Agenda

- Checklist for the New Year
- Growing and Sustaining a Robust Financial Navigation Program
Speakers

Brian Bourbeau
Director, Business Metrics and Analysis
ASCO Clinical Affairs

Dan Sherman
Director, Strategic Initiatives
The NaVectis Group
Checklist for the New Year!
Checklist for the New Year!

- New Medicare Card & Medicare Beneficiary Identifier
- Revisions to Care Management Codes
New Medicare Card Project
13 days away from the end of the transition!

- Starting January 1, 2020, you must submit claims with the Medicare Beneficiary Identifier (MBI). CMS will reject claims submitted with the Health Insurance Claim Number (HICN), with limited exceptions.

- Starting January 1, 2020, you must submit all eligibility transactions with the MBI. CMS will reject all eligibility transactions submitted with the HICN.

Are you ready?
Key Points to Reinforce with Beneficiaries

If someone with Medicare says they didn’t get a new card with a new number, they should:

• Sign into MyMedicare.gov to see their Medicare number or print their official card. They must create an account if they don’t already have one.

• Call 1-800-MEDICARE (1-800-633-4227) where we can verify their identity, check their address and help them get their new card. There might be something that needs to be corrected, like their mailing address.

• Use their current card to get health care services (until December 31, 2019) but remember to bring your card the next time. (Providers: remember to get the MBI from the remittance advice and save it in your system to use the next time you submit a claim and give your patients the Get Your New Medicare Card flyer in English or Spanish.)
- Log into or sign up for MyMedicare.gov. Accounts are password-protected and secure.
- Beneficiaries can view Medicare numbers/print a card.
- This page is available to view on smaller devices like cell phones.
Providers Should Use the MBI Now!

• Providers have 4 ways to get the new MBI:
  1. Patient presents the card at time of service
  2. Provider gets it through the secure web portal with the MAC
  3. Provider gets it through the remittance advice (through the end of the transition period)
  4. Pharmacies get it through the E1 response (through the end of the transition period)

• 79% of Medicare fee-for-service claims now include the MBI, demonstrating that Medicare patients are successfully using their new cards in doctor’s offices and other health care facilities.

All beneficiaries and providers should use MBIs as soon as possible!
• Providers/Suppliers can use a MAC portal to look up any beneficiary’s MBI.

• Providers must authenticate through their MAC portal with a valid user ID, password and NPI to look up a beneficiary’s MBI via the Provider Lookup Tool.

• Providers must have the following beneficiary information to look-up MBIs:
  • Patient SSN, Last Name, First Name and Date of Birth

  (Reminder - An individual’s HICN may not always be their own SSN if benefits are tied to a spouse. Thus, using the numerical part of a HICN will not always return a response in the MBI look-up tools. Instead, use the individual’s specific SSN.)

• Additional information can be found at: https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers-and-office-managers.html (providers can also reference the portal instructions sent in September 2017).
Transitional Care Management

- CMS will increase payment for Transitional Care Management Services (CPT codes 99495 and 99496).
- These codes describe services provided to Medicare beneficiaries after discharge from an inpatient hospital setting (acute, IRF, LTAC), partial hospital, observation status in a hospital, or SNF/NF to the patient’s community setting (home, domiciliary, rest home, or assisted living).
- CMS will allow these codes to be billed alongside of prolonged services, complex chronic care management, care plan oversight and other services – revision from prior years.
Chronic Care Management

- 99490* - Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:
  - multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
  - chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
  - comprehensive care plan established, implemented, revised, or monitored.

- G2058 - Chronic care management services, each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure). (Use G2058 in conjunction with 99490, reportable a maximum of two times).

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Complex Chronic Care Management

- 99487 - Complex chronic care management services, with the following required elements:
  - multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
  - chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
  - establishment or substantial revision of a comprehensive care plan;†
  - moderate or high complexity medical decision making;
  - 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

- 99489 - each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List in addition to 99487)

- G0506 - add-on CCM service, in conjunction with initiating E&M service.

† “Beginning in CY 2020, for PFS billing purposes for CPT codes 99487 and 99489, we will interpret the code descriptor “establishment or substantial revision of a comprehensive care plan” to mean that a comprehensive care plan is established, implemented, revised, or monitored.”

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Principal Care Management

- For patients not meeting the requirements of CCM services, CMS has proposed a new care management service titled Principal Care Management (PCM) for patients with one complex chronic condition and requiring at least 30 minutes of care planning and management. In combination with CCM, PCM allows for reimbursement of oncology care management that is commonly provided by our practices and has been a priority for ASCO’s advocacy efforts.
Principal Care Management

- G2064 – Comprehensive care management services for a single high-risk disease, e.g., Principal Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: One complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities.

- G2065 – Comprehensive care management for a single high-risk disease services, e.g. Principal Care Management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements....
Growing and Sustaining a Robust Financial Navigation Program

Dan Sherman, MA. LPC
What is Financial Toxicity?

The term financial toxicity is broadly used to describe the distress or hardship arising from the financial burden of cancer treatment. In much the same way as physical side-effects of treatment like fatigue, nausea or blood toxicities, financial problems after cancer diagnosis are a major contributor higher levels of stress, poorer quality of life, treatment non-adherence and delayed medical care.
Financial Toxicity: Multi-Faceted Impacts

A survey of breast cancer patients found that 94% of this population wanted to discuss cost of treatment but only 14% of them reported having that conversation. (Journal of Community and Supportive Oncology, 2016.)

27% of adult insured cancer patients reported medication non-adherence due to cost. (J of Oncology Practice, 2019)

Cancer patients demonstrate more anxiety over the cost of treatment than over dying from their disease. (Oncology Times, August 2009)

Benchmark Employer Survey Finds Average Family Premiums Now Top $20,000 (Kaiser Family Foundation 2019)

A 2015 study found that there is a direct correlation between Cancer Related Financial Burden and quality of life. Higher CRFB scores correlates to lower Quality of Life scores. (The Oncologist 2015)
Maslow’s Hierarchy of Needs

- Interpersonal relationships
- Ability to keep health coverage
- Financial Security
- Food, shelter, transportation
- Health
Models of Financial Advocacy Programs

Financial Counselors
  - Medicaid Enrollment
  - Charity Programs

Financial Advocates
  - Co-Pay and PAP Assistance
  - Basic Needs

Financial Navigation
  - Treating the problem by navigating our complex access to care system.
Financial Navigation

Treating financial toxicity by proactively guiding patients through our complex healthcare system to help them gain access to care by reducing financial barriers.

Team
Requires Expertise
Enhance Insurance
Assistance Programs
Tactical Approach
A Central Part of the Multi-Disciplinary Team

- Incorporating the clinical needs of the patient
- Benefit Investigation, Prior Authorization
- Financial Navigation Services
- Optimizing Coverage / External Assistance Programs
- Direct access to billing department
### Financial Navigator Required Level of Expertise

<table>
<thead>
<tr>
<th>Government Safety Net Programs</th>
<th>Health Insurance Policies</th>
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<tr>
<td>Medicare.gov</td>
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<td>Medicaid.gov</td>
<td>Consolidated Omnibus Budget Reconciliation Act (COBRA)</td>
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<td>Extra Help</td>
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<table>
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<th>External Assistance Programs</th>
<th>Disease Knowledge &amp; Treatment Process</th>
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<tr>
<td>Patient Advocate Foundation</td>
<td>Cancer Treatment Options</td>
</tr>
<tr>
<td>Genentech ACCESS SOLUTIONS</td>
<td>Hormone Therapy</td>
</tr>
<tr>
<td>CO-PAY RELIEF</td>
<td>Surgery</td>
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<tr>
<td>Genentech ACCESS SOLUTIONS</td>
<td>Radiation Therapy</td>
</tr>
<tr>
<td>Merck Helps Health Well Foundation</td>
<td>Bone Marrow Transplantation</td>
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<tr>
<td>Health Well Foundation</td>
<td>Chemotherapy</td>
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*Logos are meant to illustrative not exhaustive of all options*
### Patient Financial Responsibility Example Before Insurance Enhancement

<table>
<thead>
<tr>
<th>Estimated monthly premium</th>
<th>Deductible</th>
<th>Out-of-pocket maximum</th>
<th>Copayments / Coinsurance</th>
<th>Estimated total yearly costs</th>
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<tr>
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<td>$3,300</td>
<td>$7,300</td>
<td>Emergency room care: $750</td>
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</tr>
<tr>
<td>Family Total</td>
<td>Individual Total</td>
<td>Individual Total</td>
<td>Copay after deductible: 30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Coinsurance after deductible: 10%</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Generic drugs: $4 Copay after deductible: 10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Primary doctor: $30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Specialist doctor: $50 Copay after deductible: 10%</td>
<td></td>
</tr>
</tbody>
</table>

- **Medical providers & prescription drugs covered**: Coverage details below

### Documents
- Summary of Benefits
- Plan brochure
- Provider directory

- **Summary of Costs**
  - Typical cost for a healthy pregnancy and normal delivery: $6,960
  - Typical yearly cost for managing type 2 diabetes for one person: $5,760
  - Typical cost for treatment of a simple fracture: $1,900

### Other Services & Prescriptions
- **Preferred brand drugs**
  - 25% Coinsurance after deductible
- **X-rays and diagnostic imaging**
  - 30% Coinsurance after deductible
- **Routine eye exam for adults**
  - Benefit Not Covered
- **Routine eye exam for children**
  - No Charge
- **Routine dental care (adults)**
  - Benefit Not Covered

### Main Costs
- **Health care cost**
  - Plan covers 70% of total average cost of care
  - Total premiums for the year: $12,040
- **List of covered drugs**
The Complexities of Medicare Coverage

50% of Medicare beneficiaries fall below 200% of FPL.

KFF 2014
A 67-year-old married male diagnosis with Metastatic Melanoma. Monthly household gross income is $1,680 and they have $11,000 in assets. He has Medicare A and B only. He is not enrolled in part D. It is March 2018.

Treatment regimen included surgery followed by biologic therapies.

Total treatment cost for one year estimated to be around $380,000

Patient responsibility estimated to be around $44,000
Financial Navigation Intervention

Enhancing Insurance Coverage

- Low Income Subsidy (LIS)
- Medicare intervention (Medigap vs. MAPD)

External Assistance Programs

- Co-Pay Assistance Foundation $6,000
- Premium Assistance $2,400
- MSP $3,252

Estimated Savings to the Patient $47,000
Estimated Savings to the Provider $44,000
Part D Coverage Structure

Initial coverage $3,820 (4,020 in 2020)
Donut hole $5,100 ($6,350 in 2020)
Catastrophic Coverage 5%

- Below 150% of FPL
- Assets below $14,390 single / $28,720 married
## Drug Costs During Coverage Levels

<table>
<thead>
<tr>
<th>SELECTED DRUGS</th>
<th>FULL COST OF DRUG</th>
<th>Refill Frequency</th>
<th>Deductible</th>
<th>Initial Coverage Level</th>
<th>Coverage Gap</th>
<th>Catastrophic Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humalog Kwikpen INJ 100/ML</td>
<td>$522.95</td>
<td>Every 1 Month</td>
<td>$522.95</td>
<td>$41.00</td>
<td>$130.74</td>
<td>$26.15</td>
</tr>
<tr>
<td>Xarelto TAB 20MG</td>
<td>$441.77</td>
<td>Every 1 Month</td>
<td>$441.77</td>
<td>$41.00</td>
<td>$110.44</td>
<td>$22.09</td>
</tr>
<tr>
<td>Xtandi CAP 40MG</td>
<td>$11,376.76</td>
<td>Every 1 Month</td>
<td>$11,376.76</td>
<td>$2,844.19</td>
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<td>$568.84</td>
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</table>

### MONTHLY TOTALS:

- $12,341.48
- $12,341.48
- $2,926.19
- $3,085.37
- $617.08

### Estimated Monthly Drug Costs

**Walgreens #15466** Mail Order Pharmacy

### Monthly Costs for the Rest of the Year (based on enrollment today)

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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<tr>
<td>N/A</td>
<td>N/A</td>
<td>$2,281</td>
<td>$666</td>
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<td>$666</td>
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</tbody>
</table>

**Notes:**
- **Premium:**
- **Deductible:**
- **Initial Coverage Level:**
- **Gap:**
- **Catastrophic**

---

**Without Low Income Subsidy (LIS)**
With Low Income Subsidy (LIS)

<table>
<thead>
<tr>
<th>SELECTED DRUGS</th>
<th>FULL COST OF DRUG</th>
<th>Refill Frequency</th>
<th>Pre-Initial Coverage Period</th>
<th>Initial Coverage Period</th>
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<th>Catastrophic Period</th>
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MONTHLY TOTALS: $12,341.48

Estimated Monthly Drug Costs

Walgreens #15466 Mail Order Pharmacy

Monthly Costs for the Rest of the Year (based on enrollment today)
Optimizing External Assistance Programs

- Manufacturer Patient Assistance Programs
- Co-Pay Assistance Programs
- Premium Assistance Programs
- Patient Financial Support Programs
- Software Platforms
  - AssistPoint
  - TailorMed
  - Vivor
Retroactive Opportunities to Decrease Financial Toxicity

**Active Programs**

**FOUNDATION ASSISTANCE**

**PAN Foundation**
Non-Small Cell Lung Cancer Fund
- Pays up to $5,300 per year
- but no more than your actual out-of-pocket expenses
- Pays for costs going back 90 days before your enrollment date

SHOW DETAILED RULES

- View Enrollment
- Report Problem

---

**Eligible Programs**

**FOUNDATION ASSISTANCE**

**Patient Advocate Foundation (PAF)**
Non-Small Cell Lung Cancer Fund
- Pays up to $5,500 per year
- but no more than your actual out-of-pocket expenses
- Pays for costs going back 180 days before your enrollment date

SHOW DETAILED RULES

- Create Enrollment
- Mark Ineligible
- Report Problem
## Financial Navigator: Tactical Intervention

### Government Safety Net Programs

- Medicare.gov
- Medicaid.gov
- Medicare Savings Programs
- Social Security Administration

### Health Insurance Policies

- UnitedHealthcare
- Consolidated Omnibus Budget Reconciliation Act (COBRA)

### External Assistance Programs

- Patient Advocate Foundation
- Genentech
- Merck Helps
- Bristol-Myers Squibb

### Disease Knowledge & Treatment Process

- Cancer Treatment Options
  - Hormone Therapy
  - Surgery
  - Radiation Therapy
  - Bone Marrow Transplantation
  -Targeted Therapy
  - Immunotherapy
  - Chemotherapy

*Logos are meant to illustrative not exhaustive of all options*
Without Low Income Subsidy (LIS)

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MONTHLY TOTALS: $12,341.48

Estimated Monthly Drug Costs

- Walgreens #15466  Mail Order Pharmacy

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MONTHLY TOTALS:

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- $617.08
## FY 2017 Financial Navigation Report

### 1st Quarter

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### 2nd Quarter

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<th>2</th>
<th>1</th>
<th>1</th>
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<tr>
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<td>$ -</td>
<td>$342,501</td>
<td>$535,350</td>
<td>$1,425</td>
<td>$8,000</td>
<td>$37,500</td>
<td>$371,571</td>
<td>$72,932</td>
<td>$433,629</td>
<td>153</td>
</tr>
<tr>
<td>Total Benefit</td>
<td>$26,351</td>
<td>$4,681</td>
<td>$149,302</td>
<td>$170,075</td>
<td>$500</td>
<td>$3,500</td>
<td>$5,000</td>
<td>$74,221</td>
<td>$59,599</td>
<td>$433,629</td>
<td>153</td>
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</table>

### 3rd Quarter

<table>
<thead>
<tr>
<th>Number of patients assisted</th>
<th>4</th>
<th>0</th>
<th>11</th>
<th>51</th>
<th>1</th>
<th>2</th>
<th>5</th>
<th>6</th>
<th>120</th>
<th>80</th>
<th>200</th>
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<tbody>
<tr>
<td>$ amount saved</td>
<td>$266,680</td>
<td>$ -</td>
<td>$250</td>
<td>$500</td>
<td>$7,000</td>
<td>$25,000</td>
<td>$123,857</td>
<td>$594,783</td>
<td>$2,169,259</td>
<td>$2,169,259</td>
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</tr>
<tr>
<td>Increased Revenue</td>
<td>$171,251</td>
<td>$267,675</td>
<td>$7,000</td>
<td>$25,000</td>
<td>$123,857</td>
<td>$594,783</td>
<td>200</td>
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</tr>
<tr>
<td>Premium Expense</td>
<td>$2,374</td>
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<td>$535,350</td>
<td>$1,425</td>
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<td>$37,500</td>
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<td>$72,932</td>
<td>$2,169,259</td>
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<tr>
<td>Assistance to patients</td>
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<td>$535,350</td>
<td>$1,425</td>
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<td>$371,571</td>
<td>$72,932</td>
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<tr>
<td>Total Benefit</td>
<td>$266,680</td>
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<td>$267,675</td>
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<td>$7,000</td>
<td>$25,000</td>
<td>$123,857</td>
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### 4th Quarter

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<th>Number of patients assisted</th>
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<th>8</th>
<th>42</th>
<th>6</th>
<th>7</th>
<th>2</th>
<th>16</th>
<th>80</th>
<th>96</th>
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<tbody>
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<td>$1,500</td>
<td>$776,073</td>
<td>$494,221</td>
<td>$42,817</td>
<td>$3,480,170</td>
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</tr>
<tr>
<td>Increased Revenue</td>
<td>$97,329</td>
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<td>$10,000</td>
<td>$142,642</td>
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<td>$427,926</td>
<td>$42,817</td>
<td>$3,480,170</td>
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</tr>
<tr>
<td>Assistance to patients</td>
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<td>$439,500</td>
<td>$8,550</td>
<td>$28,000</td>
<td>$427,926</td>
<td>$42,817</td>
<td>$3,480,170</td>
<td>176</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Benefit</td>
<td>$757,482</td>
<td>$17,091</td>
<td>$95,105</td>
<td>$219,750</td>
<td>$1,500</td>
<td>$24,500</td>
<td>$10,000</td>
<td>$142,642</td>
<td>$42,817</td>
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</table>

### FY 2014 Total Impact

<table>
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<tr>
<th>FY 2014 Total Patients</th>
<th>21</th>
<th>4</th>
<th>41</th>
<th>169</th>
<th>12</th>
<th>13</th>
<th>10</th>
<th>28</th>
<th>367</th>
<th>298</th>
<th>665</th>
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<tbody>
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<td>FY 2014 Total Benefit</td>
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<td>$772,500</td>
<td>$3,000</td>
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<td>$50,000</td>
<td>$407,123</td>
<td>$223,262</td>
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<tr>
<td>FY 2014 Premium Expense</td>
<td>$10,173</td>
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<td>$ -</td>
<td></td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>
Training opportunities

- ACCC Financial Advocacy Bootcamp
- Local SHIP
- Triage Cancer
- NaVectis Financial Navigation Training Program
  - On site classroom style training
  - 12-24 months of remote support
  - Tracking software
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 decrease financial toxicity.
Financial Navigation Can Support:

- Improved access to care
- Reduction of financial toxicity
- Reduction in bad debt/charity
- Increased Patient Satisfaction Scores
- Reduction in stress / workload for mental health services
- Significant ROI for provider
Thank you

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Dan Sherman, MA, LPC
dsherman@NaVectis.com
616-818-6583
Practice Leadership Calls

ASCO Practice Central
practice.asco.org

- Access slides & references
- Register for future calls
- Calendar of events
- Oncology Practice Insider
- PracticeNET, QOPI & more
Practice Leadership Meeting

PracticeNET Spring Meeting
March 4, 2020, 11:30am – 5:00pm
Washington Hilton, DC

- Results from the 2019 Survey of Oncology Practice Operations
- Special education on the Evaluation & Management changes for 2021
- Benchmark review and examples from the PracticeNET Advanced pilot group
- Open forum

Special discount of $100 off the cost of registration for the ACCC Annual Meeting & Cancer Center Business Summit.

Visit https://www.surveymonkey.com/r/PracticeNETSpring2020