

Financial Navigation in the Healthcare Setting

Insurance Optimization

Dan Sherman, MA. LPC



The
NaVectis
GROUP

Financial Toxicity: Multi-Faceted Impacts

27% of adult insured cancer patients reported medication non-adherence **due to cost**

J of Oncology Practice 2019

A 2018 survey found that 57% of cancer patients expressed anxiety regarding the financial burden of care and in the same survey 54% expressed anxiety of dying from the disease

AJMS 2021

73% of oncology patients experience some form of Financial Toxicity

National Cancer Institute 2017

7% of commercially insurance metastatic prostate cancer patients paid more than \$100 for Zitiga on their first fill. 31% of Medicare beneficiaries paid more than \$2,800 on their first fill.

Journal of Oncology Practice 2022.

42% of newly diagnosed cancer patients have depleted their life savings within two years of their diagnosis

American Journal of Medicine 2018

Models of Financial Advocacy Programs



Financial Counselors

- Medicaid Enrollment
- Charity Programs
- Payment Plans

Financial Advocates

- Co-Pay and PAP Assistance
- Basic Needs

Financial Navigation

- Focus is on treating the problem and not just the symptoms

Financial Navigation

A proactive approach to treating financial toxicity by combining knowledge of the disease state/treatment plan with insurance optimization including utilization of external assistance programs.

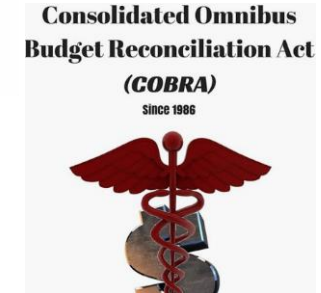
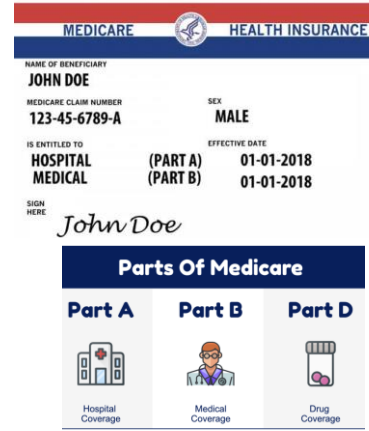


Financial Navigator Required Level of Expertise

Government Safety Net Programs



Health Insurance Policies



External Assistance Programs



COPAY CARD PROGRAM INFORMATION
For commercially insured patients

Pay as little as
\$5/Month

BIN#: _____
PCN#: _____
RxGroup: _____
ID#: _____



Disease Knowledge & Treatment Process



*Logos are meant to illustrative not exhaustive of all options

Marketplace Enrollment and Optimization



Premium Subsidies

New Premium Cap, by Income in 2021 through 2025		
Income (% of poverty)	Affordable Care Act (current law)	American Rescue Plan / Inflation Reduction Act
Under 100%	Not eligible for subsidies*	Not eligible for subsidies**
100% – 138%	2.07%	0.0%
138% – 150%	3.10% – 4.14%	0.0%
150% – 200%	4.14% – 6.52%	0.0% – 2.0%
200% – 250%	6.52% – 8.33%	2.0% – 4.0%
250% – 300%	8.33% – 9.83%	4.0% – 6.0%
300% – 400%	9.83%	6.0% – 8.5%
Over 400%	Not eligible for subsidies	8.5%

Cost Sharing Subsidies

Maximum Annual Limitation on Cost-Sharing

Income (% Federal Poverty Level)	Actuarial Value of a silver plan	OOP Max for Individual/Family	
		2022	2023
Under 100%	70%	\$8,700 / \$17,400	\$9,100 / \$18,200
100% – 150%	94%	\$2,900 / \$5,800	\$3,000 / \$6,000
150% – 200%	87%	\$2,900 / \$5,800	\$3,000 / \$6,000
200% – 250%	73%	\$6,950 / \$13,900	\$7,250 / \$14,500
Over 250%	70%	\$8,700 / \$17,400	\$9,100 / \$18,200

Marketplace Enrollment



1) National Open Enrollment Period

- November 1 – January 15

2) Special Enrollment Period (SEP)

- Loss of coverage
- Marriage
- New dependent
- Recently moved
- Significant decrease in income
- Loss of Medicaid anytime between April 1, 2023 – July 31, 2024

3) Projected income below 150% of FPL

- Year long open enrollment

Case Study

A 45-year-old single female and two dependent children with a new diagnosis of lymphoma. She is self employed with a yearly gross income of \$82,000. She is enrolled in an ACA policy with a MOOP of \$18,200. It is April 2023. She has had a 60% decrease in income since the diagnosis. (\$46,000 year)

Treatment regimen includes biologic therapies.



Filters

Add more filters

Plan type

Health Plans

Sort by

Lowest premium

Lowest deduc

Silver

Molina Healthcare

3 plans match your filters

Estimated monthly premium

\$557.65

Including a \$615 tax credit
Was \$1,172.65

Plan details

Like this plan

Constant Care Silver 1 250

Silver | HMO | Plan ID: 54172FL0010002



Compare

Deductible

\$10,000

Family total

Health: \$5,000

Drug: \$5,000

Out-of-pocket maximum

\$18,200

Family total

Estimated total yearly costs

Add yearly cost

Copayments / Coinsurance

Emergency room care

\$950

Generic drugs

\$29

Primary doctor

\$30

Specialist doctor

\$60

Plan features

- ✗ Adult Dental
- ✗ Child Dental

Add medical providers

Add your medical providers and we'll show you which plans cover them

Add prescription drugs

Add your prescription drugs and we'll show you which plans cover them.

182 total plans

64 Bronze

70 Silver

37 Gold

11 Platinum

Categories are based on how you plan split costs of care. To find a works for you, look at each plan estimated total yearly costs.

Quick tips

[Review plan category fast fact](#)

[Think about all costs, not just premium](#)

[Consider plans with easy price](#)

Financial Navigation Intervention

- **Optimizing Insurance Coverage**

- Significant change in income
- Change from not qualifying for cost sharing subsidies to qualifying for cost sharing subsidies
- Creates SEP for Marketplace Plan
- Need to enroll into Silver plan



Filters

Add more filters

Plan type

Health Plans

Sort by

Lowest premium

Lowest deductib

Silver (extra savings)



Molina Healthcare

3 plans match your filters

Estimated monthly premium

\$92.37

Including a \$477 tax credit
Was \$569.37

Plan details

Like this plan

Constant Care Silver 1 150

Extra savings

Silver | HMO | Plan ID: 54172FL0010002



Compare

Deductible

\$1,500

Individual total
Health: \$750
Drug: \$750

Out-of-pocket maximum

\$3,000

Individual total

Estimated total yearly costs

Add yearly cost

Copayments / Coinsurance

Emergency room care
\$600

Generic drugs
\$5

Primary doctor
\$6

Specialist doctor
\$30

Plan features

- Adult Dental
- Child Dental

Add medical providers

Add your medical providers and we'll show you which plans cover them

Add prescription drugs

Add your prescription drugs and we'll show you which plans cover them.

182 total plans

- 64 Bronze
- 70 Silver Extra savings
- 37 Gold
- 11 Platinum

Categories are based on how you are plan split costs of care. To find a plan works for you, look at each plan's estimated total yearly costs.

Quick tips



[Review plan category fast facts](#)

[Think about all costs, not just the premium](#)

Financial Navigation Intervention

1) Optimizing Insurance Coverage

- Significant change in income
- Change from not qualifying for cost sharing subsidies to qualifying for cost sharing subsidies
- Creates SEP for Marketplace Plan
- Need to enroll into Silver plan

2) External Assistance Program

- Pharma Co-Pay Card
- This will assist with the \$3,000 MOOP



Case Study

A 55-year-old self pay married male with a new diagnosis of stage III NSCLC. It is May 2023. He was making \$30,000 a year. He is no longer able to work, and he has no STD benefits. His wife is on SSDI (\$1,370 month). They have \$35,000 in an IRA. (2023 projected FPL is 146)

Treatment regimen includes radiation and biologic therapies.



Filters

Add more filters

Plan type

Health Plans

Sort by

Lowest premium

Lowest deductible

Silver (extra savings) ✕



2332C (\$0 Virtual Visits / \$0 Primary Care and Specialist Visits with Select Providers / \$5 Labs / \$5 Generic Meds / 24x7 Provider Access / Disponible en Español / Rewards \$\$\$)

Extra savings | Silver | HMO | Plan ID: 30252FL0070049 | Rating ★★★★★

Premium

\$12.16 /month

Including a \$855 tax credit was \$867.16

Estimated total yearly cost

Add yearly cost

Deductible

\$450

Individual total (health & drug combined) Extra deductible for some services

Out-of-pocket maximum

\$900

Individual total

You pay

Check what you pay when you get care

Plan features

- Adult Dental
Child Dental

Find covered providers & drugs

Add doctors & facilities Add prescription drugs

Like this plan

Go to plan details

Compare

Case Study

A 38-year-old self pay single female with two dependent children who has a new diagnosis DCIS. It is February 2024. She lost Medicaid in May 2023 due to the unwinding process. She is working full time making \$45,000 a year. She has \$35,000 in an IRA.

FPL is 181

Treatment regimen includes a lumpectomy followed by radiation treatments.



Filters

Add more filters

Plan type

Health Plans

Sort by

Lowest premium

Lowest deductible

Silver (extra savings) ✕



Clear VALUE Silver

Extra savings | Silver | HMO | Plan ID: 86382FL0050007 | Rating New plan - Not rated

Premium

\$67.17 /month

Including a \$410 tax credit was \$477.17

Estimated total yearly cost

Add yearly cost

Deductible

\$1,500

Individual total (health & drug combined)

Out-of-pocket maximum

\$1,500

Individual total

You pay

Check what you pay when you get care

Plan features

- Adult Dental
- Child Dental

Find covered providers & drugs

Add doctors & facilities

Add prescription drugs

Like this plan

Go to plan details

Compare

Medicare Enrollment and Optimization



Case Study

A 67-year-old married female with a new diagnosis of renal cell carcinoma. Monthly household gross income is \$1,680 (FPL110) and they have \$10,000 in assets. She has Medicare A and B only. She is not enrolled in part D. It is September 2023.

Treatment regimen included Sunitinib and biologic therapies.

- **Total treatment cost for one year estimated to be around \$320,000**
- **Patient responsibility estimated to be around \$44,000**



Low Income Subsidy



Gross Income below 150% of FPL
Asset Qualifier **S** \$15,600 **M** \$30,950

- Level 1 (Medicaid and lives in Nursing home)
 - \$0 copays for all oral Medications
- Level 2 (SSI, MSP beneficiaries)
 - \$1.45 for generic \$4.30 for brand \$0 copay during catastrophic coverage
- Level 3 (below 135% of FPL)
 - Assets below **S** \$9,900 **M** \$15,600
 - \$ 4.15 for generic \$10.35 for brand \$0 copay during catastrophic coverage
- Level 4 (FPL below 150% of FPL) Partial Assistance
 - Assets below **S** \$15,600 **M** \$30,950
 - 15% co-insurance during initial and coverage gap. Catastrophic coverage generic \$4.15 brand \$10.35

Medicare Safety Net Programs



Medicare Savings Program (MSP)

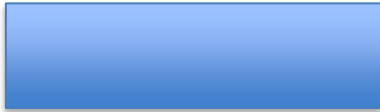
- QMB Medicaid plus part A/B premiums
 - Monthly income below: (FPL below 100%)
 - Assets below:
 - Single \$9,090
 - Married \$13,630
- SLMB Part B premium
 - Monthly income below: (FPL below 120%)
 - Assets below
 - Single \$9,090
 - Married \$13,630
- QI Part B premium
 - Monthly income below: (FPL below 135%)
 - Assets below
 - Single \$9,090
 - Married \$13,630

Financial Navigation Intervention



Optimizing Insurance Coverage

- Medicare Savings Program (MSP)
 - Will qualify for SLMB
- Low Income Subsidy (LIS)
 - Will Qualify for level 3 of LIS
- Medicare Optimization Intervention (MAPD)
 - Open enrollment anytime between Jan 1 – September 30 into a MAPD plan



Medicare (HMO)

ID: H5410-024-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$164.90 Standard Part B premium

TOTAL DRUG & PREMIUM COST (for the rest of 2023)

\$4,618.88 Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$2,700 In-network Maximum you pay for health services

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▾

COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$0 copay**

DRUGS

- ✓ Includes drug coverage

[View drugs & their costs](#)

Enroll

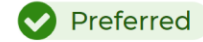
Plan Details



Add to compare

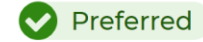
ESTIMATED TOTAL MONTHLY DRUG COST

Walgreens #13920



Preferred

Publix Pharmacy #0659



Preferred

October

\$1,788.16

\$3,075.49

November

\$1,415.36

\$2,702.69

December

\$1,415.36

\$1,837.99

ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

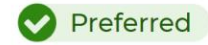
[Learn more about coverage phases.](#)

- [WALGREENS #13920](#) - DRUG COSTS DURING COVERAGE PHASES

	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Sunitinib 50mg capsule	\$5,661.42	\$1,868.27	\$1,415.36	\$283.07
Monthly totals	\$5,661.42	\$1,868.27	\$1,415.36	\$283.07

+ [PUBLIX PHARMACY #0659](#) - DRUG COSTS DURING COVERAGE PHASES

Walgreens #13920



Preferred

Publix Pharmacy #0659



Preferred

	Walgreens #13920	Publix Pharmacy #0659
October	\$4.15	\$4.15
November	\$4.15	\$0.00
December	\$0.00	\$0.00

ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

– [WALGREENS #13920](#) - DRUG COSTS DURING COVERAGE PHASES

	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Sunitinib 50mg capsule	\$5,661.42	\$4.15	\$4.15	\$0.00
Monthly totals	\$5,661.42	\$4.15	\$4.15	\$0.00

+ [PUBLIX PHARMACY #0659](#) - DRUG COSTS DURING COVERAGE PHASES

+ View more drug coverage

Financial Navigation Intervention

Enhancing Insurance Coverage

- Low Income Subsidy (LIS)
- Medicare Savings Program (MSP)
- Medicare Optimization Intervention (MAPD)

External **Assistance** Programs

- Co-Pay Assistance Foundation



Renal Cell Carcinoma - Medicare Access

(Medicare patients only)

Status

Open

Maximum Award Level

\$10,000

Minimum Copay Reimbursement Amount

None

Household Income Limit

500% of the Federal Poverty Level
(adjusted for household size and high
cost of living areas)

Fund Type

Copay/Premium

Pharmacy Card Fund

Yes

Minimum Premium Reimbursement Amount

None

Treatments Covered

Drop down
provides drug
names

Financial Navigation Intervention



Enhancing Insurance Coverage

- Low Income Subsidy (LIS)
- Medicare Savings Program (MSP)
- Medicare Optimization Intervention (MAPD)

External **Assistance** Programs

- Co-Pay Assistance Foundation \$10,000

Estimated Savings to the Patient \$44,000

Estimated Savings to the Provider \$38,500

Case Study

A 67-year-old married female with a new diagnosis of renal cell carcinoma. Monthly household gross income is \$4,280 (FPL 280) and they have \$50,000 in assets. She has Medicare A and B only. She is not enrolled in part D. It is September 2023.

Treatment regimen included sunitinib and biologic therapies.

- **Total treatment cost for one year estimated to be around \$320,000**
- **Patient responsibility estimated to be around \$44,000**



Financial Navigation Intervention



Enhancing Insurance Coverage

- Medicare Savings Program (MSP)
- Low Income Subsidy (LIS)

Financial Navigation Intervention




Enhancing Insurance Coverage

- ~~Medicare Savings Program (MSP)~~
- ~~Low Income Subsidy (LIS)~~
- 5 Star Rule
 - You can enroll into a 5-star plan anytime between:
 - January 1 – November 30
 - December 8 – December 31

Rewards Plan (HMO)

Plan ID: H5594-022-0

Star rating:  This plan got Medicare's **highest rating** (5 stars)

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$164.90 Standard Part B premium

TOTAL DRUG & PREMIUM COST (for the rest of 2023)

\$0.00

Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$3,400 In-network Maximum you pay for health services

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▾

COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$35 copay per visit**

DRUGS

[Add your prescription drugs](#)

Enter drugs you take regularly (if any) to see your estimated drug + premium cost

Enroll

Plan Details

Add to compare

Financial Navigation Intervention

Enhancing Insurance Coverage

- 5 Star rule
- Medicare Optimization Intervention (MAPD)

External **Assistance** Programs

- Co-Pay Assistance Foundation



Renal Cell Carcinoma - Medicare Access

(Medicare patients only)

Status

Open

Maximum Award Level

\$10,000

Minimum Copay Reimbursement Amount

None

Household Income Limit

500% of the Federal Poverty Level
(adjusted for household size and high
cost of living areas)

Fund Type

Copay/Premium

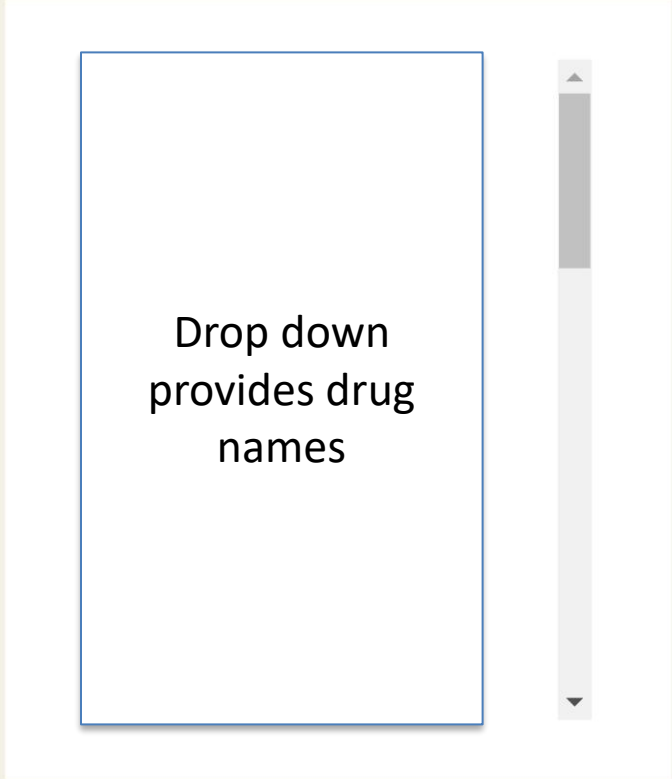
Pharmacy Card Fund

Yes

Minimum Premium Reimbursement Amount

None

Treatments Covered



Drop down
provides drug
names

Financial Navigation Intervention



Enhancing Insurance Coverage

- 5 Star rule
- Medicare optimization MAPD plan

External **Assistance** Programs

- Co-Pay Assistance Foundation \$10,000

Estimated Savings to the Patient \$44,000

Estimated Savings to the Provider \$38,500

Inflation Reduction Act



2022 Inflation Reduction Act impact on Medicare part D

- Effective Jan 1, 2024, Medicare beneficiaries who are between 135-150% of FPL and who meet the asset qualifier will now qualify for full extra help vs. partial help in the Low-Income Subsidy Program (LIS).
- Effective Jan 1, 2024, the unlimited 5% coinsurance responsibility during catastrophic coverage will be eliminated. Therefore, the most a Medicare part D enrollee will pay for oral medications in 2024 will be around \$3,250.
- Effective Jan 1, 2025, the Medicare part D structure will change. There will no longer be a coverage gap (donut hole) within the Medicare part D system as a \$2,000 max out of pocket will be implemented. Part D enrollees will have a \$2,000 max out of pocket during initial coverage and then move into catastrophic coverage with a \$0 co-pay responsibility.

Case Study

A 64 old married male, enrolled in a Marketplace policy, with a new diagnosis of stage III NSCLC. He turns 65 in two months. He was earning \$22,000 a year working part time. He is no longer able to work, and he has no STD benefits. His wife is on SSDI (\$2,300 month) and is enrolled in a Medicare Advantage plan. **It is February 2024.** They have \$55,000 in an IRA.

Treatment regimen includes radiation and biologic therapies.



Medicare Choices



Florida H5216-304 (PPO)

Plan ID: H5216-304-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$164.90 Standard Part B premium

TOTAL DRUG & PREMIUM COST (for the rest of 2023)

\$0.00

Only includes premiums for the months left in this year when you don't enter any drugs

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$8,900 In and Out-of-network

\$4,700 In-network

Maximum you pay for health services

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▼

COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$30 copay per visit**

DRUGS

[Add your prescription drugs](#)

Enter drugs you take regularly (if any) to see your estimated drug + premium cost

Enroll

Plan Details

Add to compare

Medigap Benefits	Medigap Plans effective on or after June 1, 2010									
	A	B	C	D	F	G	K	L	M	N
Medicare Part A Coinsurance	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medicare Part B Coinsurance	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Blood (First 3 Pints)	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Skilled Nursing Facility	No	No	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Medicare Part A Deductible	No	Yes	Yes	Yes	Yes	Yes	50%	75%	50%	Yes
Medicare Part B Deductible	No	No	Yes	No	Yes	No	No	No	No	No
Part B Excess Charges	No	No	No	No	Yes	Yes	No	No	No	No
Foreign Travel Emergency	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Out-of-Pocket Limit	None	None	None	None	None	None	\$6,940	\$3,470	None	None
										\$20 office visit
										\$50 ER visit

Medicare Supplement vs. Medicare Advantage

Medicare Supplement

- No Network
- No Prior Authorization needed
- Higher monthly premiums
- Does not include part D
- Does not include “extra benefits”
- Open Enrollment: No underwriting within 6 months of being new to Medicare
- Patient Financial Responsibility
 - **\$226 (plan G)**

Medicare Advantage

- Network
- Prior Authorization needed
- Lower monthly premiums
- Often includes part D
- Includes “extra benefits”
- Open Enrollment: Yearly open enrollment with no pre-existing conditions
- Patient Financial Responsibility
 - **Up to \$8,300**

Optimizing External Assistance Programs

- Manufacturer Patient Assistance Programs
- Co-Pay Assistance Programs
- Premium Assistance Programs
- Patient Financial Support Programs
- Software Platforms
 - AssistPoint
 - Atlas
 - TailorMed
 - Vivor



	Free Oral Rx	Up Front Free Infusion	Replacement Products	PREMIUM Assistance	Co-pay assistance	Part D Enrollment	Medicare Advantage	Medicare Only	Marketplace Maximizing	Medicaid Enrollment	Other	Community Assistance	TOTAL IMPACT	Community Support
1st Quarter														
Number of patients assisted	10	8	4	1	34	2	2	7	4	11	3	6	72	78
\$ amount saved		\$ 74,311	\$ 94,865								\$ 78,000		\$ 247,176	
Increased Revenue				\$ 43,401	\$ 18,101		\$ 6,000	\$ 35,000	\$ 16,303	\$ 95,150			\$ 118,805	
Premium Expense				\$ (245)									\$ (245)	\$ 245
Assistance to patients	\$ 51,440	\$ 222,933	\$ 284,594	\$ 92,839	\$ 54,309	\$ 7,640	\$ 10,000	\$ 35,000	\$ 16,303	\$ 634,333	\$ 154,000	\$ 10,252		\$ 1,573,643
Total Benefit		\$ 74,311	\$ 94,865	\$ 43,157	\$ 18,101		\$ 6,000	\$ 35,000	\$ 16,303	\$ 95,150	\$ 78,000		\$ 460,886	\$ 1,573,888
2nd Quarter														
Number of patients assisted	13	13	6	2	15	3	2	9	3	5	1	11	66	77
\$ amount saved		\$ 132,339	\$ 168,365								\$ 40,000		\$ 340,704	
Increased Revenue				\$ 10,981	\$ 30,524		\$ 6,000	\$ 45,000	\$ 8,768	\$ 43,250			\$ 101,273	
Premium Expense				\$ (1,186)									\$ (1,186)	\$ 1,186
Assistance to patients	\$ 22,916	\$ 397,017	\$ 505,094	\$ 29,039	\$ 3,375	\$ 11,460	\$ 10,000	\$ 45,000	\$ 8,768	\$ 288,333	\$ 88,000	\$ 29,630		\$ 1,438,632
Total Benefit		\$ 132,339	\$ 168,365	\$ 9,795	\$ 30,524		\$ 6,000	\$ 45,000	\$ 8,768	\$ 43,250	\$ 40,000		\$ 400,791	\$ 1,439,818
3rd Quarter														
Number of patients assisted	4	17	9	4	36	4	3	10	2	9	3	19	89	108
\$ amount saved		\$ 169,490	\$ 179,008								\$ 13,400		\$ 361,898	
Increased Revenue				\$ 136,542	\$ 44,893		\$ 9,000	\$ 50,000	\$ 17,502	\$ 77,850			\$ 257,937	
Premium Expense				\$ (1,637)									\$ (1,637)	\$ 1,637
Assistance to patients	\$ 24,410	\$ 508,470	\$ 537,024	\$ 6,904	\$ 487,500	\$ 15,280	\$ 15,000	\$ 50,000	\$ 17,502	\$ 519,000	\$ 33,000	\$ 43,256		\$ 2,257,347
Total Benefit		\$ 169,490	\$ 179,008	\$ 134,905	\$ 44,893		\$ 9,000	\$ 50,000	\$ 17,502	\$ 77,850	\$ 13,400		\$ 604,798	\$ 2,258,984
4th Quarter														
Number of patients assisted	4	14	11	4	21	3	6	6	1	8	0	18	70	88
\$ amount saved		\$ 214,888	\$ 226,317								\$ 87,500		\$ 528,705	
Increased Revenue				\$ 56,872	\$ 26,295		\$ 18,000	\$ 30,000	\$ -	\$ 69,200			\$ 131,167	
Premium Expense				\$ -									\$ -	\$ -
Assistance to patients	\$ 32,250	\$ 644,664	\$ 678,951	\$ -	\$ 185,000	\$ 11,460	\$ 30,000	\$ 30,000	\$ -	\$ 461,333	\$ 143,000	\$ 38,382		\$ 2,255,040
Total Benefit		\$ 214,888	\$ 226,317	\$ 56,872	\$ 26,295		\$ 18,000	\$ 30,000	\$ -	\$ 69,200	\$ 87,500		\$ 572,372	\$ 2,255,040
Total Imact														
Total Patients	31	52	30	11	106	12	13	32	10	33	7	54	297	351
Premium Expense				\$ (3,068)									\$ (3,068)	\$ 3,068
Total Benefit	\$ 131,016	\$ 591,028	\$ 668,554	\$ 244,729	\$ 119,813	\$ -	\$ 39,000	\$ 160,000	\$ 42,573	\$ 285,450	\$ 218,900	\$ 10,252	\$ 2,370,047	\$ 7,527,730

Additional Resources

Financial Support Models

A case for use of financial navigators in the oncology setting

Daniel E. Sherman, MA, LPC, and Kristen L. Fessele, PhD, RN, ANP-BC, AOCN*



BACKGROUND: Financial toxicity causes significant psychological and practical distress for patients and can affect their ability and willingness to undertake optimal treatment. Although different models of financial support are typically available to patients undergoing cancer treatments, not all models can offer equal amounts of support and effective solutions, particularly to those patients at the highest levels of risk for this toxicity.

OBJECTIVES: This article discusses the two most prevalent models available to healthcare institutions to provide financial support (financial counseling and financial advocacy) and makes recommendations for implementation of a more comprehensive, proactive financial navigation model.

METHODS: This article reviews current and emerging financial support models.

FINDINGS: Financial toxicity is on the rise, and the financial navigation model shows promise in decreasing the number of patients experiencing financial hardship.

KEYWORDS

out-of-pocket costs; health insurance; financial toxicity; financial navigation

DIGITAL OBJECT IDENTIFIER

10.1188/19.CJON.S2.14-18

NEW TREATMENT OPTIONS, SUCH AS TARGETED THERAPIES and immunotherapies, are showing great promise in extending the lives of patients with advanced-stage cancer, but these advances come with a high price tag. 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). In addition, many patients with cancer also undergo multiple treatment modalities, such as surgery and radiation therapy, which increases the cost of care and often limits patients' ability to maintain their prediagnosis income level (de Boer, Taskila, Ojajärvi, van Dijk, & Verbeek, 2009; Ekwueme et al., 2014). These direct medical costs, in combination with the many indirect costs of cancer, create an environment that promotes financial toxicity as an additional patient burden. Financial toxicity is a term coined to describe the adverse effects of out-of-pocket healthcare costs on the well-being of patients with cancer (Zafar, 2015). This article provides a history of patient financial counseling and advocacy services in the healthcare setting and proposes a proactive model of financial navigation that better addresses patients' financial toxicity needs.

Current Financial Support Models

Traditional financial counseling services have been offered in the hospital setting for decades. In general, the counselor in this role assists patients to apply for Medicaid and the hospital charity program and will often assist patients to estimate the cost of proposed care and to explore payment options. They may also help patients enroll into credit programs that secure payment to the provider. 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.

In contrast to the financial counseling model of service, a financial advocacy model has emerged as a response to the limitations created by the counseling model. Clinical social workers, pharmacy staff, and other advocates within the oncology service line have attempted to deal with the



ADVANCING QUALITY
IN ONCOLOGY CARE
Orlando | Rosen Shingle Creek
April 5, 2018 REGISTER >

Currently Viewing:
Supplements The Patient Assistance Safety Net: How Many Need Help? How Many Are Helped?

Currently Reading
Impact of Trained Oncology Financial Navigators on Patient Out-of-Pocket Spending

Todd Yezefski, MD; Jordan Steelquist, BA; Kate Watabayashi, BA; Dan Sherman, MA; and Veena Shankaran, MD

Supplements > **The Patient Assistance Safety Net: How Many Need Help? How Many Are Helped?** – Published on: March 06, 2018

Impact of Trained Oncology Financial Navigators on Patient Out-of-Pocket Spending

Todd Yezefski, MD; Jordan Steelquist, BA; Kate Watabayashi, BA; Dan Sherman, MA; and Veena Shankaran, MD

Hospitals that used trained financial navigators were able to provide financial assistance for their patients with cancer, providing access to care that would otherwise be unaffordable.

ABSTRACT

Objectives: Patients with cancer often face financial hardships, including loss of productivity, high out-of-pocket (OOP) costs, depletion of savings, and bankruptcy. By providing financial guidance and assistance through specially trained navigators, hospitals and cancer care clinics may be able mitigate the financial burdens to patients and also minimize financial losses for the treating institutions.

Study Design: Financial navigators at 4 hospitals were trained through The NaVectis Group, an organization that provides training to healthcare staff to increase patient access to care and



The
NaVectis
GROUP

Thank you

Dan Sherman, MA, LPC

dsherman@NaVectis.com

616-818-6583

www.NaVectis.com

