

ASSOCIATION OF
COMMUNITY
CANCER CENTERS

FINANCIAL
ADVOCACY
NETWORK

Financial Advocacy Services Guidelines

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Introducing the ACCC Financial Advocacy Services Guidelines

 ver the past decade with the U.S. healthcare system in the throes of unprecedented change, the average monthly cost of cancer treatment has more than doubled. The economic burden of cancer on patients and their families has led to recognition of a devastating side effect of the disease: Financial toxicity. A recent study found that cancer patients in the U.S. are twice as likely to file for bankruptcy as those without the disease. The economic impact of cancer may interfere with the ability of patients and family/caregivers to navigate complex issues related to insurance benefits and coverage, cost of care, and access to care. Lack of insurance, high co-pays, and high deductibles may result in patients choosing not to seek treatment, to delay treatment, or to abandon treatment all together.

Fortunately, the story doesn't end there. A new staff member has begun to emerge within cancer programs and practices—the financial advocate. This newest role on the care team has historically been developed piecemeal, as the need for assistance has grown. The required skills have been “learned on the job” with little or no formal training or consistency from program to program.

Those with a role in financial counseling, financial navigation, and/or advocacy are responsible for identifying and helping to mitigate financial toxicity for patients with cancer, caregivers and their families. The Association of Community Cancer Centers understands that a cancer program or practice may have one or more associates focused on varying aspects of financial navigation for their patients, and at this time no single job title is associated with the role. Members of this financial advocacy team often have diverse education and knowledge levels, as well as other responsibilities within the cancer program or practice.

ACCC has developed the Financial Advocacy Services Guidelines to support our goal of proactively addressing financial issues along the cancer care continuum to help patients gain access to high-quality care for a better quality of life. These guidelines have been developed with the input and guidance of financial advocates working on the frontlines of care.

It is my hope that you will be able to apply these guidelines to strengthen your program's financial advocacy services, and to everyone whose work touches this growing field, I urge you to join the ACCC Financial Advocacy Network.

Together we will continue to proactively find the solutions to improve the patient care experience and access to high quality care.

Clara Lambert, BBA, OPN-CG

Chair, ACCC Financial Advocacy Network Advisory Committee

ACCC Financial Advocacy Services Guidelines

ACCC recommends that every cancer program or practice offer financial advocacy services and identify a central system and/or dedicated staff member to coordinate and liaise with the oncology treatment team to ensure streamlined communication and access to needed care for the patient.

THE GOALS OF FINANCIAL ADVOCACY SERVICES ARE TO:

- A. Proactively identify and evaluate how to maximize the patient's health insurance benefits.
- B. Proactively reduce economic barriers to care by having working knowledge of available patient assistance programs, financial advocacy tools, and resources.
- C. Accurately explain insurance coverage and assistance options and skillfully communicate with patients and their caregivers focusing on issues of cost of care, patient assistance support, and additional resources.
- D. Manage, track, and report on all financial advocacy and patient access services interactions.
- E. Ensure that providers and cancer program staff are aware of ongoing policy requirements from payers for coverage of services.
- F. Help mitigate institutional financial toxicity.

FINANCIAL ADVOCACY TEAM CHARACTERISTICS, ROLES, AND RESPONSIBILITIES

- A. Depending on the cancer program or practice and the patient population, financial advocacy services may be performed by one or more associates including but not limited to financial advocates/counselors/navigators, nurses, nurse navigators, pharmacists, pharmacy technicians, physician assistants, oncologists, social workers, case managers, and/or lay patient navigators. Ongoing training for every member of the financial advocacy team is important to maintain an up-to-date knowledge and skill base.
- B. It is suggested that financial advocacy team members have a minimum of a bachelor's degree or equivalent in business, life sciences, finance, or related area; knowledge of health insurance rules/regulations; preferred, at least 1-3 years of experience in a financial advocacy role, with a basic understanding of oncology practice or an orientation to oncology provided by employer.
- C. At least one member the financial advocacy team should meet with the patient and their family/caregiver upon diagnosis and prior to the start of treatment to discuss the patient's health insurance benefits, estimated costs of the prescribed treatment regimen, and available patient assistance programs.
- D. Financial advocacy team members should maintain contact with patients along the continuum of care and, as part of the plan of care, schedule regular meetings or touchpoints with patients and their family/caregivers.

- E. During their meetings with patients and family/caregivers, the financial advocacy team member(s) should be prepared to identify and explain the patient's out-of-pocket costs, which may include: co-insurance, deductibles, and co-pay amounts. The financial advocate will work with patients and their family/care givers to identify other costs, such as expenses related to transportation, childcare, and lodging, if patient must travel to receive treatment.
- F. The financial advocate(s) should work with patients and their family/caregivers to identify patient assistance programs and resources that can help with non-treatment-related costs. If needed, the financial advocate assists patients and family/caregivers in applying to these program(s). Once application has been made, the financial advocate should track application status until a determination is made.
- G. The financial advocate(s) should work with patients and family/caregivers to outline a payment plan for the costs of treatment. This plan should be a written agreement that is signed by the patient.
- H. Financial advocacy personnel should utilize or develop a system or tools to manage and track all financial advocacy and patient access service interactions with their patients, governmental and non-governmental payer(s), as well as patient assistance, drug replacement, and grant or foundation programs.

HEALTH INSURANCE AND PATIENT ASSISTANCE SERVICES

Financial advocacy services should include:

- A. Performing insurance verification and initial and subsequent pre-authorizations with all third-party payers (or liaising with staff who handle these tasks to develop a referral method to communicate all at-risk patients) to minimize disruption to care.
- B. Ensuring all demographic, insurance, and eligibility information is obtained and up to date.
- C. Developing a method to document precertification of therapies that ensures all treatments have authorization that is accurate and within the date range and quantity of the therapy received, so that patient care is not delayed.
- D. Screening and monitoring patients on a regular basis for risk of developing financial toxicity.
- E. Maintaining up-to-date knowledge of requirements for enrolling patients in: manufacturer, state, and local medication assistance programs; disease-specific assistance grants from non-profit organizations; Medicare prescription benefits; Social Security Low-Income Subsidy (LIS); and any state and federal assistance subsidy.
- F. Evaluating patients for available assistance including, but not limited to, federal and state subsidies or programs, disease-specific assistance programs, patient assistance programs, and local community resources.
- G. Working collaboratively with the healthcare team to obtain clinical and financial information for assistance program enrollment.
- H. Working with patients and their family/caregivers to apply to the programs for which they qualify.
 1. Identifying and assisting with applications for patient assistance and co-pay programs to ensure all demographic, insurance, and eligibility information is obtained and current.
 2. Liaising between the patient, the cancer program, and the patient assistance program(s).



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The **Association of Community Cancer Centers (ACCC)** is the leading advocacy and education organization for the multidisciplinary cancer care team. ACCC is a powerful network of 24,000 cancer care professionals from 2,100 hospitals and practices nationwide. ACCC is recognized as the premier provider of resources for the entire oncology care team. For more information visit acc-cancer.org or call 301.984.9496. Follow us on Facebook, Twitter, and LinkedIn, and read our blog, ACCCBuzz.

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.

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