Monitoring Your Revenue Cycle with a Fiscal Watchdog



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Agenda

- Benefits of having a "fiscal watchdog"
- Best practices learned to ensure a positive impact to the revenue lifecycle



What is a Fiscal Watchdog Watching? (My Definition)





Revenue Lifecycle





Before Payments Rendered

- Communication
 - Phone room
 - Front desk
 - Authorization team



Phone Room

- Insurance participating guide
- Scripts for non-participating coverage options
- Email/notification of new appointments



Phone Room Communication Includes

Phone Room

Referrals to financial advocacy team

Financial Advocacy Team

- Reviews options:
 - Identify participating facilities
 - Identify change of coverage options



Front Desk

- New coverage
- Inactive coverage

Change of insurance

Future changes

- COBRA
- Losing coverage

- Authorization team
- Care team

Real-time communication



Front Desk Communication

Front Desk

- Coverage verification prior
 - If inactive, proactively reach out
- Patient check-in
 - Ensure copy of insurance card
- Update registration for new coverage or term coverage
- Notify changes in real time



Authorization Team Communication

Authorization Team:
New Coverage

- Subject matter experts
 - Review new coverage
 - Preferred drug
- Immediate authorization request

Financial Advocate Communication

Financial
Advocacy Team:
Inactive Coverage

- Promptly assess coverage options
 - COBRA
 - Medical assistance
 - Affordable Care Act (ACA) plan

Care Team

Notified of potential treatment hold



Authorization Team Capable of Identifying

Medicaid Changes Fee-forservice to managed care

Treatment

- Preferred drug
- Specialty
- Site of service

Coding

Documentation



Treatment

Preferred drug

Specialty drug

Site-of-service drug



Preferred Drug > Chemotherapy Authorization Manual

	Step One- Payer/Benefits Check	Step Two- Review Drug	Step Th Documenta		Step Four- Authorization Required	Step Five- Approval
	Check Thru Availity	Document All	For NPR Che	emo Drugs,	Enter Authorization	Send in basket
	·	Drugs/HCPCS	review payer p	oolicy when	Information in Service Level	advise approve
A etna		_	applica	able	Auth Field	
Commercial	Quote	Add Diagnosis if applicable	Must attach Aetna print out		Attach copy of approval to	
&	Coins/Copay/Ded/OOP		that showe	-	EPIC Referral	
Medicare						
ricalcare	For POS/HMO Plans	Check for Auth	Must attach either Payer			
	check if referral is needed	•	Policy or NCCN guidelines			
		Aetna's website for prior	when ON Pathway is not			
	Obtain Referral from PCP for	auths (Link Below)	availal	ble		
	treatment rendering location					
	Enter Referral in Service	If Auth required start				
	Level Auth Field	request thru Novologix via				
		Availity				
	PreMeds/Iron/ Etc	Pegfilgrastim	Filgrastim	Trastuzuma	ab Rituximab	Bevacizuma
	·	Neulasta	Neupogen	Herceptin	Rituxan	Avastin
Preferred Drug		Nyvepria	Releuko	Kanjinti	Truxima	Zirabev
		Ziextenzo	Nivestym	Trazimera	Ruxience	Mvasi
		Udenyca	Zarxio	Herzuma	Riabni	
		Fulphila	Granix			



LINKS

https://www.aetna.com/health-care-professionals/precertification/precertification-lists.html

Specialty Drug, also Known as Mandated Process

Authorization

Infusion Pharmacist

Hospital Specialty Pharmacy

Financial Advocacy

- Identifies unable to buy/bill
- Blast email
- Enters orders to hospital specialty pharmacy
- Checks off patient supplied

- Able to fill script
- Unable to fill script
- Works with specialty pharmacy
- Ensures no charge



Site of Service



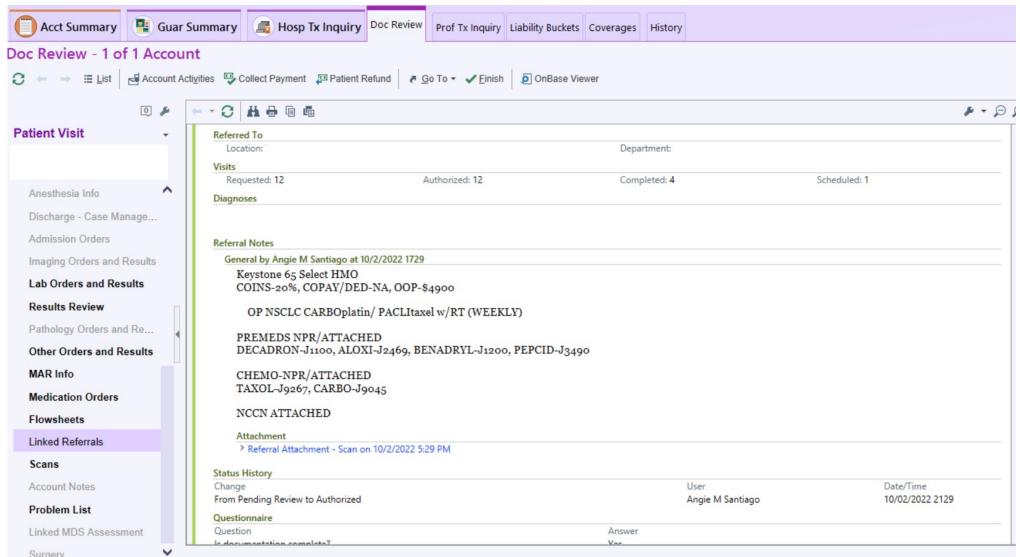


Documentation Summary

□Notes - General
☐Insurance benefits
\Box (Coinsurance, co-pay, deductible, out of pocket for chemotherapy)
☐Referral required or not
☐All drugs being approved with Current Procedural Terminology (CPT®) codes and if precertification is required
☐Attachments required
If no precertification required, provide documentation whether fax payer website, reference number
If no precertification required, then either payer policy and/or on pathway or National Comprehensive Cancer Network (NCCN) Guidelines®
☐If authorization is obtained, copy of authorization required



What Does Accounts Receivable See?





Attachments = Hyperlink

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Comprehensive NCCN Guidelines Version 5.2022 Non-Small Cell Lung Cancer

NCCN Guidelines Index Table of Contents Discussion

CONCURRENT CHEMORADIATION REGIMENS

Concurrent Chemoradiation Regimens[€]

Preferred (nonsquamous)

- Carboplatin AUC 5 on day 1, pemetrexed 500 mg/m² on day 1 every 21 days for 4 cycles; concurrent thoracic RT^{1,*,†,‡}
- Cisplatin 75 mg/m² on day 1, pemetrexed 500 mg/m² on day 1 every 21 days for 3 cycles; concurrent thoracic RT^{2,3,*,†,‡} ± additional 4 cycles of pemetrexed 500 mg/m²^{†,§}
- Paclitaxel 45–50 mg/m² weekly; carboplatin AUC 2, concurrent thoracic RT⁴,*.1.[±] ± additional 2 cycles every 21 days of paclitaxel 200 mg/m² and
- Cisplatin 50 mg/m² on days 1, 8, 29, and 36; etoposide 50 mg/m² days 1–5 and 29–33; concurrent thoracic RT^{5,6,*,1,‡}
- Paclitaxel 45-50 mg/m² weekly; carboplatin AUC 2, concurrent thoracic RT^{6,*},†,‡ ± additional 2 cycles every 21 days of paclitaxel 200 mg/m² and
- Cisplatin 50 mg/m² on days 1, 8, 29, and 36; etoposide 50 mg/m² days 1-5 and 29-33; concurrent thoracic RT^{5,6,*,†,‡}

Consolidation Immunotherapy for Patients with Unresectable Stage II/III NSCLC, PS 0-1, and No Disease Progression After Definitive Concurrent

Durvalumab 10 mg/kg IV every 2 weeks or 1500 mg every 4 weeks for up to 12 months (patients with a body weight of ≥30 kg)^{7,8} (category 1 for stage III; category 2A for stage II)

- € For patients with superior sulcus tumors, the recommendation is for 2 cycles concurrent with radiation therapy and 2 more cycles after surgery. Rusch VW, Giroux DJ, Kraut MJ, et al. Induction chemoradiation and surgical resection for superior sulcus non-small-cell lung carcinomas: long-term results of Southwest Oncology Group Trial 9416 (Intergroup Trial 0160). J Clin Oncol 2007:25:313-318.
- Regimens can be used as preoperative/adjuvant chemotherapy/RT.
- Regimens can be used as definitive concurrent chemotherapy/RT.
- ‡ For eligible patients, durvalumab may be used after noted concurrent chemo/RT regimens.
- § If using durvalumab, an additional 2 cycles of chemotherapy is not recommended.

Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

NSCL-F 1 OF 2

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Specialty drugs requiring precertification All listed brands and their generic equivalents or biosimilars require precertification. This list is subject to change This its addresses precentification regularments for specialty drugs for members enrolled in Commercial plans. Information on specialty drugs that require precertification for members enrolled in Medicare Advantage plans is available on our Medicare Ádvantage website. Anti PO-1/PO-L1 human monoclonal Gene replacement thorapy** * silveldogene autotempel* · Adoptris · Luxtuma" · Roctavian" · Zolgenama · Bycoviz" · Eylen"; Zyetegio* · Avantin's Keytrude Sunvirre Homophilia/Coagulation factors** · Libtayo • Opdivo • Терегла" (at copy for spriving Hyaluronase acid products Pulmenary americal hypernension® · Revatio* Darralex Faspro' * tiplefpumeb* · Entertu · Entitus* Bore-modifying agencs · Herceptin's · Ventavia* · Herceptin Hylecta" Respiratory agents • Synojoyet'* • Trituran'* * Xpws* * Cinquir* Bosslinum (ox in accoust · Synagis* Kadoyla*
 Kanjinti* * Botox* · Torspire Immunological agents Chemosherapy-induced nausea and · Actemrs* IV Respiratory only mes (Alpha-1 vomising (CINV) agents * Avsola" * Bentysta" IV Margenza*
Monjavi
Monjavi * Sustai* · Entyvio" sheraples** · Ituriya" • Inflectra Ogyni** · Zemaira* Miscellaneous cherapeusic agents * Opduslag'* Carvykti* · Orencia*IV · Kymrish" oporturumeb monetox · Remicade* * Ampligen**
* Creele*
* Crywite* * Tecartus" · Renflecis' · Yescarte' · Saphnelo' Endocrino/morabolic agons dominiscal* Enjaymo* Skyrizi* IV* * Acthur H.R.* Stelars*IV · Lutathers 1 Exernatide Ingravenous Immune Globulin Makena* sustained-release Sandostatin*LAR ITCA 650° . Sometuline" depot · Carrifant · Civiaeri • Iteris (TVIC/SCIC)** Enzyme replacement agents** Multiple sclorosts agents*1 · Rusience" · Krystexxs* · Aldunaryme* " Lamtrada" · Brinsura" · Carayma" · Dorevus" * 5H-111* Neurropenia Taclantis* Elaprase* Elelyso* Fabrazyme* * Trazimera" * Trodeby * Kanama* Neutesta Onpro · Naplaryme* Neuroger Nexvieryme * olipudam alfa* · Nyvepris' (a per in representation condition · Udowca" Independence 👨 "As grups and can be consider unter an insurer require proposition. This incurres are unlesse trans or green's numeral or propositions, as were as new arrays and an approved by the FIGA in and cases puring on course or an energy year. Preprint couldn't review is pre-topo by CareCore Racional L1.C githy an Core required in Preprint couldn't review before a sprint state on decision (§ territor is implied in group. Propriilication requirements again to as FSA appraise planteriors to soluminement grassio. and QVI. Insurance Company and what Highwork Blass States — Insupergrap stormers of one Blass Cross and Blass States Association.

Tips for the Authorization Team

Medical benefits check

Insurance provider representatives

Understand payers' medical policies/guidelines

Drug prior authorization attempt



Accounts Receivable Team

System adjustments

Bundled payments

Denials

Review of authorized documentation



System Adjustments/Bundled Payments

Contractual write-offs are those wherein the excess of the billed amount over the carrier's allowed amount is written off.

- System adjustments:
 - Request accounts receivable team to provide adjustments
- Bundled payments:
 - Ensure revenue integrity has correct build



Denials/Review of Authorized Documentation

- Group effort
 - Work queue accounts reviewed within 7 days
 - Resolved within 30 days
- Monthly reviews:
 - Identify trends
- Timely communication



Questions?

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References

- 1. National Comprehensive Cancer Network. NCCN guidelines version 5.2022: non-small cell lung cancer. Accessed November 10, 2022. https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf
- 2. Independence Blue Cross. Services that require precertification. Accessed November 10, 2022. https://www.ibx.com/documents/35221/56608/ibc-precert-7-2022.pdf