

Financial Navigators

Integration in clinical and financial operations



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Background Info



- **Started in the medical field 24 years ago**
 - Over 15 years in oncology
 - Both hospital and clinic settings
- **Green Bay Oncology was founded in 1976**
 - 10 Medical Oncologist - 3 Radiation Oncologist - 9 Nurse Practitioners
 - PSA agreements with 5 different hospital systems
 - ✦ One of the hospitals systems is a PSA/MSA agreement
 - ✦ Medical Oncology provided at 10 locations
 - ✦ Radiation Oncology at 3 locations

What is Financial Navigation in Oncology?



Counseling patients and families on insurance benefits, copayments, out of pocket costs as well as providing assistance in accessing financial resources to ease financial burden.



Why do we need Financial Navigators?



2000-2010

- Deductible average was \$250
- Out of Pocket Maximum per person average was \$500 - \$1000
- Medical services were covered at 90/10 or 80/20 (coverage to coinsurance)

2011- current

- Average deductibles
 - \$1000-\$5000 per person
- Out of Pocket Maximum
 - \$6000 and \$10,000 per person
- Copays average \$20-\$75 per visit
- Prior Authorizations needed for most diagnostic imaging, medications and molecular tests
- Referrals needed from Primary Care Physicians to be seen by a specialist

Results of Insurance Changes



Financial Toxicity

Definition: The financial burden on patients and their families related to the cost of their care.

Causes:

- High Insurance Premiums/Deductibles/Copays
- Poor insurance coverage (underinsured)
- Time away from work for appointments
- Increase need in child care
- Increase expenses due to travel for appointments
- Patient waiting to go to the doctor resulting in more widespread disease



Study findings - Financial Impact to Oncology Patients



- An article in the *Washington Post*^[1] stated that in 2013 patients with cancer were 2.65 times more likely to file for bankruptcy
- A recent article in the *Cancer*^[2] journal stated 29% of cancer survivors reported financial burden and of those 86% had health insurance
- A study published in *The Oncologist*^[3] found nearly half of cancer patients with insurance cut back on spending of food/clothing or dipped into savings to pay for treatment. Out of these patients **three quarters** of them received assistance for drug copays
- Up to 35% of new oncology products are oral and 11 out of 12 of them cost more than \$100,000 annually per *ACCC Connections*^[4]

Duties of a Financial Navigator may include:



- Educate patients about their insurance benefits
 - Deductible
 - Co-pay
 - Out of Pocket Max
 - In/Out of Network
- Obtain authorizations
 - IV and Oral Chemotherapy and Specialty Meds
 - Retail pharmacy medications
 - Radiation Therapy
 - Diagnostic Imaging
 - Molecular Lab tests
 - Interventional Radiology procedures

duties cont'd...



- Obtain foundation assistance
 - IV and Oral medications
- Obtain free medication for uninsured/underinsured patients
- Main contact for any billing concerns
 - Create payment plans
 - Apply for Community/Charity Care programs
- Appeal treatment denials
- Pathway development
- Assist with Medicaid or Marketplace enrollment
- Work closely with Oncology Social Workers and Nurse Navigators
- Work with Revenue Cycle rep for Foundation Funding

New IV Treatment



- 5 days to obtain authorization for new starts, 3 days for change in treatment
- Review appropriateness of treatment
 - NCCN Compendium
 - Medicare Compendium
 - Insurance medical policies
- Meet with patients
 - Foundations/Patient assistance available
 - Insurance Benefits
- Contact insurance for authorization
 - Online
 - Fax
 - Phone
 - Case Manager



Oral Chemotherapy Process



- Manage the first fill of an oral chemotherapy/specialty med from time it is prescribed until the time it is delivered to the patient's home.
- Meet with patients starting a new oral chemotherapy at their initial appointment to discuss:
 - Insurance coverage – Part D coverage
 - Co-pay/Foundation assistance
 - Specialty pharmacy
- Inform the provider of estimated timeframe to get medication to the patient.
 - Patient scheduled to come back in 7-10 days for toxicity check



Where do you go for assistance?



- Co-pay Cards
 - Drug specific assistance through the pharmaceutical company
 - Must be used for FDA approved indications
 - Commercial insurance coverage
 - Medicare and federally funded insurance plans are not eligible
- Foundations
 - Disease specific assistance for chemotherapy
 - Must have insurance
 - Eligibility based on household size and annual income

Cancer Care

Patient Access Network

NORD

The Assistance Fund

Chronic Disease Fund

Patient Advocate Foundation

Leukemia & Lymphoma Society

Healthwell Foundation

PSI

Additional Staff Resources



- ACCC – Association of Community Cancer Centers
 - Financial Advisory Network
 - ACCC Financial Advocacy Boot Camp
- State Hematology/Oncology Association
- COA – Community Oncology Alliance
- Needy Meds
- Pharmaceutical Company websites and reps
- Payer Alerts

Who is the best fit for the role?

- Compassionate, sensitive
- Communicates well
- Listens
- Enjoys interaction with patients
- Familiar with diagnoses and treatments
 - Medical Terminology basics
- Knowledgeable about billing and reimbursement processes
- Able to work under stressful conditions

- Aware of how insurance plans work and that they are all different
- Persistent
- Analytical
- Organized
- Investigative
- Good at multi-tasking
- Thinks outside the box
- Not afraid to ask questions



Continuous Improvement & Program Growth



Continuous Improvement

Are authorizations being done on phone?

- Fax / Website

Are there paper forms?

- Convert to EMR prefill forms

How do Financial Navigators get notified?

- Use EMR auto notification or EMR email system

Do you track 1st fill for new oral specialty med?

- Use Specialty Pharmacy dedicated liaison

Growth Examples

Started with Adult Med Onc within private clinic

- Radiation Onc, GYN Onc & Peds Onc
- 6 providers not employed by clinic

Auths started as oral specialty and IV meds only

- Diagnostic Imaging, Molecular labs, Interventional Radiology, oral (retail)

Charity Care completed and sent to hospital for processing

- Staff member trained to process onsite and give immediate answer to patient

Staff productivity measurements

- Number of Auths by specialty and need

- Medical Oncology
- Radiation Oncology
- Pediatric Oncology
- Radiology
- Molecular Labs
- Interventional Radiology

- Number of Patients assisted

- Questions answered
- Financial Assistance obtained

- Phone calls

- Insurance
- Patient
- Pharmacy

Financial Navigator Metrics



- Dollars in the door from foundation / copay programs
 - Clinic/hospital
 - Specialty Pharmacy
- Free medications from pharmaceutical patient assistance programs
 - Determine cost of medication if given as self pay patient or cost saved facility by being provided free
- Amount of out of pocket money saved by patients as a result of changing insurance
- Appeals overturned
- Cost if authorizations not obtained

Justifying a Financial Advocate position



- **Cost of missed Authorizations**
 - Authorizations in place before treatment = less days in A/R = money in the door faster
- **Dollars saved for patients**
 - Lower A/R, fewer accounts to work, fewer accounts to collections
 - Decrease patient anxiety
- **Who is doing the authorization now – could there be salary savings?**
 - Social Worker or RN vs Authorization Specialist/Financial Navigator
- **Who has best accessibility to provider**
 - Peer to Peer turnaround time = quicker approvals
- **One group of staff that understand oncology, patient flow, medication rules and insurance requirements**
 - Liaison between provider, insurance, specialty pharmacy, nurse, internal pharmacy and billing

Questions?

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