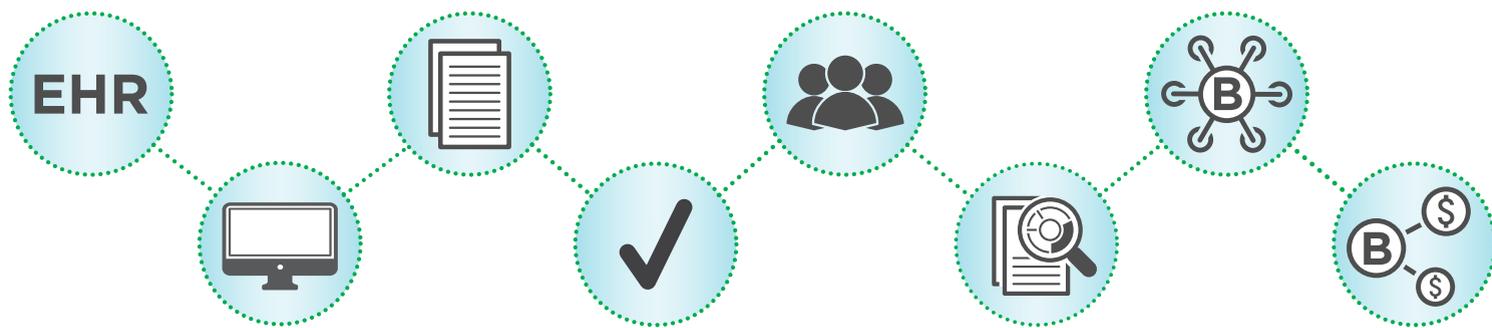


BY NATASHA GOMES

# FINANCIAL TOXICITY

## Navigation Process Improvement

Improving patient flow  
by optimizing EHRs



Finances are often a major concern for patients dealing with a cancer diagnosis. In 2017 DuPage Medical Group, Downers Grove, Ill., directed more attention and resources toward our financial navigation department to assist patients in minimizing out-of-pocket expenses. Adding financial navigators to the conversation and communication process helps bridge the gap for a patient deciding whether to start or continue treatment, as financial navigators provide patients with exceptional, personalized care and guidance throughout the course of their treatment. This also eases the burden on our clinical staff by allowing them to focus on their areas of expertise.

DuPage Medical Group is the largest physician-owned group in Illinois, with more than 700 physicians, 115 locations, and 6 infusion sites that average 700 scheduled appointments per week. Medical oncology and radiation oncology services are staffed by 11 physicians and more than 100 clinical staff. With a team of only 4 financial navigators supporting all specialties, much is expected of our financial navigation team. However, optimizing our

electronic health record (EHR) has allowed us to manage this heavy caseload.

Leveraging our Epic EHR to better support financial navigation of patients along the care continuum, DuPage Medical Group is able to:

- Capture patients from the time an order for treatment is placed
- Develop communications with oncology and infusion patients
- Follow up on patient accounts
- Track billing to co-pay assistance programs and foundations.

Since implementing this process in June 2017, DuPage Medical Group has tripled patient enrollment in co-pay and foundation assistance programs, helping reduce patient expenses by \$1.4 million. The following outlines our new workflow for patient financial navigation and offers guidance for cancer programs seeking to implement a financial assistance pathway.

# Financial Navigator Intake Process



Physician orders a new or updated treatment/therapy plan through EHR

Order routed to Health Plan Services work queue to begin prior authorization



Mirrored work queue created for financial navigator to access authorized referral, sorted by patient last name

Financial navigator reviews patients with authorized referrals for co-pay or foundation assistance



Financial navigator transfers patient to personal work queue and removes patient from mirrored work queue

Financial navigator uses two account statuses to track patient in EHR and track patient's co-pay or foundation enrollment



EHR routes account based on status code to biller work queue

Biller handles patient submittal to co-pay or foundation assistance for reimbursement



## CAPTURING PATIENTS FROM THE TIME OF ORDER

Once it has been determined that a patient needs to start a treatment/therapy plan, an order is placed by the physician's office through a module in the EHR called Beacon. That order is then routed to our Health Plan Services work queue to start the prior authorization process. In addition to the work queue for Health Plan Services, we created a work queue for financial navigators so that they can view the same information that our Health Plan Services department sees. By creating this mirrored work queue, our financial navigation team can review all patients with authorized referrals to determine if patients qualify for co-pay/foundation assistance and begin the enrollment process. Financial navigators will transfer this patient to their personal work queue and change the referral flag to "benefits verified," removing the patient from both the Health Plan Services and the mirrored queue.

## DEVELOPING A WORKFLOW FOR FINANCIAL NAVIGATORS

It was determined that best practice for managing patients was to develop an alpha split process based on patient last name to assign patients to a financial navigator who would serve as the liaison for the patient and clinical staff. Regardless of physician and location, each patient has a designated financial navigator to assist with any billing questions or financial concerns. Assigning patients to a financial navigator provides a single point of contact and streamlines the administrative process. Through the EHR, patients are entered into their financial navigator's work queue, eliminating the use of spreadsheets for tracking and allowing financial navigators to easily provide backup for each other. Activity codes were built into the EHR for patient account notes, and financial navigators have assigned activity codes along with smart phrases (a series of questions) so that the note is standardized yet comprehensive. Reports can be pulled by management for tracking purposes, to monitor enrollment, for use of activity codes and letters, and to follow up with billing questions, ensuring that each patient has been reviewed. Each activity code can also show an attached

status code to ensure that patients are routed appropriately to the billing work queue.

## FINANCIAL NAVIGATOR RESPONSIBILITIES

Financial navigators use two account statuses: one to track patients in the EHR, and one for Patient Accounts to know if a patient has an active co-pay foundation enrollment. While not all patients qualify for co-pay programs or foundation assistance, we assign a status code and track all patients anyway. In the background, the EHR will route that status code to a work queue assigned to our biller, who handles submittal to co-pay programs and foundations for reimbursement.

For patients who do not qualify, we use another status code so we know the patient is in active treatment but does not currently qualify for any assistance. Even if patients do not qualify for assistance, we still want to be available to assist with billing questions and payment arrangements and to monitor foundation funds in the event that one opens up for which a patient qualifies.

Financial navigators monitor and review all patients in their work queue who are in active treatment. A reminder date can be set to review each patient's account (usually every 30 days) to make sure the patient is not receiving any denials and that payment arrangements are current. The following financial navigation work queues are built in the EHR:

- **Financial navigator work queue.** Based on alpha split (total of four work queues) to monitor and review all patients for oncology/infusion.
- **Oncology/Infusion closed foundations.** Patients that are in active treatment, but the foundation is closed. A work queue is created for closed foundations, notifying a financial navigator if/when they open again. At that point, we can access the work queue and try to assist those patients. A specific activity code denotes that a fund in which the patient was enrolled has been closed.
- **Oncology review work queue.** We added all J codes (and some Q codes) for oncology and infusion

patients that have a self-pay balance. In the event an enrollment is missed, this catch-all work queue will capture a patient and add them.

Financial navigators will try to contact the patient via phone and introduce themselves, explaining that co-pay/foundation assistance may be available. We also have walk-in availability by appointment or by phone. DuPage Medical Group social workers work closely with the patient, and in the event of financial need, they will notify financial navigators that the patient needs assistance through a message pool in the EHR. By streamlining this process, patients have greater communication options for assistance. Since creating a staff messaging pool and financial navigation flyer, we have seen an increase in patient interaction with DuPage Medical Group financial navigators.

If a financial navigator cannot reach the patient by phone, we built a Welcome Letter in the EHR that introduces the financial navigator. When this letter is selected, financial navigators can personalize it with their own name and contact information. Our financial navigators are knowledgeable in all aspects of a patient's account. They can follow up on insurance denials and billing questions, set up payment plans, and answer patient questions. This provides patients with one point of contact for all their billing needs. Other patient letters created directly in the EHR for patients include:

- **Commercial co-pay card letter.** Enrollment eligibility and rules for co-pay programs through drug manufacturer(s).
- **Foundation assistance letter.** Requesting income information (in the event we cannot contact the patient).
- **Radiation oncology letter.** Assistance is limited for our radiation patients, but we still want to be a resource for any billing questions and assist in setting up payment arrangements.
- **Biller letter.** Explains that we have designated a biller to handle claim and explanations of benefits (EOBs) submittal to co-pay/foundation assistance programs.

## TRACKING AND BILLING CO-PAY AND FOUNDATION PAYMENTS

We have one biller for the submittal of claims and EOBs that works with co-pay and foundation programs for reimbursement. The biller will review the financial navigator enrollment note based on what drops into the biller work queue. This work queue was designed to catch all patients that have been enrolled into co-pay or foundations and allows the biller to focus solely on reimbursement.

Tracking payments from co-pay and foundation used to be a challenge. Prior to having a payment code built into the EHR for co-pay assistance and foundation payments, all payments were bundled into a standard insurance payment code used by the Payment Post department. Without the payment code, use of a spreadsheet was necessary to track payments.

Our EHR has payment codes for site payments, insurance payments, co-pay payments, and several other codes for account adjustment. The big question was: Why not create a specific payment code for co-pay assistance and foundation payments? We determined that a payment code specific to these co-pay and foundation payments would be a benefit. From 2015 through 2017, a spreadsheet showed all the data that had to be manually added by our biller to reflect these payments. Demonstrating revenue through that spreadsheet was very helpful in establishing the need for a separate payment code in the EHR.

By working with the manager of the payment post department, we created a separate, specific payment code for co-pay and foundation payments, allowing management to report on and track an average of \$30,000 in payments per week through the EHR. This data was very exciting, and in February of 2018, the code was activated in the EHR. By creating this code, we can justify an additional FTE financial navigator or biller in the future and demonstrate the value in assisting with minimizing out-of-pocket expenses for our cancer patients.

We are still tracking co-pay assistance and foundation payments on a spreadsheet just to make sure the process is going smoothly between payment post and our biller, but the numbers match. Our goal is to eliminate the spreadsheet by the end of 2018, and rely solely on EHR reporting on this specific code.

As for billing to co-pay assistance programs and foundations, the biller can fax and upload claims and EOBs for reimbursement. Follow-up is done via phone or portal, based on the setup of the drug manufacturer or foundation. There is a designated work queue for patients enrolled into a co-pay or foundation assistance program. Our biller works closely with financial navigators if a re-enrollment needs to be updated. The biller also uses two activity codes: one for when the co-pay assistance program or foundation is billed, and another when a payment is received. The biller always checks to make sure that the appropriate payment code is being used.

## GOING FORWARD

In June 2017 DuPage Medical Group began the process of maximizing its EHR use for financial navigation. From January through June 2018, we have tripled our enrollments in patient co-pay assistance and foundation assistance programs, and we've already exceeded what was collected in co-pay and foundation payments for all of 2017. Our EHR has supported our vision and needs, and we are continuing to work with IT and other departments to bridge any gaps in communications and workflow processes to provide a better experience for the patient. ■

*Natasha Gomes serves as a team lead financial navigator at DuPage Medical Group, Downers Grove, Ill. She has more than four years of experience with oncology and infusion financial navigation and has worked within DuPage Medical Group for 13 years. Gomes graduated from Lewis University with a BS in business administration. Gomes wishes to thank her financial navigation team for their contributions — Celeste, Delorse, Sheria, and Liza.*

## OUR PROGRAM AT-A-GLANCE

The integrated oncology program at DuPage Medical Group provides comprehensive care for patients with all types of cancer from the time of screening through diagnosis, treatment, and recovery support. DuPage Medical Group has been granted Accreditation with Commendation from the Commission on Cancer (CoC)

and is the only CoC-accredited freestanding cancer center in Illinois. DuPage Medical Group is staffed by board-certified physicians that specialize in radiology, surgical oncology, urologic oncology, medical oncology, radiation oncology, and plastic surgery who work closely with dedicated nurse navigators and genetic counselors.