

Financial Navigation in Radiation Oncology



Francinna Scott-Jones, CPAR, ROCC
Northside Hospital Cancer Institute

@ACCCBuzz | #ACCCORM

Financial Advocacy In Radiation Oncology

Francinna Scott-Jones, CPAR, ROCC

Financial Coordinator, Department of Radiation Oncology

Northside Hospital Cancer Institute

Why Financial Advocacy Is Important for Patients with Cancer

The Statistics

- Patients with cancer demonstrate more anxiety over the cost of their treatment than dying from their disease¹
- **42%** of insured patients with cancer express significant financial burden²
- Medicare patients have on average **\$4,727 in out-of-pocket expenses** for their oncology care³

Patients Want to Know their Costs of Care⁴

- At a foundational level, patients need to understand the basics of health insurance and their own specific benefits.
- **Over two-thirds of patients** with cancer say they **want to know their out-of-pocket costs before treatment**—visibility is likely to decrease their anxiety and increase the chance that they will pay for at least a portion of their care.

Improve Patient Collections⁴

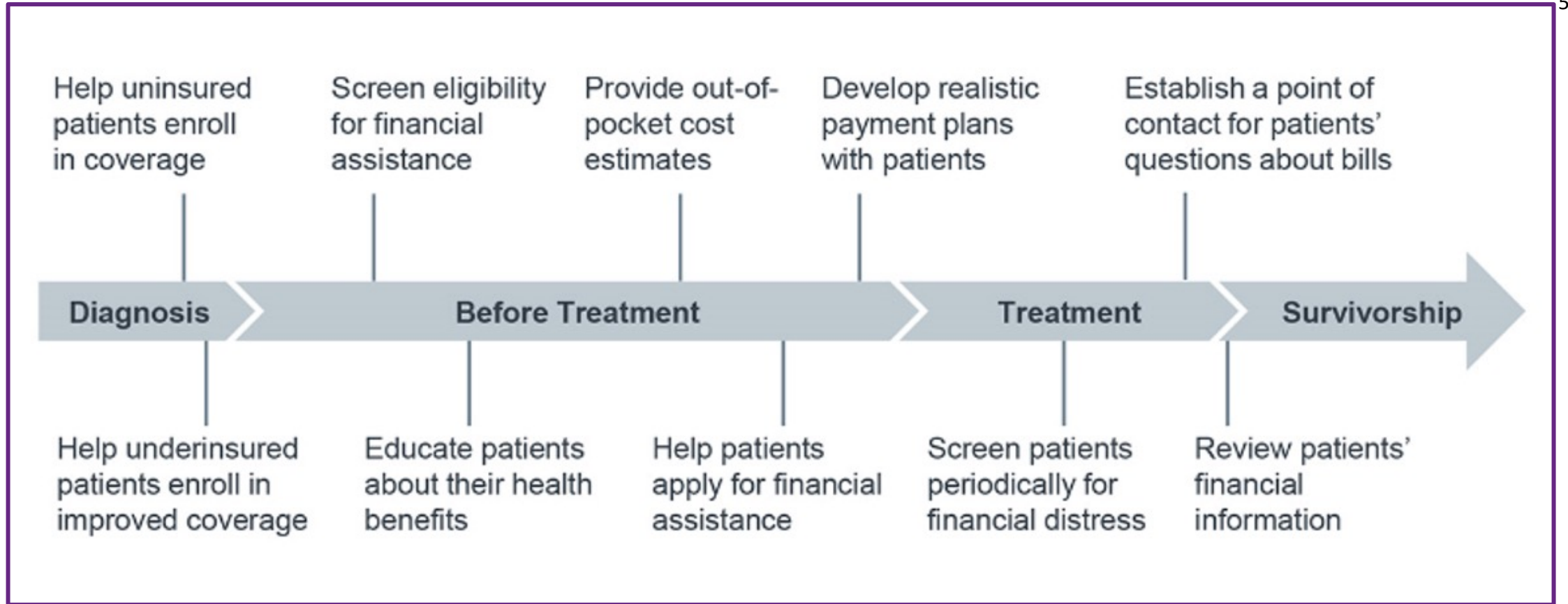
- As providers' revenue increasingly depends on patients' payments, cancer programs and practices need to improve their ability to collect on patients' financial responsibilities.
- Point-of-service collections represent the biggest opportunity to decrease bad debt, yet **only 35%** of hospital leaders say their organization consistently collects from patients with cancer at point of service.

The Ideal Financial Advocacy Program

The most successful financial advocacy programs have multiple access points through the care continuum:

- Consult scheduling
- Time of consult
- Distress screening
 - During the first week of treatment
 - Last week of treatment
- Provide a resource to answer questions once the patient's course of treatment is complete

The Ideal Financial Advocacy Program



At Minimum, Your Financial Advocacy Program Should Include:

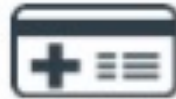
5

Financial Counseling Meeting



Financial counselor schedules in-person meeting with every patient during first week of treatment

Benefits Review



Financial counselor reviews each patient's insurance benefits prior to meeting

Benefits Explanation



- Financial counselor uses template to guide discussion during meeting
- Explains basic insurance terms and individual coverage details

Who Needs Financial Advocacy?



6

Uninsured Patients⁷

- Most uninsured people are non-elderly adults, in working families, and/or in families with low incomes.
- In 2018, over 7 in 10 of uninsured people (**72%**) had at least one full-time worker in their family
 - An additional **11%** had a part-time worker in their family.

Uninsured Patients⁷

- Individuals with incomes **below 200% of the federal poverty level** are at the highest risk of being uninsured.
- In total, **more than 8 out of 10** uninsured individuals were in families with incomes **below 400% of the federal poverty level** in 2018.

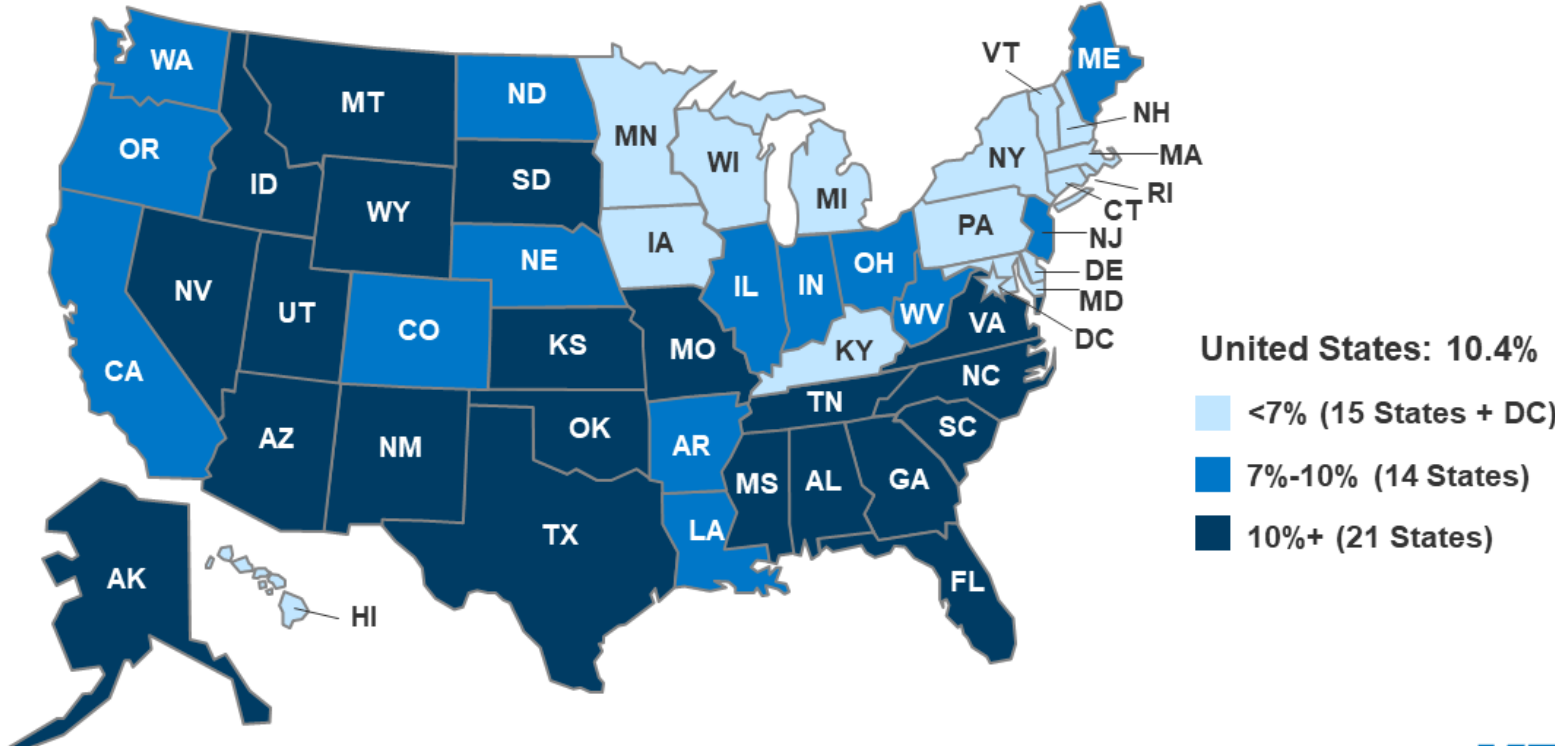
Uninsured Patients⁷

- Costs still pose a major barrier to coverage for uninsured people.
- In 2018, **45%** of uninsured, non-elderly adults report they were uninsured because the cost of insurance was **too high**, making it the most common reason cited for being uninsured.

Uninsured Patients⁷

Figure 5

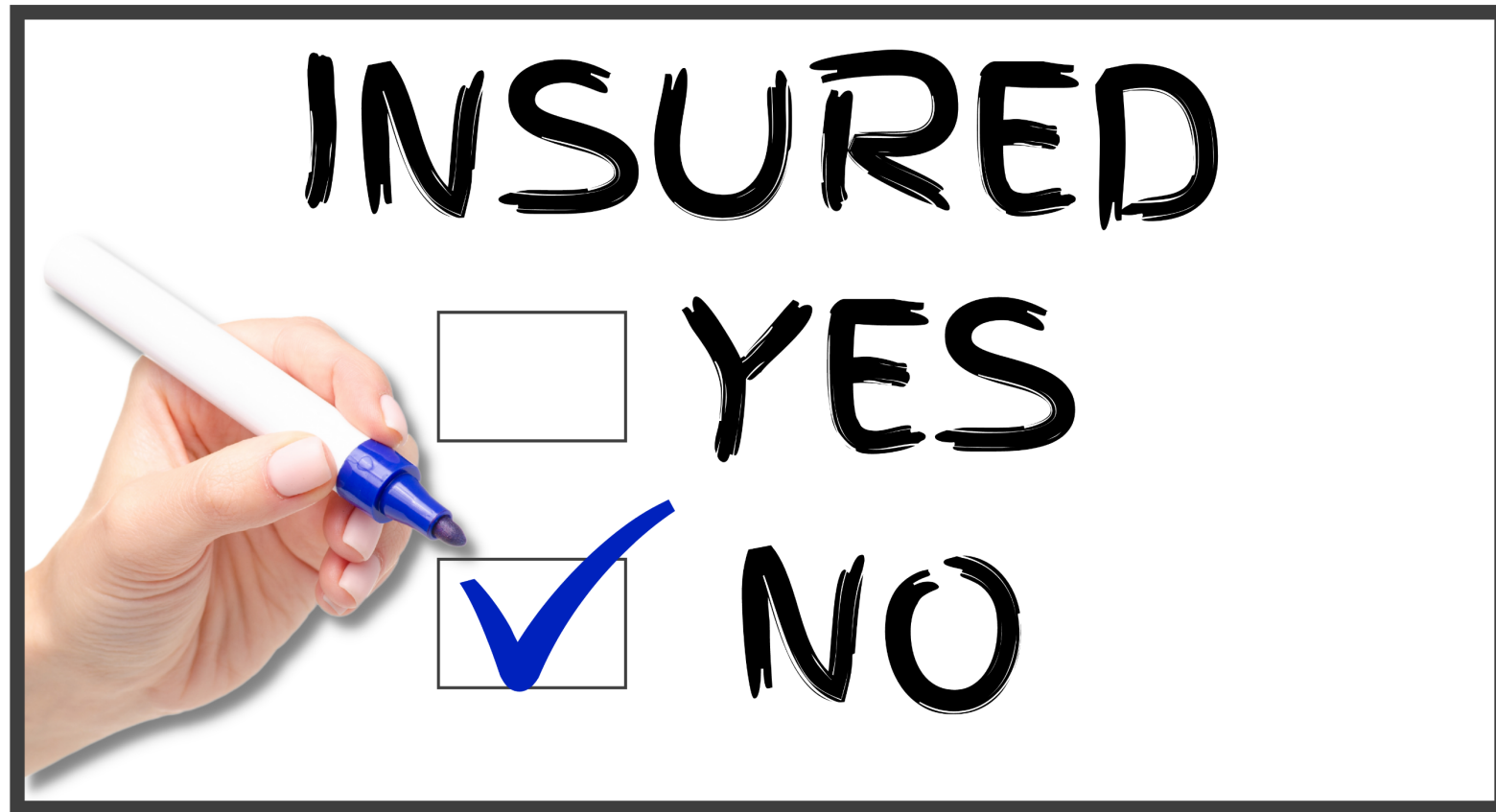
Uninsured Rates among the Nonelderly by State, 2018



NOTE: Includes nonelderly individuals ages 0 to 64.
SOURCE: KFF analysis of 2018 American Community Survey, 1-Year Estimates.



It's Not Just Uninsured Individuals



Underinsured Patients⁸

- **About a quarter** of non-elderly Americans with private insurance **do not have sufficient liquid assets** to pay a mid-range deductible (\$1,200 for single coverage and \$2,400 for family coverage)
- **More than a third** don't have the resources to pay higher deductibles (\$2,500 for single coverage and \$5,000 for family coverage)
- In 2014, an estimated **7 million people** were underinsured because of their deductible alone

Underinsured Patients⁸

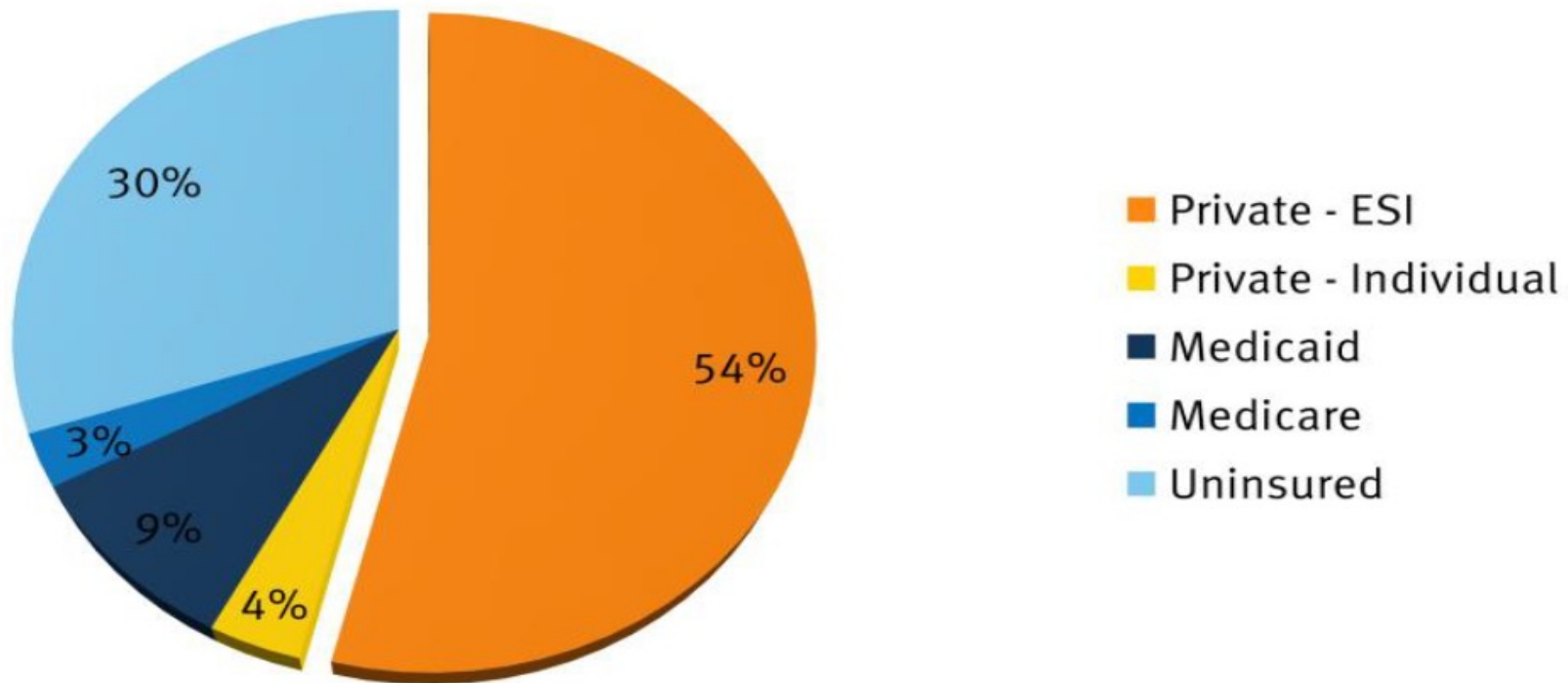
- When families are underinsured, they are at high risk of forgoing needed care and struggling to pay their medical bills when they cannot postpone care
- **51%** of underinsured adults report problems with medical bills or debt
- **44%** of underinsured adults do not get needed care because of costs
- **50%** of underinsured adults with high deductibles have debt of \$4,000 or more

American Families Have Difficulty Paying Their Medical Bills⁹

- Difficulty paying medical bills can have significant consequences for American families.
- About one-fourth of United States adults (**26 percent**) say they or a household member have had problems paying their medical bills in the past year.
 - About half of this group (**12 percent of all Americans**) say their medical bills had a major impact on their family.

Characteristics of People with Difficulty Paying their Medical Bills¹⁰

In 2012, the majority of people with difficulty paying medical bills had employer-sponsored private insurance (ESI)



Three Categories of Patients

Patients without insurance or those who are underinsured fall into 1 of 3 categories:

1. Patients who **can pay** their medical bills **but refuse to pay**.
2. Patients who **can pay** their medical bills **and are willing to pay**.
3. Patients who **do not have the resources to pay** their medical bills.

By counseling all patients, you are better equipped to understand which of the 3 categories each patient falls within.

“I Can’t Afford to Pay”



11

FINANCIAL TOXICITY

THE COSTS OF CANCER



While being diagnosed with cancer alone can put a person under tremendous amounts of mental and emotional stress, the additional burden of the outrageously expensive medical care only adds to the strain. The dramatic rise in the cost of cancer treatments has now given rise to what is being called Financial Toxicity.

Three Domains of Financial Toxicity

13

Financial hardship encompasses three domains:

1. Material Conditions

Example concepts within this domain:

- Out-of-pocket expenses
- Missed work
- Reduced/lost income
- Medical debt/bankruptcy

2. Psychological Response

Example concepts within this domain:

- Feeling of distress due to costs of cancer care
- Concern about wages/income meeting expenses related to costs of cancer care

3. Coping Behaviors

Example concepts within this domain:

- Took less or skipped medication
- Delayed or missed physician visit



What Are the Effects of Financial Toxicity on Those in Active Anti-Cancer Treatment?¹⁴

- **130% increase** in financial difficulties for those younger than 65 years old
- **67% increase** in financial difficulties for those without insurance
- **42% increase** in financial difficulties for underserved populations

What Are the Effects of Financial Toxicity on Those in Active Anti-Cancer Treatment?¹⁴

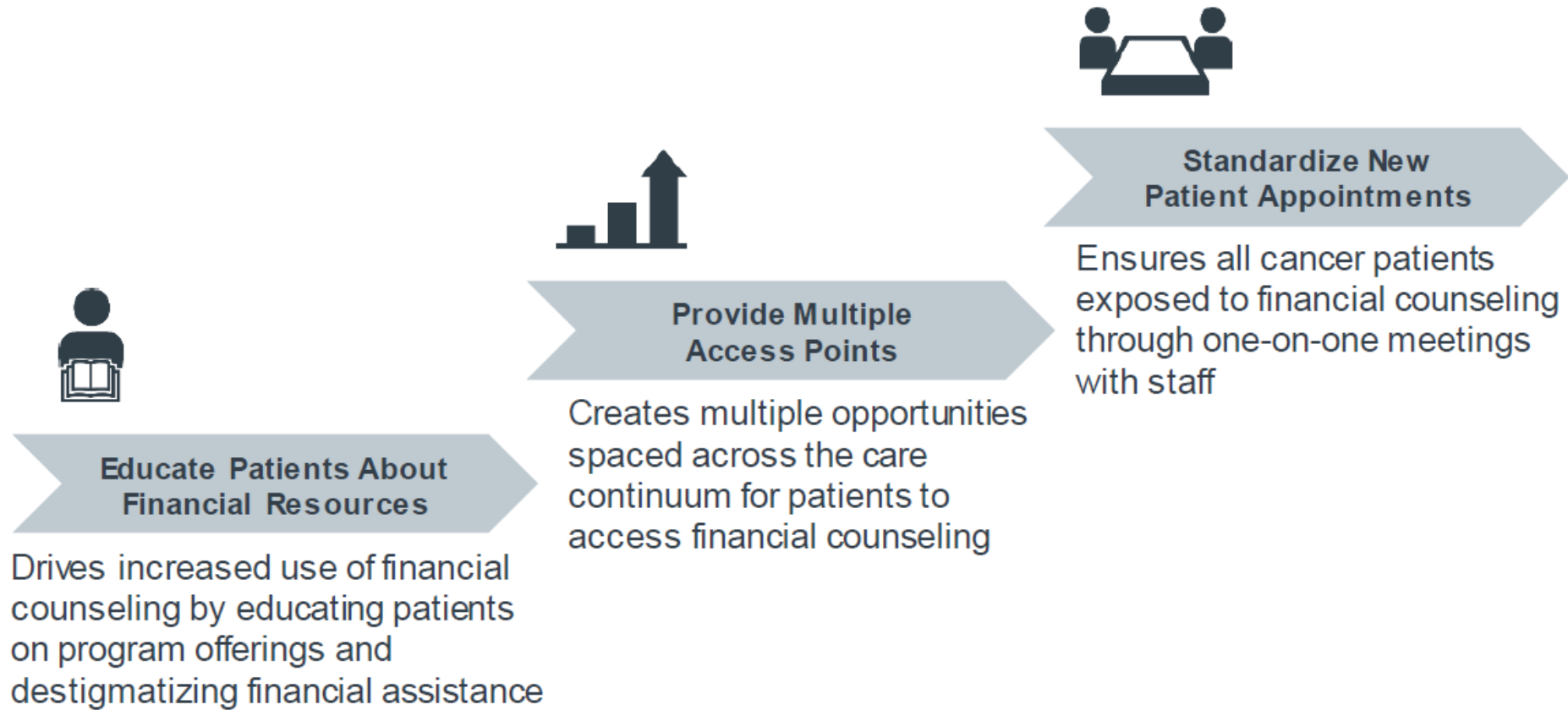
- **37%** of individuals make at least one work/career modification due to a cancer diagnosis
- **27%** of individuals report at least one financial hardship, including bankruptcy, debt, etc.

Managing Financial Toxicity

- **Identify** uninsured/underinsured patients early
- **Inform** patients of their financial obligations to identify possible challenges
- **Educate** patients (financial resources, billing processes)
- **Reassure** patients that you are there to help them

Identifying Patients with Hardships

Three Approaches to Identify Patients with Need



Educate Patients About Assistance Programs

When patients express that they will face difficulty meeting the financial obligations presented to them at the time of financial advocacy, we should educate them on possible assistance:

- Financial assistance programs
- Independent charity programs
- Medicaid programs
- Self-pay discounts

Educate Patients About Assistance Programs

Your financial advocates should be aware of what the basic requirements are to qualify for these various programs, so they can provide direction to patients as needed.

Challenges in Radiation Oncology Financial Advocacy

- Most financial assistance programs are supported by drug manufacturer companies—not a lot of resources for patients in radiation oncology
- In some cases, financial assistance may be provided to patients undergoing radiation treatment from the treating hospital/organization’s internal financial assistance/charity program
- Other assistance can be accessed through grants from independent foundations like the American Cancer Society (ACS).
 - The issue: these grants are generally focused on supporting “other” costs like transportation, gas, and housing, not direct treatment costs.

Advocacy in Radiation Oncology

A Glance At Our Program

- Insurance verification prior to consult
- Benefit summary given to patient at the time of consult
- Financial clearance
- Initial interview
- Available for questions throughout the course of treatment
- Exit interviews

Benefit Summary Sheet



DEPARTMENT OF RADIATION ONCOLOGY

Patient: John E. Appleseed

D.O.B: 01/02/1954

Insurance: United Anthem PPO

Based on Insurance verification conducted on **October 20, 2022** your current benefit are as follows:

Patient Benefits	
Deductible \$500.00	Amount Met \$500.00
Out Of Pocket Max \$2500.00	Amount Met \$1825
Does OOP Include Deductible	Yes
Benefits are paid at what %	80% until OOP Met
Secondary coverage	N/A

Financial Clearance

- Collecting a percentage of OSB (outstanding balance)
- Collecting a percentage of estimated liability for the treatment course
- Assisting patients with applying for financial assistance if they don't have the ability to pay
- Ensuring prior authorization for treatments are approved before the patient starts treatment

Initial Interview

- ✓ Review benefits information specific to radiation oncology
- ✓ Have patient sign any documents (estimates/financial arrangements)
- ✓ Review explanation of charges
- ✓ Provide contact information of the oncology financial resource specialist who will be assisting the patient through out their treatment journey
- ✓ Initial interview *should* occur within the first week of treatment

Explanation Of Charges



DEPARTMENT OF RADIATION ONCOLOGY

EXPLANATION OF BILLING CHARGES

Your physician, physicists, and therapists determine which categories of services best reflect your treatment. Below is an explanation of items you may see on your bill. You may receive bills from two separate entities for our services: one bill from Northside Hospital (facility charges) and the other from a separate billing entity (physicians' professional service). The billing company for the physicians' service may vary based on your physician. Some of these services are done behind the scenes at times when you are not physically in our office. We will bill your insurance accordingly.

CONSULTATION: 99241-99245 or 99261-99265 (Medicare)

The course of treatment is usually initiated by referral to one of our radiation oncologists. This consult consists of an evaluation to determine if you will benefit from receiving radiation therapy. This analysis will include: a comprehensive review of your medical history, diagnostic findings, and a physical exam. A consultation report will be sent to your referring physician.

CT SIMULATION: 77280-77290

This is a CT scan done in our department for the purpose of acquiring images used to design the best and most precise treatment plan for you. Depending on the treatment site, there may be some instructions on how to prepare for this scan.

TREATMENT PLANNING: 77261-77263

A comprehensive treatment plan is developed by your radiation oncologist for your individual case after carefully reviewing all the above mentioned data. Specific radiation fields are developed appropriate for your case and the proper energy of radiation is selected.

TREATMENT DEVICES: 77332-77334 & 77348 (M/C for IMRT)

There are two types of devices commonly used. An immobilization device will assist in establishing and maintaining a reproducible treatment position for the patient during treatment. The other is a beam-modifying device made of special materials that protect normal healthy tissue from unnecessary radiation exposure.

PORT FILMS: 77417

Special x-rays that are taken to ensure that the radiation targets the specific area that is receiving radiation therapy while minimizing exposure to healthy tissue.

DAILY AND WEEKLY TREATMENT CHARGES: 77401, 77402, 77407, 77412, 77385, 77386

Some providers tally treatment charges on a daily; others on a weekly basis. Likewise, some carriers split the professional charge for the physician and a technical charge for facility usage. While other carriers may prefer a "global" bill to include both of those charges. (Simple, Intermediate, Complex, and Conformal, IMRT)

IGRT CHARGES: 77387, 77014, G6002, G6017

Image-guided radiation therapy (IGRT) is the process of frequent two and three-dimensional imaging, during a course of radiation treatment, used to direct radiation therapy utilizing the imaging coordinates of the actual radiation treatment plan. This process normally occurs on a daily or weekly basis, depending on the physicians orders.

BRACHYTHERAPY: 77778 (LDR) 77770 - 77772 (HDR)

Brachytherapy, also known as internal radiation, is the administration of radiation by the use of special radioactive sources that are placed inside the body by the radiation oncologist. These sources include Cesium, Iridium, Iodine, and Palladium. Patients can be treated with brachytherapy alone or in combination with external beam radiation therapy (EBRT).

SPECIAL TREATMENT PROCEDURES: (77470)

This code refers to treatment procedures that are complex, time consuming or used in combination with other treatment modalities such as surgery, chemotherapy or brachytherapy.

PHYSICS CHARGES:

Radiation physicists and dosimetrists help the physician with verification of treatment doses, machine calibrations and treatment planning. Physics personnel assure the quality and quantity of radiation given for a single treatment and total treatment. Customary items include:

- **BASIC DOSIMETRY CALCULATION (77300):** Includes appropriate calculations necessary to your treatment.
- **CONTINUING MEDICAL RADIATION PHYSICS (77336):** Physicists monitor accurate delivery of your treatments.
- **ISODOSE PLAN 77306-77307, 77316-77318:** Extensive care is given by your physicians and physicists to accurately determine the exact distribution of radiation doses using sophisticated medical computers. These plans are generated by the physicists and dosimetrists then reviewed by the physician.
- **TLD/SPECIAL DOSIMETRY (77331):** Special dosimetry includes measurements of electron doses, off Axis calculation for some very large fields and other special situations.
- **SPECIAL PHYSICS CONSULT: (77370)**
A special physics consultation is appropriate when the treating physician requires the input of a qualified medical physicist for a specific medical concern while planning a course of therapy for a particular patient.

Exit Interview

- ✓ Review pending claims that have pending payments from an insurance company
- ✓ Discuss any balances that are the patient's responsibility
- ✓ Provide the patient with the business office(s)' phone numbers for any additional follow-up that may be needed once they finish treatment
- ✓ Exit interviews *should* occur within the final week of treatment

In Conclusion:

Identify patients who need assistance as soon as possible

Have multiple access points throughout patients' treatment journey

Educate patients on their insurance benefits, resources, and billing protocols

Provide patients with the information needed to follow-up on bills after they have completed treatment

Questions?

References

1. Oncology Times. Survey: Americans fear paying for cancer treatment as much as dying of the disease. *Oncol Times*. 2009;31(15):16-17. doi: 10.1097/01.COT.0000359041.61430.0c
2. Yousuf Zafar S, Peppercorn JM, Schrag D, et al. The financial toxicity of cancer treatment: a pilot study assessing out-of-pocket expenses and the insured cancer patient's experience. *Oncologist*. 2013;18(4):381-390. doi: 10.1634/theoncologist.2012-0279
3. Zuckerman IH, Pandya NB, Stuart BC, et al. Out-of-pocket (OOP) health care expenditure burden for Medicare beneficiaries with cancer. *J Clin Oncol*. 2012;30(15_suppl). https://ascopubs.org/doi/abs/10.1200/jco.2012.30.15_suppl.6075
4. Saulet D. Cancer patient financial navigation: learn 17 tactics for helping patients understand and manager their financial responsibilities—while improving revenue capture. Updated October 21, 2014. Accessed June 13, 2022. <https://www.advisory.com/topics/classic/2014/10/cancer-patient-financial-navigation>
5. Advisory Board. Financial navigation 101: how to help patients overcome the financial toxicity of cancer. Virtual webinar; April 2019.
6. Green A. Professional female psychotherapist discussing therapy results with male client. Published October 7, 2020. Accessed June 13, 2022. <https://www.pexels.com/photo/professional-female-psychotherapist-discussing-therapy-results-with-male-client-5699476/>
7. Tolbert J, Orgera K, Singer N, et al. Key facts about the uninsured population. Published December 2019. Accessed June 13, 2022. <https://files.kff.org/attachment//fact-sheet-key-facts-about-the-uninsured-population>
8. Healthwell Foundation. Underinsured Americans need a financial lifeline. Published 2015. Accessed June 14, 2022. https://www.healthwellfoundation.org/wp-content/uploads/2017/10/Underinsurance_In_America.HWF_.2015.pdf
9. Kearney A, Hamel L, Stokes M, et al. Americans' challenges with health care costs. Published December 14, 2021. Accessed June 13, 2022. <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/#:~:text=In%20March%202019%2C%20about%20one,major%20impact%20on%20their%20family>
10. Pollitz K, Cox, C, Lucia K, et al. Medical debt among people with health insurance. Published January 2014. Accessed June 13, 2022. <https://www.kff.org/wp-content/uploads/2014/01/8537-medical-debt-among-people-with-health-insurance.pdf>

References

11. Vaitkevich N. A woman using a calculator using a smartphone. Accessed June 13, 2022. <https://www.pexels.com/photo/a-woman-using-a-calculator-using-smartphone-8927654/>
12. Zafar SY, Abernethy AP. Financial toxicity, part 1: a new name for a growing problem. *Oncology (Williston Park)*. 2013;27(2):80-81, 149. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4523887/>
13. Altice CK, Banegas MP, Tucker-Seeley RD, et al. Financial hardships experienced by cancer survivors: a systematic review. *J Natl Cancer Inst*. 2016;109(2):djw205. doi: 10.1093/jnci/djw20
14. The Pink Fund. The financial toxicity of cancer treatment. Accessed June 13, 2022. <https://pinkfund.org/about/what-is-financial-toxicity/>
15. Schneider L, Fuller C. Making the business case for hiring a financial navigator. Published 2019. Accessed June 13, 2022. https://www.accc-cancer.org/docs/documents/management-operations/business-cases/fan-tool.pdf?sfvrsn=26eae515_2
16. Association of Community Cancer Centers, ACCC Financial Advocacy Network. Ready, set, go! Financial advocacy playbook. Published September 2021. Accessed June 13, 2022. <https://www.accc-cancer.org/home/learn/financial-advocacy/financial-advocacy-playbook>
17. Association of Community Cancer Centers, ACCC Financial Advocacy Network. Financial advocacy boot camp. Accessed June 13, 2022. <https://www.accc-cancer.org/home/learn/financial-advocacy/boot-camp>
18. Association of Community Cancer Centers, ACCC Financial Advocacy Network. Financial advocacy toolkit. Accessed June 13, 2022. <https://www.accc-cancer.org/home/learn/financial-advocacy/toolkit>