

# Growing and Sustaining a Robust Financial Navigation Program

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Dan Sherman, MA. LPC

The  
**NaVectis**  
GROUP

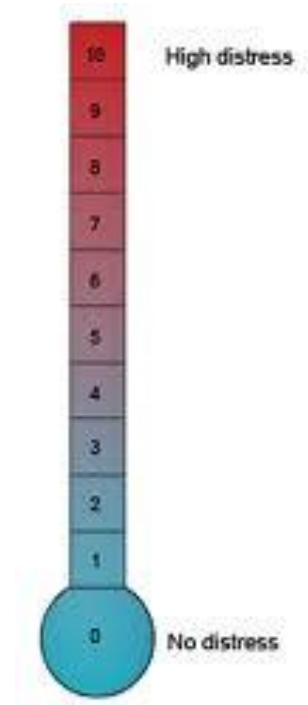
# **Financial Toxicity**

*Through the lens of a person facing cancer*



# What is Financial Toxicity?

The term **financial toxicity** is broadly used to describe the **distress** or **hardship** arising from **the financial burden of cancer treatment**. In much the same way as physical side-effects of treatment like fatigue, nausea or blood toxicities, **financial problems after cancer diagnosis** are a **major contributor** **higher levels of stress, poorer quality of life, treatment non-adherence** and **delayed medical care**.



# Financial Toxicity: Multi-Faceted Impacts

A survey of **breast cancer patients** found that **94%** of this population wanted to discuss **cost of treatment** but **only 14%** of them **reported having that conversation**

Journal of Community and Supportive Oncology, 2016.

**27%** of adult insured cancer patients reported medication non-adherence due to **COST**

J of Oncology Practice 2019

Cancer patients demonstrate **more anxiety** over the cost of treatment than over dying from their disease

Oncology Times, August 2009

Benchmark Employer Survey Finds **Average** Family Premiums Now Top **\$20,000**

Kaiser Family Foundation  
2019

A 2015 study found that there is a **direct correlation** between **Cancer Related Financial Burden** and **quality of life**. Higher CRFB scores correlates to lower Quality of Life scores.

The Oncologist 2015



# Maslow's Hierarchy of Needs

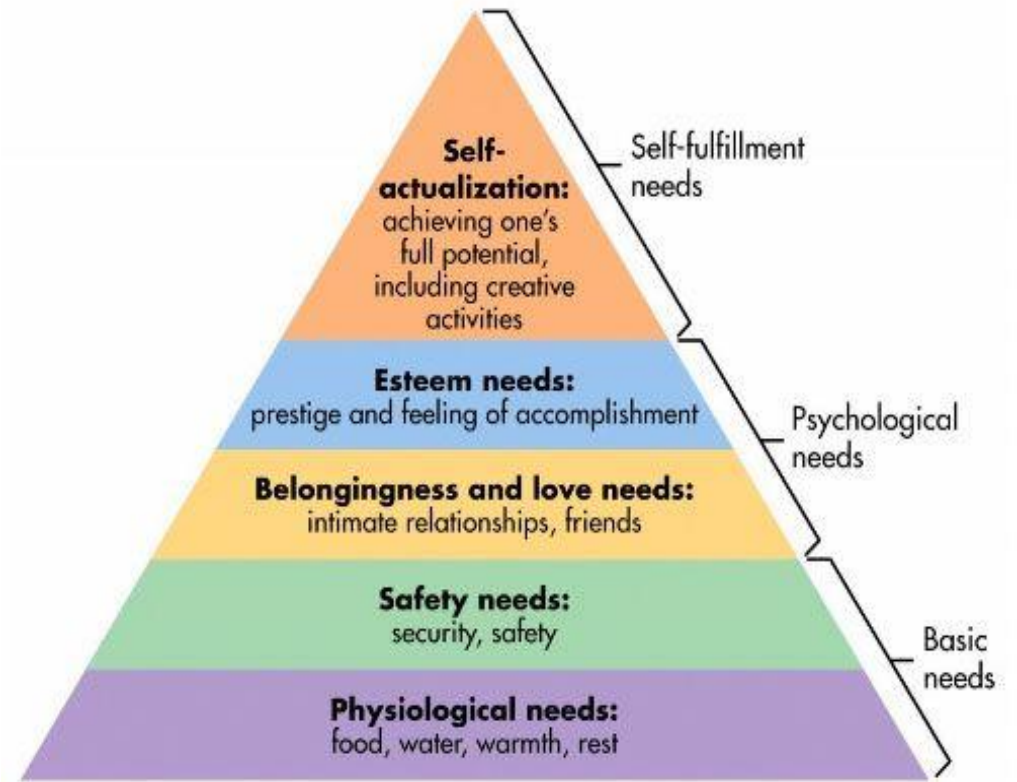
**Interpersonal relationships**

**Ability to keep health coverage**

**Financial Security**

**Food, shelter, transportation**

**Health**



# Models of Financial Advocacy Programs

## Financial Counselors

- Medicaid Enrollment
- Charity Programs

## Social Worker/Financial Advocate

- Co-Pay and PAP Assistance
- Basic Needs

## Financial Navigation

- Proactively treating financial toxicity by navigating patients through our complex healthcare system.



# Financial Navigation

Treating financial toxicity by proactively guiding patients through our complex healthcare system to help them gain access to care by reducing financial barriers.

**T**eam

**R**equires Expertise

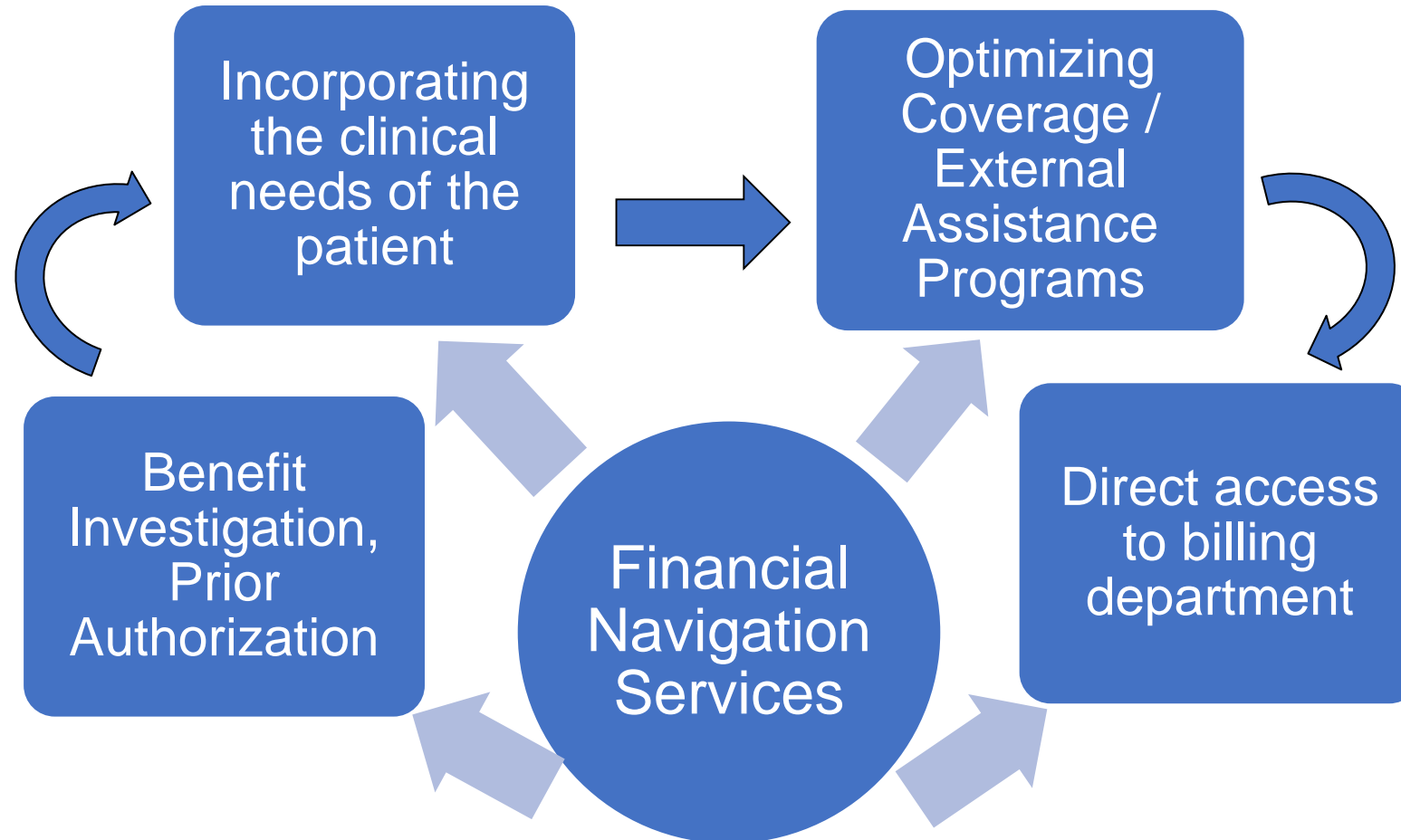
**E**nhance Insurance

**A**ssistance Programs

**T**actical Approach



# *A Central Part of of the Multi-Disciplinary **Team***





# Financial Navigator Required Level of Expertise

## Government Safety Net Programs

**Medicare.gov**

The Official U.S. Government Site for Medicare

**Medicaid.gov**  
Keeping America Healthy



## Health Insurance Policies



NAME OF BENEFICIARY  
**JOHN DOE**

MEDICARE CLAIM NUMBER  
**123-45-6789-A**

SEX  
**MALE**

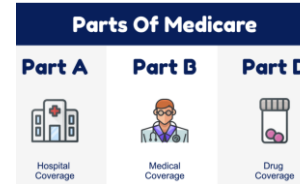
IS ENTITLED TO  
**HOSPITAL MEDICAL**

EFFECTIVE DATE  
**(PART A) 01-01-2018**  
**(PART B) 01-01-2018**

SIGN HERE  
*John Doe*



**Consolidated Omnibus  
Budget Reconciliation Act  
(COBRA)**  
Since 1986



## External Assistance Programs



## Disease Knowledge & Treatment Process



\*Logos are meant to illustrative not exhaustive of all options



# Patient Financial Responsibility Example Before Insurance Enhancement

<b>Estimated monthly premium</b> <b>\$1,003.97</b>	<b>Deductible</b> <b>\$3,300</b> Individual total <b>\$6,600</b> Family Total	<b>Out-of-pocket maximum</b> <b>\$7,300</b> Individual total <b>\$14,600</b> Family Total	<b>Copayments / Coinsurance</b> Emergency room care: \$250 Copay after deductible/30% Coinsurance after deductible Generic drugs: \$4 Copay after deductible Primary doctor: \$30 Specialist doctor: \$50 Copay after deductible	<b>Estimated total yearly costs</b> <a href="#">ESTIMATE TOTAL YEARLY COSTS</a>	<b>Medical providers &amp; prescription drugs covered</b> Coverage details below <a href="#">SEE IF PROVIDERS &amp; DRUGS ARE COVERED</a>
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### Documents

- [Summary of Benefits](#)
- [Plan brochure](#)
- [Provider directory](#)

### Dental

- Child dental benefit not included
- Adult dental benefit not included

\$6,960: Typical cost for a healthy pregnancy and normal delivery.

\$5,760: Typical yearly cost for managing type 2 diabetes for one person.

\$1,900: Typical cost for treatment of a simple fracture.

**Member Experience** ⓘ  
★★★★☆

**Medical Care** ⓘ  
★★★★☆

**Plan Administration** ⓘ  
★★★★☆

[Details](#)

### Main Costs

Health care cost  
Plan covers 70% of total average cost of care  
Total premiums for the year  
\$12,048  
[List of covered drugs](#)

### Doctors & Hospitals

**Emergency room care**  
\$250 Copay after deductible/30% Coinsurance after deductible

**Inpatient hospital services (like a hospital stay)**  
30% Coinsurance after deductible

### Other Services & Prescriptions

**Preferred brand drugs**  
25% Coinsurance after deductible

**X-rays and diagnostic imaging**  
30% Coinsurance after deductible

**Routine eye exam for adults**  
Benefit Not Covered

**Routine eye exam for children**  
No Charge

**Routine dental care (adults)**  
Benefit Not Covered

# Patient Financial Responsibility Example After Insurance Enhancement

<b>Estimated monthly premium</b> <b>\$231.10</b> Was: \$718.73	<b>Deductible</b> <b>\$600</b> Individual total	<b>Out-of-pocket maximum</b> <b>\$2,400</b> Individual total	<b>Copayments / Coinsurance</b> Emergency room care: \$250 Copay after deductible/10% Coinsurance after deductible Generic drugs: \$4 Copay after deductible Primary doctor: \$30 Specialist doctor: \$50 Copay after deductible	<b>Estimated total yearly costs</b> <a href="#">ESTIMATE TOTAL YEARLY COSTS</a>	<b>Medical providers &amp; prescription drugs covered</b> Coverage details below <a href="#">SEE IF PROVIDERS &amp; DRUGS ARE COVERED</a>
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### Documents

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### Dental

- Child dental benefit not included
- Adult dental benefit not included

\$1,960: Typical cost for a healthy pregnancy and normal delivery.

\$2,460: Typical yearly cost for managing type 2 diabetes for one person.

\$1,200: Typical cost for treatment of a simple fracture.

**Member Experience** ⓘ  
★★★★☆

**Medical Care** ⓘ  
★★★★☆

**Plan Administration** ⓘ  
★★★★☆

[Details](#)

### Main Costs

Health care cost  
Plan covers 87% of total average cost of care  
Total premiums for the year  
\$2,773  
[List of covered drugs](#)

### Doctors & Hospitals

**Emergency room care**  
\$250 Copay after deductible/10% Coinsurance after deductible

**Inpatient hospital services (like a hospital stay)**  
10% Coinsurance after deductible

### Other Services & Prescriptions

**Preferred brand drugs**  
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**X-rays and diagnostic imaging**  
10% Coinsurance after deductible

**Routine eye exam for adults**  
Benefit Not Covered

**Routine eye exam for children**  
No Charge

**Routine dental care (adults)**  
Benefit Not Covered

# The Complexities of Medicare Coverage

50% of Medicare beneficiaries fall below 200% of FPL.

KFF 2014

**MEDICARE HEALTH INSURANCE**  
1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY  
**JOHN DOE**

MEDICARE CLAIM NUMBER  
**000-00-0000-A**

SEX  
**MALE**

IS ENTITLED TO EFFECTIVE DATE  
**HOSPITAL (PART A) 01-01-2007**  
**MEDICAL (PART B) 01-01-2007**

SIGN HERE → \_\_\_\_\_

*SAMPLE*

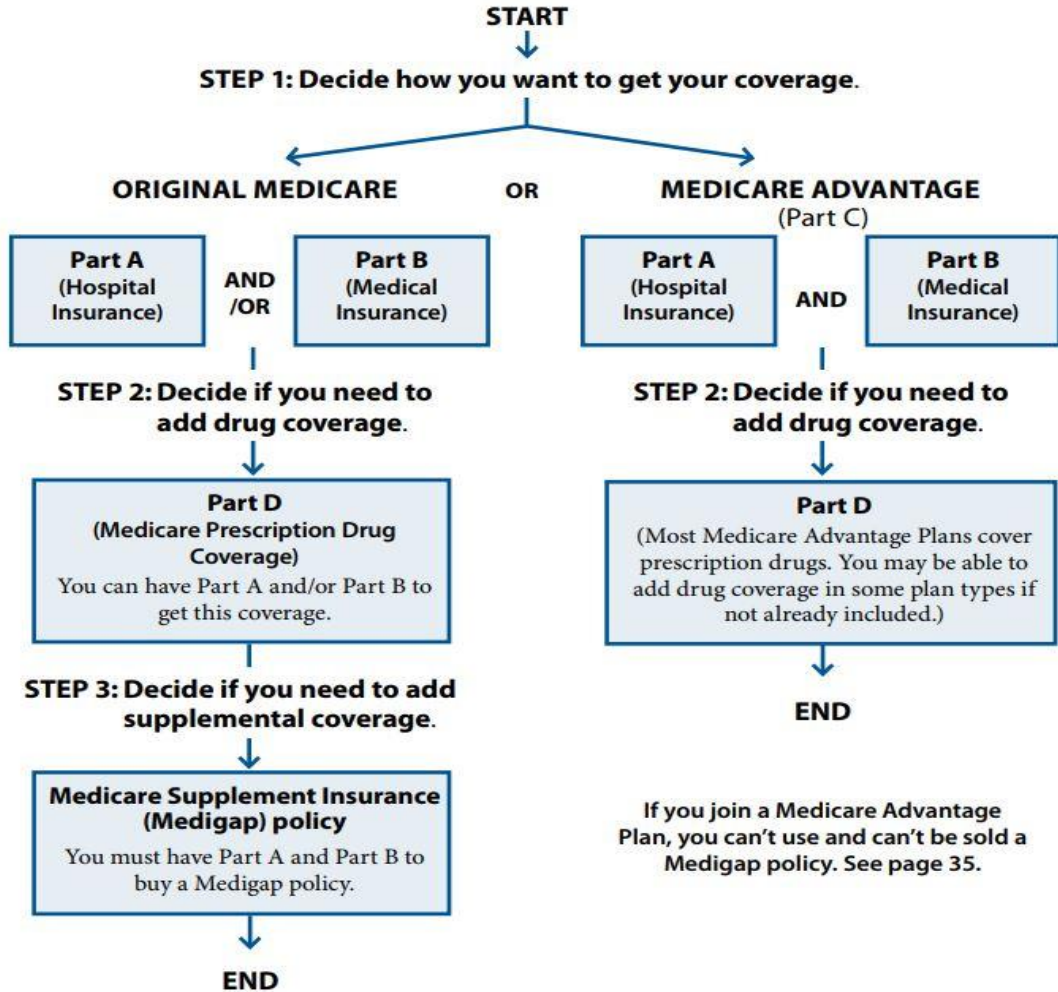


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### Your Medicare coverage choices at a glance

There are 2 main ways to get your Medicare coverage — Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide. See page 35 for information about Medicare Advantage Plans and Medigap policies.



# Case Study

A 67-year-old married male diagnosis with Metastatic Melanoma. Monthly household gross income is \$1,680 and they have \$11,000 in assets. He has Medicare A and B only. He is not enrolled in part D. It is March 2018.

Treatment regimen included surgery followed by biologic therapies.

**Total treatment cost for one year estimated to be around \$380,000**

**Patient responsibility estimated to be around \$44,000**



# Financial Navigation Intervention

## Enhancing Insurance Coverage

- Low Income Subsidy (LIS)
- Medicare intervention (Medigap vs. MAPD)

## External **Assistance** Programs

- |                                |         |
|--------------------------------|---------|
| ○ Co-Pay Assistance Foundation | \$6,000 |
| ○ Premium Assistance           | \$1,000 |
| ○ MSP                          | \$3,456 |

**Estimated Savings to the Patient** **\$47,000**

**Estimated Savings to the Provider** **\$44,000**



# Part D Coverage Structure

Initial coverage	\$4,020
Donut hole	\$6,350
Catastrophic Coverage	5%



- Below 150% of FPL
- Assets below \$14,390 single / \$28,720 married



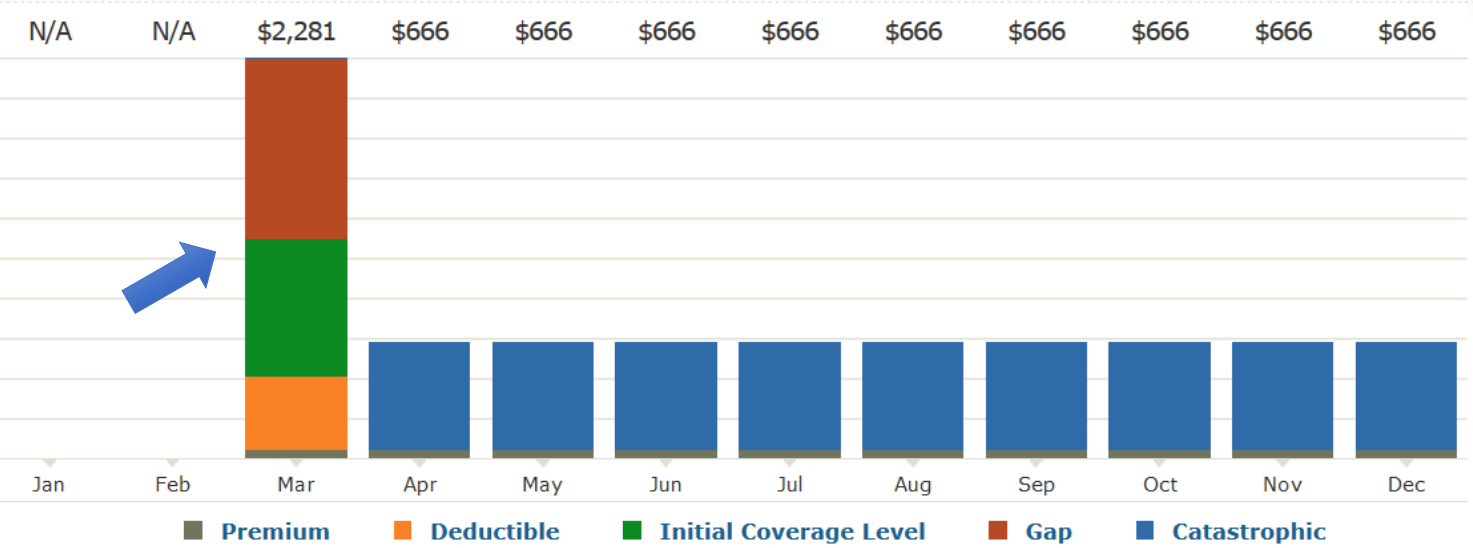
# Without Low Income Subsidy (LIS)

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Drug Costs During Coverage Levels			
			Deductible[?]	Initial Coverage Level[?]	Coverage Gap[?]	Catastrophic Coverage[?]
Humalog Kwikpen INJ 100/ML	\$522.95	Every 1 Month	\$522.95	\$41.00	\$130.74	\$26.15
Xarelto TAB 20MG	\$441.77	Every 1 Month	\$441.77	\$41.00	\$110.44	\$22.09
Xtandi CAP 40MG	\$11,376.76	Every 1 Month	\$11,376.76	\$2,844.19	\$2,844.19	\$568.84
<b>MONTHLY TOTALS:</b>	<b>\$12,341.48</b>		<b>\$12,341.48</b>	<b>\$2,926.19</b>	<b>\$3,085.37</b>	<b>\$617.08</b>

**Estimated Monthly Drug Costs**

Walgreens #15466    Mail Order Pharmacy

**Monthly Costs for the Rest of the Year (based on enrollment today)**



FEEDBACK

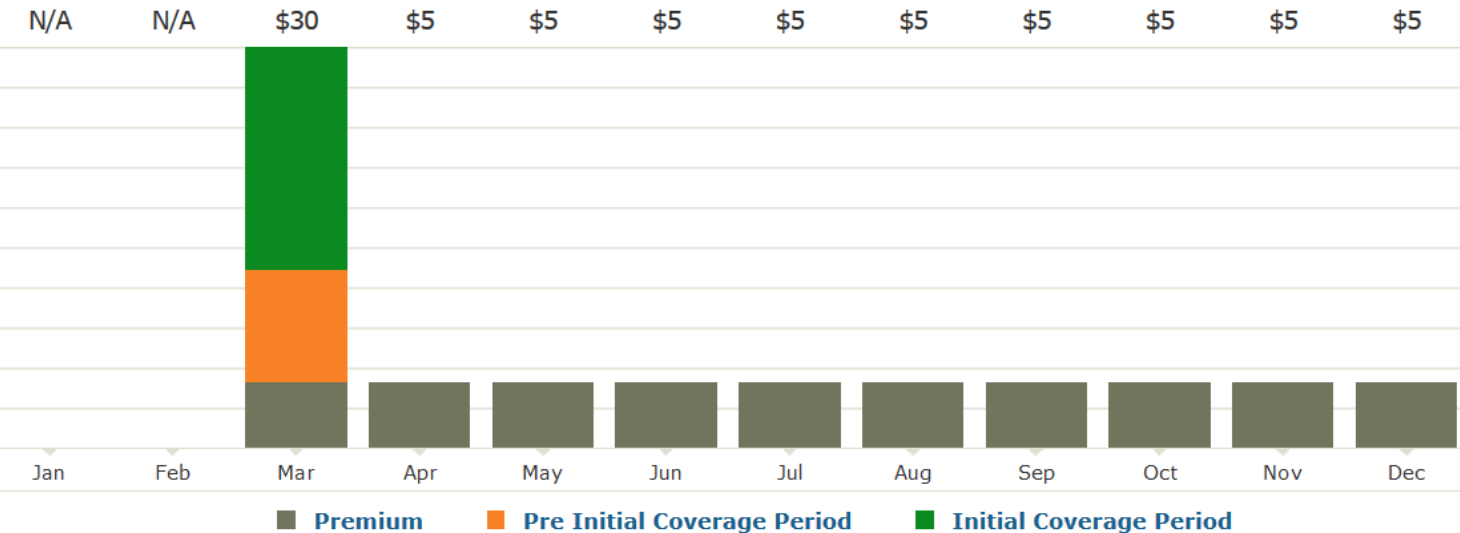
# With Low Income Subsidy (LIS)

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	Drug Costs During Coverage Levels			
			Pre-Initial Coverage Period	Initial Coverage Period	Post-Initial Coverage Period	Catastrophic[?]
Humalog Kwikpen INJ 100/ML	\$522.95	Every 1 Month	\$8.50	\$8.50	\$8.50	\$0.00
Xarelto TAB 20MG	\$441.77	Every 1 Month	\$8.50	\$8.50	\$8.50	\$0.00
Xtandi CAP 40MG	\$11,376.76	Every 1 Month	\$8.50	\$8.50	\$8.50	\$0.00
<b>MONTHLY TOTALS:</b>	<b>\$12,341.48</b>		<b>\$25.50</b>	<b>\$25.50</b>	<b>\$25.50</b>	<b>\$0.00</b>

**Estimated Monthly Drug Costs**

Walgreens #15466    Mail Order Pharmacy

**Monthly Costs for the Rest of the Year (based on enrollment today)**




FEEDBACK

# Optimizing External Assistance Programs

- Manufacturer Patient Assistance Programs
- Co-Pay Assistance Programs
- Premium Assistance Programs
- Patient Financial Support Programs
- Software Platforms
  - AssistPoint
  - TailorMed
  - Vivor



# Retroactive Opportunities to Decrease Financial Toxicity



WORKLISTS

ALERTS 102

TASKS

**PATIENTS**

ENROLLMENTS


CLAIMS


ORDERS

ONE-TIME SEARCH


REPORTS NEW

SUPPORT

< Patients Search All Patients... 


Welcome, Dan 


### Active Programs


 Print Programs


FOUNDATION ASSISTANCE ACTIVE


**PAN Foundation**  
Non-Small Cell Lung Cancer Fund

 **Pays up to \$5,300 per year**  
but no more than your actual out-of-pocket expenses

 **Pays for costs going back 90 days**  
before your enrollment date

[SHOW DETAILED RULES](#) 



[View Enrollment](#)  [Report Problem](#)

[Learn More](#) [Apply Now](#) 

**\$0 / TREATMENT**  
out-of-pocket drug costs


**DRUGS COVERED:**  
Opdivo Injectable


### Eligible Programs


 **All eligible programs are currently closed**   
Consider adding drugs to the patient's Denials list, in order to see manufacturer free/replacement programs that may still be able to help.


FOUNDATION ASSISTANCE CLOSED TO NEW ENROLLMENTS


**Patient Advocate Foundation (PAF)**  
Non-Small Cell Lung Cancer Fund

 **Pays up to \$8,500 per year**  
but no more than your actual out-of-pocket expenses

 **Pays for costs going back 180 days**  
before your enrollment date

[SHOW DETAILED RULES](#) 

[Create Enrollment](#) [Mark Ineligible](#)  [Report Problem](#)

[Learn More](#) [Apply Now](#) 

**\$0 / TREATMENT**  
out-of-pocket drug costs

# Financial Navigator Tactical Intervention

## Government Safety Net Programs

**Medicare.gov**

The Official U.S. Government Site for Medicare

**Medicaid.gov**  
Keeping America Healthy



## Health Insurance Policies

MEDICARE		HEALTH INSURANCE	
NAME OF BENEFICIARY <b>JOHN DOE</b>			
MEDICARE CLAIM NUMBER <b>123-45-6789-A</b>		SEX <b>MALE</b>	
IS ENTITLED TO <b>HOSPITAL MEDICAL</b>		EFFECTIVE DATE <b>01-01-2018</b>	
		<b>(PART A) (PART B)</b>	
SIGN HERE <i>John Doe</i>			
Parts Of Medicare			
<b>Part A</b>	<b>Part B</b>	<b>Part D</b>	
Hospital Coverage	Medical Coverage	Drug Coverage	



**Consolidated Omnibus Budget Reconciliation Act (COBRA)**  
Since 1986



## External Assistance Programs



When health insurance is not enough.\*

## Disease Knowledge & Treatment Process



\*Logos are meant to illustrative not exhaustive of all options



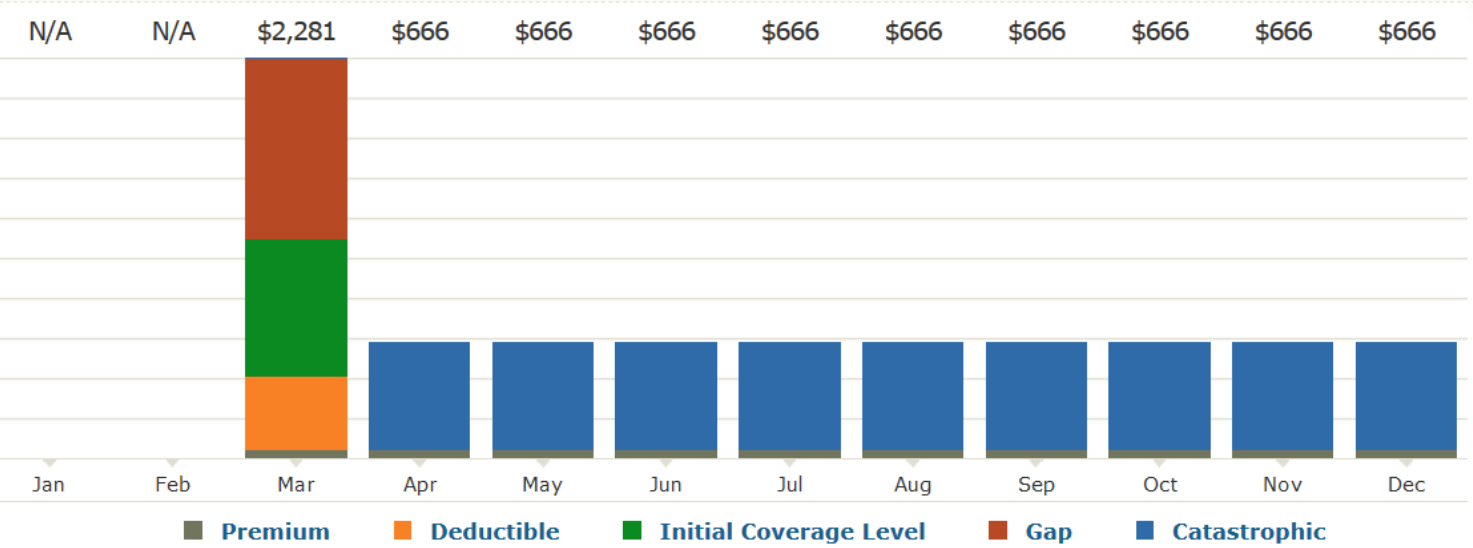
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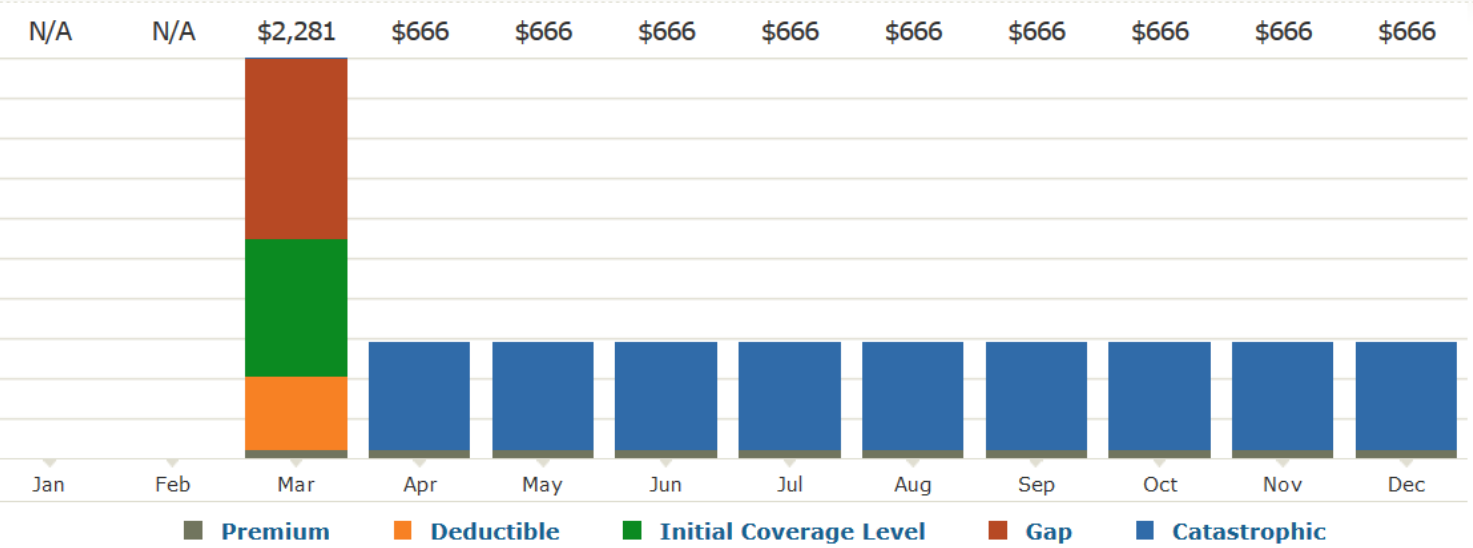
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Walgreens #15466    Mail Order Pharmacy

**Monthly Costs for the Rest of the Year (based on enrollment today)**



FEEDBACK

# Tracking and Reporting

- Patient Savings
- Provider Savings
- Total Patients Navigated
- ROI







# Training opportunities

- ACCC Financial Advocacy Bootcamp
- Local SHIP
- Triage Cancer
- NaVectis Financial Navigation Training Program
  - On site classroom style training
  - 12-24 months of remote support
  - Tracking software



# Case Study

64- and six-months year-old married female with a new diagnosis of Breast Cancer. She has been on Social Security disability since age 59. She has a MAPD plan that has a \$6,000 Max out of pocket. Household income is \$62,000 a year. It is March 2020. She will need 12 months of Herceptin and Perjeta treatments.

What are your concerns about this case?

What Financial Navigation Steps are available for this patient?



# Case Study

81-year-old married male with a dx of metastatic prostate cancer. He has a MAPD plan that has a \$6,700 Max out of pocket. Household income is \$38,000 a year. It is October 2020. He is on 3 expensive oral medications (Xarelto, Spiriva and Humalog) which each cost him over \$100 per month. He has also been prescribed Xtandi for which he is receiving for free from the Xtandi PAP program.

What are your concerns about this case?

What Financial Navigation Steps are available for this patient?



# Case Study

59-year-old single male with a new dx of Multiple Myeloma. He has no health insurance. It is February 5<sup>th</sup>, 2020. He has been working full time making \$2,500 a month. He has \$55,000 in a 401K. He is no longer able to work. He has STD benefits (\$1,400 a month) available to him for six months. In July 2020 he will be approved for SSDI payments in the amount of \$1,675 per month. He needs to start IV Velcade and oral Revlimid treatments ASAP.

What are your concerns about this case?

What Financial Navigation Steps are available for this patient?



# Case Study

A 65 and 5-Month-old married female diagnosed with metastatic non-small-cell lung cancer. She has a Medicare Advantage plan that has a \$6,700 max out of pocket. It is February 2020. Gross household income is \$20,200 a year and they have \$9,000 in savings. She needs palliative immunotherapy treatments which includes Keytruda. She is struggling with all her \$138 co-pay for oral medication Xarelto.

What are your concerns about this case?

What Financial Navigation Steps are available for this patient?

How would the financial navigation plan change if the household income was \$32,000 a year?



# Case Study

A 52-year-old single male diagnosed with Non-Hodgkin's Lymphoma. He has a Silver Marketplace policy that has a \$8,150 max out of pocket and a monthly premium of \$531. Gross household income is \$2,750 a month. He has been approved for STD which will be 60% of his pay for 6 months. He does not have LTD benefits. He needs to be treated with R-CHOP. It is March 2020 and he hopes to return to work in January 2021.

What are your concerns about this case?

What Financial Navigation Steps would you take?



# Case Study

A 68-year-old married female diagnosed with pancreatic cancer. She has Medicare Advantage plan that has a \$6,700 max out of pocket. It is June 11, 2020. Household income is \$15,500 a year. They have \$10,000 in savings. She lives with her husband. She needs palliative chemotherapy treatments and Xeloda (oral medication). She also in on Humira and Spiriva for which she is paying over \$100 co-pays for. These prescriptions have become unaffordable for her.

What are your concerns about this case?

What Financial Navigation Steps would you take?

How would this situation change if the assets were \$14,000?





# Case Study

53-year-old single female recently diagnosed with a GBM. She will need surgery, followed by radiation treatments followed by 6 months of immunotherapy (Opdivo) and then be treated with oral Vitrakvi. She is on SSDI (\$1,150 a month) which is her only source of income. She has \$6,000 in her savings account. Her SSDI payments started 22 months ago. She no health insurance.

What are your concerns about this case?

What Financial Navigation Steps would you take?

How would the financial navigation plan change if her income was \$32,000 a year?



# Case Study

67-year-old married male diagnosis with Metastatic Melanoma. Monthly household gross income is \$1,680 and they have \$8,000 in savings. He has Medicare A and B only. He is not enrolled in part D. It is March 2020. Treatment regimen includes surgery followed by Opdivo and Yervoy.

What are your concerns about this case?

What Financial Navigation Steps are available for this patient?



# Financial Navigation Helps Decrease Financial Toxicity



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Assistance Safety Net: How Many  
Need Help? How Many Are  
Helped?**

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**Impact of Trained Oncology  
Financial Navigators on Patient  
Out-of-Pocket Spending**

Todd Yezefski, MD; Jordan Steelquist, BA; Kate Watabayashi, BA; Dan Sherman, MA; and Veena Shankaran, MD



Supplements > **The Patient Assistance Safety Net: How Many Need Help? How Many Are Helped?** – Published on: March 06, 2018

## Impact of Trained Oncology Financial Navigators on Patient Out-of-Pocket Spending

Todd Yezefski, MD; Jordan Steelquist, BA; Kate Watabayashi, BA; Dan Sherman, MA; and Veena Shankaran, MD

Hospitals that used trained financial navigators were able to provide financial assistance for their patients with cancer, providing access to care that would otherwise be unaffordable.

### ABSTRACT

**Objectives:** Patients with cancer often face financial hardships, including loss of productivity, high out-of-pocket (OOP) costs, depletion of savings, and bankruptcy. By providing financial guidance and assistance through specially trained navigators, hospitals and cancer care clinics may be able mitigate the financial burdens to patients and also minimize financial losses for the treating institutions.

**Study Design:** Financial navigators at 4 hospitals were trained through The NaVectis Group, an organization that provides training to healthcare staff to increase patient access to care and

# Financial Navigation Can Support:

- Improved access to care
- Reduction of financial toxicity
- Reduction in bad debt/charity
- Increased Patient Satisfaction Scores
- Reduction in stress / workload for the Social work department
- Significant ROI for provider





# Thank you

**Contact Information:**

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