Financial Coordination Services at Lehigh Valley Health Network

By Pamela F. Tobias, MS, RHIA, and Kathleen Ring, BBA

Lehigh Valley Health Network (LVHN) is comprised of three hospital campuses with the flagship located in Allentown, Pa. LVHN's cancer program is the fourth largest program in the state with more than 3,100 cancer cases annually. The cancer program provides comprehensive oncology care on two campuses and offers support, screening, and survivorship services at the Allentown location. LVHN's mission is to "…heal, comfort and care for the people of our community…" and to that end provides millions of dollars in uncompensated care each year. Accordingly, LVHN has a very robust financial assistance program.

Top row Left to Right Susan Holler, Vanessa Soto, Danna Rodriguez Seated Left to Right Sheri Nyce, Kathleen Ring

The John and Dorothy Morgan Cancer Center at Lehigh Valley Health Network in Allentown, Pa.

Design & Staffing

In 2000 LVHN's financial coordination services began with two FTEs. The team has since grown to support four FTE staff at three locations. An additional part-time financial coordinator will be added in February 2014. Two financial coordinators are bilingual in Spanish. For other language needs, the team uses live interpretation services, iPad-based translation and sign language, and special telephone translation services.

Two FTEs are at the larger of LVHN's two comprehensive treatment campuses (Lehigh Valley Hospital-Cedar Crest), and they divide the workload through an alphabetic split. One FTE resides at the second campus (Lehigh Valley Hospital-Muhlenberg). The third FTE resides at the downtown location, but travels to all three sites to support the multidisciplinary clinics at all locations.

In terms of staffing benchmarks, LVHN uses infusion and radiation data as the unit of measure with 11,500 patient accounts per FTE. (Note: this benchmark is based on historic performance and has been adjusted over the years as the scope of responsibilities evolved.) These positions are paid for by the cancer program and report up through cancer program administration.

LVHN distinguishes the financial coordinator's role separately from the hospital's financial counselors. At LVHN the financial counselor role has historically focused on an episode of care/per admission design and has been limited to administration of the hospital's financial assistance program. Oncology patients follow a longitudinal, multi-year, cross-entity journey, and so LVHN designed its financial coordination services to focus on guiding patients throughout their journey and across the continuum of care.

Scope of Role

Financial coordinator duties are divided between protecting the organization's revenues and helping underinsured and uninsured patients access available resources. LVHN designed this scope of services to strengthen connections between the financial clearance processes and assistance to patients in need. For example, if after completing a medical necessity review it is determined that the payer considers the infusion non-covered, LVHN never wanted to give out an Advanced Beneficiary Notice (ABN) without being able to pair it with the immediate ability to say "And here are some avenues we can explore to help with costs."

Financial coordinators ensure that all services requiring authorizations and/or referrals have valid ones on file and entered into the appropriate systems. They also conduct medical necessity reviews on all infusion center services four days prior to treatment and will work collaboratively with the referring physicians' offices to ensure coverage. Sometimes this collaboration is simple, for example, financial coordinators may call the physician office to help identify the most accurate diagnosis to support medical necessity service. Or financial coordinators may have to follow up with physician offices to obtain documentation that references chemotherapy-induced anemia when supportive agents are ordered.

The collaboration may also be complex, such as when financial coordinators partner with physician practices to obtain a predetermination review or peer-to-peer review with the payer to obtain approval for coverage. Financial coordinators are also responsible for ensuring that supporting evidence-based literature is in the medical record to prevent or overturn denials. For example, the financial coordinators will verify that treatment meets NCCN guidelines or follows peer-reviewed journal articles provided by the clinician. Financial coordinators scan these types of documentation directly into the medical record.

This collaboration helps ensure the claim gets paid smoothly the first time.

When a payer denies coverage of an infused medication, financial coordinators work to obtain drug replacement. In FY13 LVHN's financial coordinators obtained about $1.3 million from drug replacement programs.

Financial coordinators help patients who are under- or uninsured obtain external patient assistance resources and/or internal support through LVHN's patient assistance program. In FY13 financial coordinators obtained $4.3 million in free or reduced self-administered medications for 202 patients via pharmaceutical assistance programs.

Despite this success, there are still areas where limited help is available, and financial coordinators struggle to help patients. For example, there is a lack of available programs for pain medications and injectable anticoagulants. Additionally, exclusion criteria for patients with insurance make it difficult to offer help for patients struggling with high deductibles and high co-insurance payments or those in the Medicare Part D coverage gap (doughnut-hole). To help these patients, financial coordinators worked with LVHN's retail pharmacy to offer a two-week bridge program. When no pharmaceutical assistance programs are available, or there will be a delay until the medication can be shipped, this program is able to supply a free one-time, two-week supply of drug to help keep the patients on their treatment schedule.

Last year financial coordinators screened 749 patients for LVHN's internal financial assistance program, which

Figure 1. Scope of Services Provided by LVHN's Financial Coordinators

Protect Revenue

- Review and enter authorizations
- Medical necessity reviews
- IV drug replacement
- ABN (advanced beneficiary notice)
- Work medical necessity denials & assist appeals
- PRN benefit verification & out-of-pocket estimates

Assist Uninsured & Underinsured Patients

- Oral & self-injectable drug assistance programs
- Medical assistance & Breast and Cervical Cancer Prevention and Treatment (refer to contracted agency)
- Co-pay relief programs
- Community programs (e.g., ACS, LLS, Komen)
- Provide access to internal grant funds
- LVHN Financial Assistance Program
- Answer insurance & billing questions
- LVHN Retail Pharmacy 2-Week Bridge Program
- Refer to APPRISE insurance selection counselor
- Refer to social worker & navigator
- Screen & assist multidisciplinary clinic patients
- Negotiate with external programs to accept our financial assistance program approval & offer discount

PHOTOGRAPH/THINKSTOCK

resulted in discounted or free care based on income and family size. LVHN has three philanthropic grant funds available to our patients. Each fund has criteria for access and utilization that were put in place by the initial donors. One fund is dedicated specifically to breast cancer patients. The second fund is available to assist with medical expenses for cancer patients. A third fund is specifically for helping cancer patients with non-medical expenses. The patient may be eligible for coverage up to $500 or $1,000, depending on the specific grant requirements. The fund that supports non-medical expenses is often used to help with transportation, mortgage and rent payments, groceries, and/or utilities. If patients are able to cover a non-medical expense from this fund, it may allow them to redistribute their income to cover a medication co-insurance, for example.

Outpatient infusion and radiation services provided approximately $3 million in uncompensated care in FY13.

Figure 1, this page, outlines the scope of services provided by LVHN's financial coordinators.

Financial Assistance Program & Self-Pay Discount Programs

LVHN is committed to providing care—regardless of a patient's ability to pay. Patients indicating an inability to pay for services are referred to LVHN's financial coordinators. Their first action is to research if patients are eligible for any benefits or existing insurance programs. For example, financial coordinators evaluate all non-insured patients to see

Table 1. Patient Eligibility Based on Household Income & Insurance Status

Percentage of Federal Poverty Level	Assistance Program
100%	Medical Assistance, such as the state Medicaid program
100% to 399%	LVHN's Financial Assistance Program
≥400% uninsured	LVHN's Self-Pay Discount Program
≥400% insured	Not Available

if they are eligible for coverage through Pennsylvania's Medicaid program. LVHN contracts with an outside agency to help patients complete a state Medical Assistance application, obtain necessary financial forms, and submit the information to the state. The cancer program successfully lobbied to have a dedicated representative from that agency to work with the cancer center's patients.

Initially, we experienced a disconnect between LVHN's financial coordinators, who were working to obtain proactive coverage before bills were incurred, and this outside medical assistance program. Medical assistance is more likely to be approved *after* patients have already incurred extensive medical bills, so the agency was not pursuing approval until bills were accrued to increase the success rate of approvals.

LVHN financial counselors explained the critical need for upfront coverage approval so patients would agree to receive necessary treatments and/or services, including diagnostic workups. Diagnostic testing facilities accept medical assistance plans; however, self-pay patients are required to pay a portion of the bill upfront. If patients were unable to pay this upfront cost, it caused delays in care. Now that the dedicated agency representative understands the specific needs of this patient population, she is able to follow our patients throughout their cancer care—from complete staging through survivorship.

While a patient is being evaluated for medical assistance, the financial counselors simultaneously seek assistance from pharmaceutical programs, community programs, and LVHN's internal financial assistance program or self-pay discount program to prevent any delays in the process. Financial coordinators will help patients complete a brief application and obtain proof of income (Federal Income Tax Returns or a zero income letter). Table 1, above, shows the programs that patients may be eligible for based on their household income and insurance status.

Patients who meet eligibility criteria for LVHN's financial assistance program receive support for six months. Eligibility criteria for the program are:

- Patient is uninsured or underinsured
- Patient does not meet Pennsylvania Medicaid guidelines
- Patient is below 400 percent of the Federal Poverty Level (FPL)
- Patient is residing in LVHN's local counties as outlined in the policy.

In the event that Medicaid denies coverage for the patient and the patient requires infusion services, the financial coordinator's goal is to have the IV drug provided by the pharmaceutical company. The remaining charges, such as the administration services, will then be partially or completely forgiven under LVHN's financial assistance program. The level of coverage for the program is based on income and household size and follows a sliding fee scale. For example a family of two making $46,000 would be at 300 percent of FPL, and a family of 4 making $46,000 would be at the 200 percent of FPL. Forgiveness rates are as follows:

- 100 to 199 percent of the FPL: patients qualify for 100 percent reduction
- 200 to 299 percent of the FPL: patients qualify for 90 percent reduction
- 300 to 399 percent of the FPL, patients qualify for 80 percent reduction.

LVHN's financial assistance program covers not only the hospital's expenses, but also extends to the network employed physicians with a single application. For underinsured patients who have an income less than 300 percent of the FPL and need assistance with their physician deductibles, copayments and coinsurance, balances remaining after insurance payment may be forgiven following this sliding scale:

- Under 200 percent of the FPL, patients qualify for 100 percent reduction
- 200 to 300 percent of the FPL, patients qualify for 90 percent reduction.

Patients whose income is greater than 400 percent of the FPL and who do not have any insurance qualify for LVHN's self-pay discount program. These patients may have their bills reduced by 75 percent, which puts them in a comparable situation to a patient who has a commercial insurance plan.

Connecting Patients to Services

Patients are connected to LVHN's Financial Coordinators through several avenues:

- At new patient consultation visits patients are provided a packet that contains a brochure on the financial coordination services available through LVHN's cancer program to promote self-referral.
- All new cancer program staff meet with the director of the service line to receive an orientation on the financial coordination services offered and how to connect patients in need. Staff is empowered to independently refer patients directly to the team should they identify questions or concerns during their interaction with the patients at any point in their care. Referrals can be made electronically or via phone call.
- Financial coordination is hard-wired into the design of the multidisciplinary clinics (MDCs). A dedicated financial coordinator reviews all patients scheduled for MDC services. A nurse navigator screens patients for distress prior to the visit, including concerns related to financial worries. The nurse determines if the financial coordinator should meet with patients at the MDC appointment or at a separate meeting.
- Throughout the patient's clinical journey, our clinicians conduct distress screening. If financial concerns are identified as a stressor, any staff member can directly refer the patient to LVHN's financial coordinators.
- Financial counselors review the infusion schedule four days in advance for authorization and medical necessity checks. During this review, the financial coordinator screens for high-risk patients, such as those who

are self-pay, on medical assistance, or on Medicare with no secondary insurance, and proactively reaches out to these patients.

Coordination with the Care Team

LVHN's financial coordinators work closely with all hospital departments, cancer program staff, and referring physician offices. This collaboration often creates the opportunity to cross-refer based on the patient's needs. Financial coordinators are as much a member of the patient's care team as those who provide direct patient care. Their role is intended to focus on healthcare-related services, so when a patient has intensive socioeconomic needs that fall outside their scope, financial coordinators will cross-refer to the oncology social worker. This referral may include needs for housing, food, transportation, etc.

Additionally, the financial coordinator may identify a patient that could benefit from nurse navigation services and will then refer the patient electronically via the EMR or through a phone call.

Financial coordinators have also developed close relationships with LVHN's inpatient case managers. This relationship started when the financial coordinators asked the case managers if they could shadow them one day to learn more about the patients' needs and opportunities to share knowledge. Financial coordinators quickly realized that the case managers have a comprehensive manual that identifies many local patient resources. Case managers learned that the financial coordinators are a valuable resource for pharmaceutical assistance, which was an often unmet need. Now the case manager proactively calls the financial coordinator prior to discharge to create a plan for smooth transitions. This collaboration decreased duplication of efforts as the case managers share documentation they have collected and financial coordinators have more time to initiate processes, thereby minimizing or eliminating a gap between the inpatient and outpatient setting.

Some healthcare institutions have a strong dividing line between the business side of healthcare and direct patient care.

PHOTOGRAPH/THINKSTOCK

LVHN designed its financial coordination services with the intent to create an environment of sharing information bi-directionally and working in partnership. Further, LVHN made a concerted effort to educate team members on all aspects of the business of healthcare. Patients do not experience healthcare in a silo, so we cannot design our knowledge or workflow that way if we wish to provide truly excellent value-based care. As our financial coordinators are responsible for both working to ensure that services are paid *and* connecting patients to financial assistance resources, these team members are not seen as "the bearer of bad news," but rather valued team members that identify issues and offer solutions.

Conducting medical necessity reviews has expanded the clinical knowledge of LVHN's financial coordinators. They communicate well with providers and payers alike. For example, our financial coordinators cogently articulate the clinical rationale for treatment with the payers so authorizations can be granted faster and denials overturned. Our clinicians recognize that they can acknowledge concerns about a patient's ability to pay for services and know where to send these patients for available options and resources. Further, physicians are proactively identifying cases that may be considered at-risk for coverage (e.g., the possibility of putting a patient on an off-label regimen if the disease progresses) and ask financial coordinators to start to research assistance options. Early notification gives financial coordinators more time to clear hurdles so patients may not even know they've had to fight for coverage; it has already been handled.

Patients appreciate clinicians that are in touch with the practical realities of financial worries, and know how to direct them to experts who can assist. Financial coordinators document extensively in the EMR; if the patient calls the physician's office, staff can easily see the current status and/or progress. Care is coordinated and both financial coordinators and clinicians have the same pool of knowledge at their fingertips. They then present a united front of support to patients regarding all aspects of their care.

Metrics

Since the inception of the financial coordinator role, LVHN's cancer program has collected and documented monthly data to quantify utilization of services, staff productivity, and success in meeting patient and organizational needs. For those familiar with these programs, there is no question as to their value. Still, healthcare reform and ongoing economic challenges make it difficult to justify any position that is not direct patient care—and therefore not reimbursed by payers. Providing objective data is critical to any organization looking to begin or expand financial coordination services. Table 2, page 9, outlines all of the metrics that LVHN staff and/or management track on a monthly basis and share with cancer program and healthcare network leadership.

To measure patient satisfaction, LVHN added a non-standard question to its satisfaction survey, asking patients to provide an "overall rating of your financial coordinator." In the last quarter of FY13, the raw score was 93.3 out of 100 for these staff members.

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Table 2. Financial Coordination Metrics Tracked

Metric	Dollar Type	Numeric/Other
Infused drug replacements	LVHN cost in dollars	# of Accounts
Oral & self-administered drug assistance	Patient cost in dollars	# of Patients
Pre-authorizations obtained	Total account charges	# of Accounts
ABNs obtained	Total account charges	# of Accounts (and drug regimen)
Appeals of denied claims	Total account charges	# of Accounts (and win/loss decisions)
Grant funds	Total funds granted	# of Patients
Retail pharmacy 2-week program	Total charges	# of Patients
Medical necessity write-offs	Total write-off amount	# of Accounts
Financial assistance program applications	-	# of Patients (% discount)
Medical assistance referrals (to outside agency)	-	# of Patients
Social work referrals	-	# of Patients
MDC patients	-	# of Patients

Case Study

Mr. Smith is a 36-year-old patient who initially presented with an abdominal mass. The mass was ultimately diagnosed as a testicular seminoma. The anticipated treatment plan included surgery, chemotherapy, and radiation therapy modalities.

Financial coordinators referred Mr. Smith to the medical assistance agency representative and simultaneously obtained an application for LVHN's financial assistance program. Working in concert allowed the team to collect the supporting financial documentation on time. Mr. Smith's household income was $59,000 for a family size of three; therefore, he was deemed over-income to receive medical assistance.

After the medical assistance denial, the patient was then immediately evaluated for LVHN's financial assistance program. Since Mr. Smith was uninsured, he qualified for LVHN's self-pay discount program; however, the patient's income put him into the category of 300 percent of the FPL, so the patient was eligible for the higher 90 percent forgiveness rate. LVHN's financial assistance program discount applies to hospital charges, including laboratory, radiation, and surgery, as well as charges from the employed physicians practice. Anesthesia services are provided by a private practice with its own discount program. LVHN financial coordinators worked with this practice to accept LVHN's screening process to substantiate the patient's economic status, thereby decreasing paperwork and delays for financial help.

Once Mr. Smith recovered from surgery, he was scheduled for chemotherapy. The regimen he was placed on included three chemotherapy agents and one supportive injectable agent. The financial coordinators applied to obtain these medications through the appropriate pharmaceutical program; LVHN discounted the administration charges by 90 percent.

Financial counselors were also able to help Mr. Smith obtain free oral anti-emetic medication. They coordinated with the physician's office and Mr. Smith to complete the application and ensure the medication was shipped directly to the patient's home. In most cases, an internal Pharmacy Assistance card is given to the patient to obtain two weeks of free drug through LVHN's retail pharmacy while the medication is being shipped to the patient so there is no delay in treatment.

Mr. Smith has transitioned into survivorship status and follow-up visits continue to be covered under LVHN's financial assistance program with review every six months.

Table 3. Costs & Financial Assistance for Patient in Case Study

Study Service	Cost	Discount	Patient Responsibility
Surgery	$28,000	$25,200	$2,800
Radiation	$46,000	$41,400	$4,600
Chemotherapy (less IV medication)	$8,000	$7,200	$800
Laboratory	$2,000	$1,800	$200
Office Visits	$1,700	$1,530	$170
Oral anti-emetic x 6	$3,200	$0	$0
TOTAL	$85,700	$77,130	$8,570

Financial Alternatives for People Living with Late-Stage Cancer

by Scott B. Rose

Cancer changes the lives of millions of people. In addition to the obvious physical and emotional hardships, a cancer diagnosis can cause many patients to suffer financial hardship. Typically, patients with late-stage cancer suffer more substantially from the financial challenges that accompany their cancer diagnosis. For example, one study at the Fred Hutchinson Cancer Research Center in Seattle found that 7.7 percent of patients diagnosed with lung cancer filed for bankruptcy within five years of being diagnosed.[1]

PHOTOGRAPH/THINKSTOCK

Financial Stressors

Numerous factors combine to create these financial challenges. For example, the cost of treating the cancer can be overwhelming—even for insured patients. A recent study from Duke University Medical Center and Dana-Farber Cancer Institute found that out-of-pocket cancer-related costs averaged $712 per month, despite all but one survey participant having health insurance and 83 percent of survey participants having prescription drug coverage.[2] These costs can include high co-pays and non-covered treatments and medications.

Loss of income—by the cancer patient and potentially his or her caregiver—has even more of a financial impact. The physical and emotional effects of life-extending treatment on late-stage cancer patients often prevent the patient from remaining employed. Often the caregiver (a spouse, sibling, or adult child) must also forego or limit their employment as well, resulting in a significant reduction in household income.

Finally, late-stage cancer patients often need palliative care, whether in-home or in a hospice, which can be costly if not covered by insurance.

While many late-stage cancer patients and their families are not aware of financial resources and tools that can help them manage or minimize their financial challenges, there are options.

Government & Non-Profit Programs

Government assistance for cancer patients is limited. Some federal and state programs provide financial benefits that cancer patients may access, including Social Security, Medicare, Medicaid, the Department of Health & Human Services, and the U.S. Administration on Aging.[3] These benefits are typically entitlements and, therefore, do not require patients to use up current assets or take on future obligations. However, these programs are typically set up for low-income households, the elderly, and the disabled, so many cancer patients may not qualify.

Government and most non-profit benefit programs have eligibility requirements that limit a cancer patient's access to potential benefits.

Even if they qualify for assistance, many cancer patients and families may find the eligibility and application process difficult and time-consuming to navigate. In addition, non-profit and charitable foundations generally provide assistance for specific expenditures (e.g., patient care, co-pay off-sets, prescription costs, transportation costs).

Generally, government and non-profit assistance programs do not provide discretionary funds to help with day-to-day living expenses, such as mortgage payments, childcare, and other necessary expenses not tied directly to the cost of treating cancer.

Finally, while an incredible amount of information and resources are devoted to informing and assisting cancer patients about a number of different financial resources, very little information or resources are available to help late-stage cancer patients.

Option 1: Assets

Most late-stage cancer patients turn to their current assets to help offset treatment costs. Unfortunately, given the U.S. economy over the past five years, fewer people have "rainy day" funds to help fund cancer treatment and other daily

living expenses. Even patients with monetary savings often quickly deplete these funds and find it difficult—if not impossible—to replenish them. For many homeowners, home equity can be a source of significant cash. However, accessing these funds can be time-consuming and difficult especially if and when the family's income is reduced. Further, equity levels have dropped precipitously with falling real estate prices and lending criteria have tightened so much that a home equity line or even a reverse mortgage are less viable funding sources. (Unlike a home equity line, a reverse mortgage does not get repaid until the homeowner moves or passes away.)

Option 2: Life Insurance

For those late-stage cancer patients with a life insurance policy, there are a number of other potential options to help meet financial needs. For example, policy owners with built up cash value may take a loan or a withdrawal against that cash value from the insurer that issued the policy. Unfortunately, the most common type of life insurance policy, a term insurance policy, has no cash value. Permanent insurance policies, such as whole life or universal life, may have cash value built up, but only if the policy owner has overfunded the policy. In the end, the vast majority of life insurance policy owners find that they do not have significant, if any, cash value accumulated in their policies.

Option 3: Accelerated Death Benefit Riders

The ADBR provides a benefit to the policy owner if the insured is diagnosed with a terminal illness resulting in a life expectancy of less than 24 months and sometimes as short as only 6 months. If available, the benefit is typically up to 50 percent of the policy's death benefit and may only be available in monthly installments, as opposed to a lump sum payment. Of course, there is a cost to purchase this rider and few policy owners have such a rider. Even those who do, however, cannot take advantage of the rider until their medical condition has become terminal. Therefore, the ADBR is rarely an option for late-stage cancer patients.

Option 4: Life Settlements

Policy owners who cannot take advantage of the more traditional options discussed above may be able to sell their life insurance policy for cash proceeds. Generally, this transaction is known as a life settlement and involves the policy owner receiving a lump sum cash payment and forever giving up any rights to the policy, including receiving the payment of the death benefit upon the insured's death.

Policy owners submit their policy and medical information to a licensed provider who solicits offers from multiple bidders to buy the life insurance policy. There are many providers, subject to different regulations in each state in which a provider operates. The largest and most well-known provider is Coventry (*www.coventry.com*). The life settlement buyer will then keep the policy in force by making all the future premiums and receive 100 percent of the death benefit from the insurance company.

Life settlements can be fairly complicated transactions and many patients are uncomfortable with the notion that a third-party investor will potentially profit from their death. Also, the life settlement market is relatively immature and no sizable market currently exists, making it uncertain that policy owners will actually qualify for a life settlement and receive fair value for selling their policy. Life settlement transactions are also regulated transactions and, when involving an insured patient with a life expectancy of less than 24 months, are referred to as viaticals and subject to even further regulation. For more information about life settlements, go to: *www.lisa.org*.

Option 6: Non-Recourse Loans

Another less traditional option for policy owners to access value in their life insurance policy is a non-recourse loan secured solely by the policy's death benefit. Under this relatively new option for late-stage cancer patients, qualifying individuals can obtain a loan for up to as much as 70 percent of the policy's death benefit. As a non-recourse loan, the borrower has no obligation to make any loan payments or premium payments during the insured's lifetime and the loan is repaid by the insurance company out of the policy's death benefit at the time of the insured's death.

Unlike other options discussed above, this product has been specifically designed to address the financial needs of late-stage cancer patients and, as such offers certain advantages, including:

- No need to exhaust current assets
- No restriction of the use of loan proceeds
- No credit-based, needs-based, or age qualifications
- The loans are available for most insurance policies
- The policy beneficiary still receives the residual death benefit after the loan is repaid
- The transaction process is generally simpler and quicker.

Still, qualifying for such a loan and the amount of proceeds available will depend greatly on the insured's medical condition and the size of the insurance policy. In addition, not every type of cancer will qualify. Fifth Season Financial Assistance, LLC, (*www.fifthseasonfinancial.com*) is one company that offers a non-recourse loan product.

Know Your Options

The financial challenges that accompany a late-stage cancer diagnosis can be as crippling as the disease itself. Today's cancer patients need access to and a better understanding of the financial options at their disposal to fund the fight of their life. Cancer providers can be instrumental in helping cancer patients identify solutions for the very real and debilitating financial challenges that often accompany a cancer diagnosis.

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