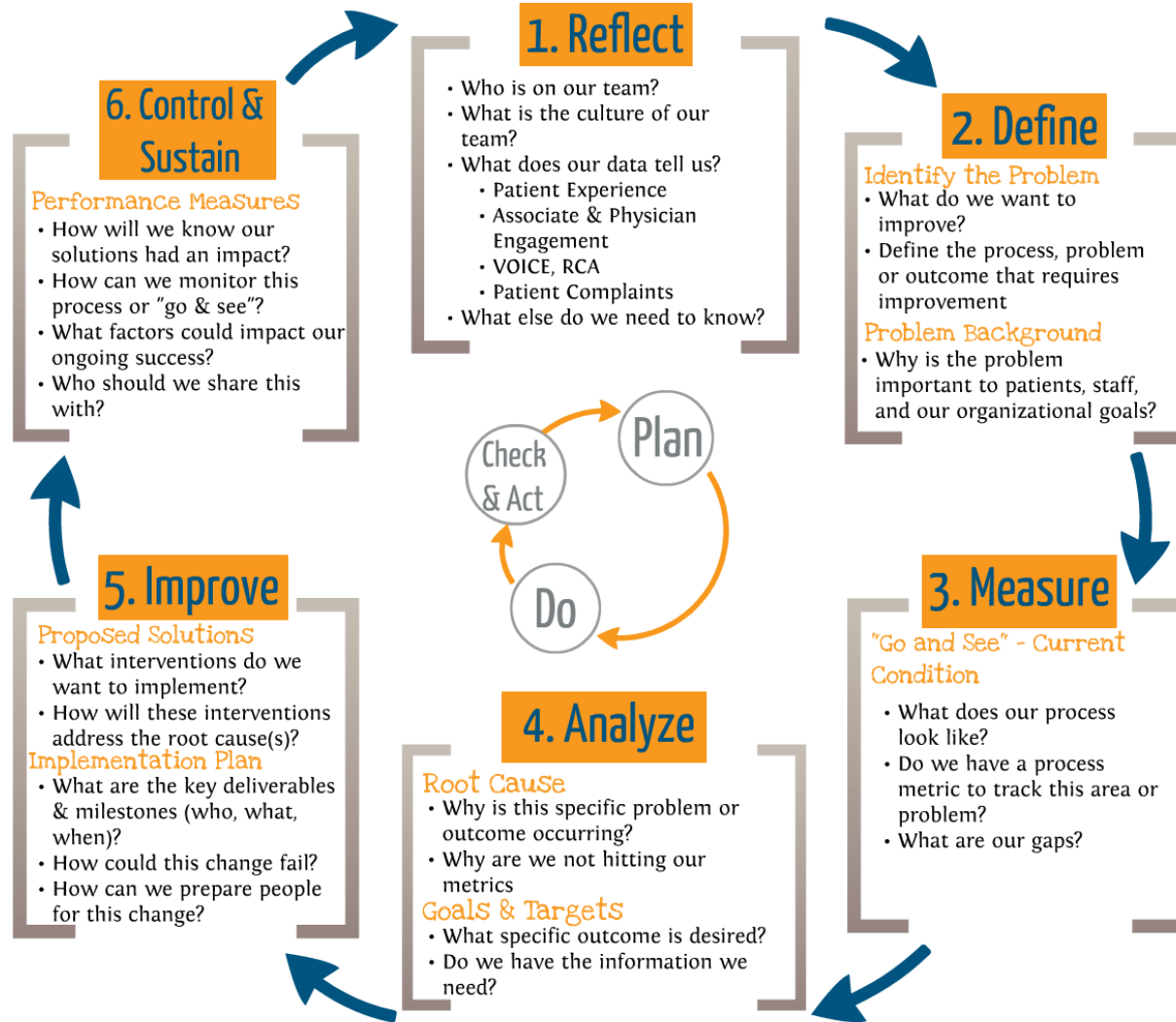


Saint Joseph Mercy Ann Arbor Financial Navigation Program

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

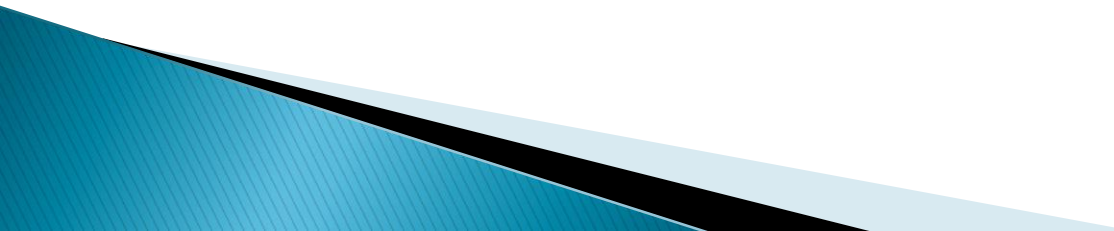
Performance Improvement Road Map



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



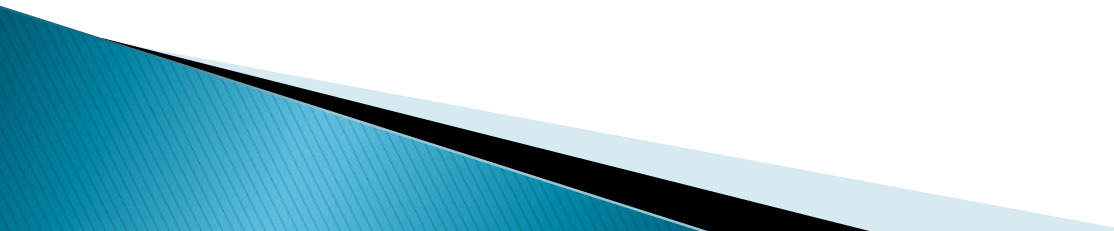
Define the Goal

Quality & Safety

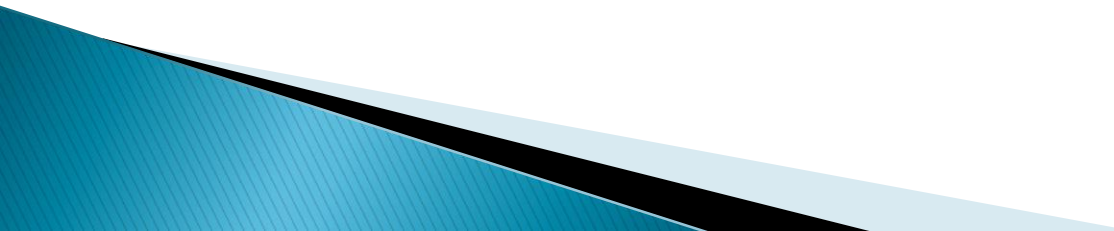
- ❖ *No patient billed unnecessarily*
- ❖ *No avoidable write-offs*
- ❖ *Timely management of denials*

Current State

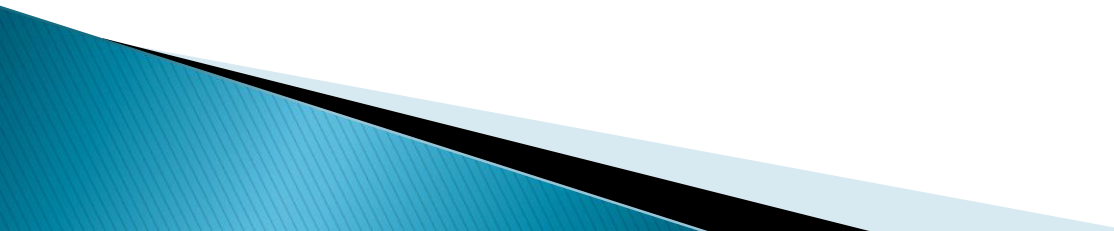
Management of the patient's account often mirrors care in healthcare systems

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

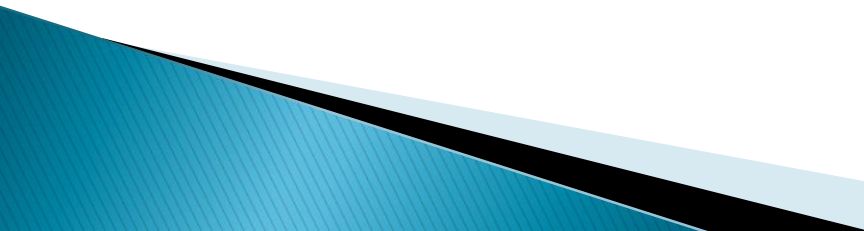
Needs Assessment

- ▶ 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
- 

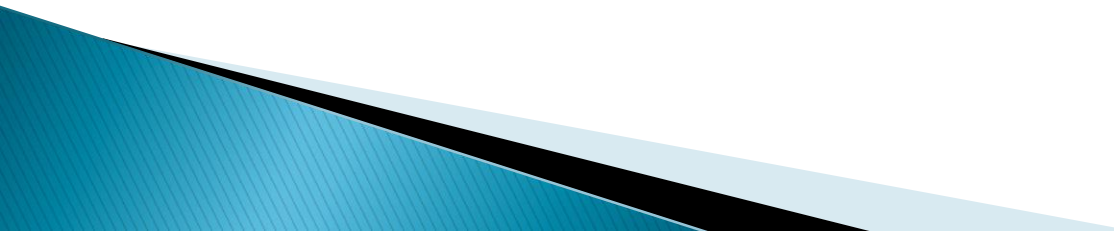
Case Study #1

- ▶ 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
- 

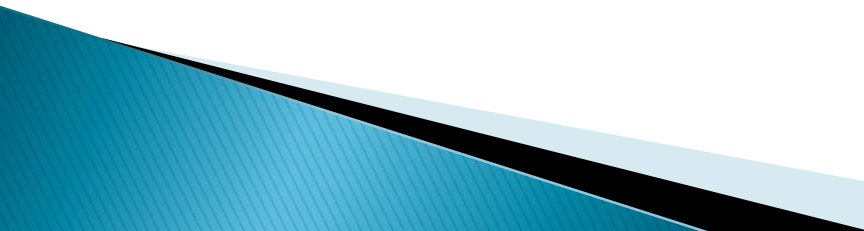
Case Study #2

- ▶ 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-of-pocket
- 

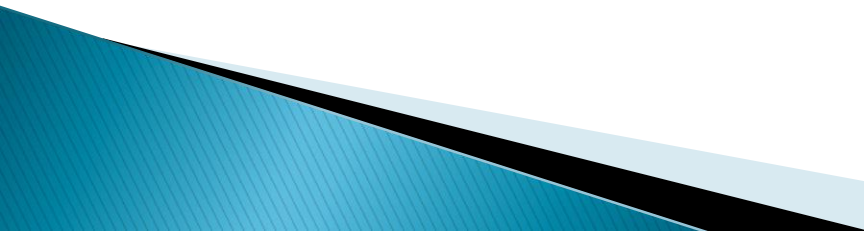
Case # 3

- ▶ 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 – pre-treatment
- 

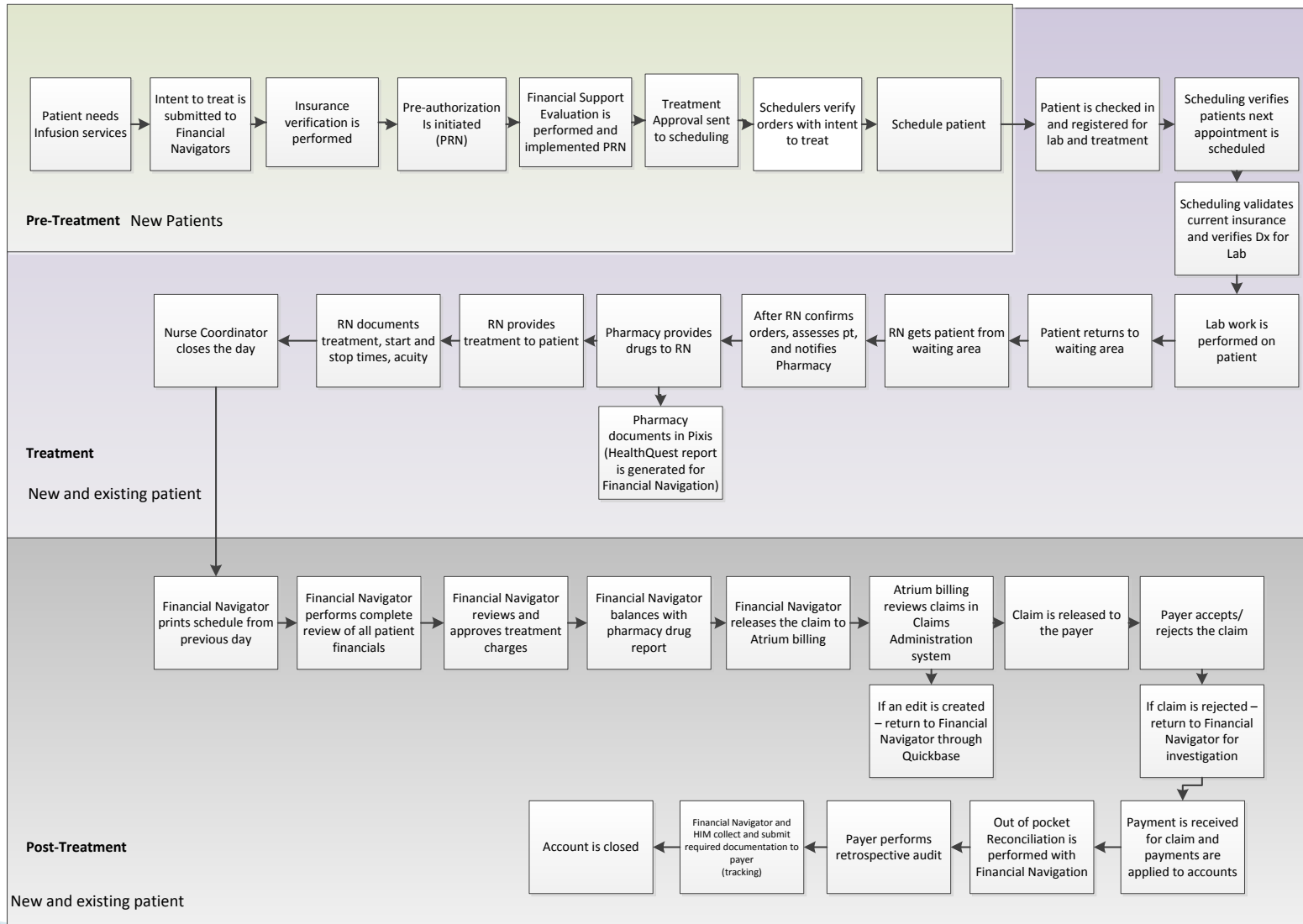
Case Study # 4

- ▶ 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
- 

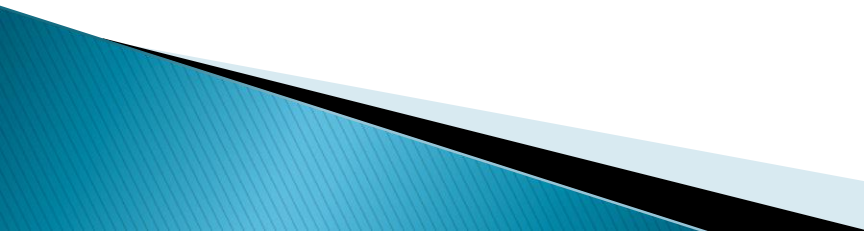
Improvements Realized

- ▶ 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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Saint Joseph Mercy Ann Arbor – Oncology Program

Saint Joseph Mercy Health System