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A division of Altos Solutions, Inc.

Accelerating Advancements in Cancer Care



Communicating with Patients About the Cost of Care: A Toolbox

Georgia Society of Clinical Oncology
August 27, 2011

Goals for today

1. Describe the increasing financial risk for both cancer patients and practices
2. Understand how financial counseling helps minimize this risk
3. Describe the role of a financial counselor and review several real-life case studies
4. Discuss strategies for success for your practice



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| 2

Cost of cancer care

- Cancer spending growth continues to accelerate
 - Costly new treatments and new medical technology
 - Increase in number of cancer cases as population ages
- Drugs used to treat cancer represent a large expense for patients, hospitals, and oncology practices
 - High co-pays/coinsurance amounts
 - High deductible health plans
 - Drug cost can exceed reimbursement from payers



Impact on...

- Patients & families
- Employers
- Payers
- Practices



Patients & families

- The cost of treating cancer is a burden for most families who are affected by the disease
 - 25% of families affected by cancer report that cost of treatment are a “major burden”
 - 25% report having used up all or most of their savings
 - 11% report being unable to pay for basic necessities



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Source: USA Today/Kaiser Family Foundation/Harvard School of Public Health *National Survey of Households Affected by Cancer* (conducted Aug 1-Sept 14, 2006)

| 5

Employers

- As the workforce ages and many employees delay retirement, more working-age adults are being diagnosed with cancer
 - Increasing costs
 - Increased rates of absenteeism and disability
 - Lost productivity, potential loss of valued employees
- In a typical commercial population, only 0.68% of members have claims for cancer in a year, but these claims account for about 10% of all medical costs*



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*www.assets.aarp.org/rgcenter/ll/caregiving_09_fr.pdf | 6

Employer trends

- Recent survey by National Business Group on Health
 - 63% of employers plan to increase employees' share of premium costs
 - 46% plan to raise out of pocket maximums
 - 61% will offer a high deductible consumer directed health plan (CDHP)
 - 21% will offer only CDHPs



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| 7

Payer response

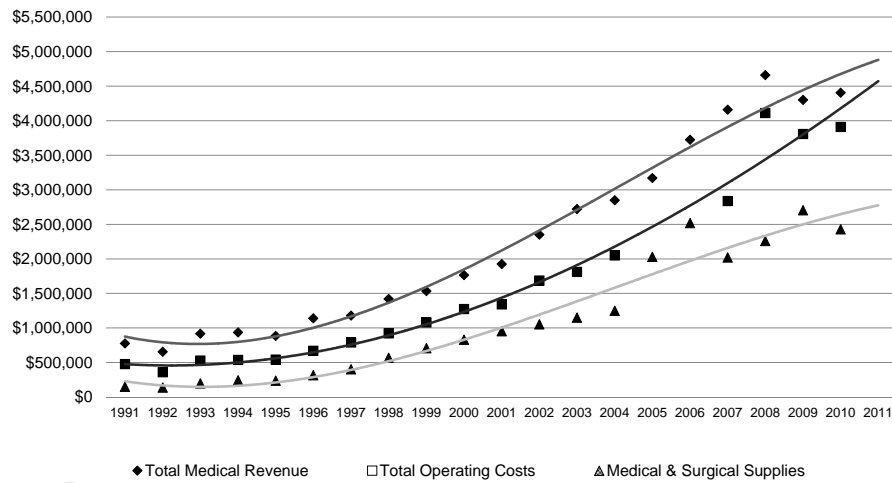
- Increasing...
 - Premiums
 - Deductibles
 - Co-insurance
 - Out-of-pocket limits
 - Prior authorizations
 - Formularies



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| 8

Oncology practice trends



Increasing cost = increasing risk

- Increasing financial risk for
 - Your patients
 - Your practice

How can you minimize risk?

- Develop, implement and monitor policies
 - Patient financial counseling
 - Patient assistance
 - Payment policies
 - Accuracy of patient and payer demographics
 - Compliance with payer coverage policies
 - Collection processes



Why is communicating with patients about cost important?

- Treatment discussions and decisions can be optimized
- Contributes to overall well-being of the patient; decreases anxiety about cost, the unknown

- Minimizes financial risk for the patient and the practice



Goals of communicating with patients about cancer care costs

- Help patients understand treatment options and cost implications
- Identify patients at financial risk
 - Communicate with the patient care team to develop appropriate treatment options
 - Investigate patient financial assistance programs
- Improve practice-patient relationship
- Contain or minimize expenses/costs to both the patient and the practice



What do patients need?

- An estimated cost of treatment (by cycle, regimen, or overall treatment)
 - Acknowledgement that treatments/options may be costly
- An explanation of the “value” of the proposed treatments
 - Benefits, outcomes
- Financial and supportive services
 - What the physician/ practice can do and what the patient/family can do
- Periodic review of financial responsibility



Discussing cost of treatment is important for all patients

- Uninsured
- Underinsured
- Even patients with “good” health insurance have increasingly substantial copayments, deductibles



Challenges in communicating about cost of cancer care

- Physician and practice challenges
 - Treatment data (benefits/outcomes) is not always readily available or publicly accessible
 - Cost-effectiveness data on most cancer therapies are “scarce”
 - Utilization data on effective treatments is not available
 - Physician time constraints
 - Reimbursement/economic challenges
 - Difficult conversations to have



Challenges in communicating about cost of cancer care

- Patient and family challenges
 - Uncomfortable discussing financial situations or concerns with physicians
 - Believe the physician does not have time for this type of discussion
 - Concern that treatment recommendations and/or decisions will be based on financial status
 - Concern that practices don't/can't offer assistance or payment options



Team approach

- Cost of care discussions require a team approach
 - The patient financial counselor (or advocate)
 - The oncologist
 - May or may not be comfortable with cost discussions
 - Time is at a premium
 - Others?
 - Nursing
 - Business office



Patient Financial Counselor (PFC)

- May be one individual or duties may be divided among several staff members, but someone must be clearly identified
- Developing the position will be influenced by
 - Practice size
 - Patient demographics
 - Payer mix
 - Practice policies regarding patient assistance



PFC

- Should have a thorough understanding of
 - The oncology practice and the services provided
 - Practice finance and collections
 - Key elements of medical coverage and benefits
 - Individual payer coverage rules
- Good candidates might include those experienced in accounts receivable, patient accounts, social work, or patient advocacy



Characteristics and skills

- Excellent communication skills
- A good listener
- Analytical
- Detail oriented
- Experienced and knowledgeable about oncology care
- Ability to advocate on patient's behalf
- Patient focused
- Unafraid to inquire about patient's finances and ask for payment in a professional manner



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| 21

Key duties

- Develop a counseling process within the practice
 - Remember this should be a team effort – the physician and the staff
- Establish a line of communication
 - With patient and family/caregivers and physician
- Determine costs associated with treatment plans and identify areas of financial risk



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| 22

Key duties

- Educate patients and family/caregiver
 - Insurance benefits
 - Any insurance limitations
 - Their financial obligations
 - Co-pays, co-insurance amounts, other
 - Practice policies
- Establish expectations
- Verify that treatment plans comply with payer coverage policies



Key duties

- Monitor patients' insurance for changes in coverage and benefits
- Monitor changes in patients' financial status
- Monitor patient balances to improve collections
- Help patients obtain outside financial assistance when needed (local, state or federal programs; drug assistance programs; local or national non-profits)
- Match the patient's financial situation to an appropriate care setting
 - Some services may be outside of the practice



Key duties

- Meet regularly with the patient and the family/caregiver
 - Re-evaluate patient's situation as necessary
- Communicate, communicate, communicate
 - With the patient and the patient care team



Minimize risk

- The PFC minimizes financial risk for both the patient and the practice
 - Identification of uninsured and underinsured patients
 - Compliance with payer coverage policies
 - Discussion of treatment costs and patient expectations with patients
 - Improved collections



How to get started

- What is your practice policy?
 - Will you treat underinsured and/or uninsured patients in your practice? Under what circumstances?
 - Pay at time of service?
 - Availability of patient assistance for drugs and/or co-pay assistance?
 - Have you defined financial liability limits for the practice?
 - Does your practice have a charity care policy? Do you know how much charity care you are rendering?



Meeting with new patients

- Before the first visit
 - Verify demographics
 - Verify insurance benefits
 - Policy effective date
 - Obtain applicable referrals, authorizations or pre-certifications
 - Identify patients with no insurance, poor insurance
 - High deductibles
 - High co-payments
 - High out of pocket limit
 - Reduced coverage benefits
 - Identify patients with no secondary insurance
 - Identify patients with special coverage issues
 - COBRA, health savings accounts, Medicaid, etc.



Meeting with new patients

- At the first visit
 - Review insurance benefits and financial responsibility
 - Introduce patient and family/caregivers to practice policies
 - Co-pay collections
 - Co-insurance collections
 - Patient balance



Insurance verification checklist

	Verify patient insurance, primary/secondary, effective date
	Obtain insurance address for billing
	Confirm plan type – HMO, PPO, other
	Identify deductibles impacting care in the office: IV drugs, labs, chemotherapy administration, imaging
	Identify patient cost sharing (including amount) for office services: co-pays for visits, pharmacy; coinsurance amounts for drugs, drug administration
	Identify lifetime, annual or episode out-of-pocket maximums



Insurance verification checklist (cont.)

	Identify benefit caps, lifetime or other
	If possible, identify patient's current status regarding deductibles and out of pocket maximums; current progress toward caps
	Confirm insurer requirements regarding prior authorization, pre-certification, notification, case management
	Identify any specialty pharmacy programs for lowering patient costs; any step therapy requirements; preferred/required pharmacy



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Source: Buell and Lewis, Patient Financial Counseling: Oncology's Fastest Growing Occupation, *Oncologistics*, Vol. 8, Issue 2, Summer 2009

| 31

Meeting with established patients

- Financial Care Support
 - Routinely inquire about changes to demographics and insurance information
 - Re-verify insurance benefits periodically or when known insurance changes occur
 - Review insurance benefits and financial responsibility if/when treatment plan changes
 - Answer questions about statements and other financial issues



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| 32

Indigent patients

- Generally patients who are unemployed, uninsured, or underinsured
 - Assist patients in applying for local, state or federal assistance
 - Indigent patients are often eligible for drug assistance programs through pharmaceutical companies or nonprofit organizations
 - Determine who will manage the drug assistance process in your practice



Indigent patients

- Treatment for patients receiving drug assistance still represents a cost to practices
 - This is OK
 - Practice needs to budget and monitor these costs (plan accordingly if possible on an annual basis)
 - Taking care of patients means taking care of the practice, too



Identifying resources

- An important part of the PFC's role and responsibility
 - Government resources – city, state, federal
 - Disease specific resources such as nonprofit foundations
 - Drug specific resources such as manufacturer programs



Before first treatment

- Before starting a new treatment regimen (initial or subsequent), the PFC should have a detailed treatment plan from the physician or nurse
 - Diagnosis
 - Chemotherapy drugs with dose and frequency
 - Supportive care drugs with dose and frequency
 - Schedule for labs, scans, other planned tests
 - Plan for physician visits



Before first treatment

- PFC uses the treatment plan to identify coverage issues
 - Drug issues
 - Formularies, step-therapies
 - Dosage limits
 - Frequency limits
 - Co-payments
 - Benefit limits – lifetime, yearly, daily limitations
 - Pre-existing condition policies
 - Site of service restrictions or coverage limits
 - Prior authorization requirements
 - Office visits, chemotherapy or supportive care drugs, labs or other tests



Payer coverage policies

- Most payers publish medical policies on their websites
 - Sign up for newsletters and email alerts when available – for both Medicare and private payers
- Many private payers now follow NCCN guidelines
 - Free access available for UnitedHealthcare Online registered users



Medicare coverage policies are transparent and available

- FDA indications – package insert
 - Compendia listing
 - National coverage determination (NCD)
 - Local coverage determination (LCD)
-
- *The PFC should be the payer coverage expert in your practice*



Medical coverage

- PFC reviews treatment plan and diagnoses for compliance with payer coverage policy
 - FDA indications
 - Compendia listings
- PFC reports potential medical necessity denials to the physician (communication is key!)
 - Alternate treatment options may be explored at this point



Treatment plan tools

- Some practices use these multi-purpose tools available in the marketplace
 - Identifies the treatment options available to the patient
 - Provides an estimation of cost for the patient and a tool to develop payment plans
 - Important in both initial chemotherapy regimens and changes in treatment
 - Detail or summarize known outcomes



Treatment plan tools

- Tool may include the following information
 - Regimen name
 - Drugs/doses
 - Regular procedures performed
 - Frequency/duration
 - Co-pay/co-insurance amounts (drugs and procedures)
 - Calculation of total patient out-of-pocket expense based on frequency and duration of regimen



Discussing cost

- PFC identifies coverage benefits and limitations prior to treatment initiation, then discusses cost with patient
 - Practice needs to understand what services will be covered by payer and the patient's ability to pay co-pays, co-insurance, etc.
 - Patient needs to understand treatment options and cost implications with an estimated cost of treatment for a specific period of time (per cycle, per regimen, etc.)
- PFC provides patient with
 - Expected out-of-pocket responsibility
 - Practice policies regarding payment
 - Timing, payment plans, payment options such as credit cards
 - Financial assistance options if appropriate and in compliance with practice policies



Communication, communication, communication....

- Before treatment is initiated, PFC communicates with the patient care team
 - Any coverage benefit issues for the patient's proposed treatment plan
 - Any potential medical necessity issues
 - Any potential patient financial concerns
- Decision to proceed with treatment based on
 - Practice policies AND
 - Patient acceptance of their financial liability and practice payment expectations



When necessary...

- PFC enrolls patient in appropriate drug assistance, co-pay or prior-authorization programs
 - May include obtaining signed Advance Beneficiary Notice
- PFC begins process of collecting supporting literature for possible denial/appeal
 - Alerts appropriate staff members to prepare for possible denial/appeal

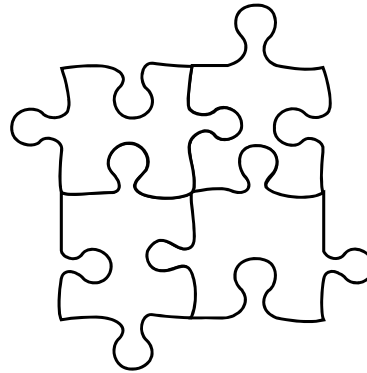


Transparency

- Discussing costs openly
 - Allows patients to make financial decisions about their healthcare
 - Allows the practice to determine patient financial liability
- ASCO has identified the discussion of cost of care as an important component of high quality care



Putting the pieces together: Three Practices



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| 47

Practice A

- Large urban private practice
- > 20 physicians, ~ 15 sites of service
- Financial Advocates
 - Centralized system with 2 full time FAs that travel to all sites
 - “Could use at least 4 more”
 - Supported by other practice staff (front desk, billing, etc.)



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| 48

Financial Advocate role

- Primary role for FAs is to identify gaps in coverage for drugs and identify resources to fill that gap
- Co-pays are a huge issue
 - Much higher than expected
 - Has created increased anxiety for both patients and the practice
 - Co-pays for chemo drugs are pretty straight forward; co-pays for other services are more challenging, esp. imaging
- Work with 100 – 120 patients/month across the practice



Tools

- Tools
 - Web-based insurance verification program
 - Regimen profiler tool
 - Used for patients with identified co-pays, not everyone
 - Works well for drugs, especially for Medicare
 - Not so well for drugs or other services not covered by Medicare
 - Works best for simple regimens, discreet time frame
 - Worksheet for each patient
 - Insurance coverage
 - Co-pays for office services, drugs (IV and oral), imaging



Challenges

- Challenges
 - Complexity of private pay policies
 - No one place to enter information in PMS or EMR
 - Very labor intensive
 - Regimen tool is difficult to maintain, doesn't work well for all payers or patients
 - A good practice tool but not a patient tool
 - Clinical trials are also a challenge, especially imaging costs



Tips

- Tips
 - Communicating with patients about out-of-pocket costs requires a new set of communication skills; provide training, scripts, etc. for staff
 - Incorporate cost discussions into chemo teaching visits
 - In Practice A, the nurse practitioners are responsible
 - Financial Advocates cannot be at every visit; other staff must be part of the process



Practice B

- 8 physician practice in Southern city
- 6 full-time sites of service
- Patient Financial Counselors
 - Minimum of 1 FTE PFC in each site
 - Primary responsibilities:
 - Insurance verification
 - Meet with patients and staff
 - Identify patient resources



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| 53

“At risk” patients are identified 2 ways

- At risk: #1
 - A treatment plan is completed by a nurse before any chemotherapy regimen starts
 - Treatment plans is given to the PFC for review and approval
 - PFC reviews insurance coverage and compendia to identify potential off-label issues
 - If off-label, PFC discusses with physician
 - If physician decides to proceed with treatment, drug assistance application process begins
 - Goal of the treatment plan review is to discuss insurance benefits with patients before treatment begins



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| 54

“At risk” patients are identified 2 ways

- At risk: #2
 - PFC reviews appointment lists two days in advance; verifies insurance for ALL patients
 - Verification process happens once/month for every patient, even those seen regularly or on long term therapy
 - If no coverage/poor coverage/large patient out of pocket is identified, PFC meets with patient to explain the patient’s financial responsibility
 - Works with patient to set up payment plan or look for other resources
 - Process applies to both chemotherapy and oral drugs

Identifying patients

- PFC Supervisor noted that identifying “at risk” patients is a quick process, all patients go through the process, and treatment is rarely held up because of this process
- Identifying the patients is the “easy” part; finding resources to help is more difficult

Physician role

- If no financial issues are identified, the PFC has no interaction with the physician or the patient
- If there a financial issue is identified (such as a large co-pay or out-of-pocket), the PFC discusses with the physician and/or nurse. The physician does not discuss financial issues with patients; the PFC does that



Physician role

- When a patient mentions financial issues to the physician, generally the physician refers the patient to the PFC or asks the PFC to join the visit
 - NOTE: This does not happen very often because generally the PFC is already aware of the situation



Why it works

- The PFC programmed is deeply ingrained in the practice; PFCs are considered part of the patient care team
- All staff understand the process and call the PFC if/when issues are identified
- Every step of the process is documented in an “account notes” screen in the practice management system and all staff have access to these notes



Practice C

- Hospital-based cancer center in mid-western city
- Staff includes nurse administrator, social worker and “triage staff,” business office specialist (BOS), pharmacist



The model

- BOS (full time) and pharmacist (3 days/week) work together on medication issues
- Prior auths/pre-certs have been consolidated into this office
 - BOS completes prior auths for testing, radiation, etc.
 - Prior auths for chemotherapy and other drugs are reviewed by the pharmacist
 - Pharmacist reviews for off-label, medical necessity, etc. and collects any necessary medical documentation



Medication assistance

- When patient needs financial assistance with medications, social worker refers this to the BOS and pharmacist
 - They work as a team to identify resources (co-pay assistance, pharma drug assistance, etc.), complete all necessary paperwork, collect reference materials to support insurance claims
- This has freed up the social work and triage staff to work on non-medication issues such as transportation, family issues, etc.



Results

- BOS and pharmacist have tracked their results and can support a positive return on investment for the salary costs for this program



Strategies for Success



Strategies for Success

- Meeting with the financial counselor must become an integral part of the patient care process
 - New patients meet the financial counselor as part of the intake process
 - Include patient's family or other caregivers
- All chemotherapy patients must meet with the PFC and have a written treatment plan before starting a regimen
 - Probably will require a "chemo hold" period



Strategies for Success

- Regular meetings with patients should occur
 - Watch for changes in job status or insurance coverage
 - Re-evaluate eligibility for government or state programs and drug assistance programs
 - Monitor co-payment collections and meet with patients with high unpaid balances
- The financial counselor should become a resource for patients, family/caregivers, clinical staff, and the physician



Strategies for success

- Physicians must be on board
 - DON'T: "Don't worry about the money..."
 - DO: "Our financial counselor will assist you with finding ways to pay for your care."
 - Every staff member must deliver a consistent message to patients about their financial responsibility



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Slides 83 – 87: Buell and Lewis, Patient Financial Counseling: Oncology's Fastest Growing Occupation, *Oncologistics*, Vol. 8, Issue 2, Summer 2009 | 67

Strategies for success

- Pre-visit
 - Begin the collection process before the patient ever steps foot in your practice
 - Start with full and accurate demographic and insurance information
 - Limit the # of staff who can enter and edit demographic information



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| 68

Common Demographic Errors

Patients

Name
Address
Date of birth
SSN or other policy
identifier
Employer information
Guarantor information
Insurance information

Payers

Primary or secondary
coverage
Address for claims
Provider number
EDI payer ID



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| 69

Strategies for success

- The first visit
 - While the patient's care is a higher priority than collecting payment, collecting cannot be ignored
 - Begin the first visit with a trip to the financial counselor
 - Introduce concept and people involved
 - Educate patients about what their insurance will and will not cover
 - Patients often think that their bills will all be paid if they have coverage
 - Identify patients who are uninsured or underinsured early in the process



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| 70

Strategies for success

- Train your staff
 - Train the staff on how to ask for payment
 - Develop detailed scripts for your staff
 - To ask for payment
 - To introduce patient financial counselor



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| 71

Strategies for Success

- Account reconciliation
 - Follow practice policies for patient assistance/charity care
 - Reconcile patient accounts when patient assistance drugs or funds are received
 - Track compliance with patient payment plans and apply established practice policy for collections
 - Use appropriate and consistent adjustment codes when writing off uncollectible claims – and track these write-offs
 - Reconcile credit balances monthly – all payers, all patients



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| 72

Strategies for success

- Manage expectations
 - “It is important to both the practice and the patient that the expectations of both parties are managed effectively. The thorough work done up front will ultimately get the patient through the process much faster on subsequent visits.”
 - ...with no surprises for either the patient or the practice



Resources



ASCO's Cost of Care Brochure

www.cancer.net/managingcostofcare

- Information, tools and resources to help patients manage the financial impact of a cancer diagnosis
 - Introduction on the Costs of Cancer Care
 - Understanding the Costs Related to Care
 - Questions to Ask about Cost
 - Financial Resources
 - Health Insurance
 - Getting Organized
 - Glossary of Cost-Related Terms



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| 75

Onmark's Regimen Profiler

www.onmarkservices.com/onmarksite/content/rca

- Web-based tool
 - Practice-specific with daily updated drug pricing
 - Covers more than 500 referenced treatment regimens
 - Customizable payer fee schedules
 - Customizable supportive care drug regimens
 - Body Surface Area (BSA) calculator
 - Patient-friendly financial responsibility reports



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| 76

ION's Protocol Analyzer

www.iononline.com/display.aspx?cid=ProtocolAnalyzerTutorial 596.cms

- Web-based
- Uses real-time cost data
- Provides an estimate of financial impact for various protocols
- Eases burden of cost management for practice



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| 77

Financial assistance resources

- Local resources
 - City governments
 - State governments
 - State Patient Assistance Programs
 - www.medicare.gov/contacts/static/allstatecontacts.asp
 - Internet search: “cancer advocacy groups” or “community-based support for cancer patients”



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| 78

Financial assistance resources

- National Resources

- Chronic Disease Fund www.cdfund.org
- Health Well Foundation
www.healthwellfoundation.org/index.aspx
- National Organization for Rare Diseases
www.rarediseases.org/programs/medication
- Patient Advocate Foundation www.copays.org or
www.pap.patientadvocate.org
- Patient Services Inc. www.uneedpsi.org



Financial assistance resources

- National Resources

- Patient Access Network Foundation (PANF)
www.patientaccessnetwork.org
- National Cancer Institute
www.cancer.gov/cancertopics/factsheet/support/financial-resources
- American Cancer Society
www.cancer.org
- Partnership for Prescription Assistance
www.pparx.org



Financial assistance resources

- Manufacturer-sponsored Patient Assistance Programs (PAPs) and discount cards
 - Check with each manufacturer
- Social Security Administration
www.ssa.gov
- Access to Benefits Coalition
www.accesstobenefits.org
- State pharmaceutical assistance programs
<http://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>
<http://www.ncsl.org/default.aspx?tabid=14334>



Thank you for taking care of patients with cancer.

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