

# Financial Navigation Role Definition

Building a Proactive Financial Navigation Program

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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

Only 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.

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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

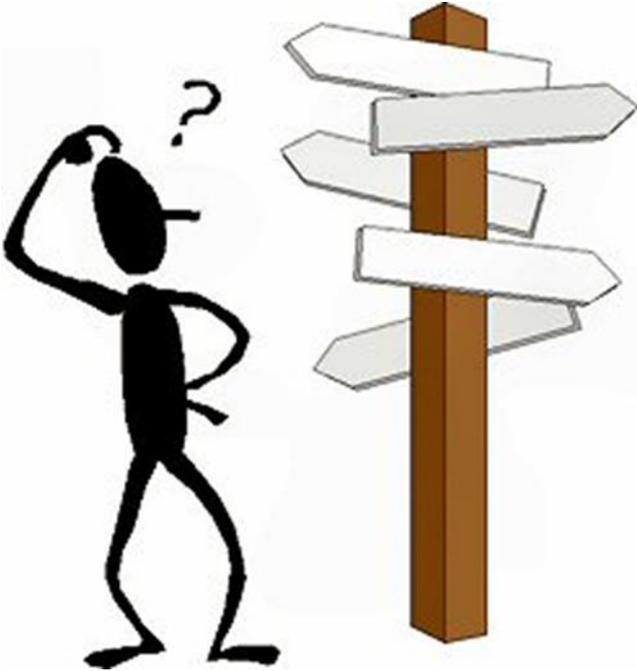
## Financial Advocates

- Co-Pay and PAP Assistance
- Basic Needs

## Financial Navigation

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

# Financial Navigation Interventions



- 1) Free drug from manufacturer (PAP)
- 2) Co-Pay assistance programs
- 3) Premium assistance programs
- 4) Medicaid optimization
- 5) Marketplace enrollment and optimization
- 6) Medicare enrollment and optimization
- 7) Hospital charity programs

- Optimizing External Assistance Programs
- Optimizing Health Insurance Coverage

# Financial Navigation

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

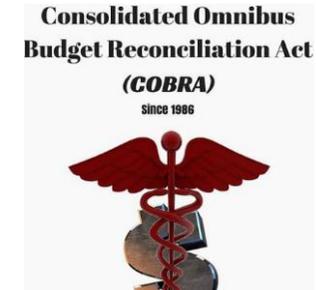
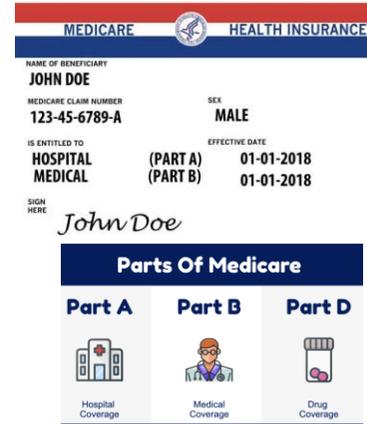


# Financial Navigator Required Level of Expertise

## Government Safety Net Programs



## Health Insurance Policies



## External Assistance Programs

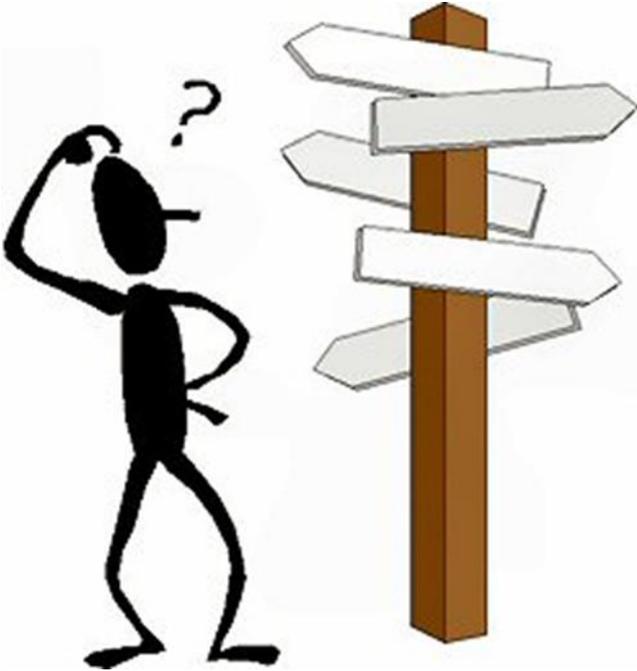


## Disease Knowledge & Treatment Process



\*Logos are meant to illustrative not exhaustive of all options

# Financial Navigation Interventions



- 1) **Free drug from manufacturer (PAP)**
- 2) Co-Pay assistance programs
- 3) Medicaid optimization
- 4) Premium assistance programs
- 5) **Marketplace enrollment and optimization**
- 6) **Medicare enrollment and optimization**
- 7) Hospital charity programs

# Free Drug (PAP)



# Free Drug (PAP)

## ➤ Two types of programs

- 1) Up front
- 2) Replacement

## ➤ Three scenarios

- 1) Self Pay
- 2) Off Label
- 3) High out of pocket responsibility (Medicare Advantage)



# Free Drug (PAP)



## ➤ Two types of programs

- 1) Up front
- 2) Replacement

## ➤ Three scenarios

- 1) Self Pay
- 2) Off Label
- 3) ~~High out of pocket responsibility (Medicare Advantage)~~

# Free Drug (PAP)



## ➤ Exceptions to this rule

- ~~1) High out of pocket responsibility (Medicare Advantage)~~
  - a) Medicare A/B only (Unlimited 20% responsibility)
  - b) Medicare part D (Unlimited 5% responsibility)

# 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

# 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 \$85,000. She is enrolled in an ACA policy with a MOOP of \$17,100. It is April 2022. She has had a 60% decrease in income since the diagnosis. (\$51,000 year)

Treatment regimen includes biologic therapies.



# Plan Details

EXPENSE ESTIMATE HIGH \$\$\$



Silver PPO 6000/20/40

SILVER PPO

**\$708.31** /month [Details](#)  
after \$590.00 tax credit

ADD

## Plan Highlights

Plan Name	Silver PPO 6000/20/40
<a href="#">Primary Care Visit</a>	\$40
<a href="#">Generic Drugs</a>	\$10
<a href="#">Deductible</a>	\$12000
<a href="#">OOP Max</a>	\$17100
<a href="#">HSA-compatible</a>	No
<a href="#">PROVIDER</a>	<a href="#">Search</a>

## Benefits Resources

[Summary of Benefits and Coverage](#)

[Download Plan Brochure](#)

[Provider Directory](#)

[Doctors and Facilities](#)

# 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



# Plan Details

EXPENSE ESTIMATE LOW \$



Silver PPO 6000/20/40

SILVER PPO CSR ?

**\$85.82** /month [Details](#)  
after \$512.00 tax credit

ADD

## Plan Highlights

Plan Name	Silver PPO 6000/20/40
<a href="#">Primary Care Visit</a>	\$5
<a href="#">Generic Drugs</a>	\$3
<a href="#">Deductible</a>	\$1500
<a href="#">OOP Max</a>	\$2450
<a href="#">HSA-compatible</a>	No
<a href="#">PROVIDER</a>	<a href="#">Search</a>

## Benefits Resources

[Summary of Benefits and Coverage](#)

[Download Plan Brochure](#)

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# 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 \$2,450 MOOP



# 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
  
- 3) Projected income below 150% of FPL
  - Year long open enrollment

# Medicare Enrollment and Optimization



# Medicare Safety Net Programs

## 1) Low Income Subsidy (LIS)

- Income needs to be below 150% of FPL

## 2) Medicare Savings Program (MSP)

- Income needs to be below 135% of FPL



# Medicare Part D



## 2023 Coverage Structure

- 1) Maximum Deductible is \$505
- 2) Initial Coverage: \$4,660
  - 25% co-insurance responsibility for tier 5 drugs
- 3) Donut hole: \$7,400
  - 75% discount on brand name drugs once you are in the coverage gap. (95% counted toward donut hole)
  - 75% discount on generics while in the coverage gap
- 4) Catastrophic coverage: You pay \$4.15 for generics and \$10.35 for brand or 5% of cost of drug

## CVS PHARMACY #08293 - DRUG COSTS DURING COVERAGE PHASES

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
<b>Eliquis 5mg tablet</b>	\$566.00	\$566.00	\$96.22	\$141.50	\$28.30
<b>Jardiance 25mg tablet</b>	\$610.28	\$610.28	\$103.75	\$152.57	\$30.51
<b>Tabrecta 200mg tablet</b> <sup>[1]</sup>	\$22,862.48	\$22,862.48	\$5,715.62	\$5,715.62	\$1,143.12
<b>Zolpidem tartrate 10mg tablet</b>	\$9.40	\$9.40	\$9.40	\$2.35	\$4.15
<b>Monthly totals</b>	\$24,048.16	\$24,048.16	\$5,924.99	\$6,012.04	\$1,206.08

[1] This drug may only be available at certain pharmacies due to reasons such as special handling or requirements by the Food and Drug Administration. Please contact the plan for details.

# Low Income Subsidy



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

## 4 levels of Assistance

- 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

## CVS PHARMACY #08293 - DRUG COSTS DURING COVERAGE PHASES

	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
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[1]

This drug may only be available at certain pharmacies due to reasons such as special handling or requirements by the Food and Drug Administration. Please contact the plan for details.

# Low Income Subsidy



## How to Apply for Low Income Subsidy

- Apply Online at [www.SSA.gov](http://www.SSA.gov)
- Apply at Social Security Office
- Apply on paper by calling 800-772-1213

# PACE PACENET



# PACE/PACENET

## MAXIMUM INCOME LIMITS

### PACE

- \$14,500 or less for a single person
- \$17,700 or less for a married couple

### PACENET

- \$14,501 to \$33,500 for a single person
- \$17,701 to \$41,500 for a married couple

PACE: \$6 Generic; \$9 Brand

PACENET: \$8 Generic; \$15 Brand

# Inflation Reduction Act



## 2022 Inflation Reduction Act impact on Medicare part D

- Effective Jan 1, 2023, Medicare part D will limit patient co-pay responsibility for insulin to \$35 per fill.
- 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.

# Medicare Savings Program

## Medicare Savings Program

- 1) Qualified Medicare Beneficiary (QMB)
- 2) Specified Low Income Medicare Beneficiary (SLMB)
- 3) Qualifying Individual QI



# Medicare Savings Program



## 2022 MSP Eligibility Standards

### Qualified Medicare Beneficiary (QMB):

- Pays all co-insurance and deductibles and part B Premium
- Monthly Income Limits: (100% Federal Poverty Level + \$20)
  - Single \$1,153
  - Married \$1,546
  - Asset Limits: \$8,400 Individual and \$12,600 Couple

# Medicare Savings Program



## 2022 MSP Eligibility Standards

### Specified Low Income Medicare Beneficiary (SLMB)

- Pays part B premiums.
- Monthly Income Limits: (120% FPL + \$20)
  - Single \$1,379
  - Married \$1,851
  - Asset Limits: \$8,400 Individual and \$12,600 Couple

# Medicare Savings Program



## 2022 MSP Eligibility Standards

### Qualifying Individual (QI):

- Pays part B premiums if money left in state budget.
- Monthly Income Limits (135% FPL +\$20)
  - Single \$1,549
  - Married \$2,080
  - Asset Limits: \$8,400 Individual and \$12,600 Couple

# 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 April 2022.

Treatment regimen included surgery followed by 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



## Optimizing Insurance Coverage

- Medicare Savings Program (MSP)
  - Will qualify for SLMB
- Low Income Subsidy (LIS)
  - Will Qualify for level 2 of LIS
- Medicare Optimization Intervention (MAPD)
  - Anytime between Jan 1 – September 30

## Humana Gold Plus H0028-049 (HMO)

Humana | Plan ID: H0028-049-0

Star rating: ★★★★★

### MONTHLY PREMIUM

**\$0.00** Includes: Health & drug coverage

Doesn't include: \$170.10 Standard Part B premium

### YEARLY DRUG & PREMIUM COST

**\$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

**\$3,450 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

# 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



- Afinitor
- Avastin
- Axitinib
- Bavencio
- Bevacizumab
- Bevacizumab-awwb
- Cabometyx
- Carboplatin
- Cometriq
- Depo-provera

# 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 April 2022.

Treatment regimen included surgery followed by 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

# Freedom Blue PPO Valor (PPO)

Highmark Inc. | Plan ID: H3916-043-0

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

## MONTHLY PREMIUM

**\$0.00** Includes: Only health coverage

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

## YEARLY DRUG & PREMIUM COST

**\$0.00** Only includes premiums for the whole year when you don't enter any drugs

## OTHER COSTS

**\$0** Health deductible

Drug deductible:

This plan doesn't cover prescription drugs, so you'll pay for the drug's full cost under this plan.

Other Medicare Advantage Plans offer drug coverage.

**\$8,950** In and Out-of-network Maximum you pay for health services

**\$6,000** In-network

## PLAN BENEFITS

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

[See more benefits](#) ▼

## COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$10 copay per visit**

## DRUGS

✗ Doesn't include drug coverage

Enroll

Plan Details

Add to compare

# Aetna Medicare Advantra Premier Plus (PPO)

Aetna Medicare | Plan ID: H5522-002-0

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

## MONTHLY PREMIUM

**\$48.00** Includes: Health & drug coverage

Doesn't include: \$170.10 Standard Part B premium

## YEARLY DRUG & PREMIUM COST

**\$384.00**

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

## OTHER COSTS

**\$250 annual deductible** Health deductible

**\$0.00** Drug deductible

**\$11,300 In and Out-of-network** Maximum you pay for health services

**\$4,500 In-network**

## 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

# 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



- Afinitor
- Avastin
- Axitinib
- Bavencio
- Bevacizumab
- Bevacizumab-awwb
- Cabometyx
- Carboplatin
- Cometriq
- Depo-provera

# 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**

# 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
<b>1st Quarter</b>														
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
<b>Total Benefit</b>		<b>\$ 74,311</b>	<b>\$ 94,865</b>	<b>\$ 43,157</b>	<b>\$ 18,101</b>		<b>\$ 6,000</b>	<b>\$ 35,000</b>	<b>\$ 16,303</b>	<b>\$ 95,150</b>	<b>\$ 78,000</b>		<b>\$ 460,886</b>	<b>\$ 1,573,888</b>
<b>2nd Quarter</b>														
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
<b>Total Benefit</b>		<b>\$ 132,339</b>	<b>\$ 168,365</b>	<b>\$ 9,795</b>	<b>\$ 30,524</b>		<b>\$ 6,000</b>	<b>\$ 45,000</b>	<b>\$ 8,768</b>	<b>\$ 43,250</b>	<b>\$ 40,000</b>		<b>\$ 400,791</b>	<b>\$ 1,439,818</b>
<b>3rd Quarter</b>														
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
<b>Total Benefit</b>		<b>\$ 169,490</b>	<b>\$ 179,008</b>	<b>\$ 134,905</b>	<b>\$ 44,893</b>		<b>\$ 9,000</b>	<b>\$ 50,000</b>	<b>\$ 17,502</b>	<b>\$ 77,850</b>	<b>\$ 13,400</b>		<b>\$ 604,798</b>	<b>\$ 2,258,984</b>
<b>4th Quarter</b>														
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
<b>Total Benefit</b>		<b>\$ 214,888</b>	<b>\$ 226,317</b>	<b>\$ 56,872</b>	<b>\$ 26,295</b>		<b>\$ 18,000</b>	<b>\$ 30,000</b>	<b>\$ -</b>	<b>\$ 69,200</b>	<b>\$ 87,500</b>		<b>\$ 572,372</b>	<b>\$ 2,255,040</b>
<b>Total Impact</b>														
<b>Total Patients</b>	<b>31</b>	<b>52</b>	<b>30</b>	<b>11</b>	<b>106</b>	<b>12</b>	<b>13</b>	<b>32</b>	<b>10</b>	<b>33</b>	<b>7</b>	<b>54</b>	<b>297</b>	<b>351</b>
<b>Premium Expense</b>				<b>\$ (3,068)</b>									<b>\$ (3,068)</b>	<b>\$ 3,068</b>
<b>Total Benefit</b>	<b>\$ 131,016</b>	<b>\$ 591,028</b>	<b>\$ 668,554</b>	<b>\$ 244,729</b>	<b>\$ 119,813</b>	<b>\$ -</b>	<b>\$ 39,000</b>	<b>\$ 160,000</b>	<b>\$ 42,573</b>	<b>\$ 285,450</b>	<b>\$ 218,900</b>	<b>\$ 10,252</b>	<b>\$ 2,370,047</b>	<b>\$ 7,527,730</b>

# Suggestions



- 1) Recognize that financial toxicity is affecting your patient population
- 2) Most patients should have a touchpoint with a financial advocate.
- 3) Every Medicare beneficiary should be assessed for MSP and LIS
- 4) The Financial Navigator role should not be blended with other roles
- 5) Invest in training
- 6) Invest in software

# Suggestions



- Qualifications/Experience for the role
  - Consider minimum Bachelor's prepared
  - Passion for the role
  - Have some clinical experience
  - Have some mental health experience
  - Have experience with health insurance policies

# 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**  
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**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, Ojajarvi, 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



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## 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

# 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





The  
**NaVectis**  
GROUP

# Thank you

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