent cost share
- Patient Assistance: Enrolled patient in copay assistance program to offset high out-ofpocket

## **Case # 3**

- Patient: Female, 69 yrs. old
- Diagnosis: Breast Cancer
- Treatment: Nivolumab off-label medical necessity required - highly expensive drug
- Insurance: Commercial Plan follows FDA label indications - will deny off label usage
- Patient Assistance: Worked with Payer and physician to obtain treatment approval - pretreatment

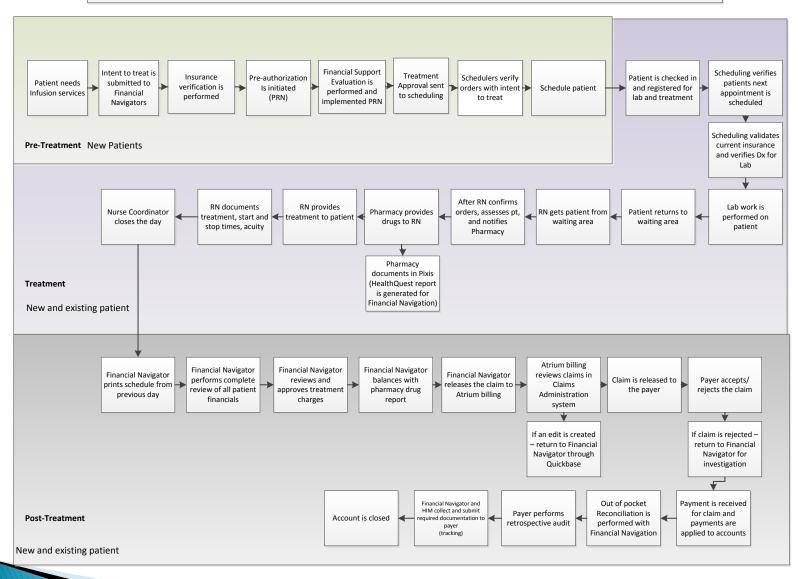
## Case Study # 4

- Patient: Female, 78 yrs. Old
- Diagnosis: Classical Hodgkin Lymphoma
- Treatment: Brentuximab Second line treatment - patient could not tolerate first line treatment medical necessity obtained pre-treatment - highly expensive drug
- Insurance: Self-funded Employer plan determines coverage based on plan rules – plan denied claims
- Patient Assistance: Appealed claim and overturned denial

## Improvements Realized

- 100 percent of patients are assessed for assistance
- 100 percent of patients receive estimates and benefit explanation before treatment
- Improved timing of billing next day
- Improved tracking of system edits, denials and high dollar accounts
- Significant reduction in write-offs
  - Contractual and small balance
- One point of contact for patients with questions regarding bills

#### West Region Oncology - End to End Billing Cycle



## Patient Review and Support Checklist

- Registration
- Insurance Verification based on local coverage determination and Compendia
  - Prior authorization as needed
  - Medical Necessity as needed
- Cost Analysis including an estimate
- Patient Assistance Investigation
- Patient Contact
- Enrollment
- Complete Documentation in Billing System
- Complete Billing and support patient inquiries
  - Coding
  - Account management holds for copay and foundation support
  - Denials management
- Support Appeals

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