

# Fighting Financial Toxicity

## How Financial Navigators Help Patients with All Insurance Types

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Cancer is one of the costliest diseases to treat in the United States. According to a 2019 survey conducted by The Mesothelioma Center, 63 percent of patients with cancer and their caregivers struggle financially following a cancer diagnosis.<sup>1</sup> This struggle often continues long after patients' initial diagnosis into treatment, and it can follow them into survivorship and follow-up care. As the cost of treatment continues to rise, the financial burden that often accompanies a cancer diagnosis is growing to unsustainable levels—the cost of new cancer medications tops the charts at \$100,000 or higher annually.<sup>2</sup>

As health insurers continue to shift these growing costs to patients, they result in higher deductibles, co-pays, and co-insurance amounts for cancer therapies, depending on the insurance plan.<sup>3</sup> The COVID-19 pandemic only increased the financial burden on patients, as unemployment and loss of health insurance affect more and more people. According to a survey conducted in March 2020 by the American Cancer Society Action Network, 50 percent of the 1,200 patients and survivors surveyed report that COVID-19 has impacted their healthcare.<sup>4</sup> The same survey also found that 27 percent of the patients in active treatment had to delay treatment due to the pandemic.<sup>4</sup>

We are seeing the ever-increasing cost of care, compounded by the COVID-19 pandemic, not only affecting our patients' ability to access and pay for their treatment, but also their ability to afford the costs of daily living, including rent, groceries, and transportation. As financial navigators, we are in a unique position to help ease patients' financial burden of care. Our skill set allows us to serve patients before we even meet them. Armed with patients' individual insurance and financial information, we can get a head start on formulating a plan that can help patients access the treatment they need, eliminating or reducing the financial toxicity that too often accompanies life-saving cancer care.

## Financial Advocacy Programs Meet Patient Needs

In response to an ACCC Financial Advocacy Network survey of ACCC's member cancer programs in late 2019, 10 percent of respondents (292 people from 153 unique cancer programs) report that their cancer program employs no financial advocates. Asked if respondents have enough full-time staff to meet the demand for financial advocacy services, 36 percent of survey respondents said they do not, and 34 percent replied, "not always." Of those practices that do have financial advocates on staff, the majority (60 percent) employ just one to three advocates.<sup>5</sup> In some cancer programs, social workers, pharmacists, or other supportive care staff—in addition to their other duties—provide financial navigation services to patients. In this guide, financial advocates are defined as any staff member

who has a role in providing patients financial navigation services. Financial navigation programs can vary significantly based on their rural or urban setting and whether they are community cancer programs or affiliated with an academic institution.

This guide helps financial navigators who may be new to their role assist patients with varying insurance status access and afford their prescribed cancer treatment therapies. In the end, we want our patients and their families to focus on their health and not let their finances be a determinant of the care they receive. Here, we present potential approaches to help patients afford their cancer care according to their insurance status.

## Patients with Commercial Insurance



**Jordan Karwedsky** is a financial counselor at Green Bay Oncology in Green Bay, Wisconsin. Karwedsky is also a member of the ACCC Financial Advocacy Network's Network Task Force and the ACCC Patient Assistance & Reimbursement Guide Task Force.

Always take a proactive approach with patients who need co-pay assistance, regardless of their insurance type. At Green Bay Oncology, when a patient is commercially insured or has an employer-based plan, financial counselors review and discuss with patients their insurance coverage and annual out-of-pocket maximum at their initial consult, so we can begin to address any financial concerns up front. While obtaining insurance authorizations for treatment, we also determine if patients need assistance with their copayment, coinsurance, or deductible. Difficulty affording cancer treatments may be eased by accessing funds from independent foundations or drug manufacturers' co-pay card programs. We follow up with patients at their chemotherapy teach appointment or initial treatment appointment to discuss any co-pay assistance options that may be available. Discussing

patients' finances can be a tricky situation to navigate because they are not always willing to share their personal financial information with someone they do not know. It is therefore important as a financial counselor to build the foundation of a trusting relationship with your patients from the start. Patients will not likely know their financial options. I have found that many patients are unaware that co-pay assistance programs exist. Many of them want to know, "What's the catch?" It is important to explain to these patients what independent foundations and manufacturer co-pay programs are, how each works, and what information is needed to determine patients' eligibility—in terms that they understand. I have found it helpful to compare co-pay cards to the coupons patients use at a grocery store.

There will always be some patients who will say before beginning treatment that they are not interested in co-pay assistance, saying they prefer assistance programs to go to someone who needs it more than they do. Always be sure to follow back up with these patients a month or two into their treatment plan to make sure they are doing okay financially and to help if they now want to access a co-pay program or other assistance.

## Patients with Medicare or Who Are Medicare Eligible



**Jennifer Paquet, RN, BSN**, is a financial navigator at Bassett Healthcare in Cooperstown, New York and is an ACCC Financial Advocacy Network Workforce Task Force Member

Often, new Medicare recipients are sold on low-cost Medicare Advantage plans that feature lower monthly premiums, relatively inexpensive co-pays, and reduced prescription drug prices. While this may be appealing to newly retired Americans, they are often not told when choosing their first Medicare Advantage plan that they will incur higher costs if they are diagnosed with a long-term, costly disease, like cancer.

Choosing an insurance plan is daunting. Many Medicare recipients do not even open the Medicare & You handbook they receive from the Centers of Medicare & Medicaid Services each year. Some say this handbook is not written in a language they understand. This is where a financial navigator's expertise comes in. We break down the language of insurance options for our patients and make it clear and relevant to them. Financial navigators explain to patients how a given plan works and why the plan works that way. This education allows patients to better understand the details of the plan they choose.

### Meeting New Patients

As important as it is to educate patients about their insurance options as soon as possible after diagnosis, be careful not to approach patients until after they first meet with their cancer care team. It is vital that patients first understand the nature of their disease state before they are approached by financial navigators to help them through the financial side of cancer treatment.

When I first meet with patients, I review their benefits investigation with them and answer any questions they have about paying for their care. At this initial meeting with patients, try to obtain as much information as you can. Do not be afraid to ask patients the following:

1. What is your household income?
2. What are your household expenses?
3. What do you pay for your current healthcare insurance plan?

When I first started working as a financial navigator, I was afraid of appearing too invasive when asking for patients' personal information. I have since learned that when you take time with patients to explain that you work for them rather than an insurance company, you are pleasantly surprised by how comfortable they are giving you the information you need to help them. Assure patients that receiving treatment does not have to be a choice. There is always a solution. Sometimes the solution is not easy to find, but it is there.

### Be Prepared

Once you know what type of Medicare plan patients have or if they do not have additional coverage, help them explore other potential insurance options. If an insurance change is an option, whether to a federally funded plan or to include additional coverage, make these options available in customized packets you can present to patients. This packet may include a Medicare Savings Program application and any other state programs for which patients may qualify. For patients with Medicare only, it is imperative to get those patients on a supplemental plan with a short waiting period (e.g., three months or less).

For patients who qualify for income-based assistance, I include a list of independent foundations with open funding. These organizations may help offset out-of-pocket cost for medications. (Aimee Hoch, LSW, explains more on how to help your patients with Medicare and commercial insurance access co-pay and out-of-pocket cost assistance from independent foundations on page 10.) Easing the burdens of household bills helps just as much as mitigating medical costs. By alleviating the expenses of daily living, you free up resources for meeting medical expenses. Financial assistance programs are found in many places. Reach out to social workers in your community, your local department of social services, churches, American Legion halls, etc. You will be surprised by the number of groups that are out there waiting to help patients.

I store all this information on my computer and in our electronic medical record. I always have available to

me patient release of information forms, so I have access to all of the information necessary to help individual patients apply for funding, free medications, and foundational help when these resources are available.

My very last words to every single patient I see are, “You worry about getting through this, and I will worry about the money.” I can never stress enough how very important it is to treat each patient with compassion, laughter, empathy, and love. Be passionate and kind; make sure patients know you are only a phone call away, that you are their financial advocate, and that they matter.

## Patients with Medicare or Commercial Insurance

### Foundation Co-Pay Assistance Programs



**Aimee Hoch, LSW**, is an oncology financial navigator at Grand View Health in Sellersville, Pennsylvania and an ACCC Financial Advocacy Network Advisory Committee member.

Knowing what co-pay assistance each patient needs and where to find it—often in short order—is key to successfully securing funding and ultimately creating access to necessary treatment. These four key steps can help financial navigators provide patients access to the co-pay assistance they qualify for from various independent foundations. These organizations offer co-pay assistance and may offer insurance premium assistance and/or some travel assistance.

#### 1. Always have up-to-date knowledge of open funds.

One of the most important steps in accessing co-pay assistance via independent foundations is knowing when funds are available. I enrolled in the Patient Access Network’s FundFinder, which is a great tool for helping me track this information. I also monitor the availability of disease-specific funds from various foundations, and I receive alerts on my phone and through email in real time. I also signed up for each foundations’ email newsletter and receive notifications of all open funds a single foundation has. This may seem like it will fill up your inbox, but it is the best way to stay on top of the availability of funds from numerous foundations. I make sure I receive a notification any time a fund with a foundation is made available, so I can apply for assistance on behalf of patients who qualify.

#### 2. Obtain permission during the initial assessment.

Foundation funds open and close very quickly, so having the correct patient information and permission ahead of time allows you to act fast to apply for co-pay assistance when it becomes available. During my initial consultation with patients, I take time to educate them about their co-pay assistance options, determine whether they may qualify for and benefit from foundational assistance, and obtain their permission to act on their behalf if a foundation fund that supports their disease and status should open. In most cases, I refer Medicare recipients to foundational assistance. However, patients with commercial insurance may also benefit from foundational assistance if they qualify.

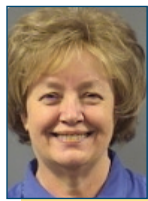
#### 3. Streamline the application process.

When I first became a financial navigator, one of my immediate tasks was to set up my account and/or personal portal with each foundation I track. These accounts and online portals allow me to act fast before foundation funds close. Most foundations make staff available by phone to help with this registration, if necessary.

#### 4. Organize a spreadsheet or list of patients.

Keeping patient information in an organized spreadsheet or list helps you stay on top of things when applying for assistance or renewing assistance for patients. My spreadsheet includes new and current patients waiting for foundation funds to open, as well as the patients currently enrolled with foundations and the dates indicating when it is time to reapply for assistance on their behalf.

## Patients Without Insurance Who Are Medicaid Eligible



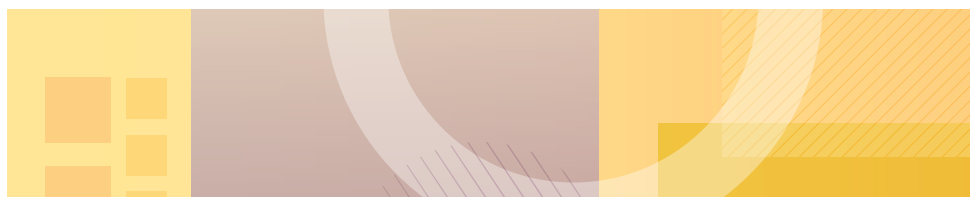
**Teri Brown** is a financial navigator at Kettering Cancer Care in Kettering, Ohio.

I help patients who come to us to pay for their cancer therapies out-of-pocket or when uninsured and who qualify for Medicaid. Over 32 years, I worked in the Greene County Department of Job and Family Services in Xenia, Ohio, which gave me experience and in-depth knowledge of Ohio's Medicaid program. I have since taught other financial navigators at Kettering Cancer Care the ins and outs of Ohio's Medicaid program and how to help patients with limited resources apply to Medicaid to pay for life-saving cancer treatment. Patients come to our financial navigation program through many pathways: self-referral or through referrals from various members of the cancer care team, including our social workers, nurses, physicians, pre-certification staff, and schedule review staff.

Once we determine that patients are not commercially insured and are eligible for Medicaid, our financial navigators contact them to discuss the circumstances leading up to their loss of insurance. After speaking to patients, financial navigators complete an online presumptive Medicaid application through the state of Ohio on the patients' behalf. This allows our patients to be eligible for Medicaid coverage for up to three months on an emergency basis until the Ohio Department of Job and Family Services reviews their case. Most patients are usually approved to

receive Medicaid immediately, and they are given a billing number. This enables patients to receive full healthcare services, including hospital, physician, dental, and eye care. Once our patients are granted this interim coverage, we help them complete a full Medicaid application that is reviewed by the local county office. The patient story below illustrates the value financial navigators bring to patients:

I spoke with a young man who was diagnosed with lymphoma. He did not have any source of income or insurance. He also told me that he had previously applied for Medicaid but was denied. As I spoke to this patient, I learned that he is the father of two small children. The mother of the children had both children signed up for Medicaid under her name, making her Medicaid-eligible as well. I then asked the patient about his relationship with the children's mother. He said it was "very good" and that they share parenting responsibilities. I let him know that, with shared parenting, both he and his children's mother could place one of their children on Medicaid under their name, which would allow both parents to also be eligible for Medicaid. After this conversation, the patient spoke to the children's mother, and she agreed to remove one of the children from her Medicaid coverage, so my patient could enroll one of his children and qualify for coverage himself. The applications were approved, and the patient is now able to receive all hospital services without worry.



# Patients Without Insurance Who Are Not Eligible for Medicare or Medicaid

## Drug Manufacturer Patient Assistance Programs



**Jeanie Troy** is a patient financial navigator at Lake Region Healthcare, Cancer Care and Research Center in Fergus Falls, Minnesota and is an ACCC Financial Advocacy Network Workforce Task Force member.

When I receive a new patient notification for an uninsured patient, my first task is to determine if they are eligible for Medicaid or to purchase commercial insurance in the case of a recent life-changing event. If a patient is not eligible for insurance coverage, I make their provider aware that the patient is uninsured before their first consult with their cancer care team.

Once a provider establishes a patient's treatment plan, they will notify me through our electronic health record, so I can begin looking for patient assistance programs for which the patient may be eligible. Our facility now uses a third-party program to help us streamline the financial navigation process. Before we had this great tool, I would usually search the *ACCC Patient Assistance & Reimbursement Guide* or Google the prescribed medication's name followed by "patient assistance program" (i.e., "Keytruda patient assistance program"). From the medication's manufacturer

website, you can download the patient assistance program application or complete it online.

I then complete the application with the patient and collect any necessary supporting documents, such as income verification, to send to the manufacturer's patient assistance program. From my experience, it takes on average one to two weeks to receive an approval. Some programs will send the prescribed medication directly to our facility before the patient starts treatment, while others replace the medication used from our pharmacy after the patient completes each treatment.

If I am unable to identify a manufacturer patient assistance program for a given medication, I investigate independent foundations that may be able to offer support to cover treatment costs. If there is available funding from a foundation, I complete the application for the patient and submit it for consideration.

The last task I do is help that patient apply for assistance through the Community Care program at Lake Region Healthcare. Through Community Care, patients may be eligible to have part or all their remaining balance written off based on their household size and income. If a patient owes any balance beyond that, I work with them to set up an affordable payment plan that works for them.

## Patients with Other Government-Funded Programs (e.g., VA, DOD, TriCare)

Patients' whose insurance is funded by the federal government but is not Medicare—Veterans Affairs (VA), Department of Defense (DOD), and TriCare, among others—usually receive their prescribed oncology medications for free. With every program, you must submit a prior authorization for each medication. Once the prior authorization is complete, insurance should cover the entire cost of the prescribed medication.

TriCare has the only exception. If patients covered by TriCare are out of range of a VA pharmacy to pick up their

prescribed medications, they may have to pay a co-pay to have the prescriptions filled at another pharmacy.

Unfortunately, patients in this population are not usually eligible for financial assistance to cover the costs of their medications because their insurance should cover the entire cost. But patients with government-funded insurance may qualify for independent charitable foundations that can help with daily living expenses, like mortgage/rent payments, monthly bills, groceries, travel costs, and more.

## Caring for the Caregiver

Financial navigators must practice self-care. Find time in your day or after work to be mindful and do what you need to do to decompress from your day. ACCC

has developed some great resources to help you build resiliency and a self-care routine. Examples include the CANCER BUZZ podcast, “Fostering Cancer Care Team Resiliency & Well-Being” and the ACCCBuzz article, “Taking Care in a Pandemic”.

## References

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The **ACCC Financial Advocacy Network** is the leader in providing professional development training, tools, and resources that will empower providers to proactively integrate financial health into the cancer care continuum and help patients gain access to high-quality care for a better quality of life. Access an abundance professional development and educational resources for financial advocates at [acc-cancer.org/FAN](http://acc-cancer.org/FAN).

The **ACCC Oncology Pharmacy Education Network** advocates on behalf of hematology-oncology pharmacists as vital members of the cancer care team and is committed to developing educational resources and multidisciplinary connections that advance the field and elevate oncology pharmacy professionals to top-of-license practice. Explore our library of digital and print content at [acc-cancer.org/OPEN](http://acc-cancer.org/OPEN).