Implementing and Growing Financial Navigation Services

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Background: Financial Advocate, Counselor, & Navigator

We use these titles differently across the nation to cover a multitude of roles and tasks:

- Benefit verification
- Pre-certification
- Insurance counseling
- Medical necessity reviewers
- Self-pay/Charity care
- Social work

- State Medicaid/Supplemental security income benefit applications
- Payment plan establishment
- Drug assistance enrollers

Patient Financial Advocate Scope at St. Luke's

- Insurance authorizations:
  - Intravenous chemotherapy
  - Oral chemotherapy
  - Radiation oncology
  - Surgical oncology
  - Pediatric oncology
  - Labs (genetic, diagnostic, genomic, next-generation sequencing, molecular, etc.)
  - Imaging

Patient Financial Advocate Scope at St. Luke's

- Medical necessity
- Face-to-face meetings to provide education and resources
- Insurance optimization:
  - Insurance exchange enroller
- Financial assistance:
  - Independent foundations
  - Co-pay assistance
  - Free/replacement drug programs

Patient Financial Advocate Scope at St. Luke's

- Socio-economic help:
  - Family and Medical Leave Act (FMLA)/Disability for patients and family
  - County
  - Internal charity
  - Tracking

Pain Points

- Training misses:
  - Lack of structure
    - Leadership unfamiliar with role/responsibilities
    - Onboarding timeline
    - No audits of work
  - Shadowing other peers
    - Inconsistency
    - Burn out of peers
    - Lack of compensation for peer training (preceptor pay)

Pain Points

- Trial and error:
  - Authorization denials
    - Lack of understanding on how to submit
    - Lack of clinical training
  - Patient misses
    - Delay in care
  - Revenue misses
    - Write-offs

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Pain Points

- Patient treatment burden:
  - Financial struggles
  - Health illiteracy
  - Lack of support (family, friends)
  - Barriers: language, cultural, underserved communities, age, mobility

- Insurance burdens:
  - Stricter guidelines
  - Policy updates
  - Longer authorization times
  - Lack of updates

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Training Basics: What Does a Financial Advocate Need to Succeed?

- Checklist for proper training

- Screening patients

- Tools – where to find and how to use?
  - Workflows
  - Processes

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Training Basics: What Does a Financial Advocate Need to Succeed?

- Medical Necessity training and understanding
  - Centers for Medicare & Medicaid Services/Local coverage determinations
  - National Comprehensive Cancer Network
  - U.S. Food and Drug Administration (FDA)
  - UpToDate

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Training Basics: What Does a Financial Advocate Need to Succeed?

- Authorization submission:
  - Portal training
- Financial assistance:
  - Independent foundation, free/replacement drug, and co-pay grants/programs
  - Billing: who, what, where, and how?

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Training Basics: What Does a Financial Advocate Need to Succeed?

- Applications/paperwork:
  - Insurance
  - Internal charity
  - FMLA/Disability
- Timely audits for training opportunities

ACCC Financial Advocacy Network

Become A Committee Member

- Background
- Collaboration

Complete the Financial Advocacy Bootcamp 1 & 2

- Insurance information!
- Role breakdown – competencies
- Case studies

Use the Patient Assistance & Reimbursement Guide

- Now, a fully digital and searchable tool
- Updated in real time

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ACCC Financial Advocacy Network Toolkit

- Ability to search and filter
- Easily accessible
- Time saving

ACCCeXchange: Financial Advocacy Forum

- Networking
- Community
- Sharing of ideas
- Sharing of tools
- Advice
- Collaboration

ACCC Financial Advocacy Playbook

- The ACCC Financial Advocacy Network brought together experts in financial advocacy to create this Playbook—a comprehensive tool to support onboarding and continuous learning for staff who deliver financial advocacy services.

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Financial Advocacy Network

Ready · Set · Go!

Financial Advocacy Playbook
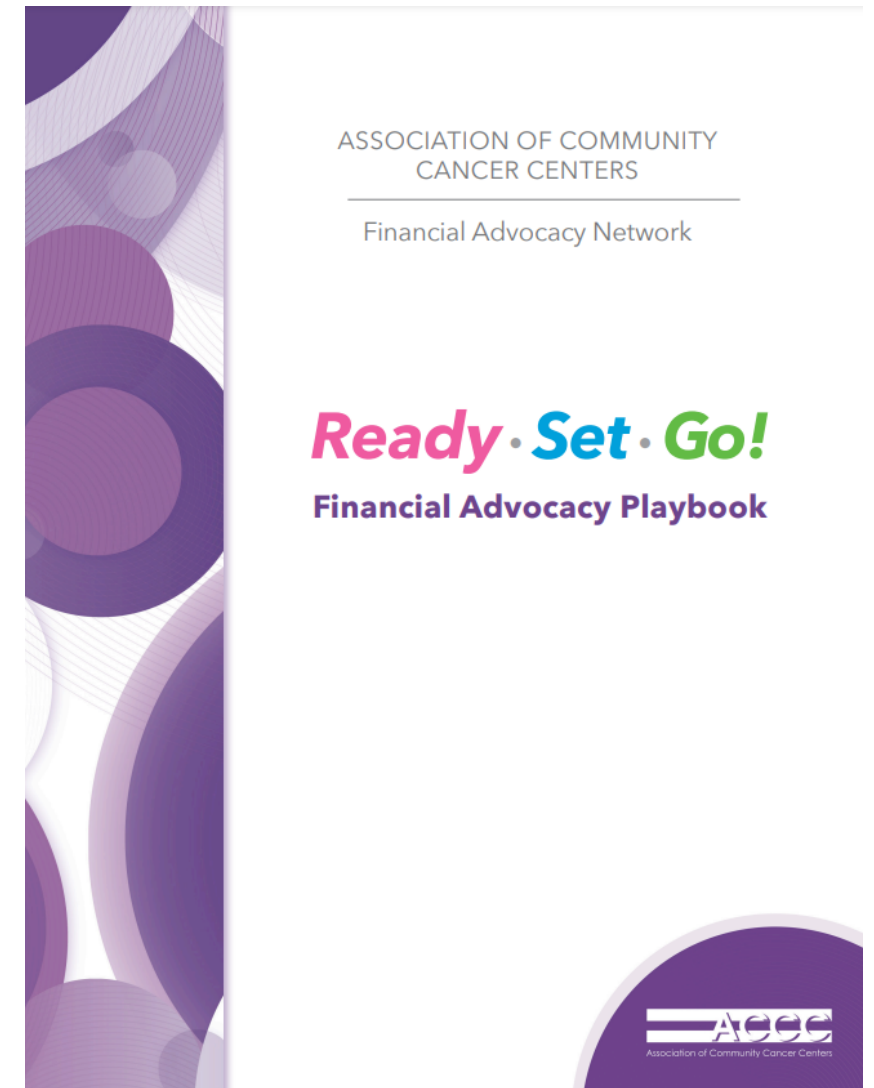
ACCC Financial Advocacy Playbook

- Filled with basics of financial advocacy, including common terminology and definitions, and details on benefits verification, financial distress screening, prior authorizations, insurance education and optimization, and how to secure available financial assistance options for qualifying patients.

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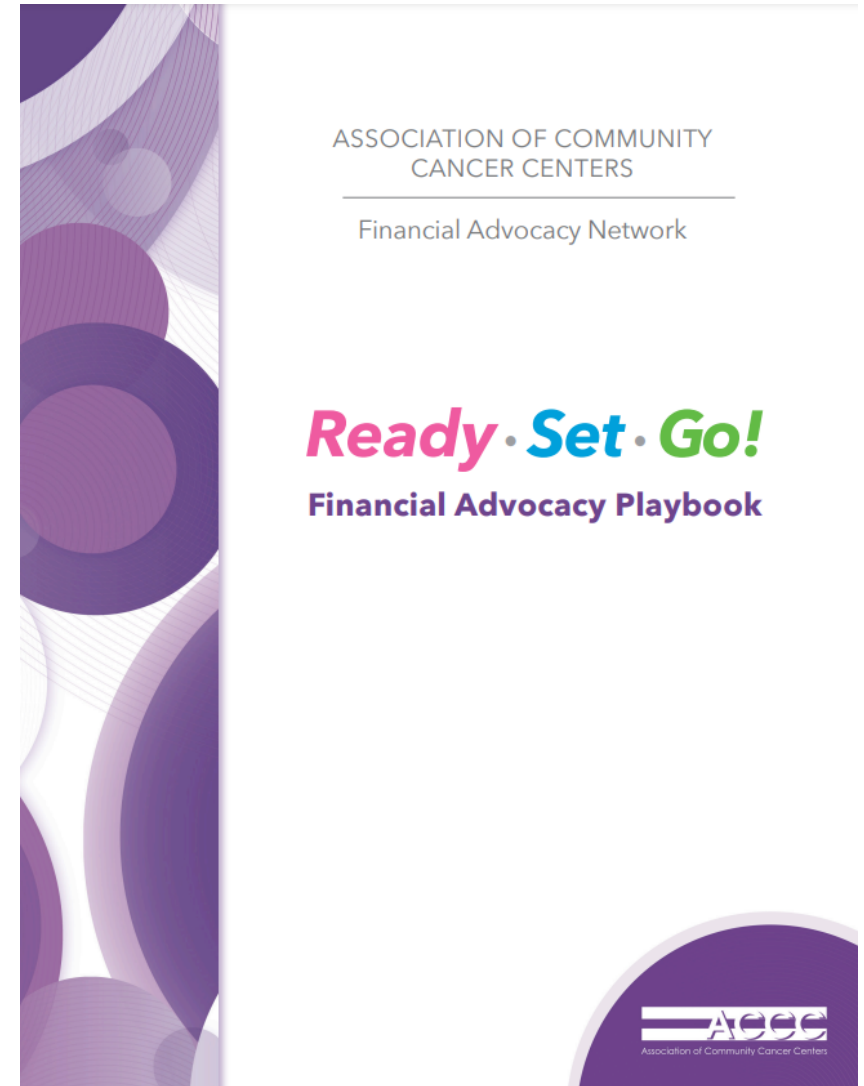
ACCC Financial Advocacy Playbook

- Use it to help train those new to their role in financial advocacy and provide additional training and resources for those financial advocates already on the team.

ASSOCIATION OF COMMUNITY CANCER CENTERS

Financial Advocacy Network

Ready · Set · Go!

Financial Advocacy Playbook

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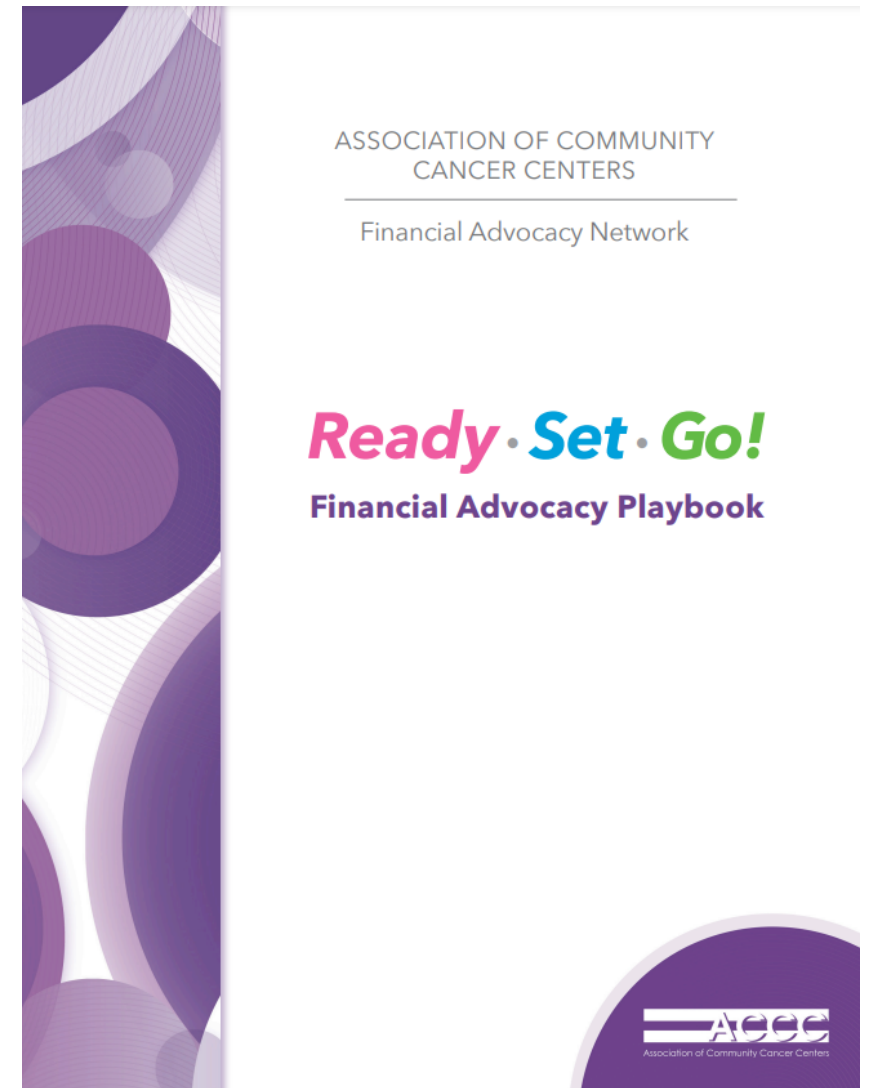
Metrics: What Do You Need to Measure to Show Return on Investment (ROI)?

- Number of authorizations:
  - In the electronic health record (EHR), track number of authorized or finalized referrals
  - Pull reports based on individual names of closed referrals (that were assigned to treatment) to see dollar amount of submitted claims and amount reimbursed to the health system based

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Metrics: What Do You Need to Measure to Show Return on Investment (ROI)?

- Financial assistance:
  - Track awarded assistance for co-pay and independent foundation assistance
  - Measure dollar amounts on paid claims
  - Track awarded assistance for free/replacement drug programs (infusion and oral therapies)
    - Take the acquisition cost and multiply by treatment intervals

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Metrics: What Do You Need to Measure to Show Return on Investment (ROI)?

- Number of face-to-face meetings
  - Build schedule template in EHR to schedule patient meetings
- Paperwork:
  - How many FMLA and long/short-term disability paperwork was filled out (including family)
  - Number of county applications
  - Number of internal charity applications
  - Insurance exchange enrollments

Metrics: What Do You Need to Measure to Show Return on Investment (ROI)?

- Denial deep dive:
  - Amount of denials
  - Who had the biggest opportunity to impact outcome? (provider, financial advocate, payer, billing)
  - The financial advocate who worked on the referral (education purpose)
  - Diagnosis and service denied
  - Original date the service was rendered in (training purposes)

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Metrics: What Do You Need to Measure to Show Return on Investment (ROI)?

- Pharmacy assistance forms

- External lab assistance
  - Genomic
  - Foundation Medicine

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Building a Case for Financial Advocacy Services

- Data evidence:
  - Spreadsheet tracking (individual work)
  - Pull reports from EHR if possible
  - Present in a way that is understandable
  - Use graphs and/or charts
- Patient stories:
  - Identify wins (costly treatment approvals)
  - Identify misses (small adherence to treatment due to cost)

Building a Case for Financial Advocates

- Denials:
  - Revenue losses due to:
    - Missed advanced beneficiary notices, non-covered services form, and no authorization
    - Lack of medical necessity:
      - Missing documentation (recovery audit contractor [RAC] audits)
      - Wrong CPT® codes/diagnosis codes

Building a Case for Financial Advocates

- Revenue opportunities:
  - Financial assistance
  - Internal charity vs. bad debt
  - Self-pay to Medicaid
- Wins from other organizations
- ACCC Financial Advocacy Network Task Forces
- ACCC eXchange discussion forums

Building a Case for Financial Advocates

$$\frac{\text{Revenues from Investment} - \text{Cost of Investment}}{\text{Cost of Investment}} \times 100 = ROI\,(\%)$$

In FY 2017-2018, this program brought in more than $1 million from co-pay assistance and free drug programs. Subtracting the salary of its oncology financial navigator ($30,000) brings this amount to $970,000. After dividing $970,000 by the salary ($30,000) and multiplying by 100, this program saw an ROI of 3,233% from its financial navigator. In FY 2018-2019, assistance from co-pay assistance and free drug programs was $1.5. Following that same formula, the ROI of its financial navigator is 4,900%.

Resources for Business Case

- [Making the Business Case for Hiring a Financial Navigator](#) – by Lori Schneider and Christina Fuller

- [Average Time Spent on Financial Advocate Tasks](#)

- [COST: A FACIT Measure for Financial Toxicity](#)

- [Oncology Financial Navigators - Integral Members of the Multidisciplinary Cancer Care Team](#) – by Dan Sherman

- [The Value of Dedicated Financial Coordinators](#) – by Teri Guidi and Elaine Kloos

- Job descriptions for various titles of navigation

Oncology Financial Navigators

Integral members of the multidisciplinary cancer care team

FINANCIAL ADVOCACY NETWORK
Resources & Tools for the Multidisciplinary Team

Average Time Spent on Financial Advocate Tasks

Procedure	Time Spent (minutes)	Financial Advocate A	Financial Advocate B	Financial Advocate C
Add-on appointment	20 minutes			
Append QCL	15 minutes			
Approval of treatment	15 minutes			

Making the Business Case for Hiring a Financial Navigator

By Lori Schneider and Christina Fuller

COST – FACIT (Version 2)

Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

		Not at all	A little bit	Some- what	Quite a bit	Very much
FT1	I know that I have enough money in savings, retirement, or assets to cover the costs of my treatment	0	1	2	3	4
FT2	My out-of-pocket medical expenses are more than I thought they would be	0	1	2	3	4

The Value of Dedicated Financial Coordinators

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

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Barriers Identified

Denials deep dive: Microsoft Power BI dashboard of denials breakdown—radiation denials were highest

Analysis of radiation denials

- Provider:
  - Smart phrases for medical necessity
  - Dates in treatment referral was next available (regardless of authorization status)
  - Lack of communication with appeals team on medical necessity

Barriers Identified

Denials deep dive: Microsoft Power BI dashboard of denials breakdown—radiation denials were highest

Analysis of radiation denials

- Scheduling:
  - Adding treatment on schedule without checking authorization status
  - Not calling patients in time to reschedule

Barriers Identified

Denials deep dive: Microsoft Power BI dashboard of denials breakdown—radiation denials were highest

Analysis of radiation denials

- Financial advocate:
  - Human error (submitting incorrect CPT codes, typos)
  - Missing information (histograms—usually because treatment was already scheduled before computed tomography simulation)

Barriers Identified

Denials deep dive: Microsoft Power BI dashboard of denials breakdown—radiation denials were highest

Analysis of radiation denials

- Billing:
  - Timely filling due to being short staffed
- Appeals team:
  - Only attempting communication with provider via email
  - Lack of knowledge to fight appeals

Barriers Identified

Denials deep dive: Microsoft Power BI dashboard of denials breakdown—radiation denials were highest

Analysis of radiation denials

- Payer burdens:
  - Changing authorization requirements midway through patients' treatment and not honoring the authorization
  - Barriers like needing histograms in color and no email option

Barriers Identified

Denials deep dive: Microsoft Power BI dashboard of denials breakdown—radiation denials were highest

Analysis of radiation denials

- Leadership
    - Not providing correct tools (CPT crosswalk)
    - Inability to find patients already on treatment

Lessons Learned and Outcomes

- Provider level:
  - Documentation of medical necessity unique to patient
  - Date for treatment at least 7 days out
  - In-basket via EHR instead of emails
- Scheduling:
  - Make sure referral was assigned to visit and had a green check mark
  - Review all scheduled appointments two days before for any unauthorized visit (enough time to reschedule)

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Lessons Learned and Outcomes

- Financial advocates:
  - Audits to identify misses and provide more training
  - Checklist for necessary information to submit authorizations
- Billing:
  - Dedicated staff breakdown by category

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Lessons Learned and Outcomes

- Appeals team:
  - Send in-basket messages to providers and cc'ing site financial advocatess
  - Have a point of contact to ask clinical information to use to submit appeals

- Payers:
  - Involve contracting and payer relations to connect with payors, express concerns, and identify strategies
  - Implement an email address to send color dose volume histograms instead of faxing

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Lessons Learned and Outcomes

- Leadership:
  - Review of all diagnosis codes to verify correct code is submitted
  - Revamp CPT crosswalk with accurate CPT codes for submission
  - Support extra 2 full-time equivalent staff to address staff burnout

Closing Remarks

- Financial toxicity:
  - Medical journey and financial experience plays a major part
  - Cost of cancer care is increasing
  - Health illiteracy
  - Pandemic side effects
    - Loss of work = loss of insurance
    - Missed screenings
  - Need for more care is increasing

Closing Remarks

- Health equity:
  - One of the ways to ensure all patients have access to equitable cancer care is to mitigate financial burdens by ensuring diversity and inclusion are included in policies, financial resources, and opportunities.

Questions?

Thank You!

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