

ACCC **2023**

Oncology
Reimbursement
MEETINGS

How to Build a Robust Financial Advocacy Program



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What is Financial Navigation?



- The identification of financial stressors/barriers related to medical care and connecting the patient with appropriate resources to mitigate them
- A proactive approach to reduce out-of-pocket costs to the patient
- A professional role that requires expert knowledge on healthcare coverage, external assistance programs, in combination with a strong understanding of the disease and treatment process (Sherman, Fessele, 2019)
- A navigator's actions are strategic and intentional to alleviate the likelihood of the patient experiencing *financial toxicity*

Financial Toxicity



- Healthcare is expensive; costs continue to rise as coverage inversely decreases
- Navigating through medical bills, especially with a new cancer diagnosis can be quite daunting - coming up with the funds to pay these bills becomes a major stressor
 - Financial toxicity can lead to a patient having to choose between paying for living expenses rather than the treatment they need for survival
- 75% of patients with cancer experience high levels of anxiety or distress related to treatment costs
 - “Patients with cancer who experience financial hardship have a higher risk of treatment nonadherence, poorer quality of life, and higher mortality than those who do not experience such hardship.” (Yezefski et al, 2018)

Understanding Your Cancer Center's Billing Processes



- Hospital-based facilities vs. specialist clinic/office vs. infusion center
- Inpatient/Outpatient/Provider Fees
 - labs
 - chemotherapy/supportive drugs
 - procedures
 - imaging
- In/Out-of-Network insurances
- Payment plans & collections
- Who is responsible for what actions? Front desk staff vs. billing department vs. financial navigators, etc.

Potential Roles and Responsibilities



- Insurance enrollment/coverage
- Insurance optimization
- Prior-authorizations
- Denials/appeals
- Grant assistance
- Co-Pay cards
- Drug/manufacturer assistance programs
- Financial distress screening
- Institutional charity care
-and the list goes on and on!

Developing Crucial Relationships



- Providers (physicians, NPs, PAs, etc.)
- Nursing staff
- Case managers
- Social workers
- Billing department associates
- Revenue Cycle management
- Front end admin staff
- Field Reimbursement Managers
- Organization/Drug Representatives

Tracking Your Achievements



- Manually on spreadsheets or pull reports from EMR (if available)
- Examples of what can be useful to track -
 - # of newly diagnosed patients counseled on healthcare coverage and what to expect from a financial standpoint
 - insurance optimization - # of patient enrolled in a new plan (Medicaid/Medicare, marketplace, etc.)
 - \$ amounts received through grant assistance, co-pay cards, free drug, etc.
 - Recouped \$ amounts from rebilled claims from financial navigator intervention (retroed or missed insurance coverage, COB issues, insurance request for info, etc.)

Making the Case to Expand Financial Advocacy Services



- Identify the appropriate stakeholders
 - Directors, executives, foundation members, etc.
- Get a meeting set up to discuss financial advocacy services
- Be able to explain financial toxicity and how financial navigators not only help patients in a major way but in turn this aid has a direct impact on revenue
- Have some data points that are derived from your tracked achievements and share actual #s and \$ amounts
- As a bonus - Backup your case with academic journal articles related to financial advocacy within cancer centers and highlight successes in other facilities

Financial distress or toxicity is a term that has been coined in the field of oncology to describe the adverse effect on a patient's well-being due to associated healthcare costs for their cancer treatment (Public Sector Consultants, 2018). To overcome this, growing cancer centers are investing in a team of clinical financial navigators who focus on insurance optimization, drug reimbursement programs, co-pay cards, and deductible/out-of-pocket assistance. There are a plethora of resources available to cancer patients (as well as chronic hematology patients), but patients will not reap these benefits (neither will the hospital) if they are simply unaware of them. Additionally, this team will serve as a point person for patients and their families for any billing related issues; resolving or redirecting as needed, helping to navigate through the complex system.

It is worth noting that a financial navigator differs from a financial counselor in the sense that a financial counselor's main role is to assist with Medicaid enrollment, apply patients to in-house hospital charity programs, create payment plans, and provide cost estimates. A financial navigator can certainly encompass these duties, but the role goes way beyond that of a counselor. The navigator is part of the care team who develops trust and rapport with the patient and their family, as well as the rest of the clinical professionals. They hold a minimum of a bachelor's degree or higher with a background in disease process and financial acumen (Sherman, Fessele, 2019). "In most hospital systems, the financial counselor is located in a different area in the building from the clinical oncology setting where patients receive treatment, limiting access. This can result in counselors reacting to—rather than being proactive about—patient issues, as well as a disjointed delivery of counseling services" (Sherman, Fessele, 2019). The financial navigation team of individuals become extremely well-versed in the field and exhibit empathy, the utmost professionalism, and an evident passion for the role itself.

Ultimately, the main idea is that patients and their families focus their time and attention on caring for the sick individual and not having to worry about where their next meal will come from or how they are going to pay rent because they are inundated with medical bills that could have been taken care of proactively. In the end, the role of the financial navigator speaks for itself when the evidence so blatantly points to decreased financial toxicity and increased hospital revenue.



- By 2020, healthcare costs associated with cancer will increase to a range of \$173 billion to \$207 billion (Tran & Zafar, 2018). These costs are increasingly being transferred to the patient through increased health insurance premiums, deductibles, coinsurance, co-pays, and out-of-pocket responsibilities (McCarthy-Alfano, Glickman, Wikelius, & Weiner, 2019).
- Still keeping optimal care as the focus, financial navigation may influence the patient's treatment plan, informing the patient and providers about implications as the treatment plan develops and is implemented. These implications, based on optimizing the patient's insurance coverage, contribute to decision making and evaluation of treatments, treatment options, and treatment timing. (Sherman, Fessele, 2019)
- Up to 75% of patients with cancer report experiencing high levels of anxiety or distress related to the financial aspects of treatment. Many patients, particularly younger, nonwhite, and lower-income individuals, experience significant financial setbacks, including accrual of debt and loans, loss of savings and assets, and personal bankruptcy, as a result of healthcare costs (Yezeffski, Steelquist, Watabayashi, Sherman, Shankaran, 2018).

TAKEAWAY POINTS

The use of trained oncology financial navigators can increase access to care and save money for both patients and hospitals.

- ▶ In the 4 hospitals studied, patients saved a total of \$39 million over 11 years.
- ▶ Patients, on average, received \$33,265 in free medications per year and saved \$12,256 through enrollment in insurance plans, \$35,294 with premium assistance, and \$3076 with co-pay assistance each year.
- ▶ Hospitals saved \$2.1 million annually on care that would have previously been provided as charity care or gone to bad debt.

The Evolution of a Team



Before

- Entire administrative staff are hired on as Customer Services Representatives
- One “insurance verifier”
- One “prior-authorization” person
- Only form of financial assistance is the use of internal charity program
- Nobody trained to assist with billing questions or concerns
- No data tracking/report keeping

After

- A separate Financial Navigation/Billing Team within the department
- New titles that are representative of the advocate’s role
- Onsite assistance for any billing/financial concerns that may arise from patients
- Lots of tracking - \$\$\$ speak volumes

The Current Team



- Billing Representatives (2)
 - insurance verification (facility and provider)
 - obtain office visit authorizations
 - coordination-of-benefits (COBs), good-faith estimates (GFEs)
 - facilitation of hospital charity applications
 - general billing questions
- Pre-Certification Coordinators (2)
 - chemotherapy and other supportive drug authorizations
 - planned inpatient admission authorizations
 - specialty lab, biomarker, and genetic testing authorizations
 - denials and appeals
- Reimbursement Coordinator
 - rebilling of claims and assisting with report keeping
 - outstanding balances reports
 - cost estimates for labs, chemotherapy/drugs
 - complex billing issues
- Business Administration Supervisor
 - Oversee the financial navigation/internal billing team
 - Assist with insurance enrollment, optimization
 - Enroll patients in grants and other assistance programs
 - Data tracking, reporting to cancer program leadership

ACCC Resources



- Financial Advocacy Playbook
- Financial Advocacy Services Guidelines
- FAN Forum Board
- Financial Advocacy Tool Kit
- Patient Assistance & Reimbursement Guide
- Financial Advocacy Bootcamp
- Making the Case for Hiring a Financial Navigator

<https://www.accc-cancer.org/home/learn/financial-advocacy>

References



- *Financial advocacy (2023) ACCC Financial Advocacy*. Available at: <https://www.accc-cancer.org/home/learn/financial-advocacy>.
- Sherman, D. and Fessele, K. (2019) 'Financial support models: A case for use of financial navigators in the oncology setting', *Clinical Journal of Oncology Nursing*, 23(5), pp. 14–18. doi:10.1188/19.cjon.s2.14-18.
- Yezefski, T. *et al.* (2018) 'The American Journal of Managed Care', *Impact of Trained Oncology Financial Navigators on Patient Out-of-Pocket Spending*, 24(5 Suppl), pp. S74–S79. doi:10.37765/ajmc.



Questions?

THANK YOU FOR YOUR
PARTICIPATION!