Monitoring Your Revenue Cycle with a Fiscal Watchdog

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Agenda

- Benefits of having a "fiscal watchdog"
- Best practices learned to ensure a positive impact to the revenue lifecycle



What is a Fiscal Watchdog Watching? (My Definition)





Revenue Lifecycle

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Before Payments Rendered

- Communication
 - Phone room
 - Front desk
 - Authorization team



Phone Room

- Insurance participating guide
- Scripts for non-participating coverage options
- Email/notification of new appointments



Phone Room Communication Includes

Phone Room

Referrals to financial advocacy team

Financial Advocacy Team

• Reviews options:

- Identify participating facilities
- Identify change of coverage options

Front Desk





COBRA = Consolidated Omnibus Budget Reconciliation Act

Front Desk Communication

Front Desk

- Coverage verification prior
 - If inactive, proactively reach out
- Patient check-in
 - Ensure copy of insurance card
- Update registration for new coverage or term coverage
- Notify changes in real time

Authorization Team Communication

Authorization Team:

New Coverage

Subject matter experts

- Review new coverage
- Preferred drug
- Immediate authorization request



Financial Advocate Communication

Financial
Advocacy Team:
Inactive Coverage

Promptly assess coverage options

- COBRA
- Medical assistance
- Affordable Care Act (ACA) plan

Care Team

Notified of potential treatment hold

Authorization Team Capable of Identifying





Treatment

Preferred drug

Specialty drug

Site-of-service drug



Preferred Drug > Chemotherapy Authorization Manual

	Step One- Payer/Benefits Check	Step Two- Review Drug	Step Th Documenta		Autho	Step Four- orization Required	Step Five- Approval
	Check Thru Availity	Document All	For NPR Che	emo Drugs,	Ent	ter Authorization	Send in basket t
		Drugs/HCPCS	review payer p	•	Informa	ation in Service Level	advise approved
Aetna			applica	ble		Auth Field	
Commercial	Quote	Add Diagnosis if applicable	Must attach Aet	na print out	Attach	n copy of approval to	
&	Coins/Copay/Ded/OOP	5 11	that showed NPR				
Medicare				Must attach either Payer			
	For POS/HMO Plans	Check for Auth					
	check if referral is needed	•	Policy or NCC	•			
		Aetna's website for prior	when ON Pat availal				
	Obtain Referral from PCP for	auths (Link Below)	availat	bie			
	treatment rendering location						
	Enter Referral in Service	If Auth required start					
	Level Auth Field	request thru Novologix via					
		Availity					
	PreMeds/Iron/ Etc	Pegfilgrastim	Filgrastim	Trastuzun	nab	Rituximab	Bevacizumat
		Neulasta	Neupogen	Herceptir	n	Rituxan	Avastin
Preferred Drug		Nyvepria	Releuko	Kanjinti		Truxima	Zirabev
Treferred Drug		Ziextenzo	Nivestym	Trazimer	a 📃	Ruxience	Mvasi
			Zarxio	Herzuma	.	Riabni	
		Udenyca Fulphila	Granix	The Zuma	•	Nabili	



Site of Service





Documentation Summary

Notes - General

□Insurance benefits

□(Coinsurance, co-pay, deductible, out of pocket for chemotherapy) □Referral required or not

- □All drugs being approved with Current Procedural Terminology (CPT[®]) codes and if precertification is required
- Attachments required
 - □If no precertification required, provide documentation whether fax, payer website, reference number
 - □If no precertification required, then either payer policy and/or on pathway or National Comprehensive Cancer Network (NCCN) Guidelines®

□ If authorization is obtained, copy of authorization required



What Does Accounts Receivable See?

Acct Summary 📳 Guar	Summary 🛛 📠 Hosp Tx Inquiry	Doc Review Prof Tx Inquiry Liability	y Buckets Coverages History		
Doc Review - 1 of 1 Accou	nt				
C ← → ::: List Account Ac	cti <u>v</u> ities 😨 Collect Payment 🛛 Patient Re	fund 🖪 Go To 🗸 🖌 Einish 👂 O	nBase Viewer		
0 🏓					p - Q
Patient Visit -	Referred To				
	Location:		Department:		
	Visits Requested: 12	Authorized: 12	Completed: 4	Scheduled: 1	
Anesthesia Info	Diagnoses	Autionzed. 12	completed. 4	Scheduled, T	
Discharge - Case Manage					
Admission Orders	Referral Notes				
Imaging Orders and Results	General by Angie M Santiago at 10/	2/2022 1729			
Lab Orders and Results	Keystone 65 Select HMO COINS-20%, COPAY/DED-	NA, OOP-\$4900			
Results Review	OP NSCLC CARBOnlatin	PACLItaxel w/RT (WEEKLY)			
Pathology Orders and Re					
Other Orders and Results	PREMEDS NPR/ATTACHE DECADRON-J1100, ALOXI	-J2469, BENADRYL-J1200, PEPC	ID-J3490		
MAR Info	CHEMO-NPR/ATTACHED				
Medication Orders	TAXOL-J9267, CARBO-J90	45			
Flowsheets	NCCN ATTACHED				
Linked Referrals	Attachment Referral Attachment - Scan on	10/2/2022 5-20 DM			
Scans		10/2/2022 3:29 PW			
Account Notes	Status History Change		User	Date/Time	
Problem List	From Pending Review to Authorized		Angie M Santi	iago 10/02/2022	2129
Linked MDS Assessment	Question Question		Answer		
	Is documentation complete?		Var		

ACCC 2022

Attachments = Hyperlink

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NCCN NCCN NCCN Network

Comprehensive Cancer Non-Small Cell Lung Cancer

NCCN Guidelines Index Table of Contents Discussion

> NSCL-F 1 OF 2

CONCURRENT CHEMORADIATION REGIMENS

Concurrent Chemoradiation Regimens[€]

Preferred (nonsquamous)

- Carboplatin AUC 5 on day 1, pemetrexed 500 mg/m² on day 1 every 21 days for 4 cycles; concurrent thoracic RT^{1,*,†,‡}
- Cisplatin 75 mg/m² on day 1, pemetrexed 500 mg/m² on day 1 every 21 days for 3 cycles; concurrent thoracic RT^{2,3,*,1,‡}
 <u>+</u> additional 4 cycles of pemetrexed 500 mg/m^{21,8}
- Paclitaxel 45–50 mg/m² weekly; carboplatin AUC 2, concurrent thoracic RT^{4,+,1,±} additional 2 cycles every 21 days of paclitaxel 200 mg/m² and carboplatin AUC 6^{1,§}
- Cisplatin 50 mg/m² on days 1, 8, 29, and 36; etoposide 50 mg/m² days 1–5 and 29–33; concurrent thoracic RT^{5,6,*,1,‡}
 Preferred (squamous)
- Paclitaxel 45–50 mg/m² weekly; carboplatin AUC 2, concurrent thoracic RT^{6,*},1,± additional 2 cycles every 21 days of paclitaxel 200 mg/m² and carboplatin AUC 6^{1,§}
- Cisplatin 50 mg/m² on days 1, 8, 29, and 36; etoposide 50 mg/m² days 1–5 and 29–33; concurrent thoracic RT^{5,6,*,1,‡}

Consolidation Immunotherapy for Patients with Unresectable Stage II/II NSCLC, PS 0–1, and No Disease Progression After Definitive Concurrent Chemoradiation

Durvalumab 10 mg/kg IV every 2 weeks or 1500 mg every 4 weeks for up to 12 months (patients with a body weight of \ge 30 kg)^{7,8} (category 1 for stage III; category 2A for stage II)

€ For patients with superior sulcus tumors, the recommendation is for 2 cycles concurrent with radiation therapy and 2 more cycles after surgery. Rusch VW, Giroux DJ, Kraut MJ, et al. Induction chemoradiation and surgical resection for superior sulcus non-small-cell lung carcinomas: long-term results of Southwest Oncology Group Trial 9416 (Intergroup Trial 0160). J Clin Oncol 2007:25:313-318.

* Regimens can be used as preoperative/adjuvant chemotherapy/RT.

† Regimens can be used as definitive concurrent chemotherapy/RT.

[‡] For eligible patients, durvalumab may be used after noted concurrent chemo/RT regimens.

§ If using durvalumab, an additional 2 cycles of chemotherapy is not recommended.

Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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Specialty drugs requiring precertification

All listed brands and their generic equivalents or biosimiliars require precertification. This list is subject to change.

This ils: addresses precerviFication requirements For specially drugs For members enrolled in Commercial plans. Information on specially drugs that require precerviFication For members enrolled in Medicare Advantage plans is available on our Medicare Advantage websta.

ncineoplassic agents	Anii PD-1/PD-L1 human monoci aniibodios**	Ional Gene replacement therapy**	Ophehalmic agones
· Abraxane"	4100000	* sinvaldogene autotampel*	* abicipar*
 Adostria[®] 	 balatilimati[®] 	Luxturna"	 Beow
· Alirrta"	 Bavencio* 	 Roctavian[®] 	 Byzowiz^{**}
 Alyrmys* 	· Leefing i*	 Zoigenama 	 Eytes")
On creps for oprovosmosogicas contributional	 Jamperti 	 Zvetagin[®] 	 Lucentis*a
· Avantin"	 Kaytruda" 		 Susvimo[™]
la op in spratamengica condrives)	 Libtero* 	Hemophilita/Coagulation Factors**	· Teperza'*
· Aredra"	· Optive*	Hyaluronase acid products	 Vabyama*
	* perputinab*	 Circul[®] 	Pulmonary americal hypervension
· Báncyto*	* retifientimab*	 Durolane* 	
Cyramusa*	sintilirrab [®]	Euffexes**	Fiolen
 Diam alox* 	 Tecentriq" 	 Cel-Ore* 	 Remodulin*
 Detraiex Faspro[™] 	 tizielarameb* 	· Calayn-3"	· Revetio*
 Enhertu 	 toripalimab* 	· GenVisc 850*	 Travyent*
 Erbitus* 	Boro-modifying agencs	 Hysigan* 	 Tyvess*
• Erwinans*	mane mounting where	 Herrovia* 	 Veletri[®]
· Herceptin*)	· Evenity*		 Ventavia
 Herceptin Hylecta^{**} 	· Prolis*	 Supertz* 	
Herzyme	* Xpwa*	Symogaymt**	Respiratory agents
"Instillation"		 Trituros^{**} 	· Cinquir*
Kadeyla"	Bosalinum coxin agenes	 InVisc** 	· Synapis"
		 VIS00.3* 	
	 Botox* 		" Terspire"
Kimmtrak	Chomosherapy-induced nausea a	nd Immunological agents	 Xolar
Kyprois	vomising (CINV) agents	 Actemrs* IV 	Respiratory etty mes (Alpha-1
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Ogivni	 Abscma^{**} 	 Inflactra** 	 Zamaira*
Ontruzant*	 Breyenzi* 	 Inflicemetrated) 	
Opdusieg'*	 Carvykti^{**} 	· briff	Miscellaneous cherapeuxic agent
	 Kymriah^{**} 	 Drancia*IV 	
oporturumab monatos*	Nymman	 Remicade"s 	· Adakyen*
Padory"	 Tecartus** 	 Renflacia** 	 Ampligen^{**}
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Perjeta*	Endocrino/metabolic anones	 Simpori[®]Aria 	 Crywits*
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Policy"	cosyntropin depot*	* spenolimab* Stelana* IV	 Evenza'*
Poteligeo"	Lutathers"	- DOUBLER IV	 Exervatide
Provenge"	* Makena*	Instavonous Immuno Clobulin/	sustained-release
Riateri	 Sandostatin[®]LAR 	Subcusaneous Immune Clobulin	ITCA 650*
Rituxen*	· Semetuline" depot	(TV1G/SCIG)**	· Carrifant"
Rituxan Hycela"			· Givlaari*
	Enzyme replacement agents**	Multiple sclerests agents**	- Itaria"
Rusience"			
Rybriwart"	 Aldunaryme 	 Laminada 	Krystexes
Ryiam"	· Brimeurs *	 Donevus'** 	 Laqvio*
Sarcina*	 Cenzyme* 	 Tysebri[®] 	 narsopiimab*
5H-111*	cipaglucoxidaxe alfa [®]	Neuropenia	 Orgatiro"
Tecleritie	· Elaprane*	netwo openia	 Oxiumo*
teclistemat*	 Elelyno[*] 	 efternalerograatim alfa[®] 	· Radicava**
Tavtak"	 Fabrazyma* 	 Fulphila[™] 	· Reblary(*
"Ingrimura"	* Kanama*	· Lapripa*	· Remana*
Trudeby"	" Lumizyme"	· Neutanta"	· Rethymic *
	a Standard The		· Catal
Tracima*	• Mapanyi *	Neulesta Onpro	· Sobria"s
ublituximab*	 Naplarytra 	 Neupogen 	 Spinnaza''
Xafigo"1	 Nexvieryme[*] 	 Newsky m* 	teplarumab*
Yervoy"	* aligudam alfa*	Nyvepria ^{**}	 Uitorraria^{**}
Zepseica"	• pepunipelvidene alfa [®]	* plinebulin*	 Upligne^{**}
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Tips for the Authorization Team

Medical benefits check

Insurance provider representatives Understand payers' medical policies/guidelines

Drug prior authorization attempt

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Accounts Receivable Team



System Adjustments/Bundled Payments

Contractual write-offs are those wherein the excess of the billed amount over the carrier's allowed amount is written off.

- System adjustments:
 - Request accounts receivable team to provide adjustments
- Bundled payments:
 - Ensure revenue integrity has correct build



Denials/Review of Authorized Documentation

- Group effort
 - Work queue accounts reviewed within 7 days
 - Resolved within 30 days
- Monthly reviews:
 - Identify trends
- Timely communication



Questions?

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References

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- 2. Independence Blue Cross. Services that require precertification. Accessed November 10, 2022. https://www.ibx.com/documents/35221/56608/ibc-precert-7-2022.pdf

