St Luke's Cancer Institute

ONCOLOGY PATIENT FINANCIAL ADVOCATE

TRAINING OVERVIEW

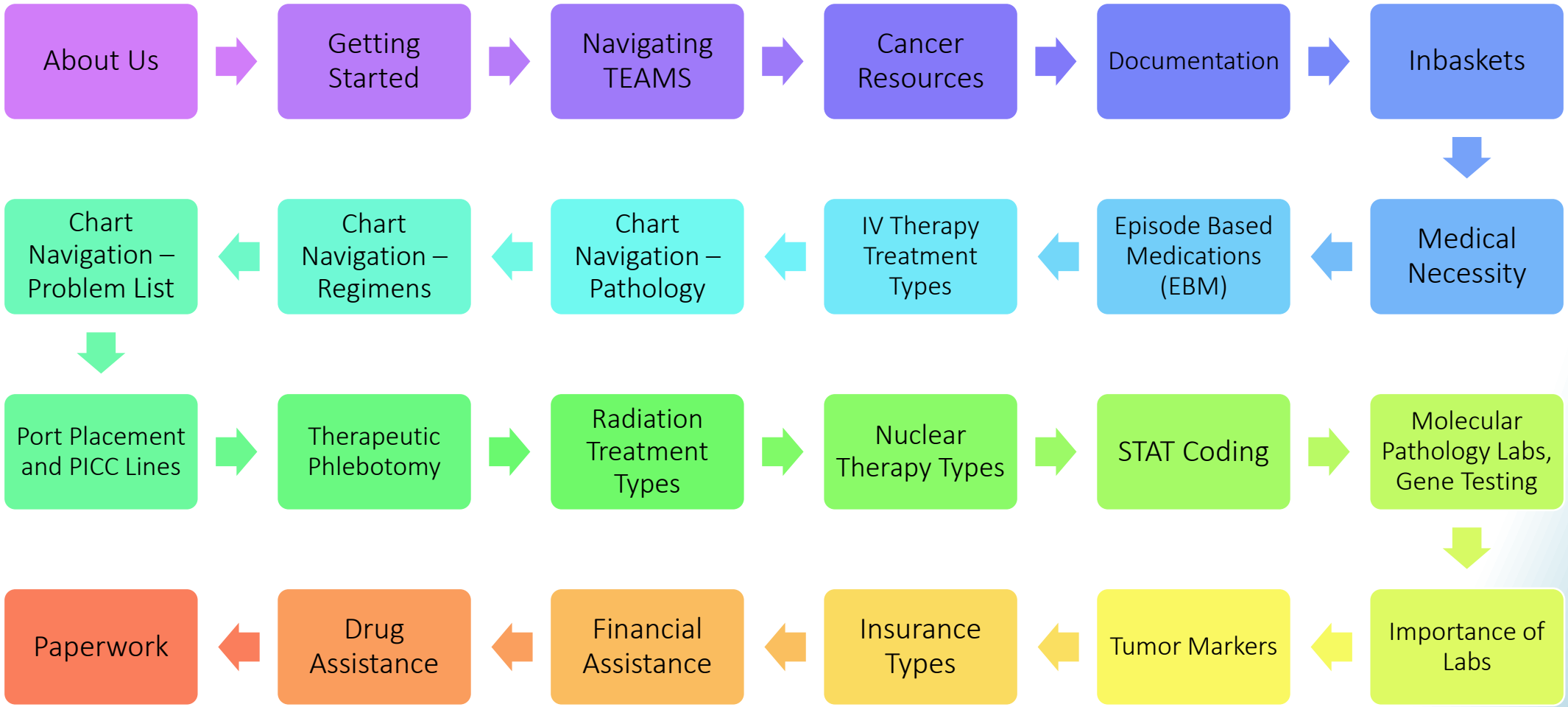
CREATED BY:

RIFETA KAJDIC

ONCOLOGY PROGRAM MANAGER

MARCH 2020

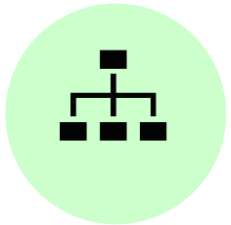
Oncology PFA Learning Pathway



St Luke's Cancer Institute

About Us

SUPPORT STRUCTURE



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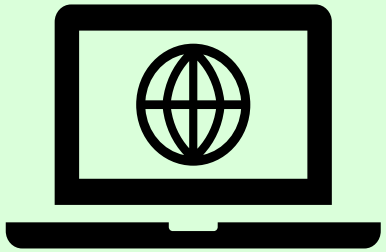
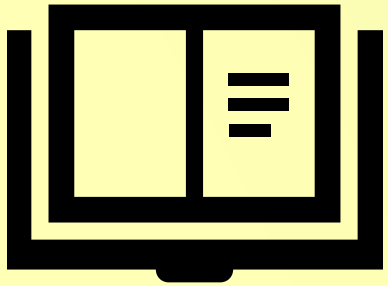
Getting Started



LOGINS

- Payer Websites
- Drug Manufacturer Websites:
  - Copay Assistance
  - Free Drug
- Foundation Websites
- Medical Necessity Websites



RESOURCES

O365 TEAMS

Team Name:
Oncology PFA's

- Files
- OneNote "Oncology Basics"
- Networking

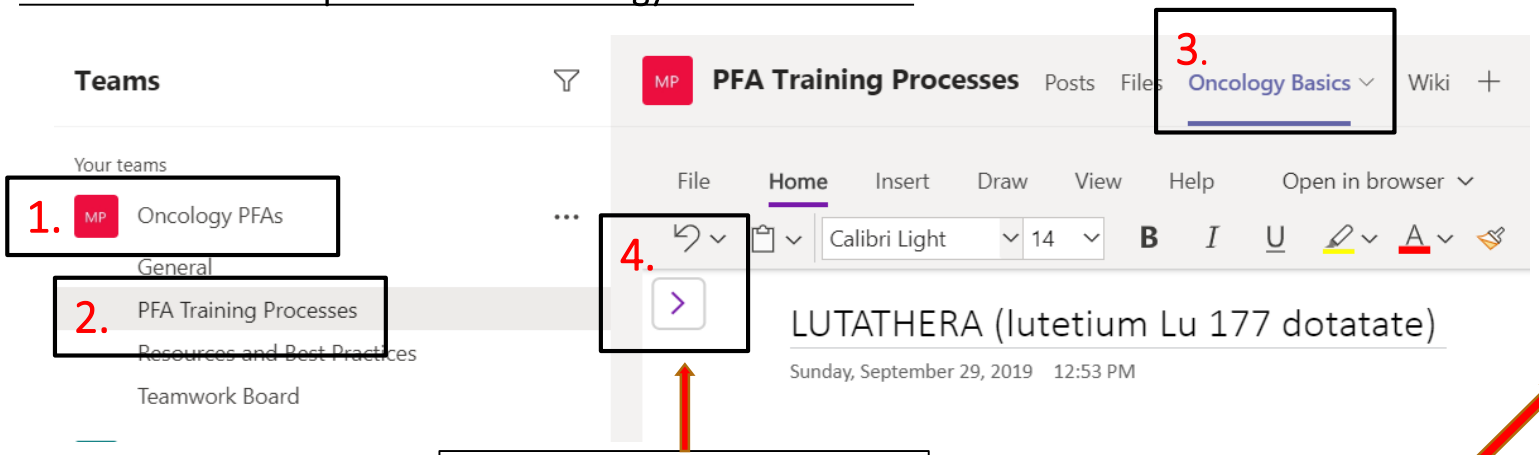
St Luke's Cancer Institute

Navigating TEAMS

St. Luke's Cancer Institute PFAs have a dedicated TEAMS page, titled "Oncology PFAs"

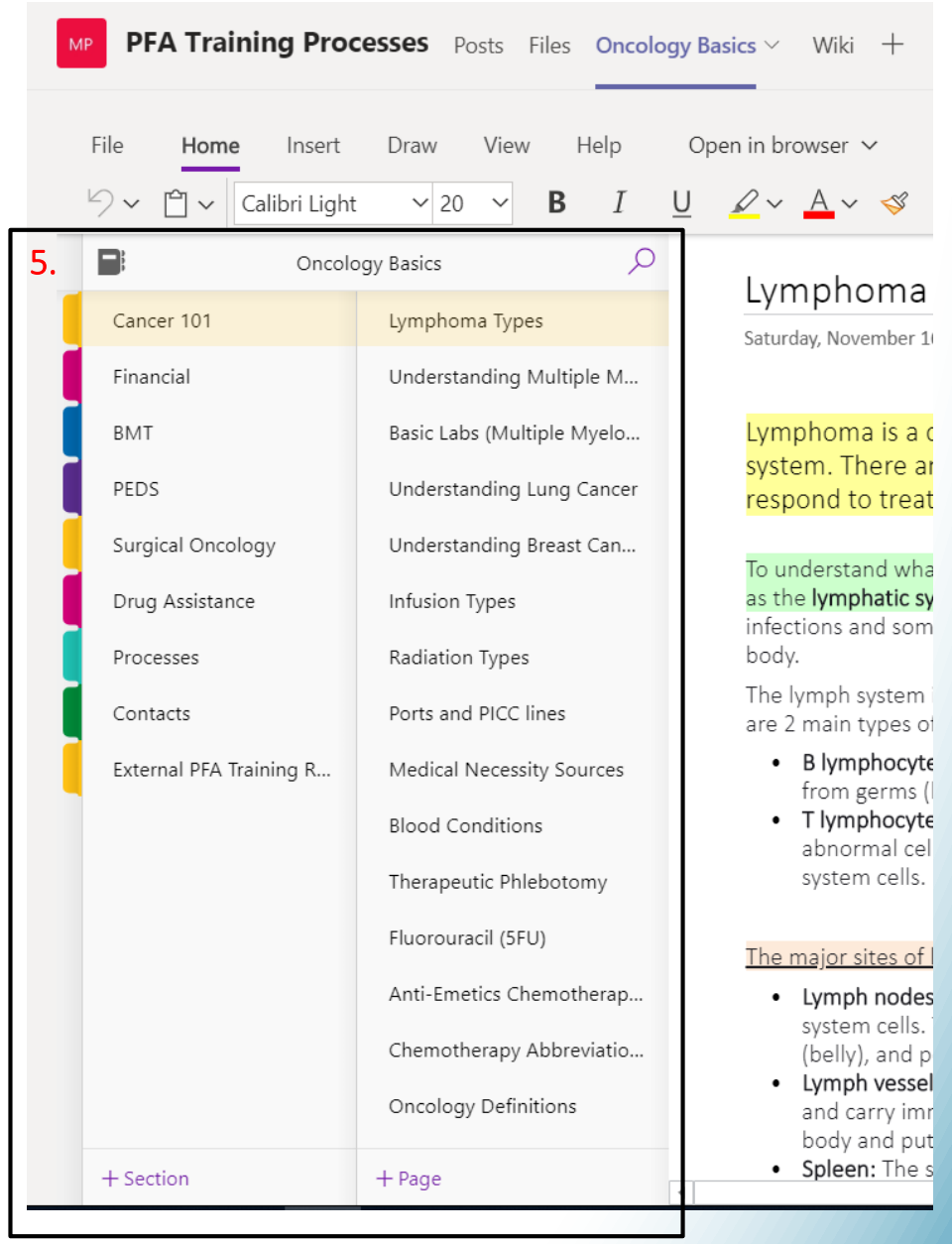
In the TEAMS application you will see up to date information on processes and workflows. In addition, everything we will go over during training is already on in TEAMS. You will be able to access the "Oncology Basics" OneNote, full of information on disease states, chemotherapy breakdown, disease treatment phases, tips/tricks, processes, insurance breakdown, etc.

<u>Follow the below steps to find our Oncology Basics OneNote:</u>



By default, OneNote will always open on the last Page that was accessed. Please click on > to allow for other OneNote Sections and Pages to populate.

Once OneNote expands, you will then see all the possible options for Sections and Pages



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Cancer Resources

Detailed information can be found on our TEAMS page for a lot of resources to help us, please check under "Oncology Basics" OneNOTE in the "Oncology PFAs" TEAMS site.

DISEASE BREAKDOWN

- Blood Cancers:
  - Leukemia
  - Lymphoma
  - Multiple Myeloma
- Lung Cancer
- Breast Cancer
- Neuroblastoma (PEDS)
- Hemophilia
- Blood Conditions
  - Neutropenia
  - Cytopenia:
    - Anemia
    - Leukopenia
    - Thrombocytopenia
    - Pancytopenia
- Bone Marrow Transplant

CANCER STAGING

Scaling System:
- Stage 0 – 4

Staging Terms:
- In Situ
- Localized
- Regional
- Distant

Grade:
- Low Grade
- Intermediate
- High Grade

TNM:
- T-Primary Tumor
- N-Regional Nodes
- M-Distant Metastasis

INFUSION BREAKDOWN

- Oncology Terminology Dictionary
- Chemotherapy Regimen Abbreviations:
  - R-CHOP
  - FOLFOX
  - R-ICE
  - TCH
  - FOLFOX
  - FOLFIRI(NOX)
  - 5 FU
  - ABVD
- Infusion Drug List (J Codes)
- Biosimilar Explanation
- Anti-Emetics (Low-High Risk Drugs)

OTHER RESOURCES

- Sections on other specialties: Pediatric Oncology, Surgical Oncology, Blood and Marrow Transplant
- Contacts for FCA and County Team, Hospital PFA team, CM/SWs
- External PFA Training Resources: ACCC(Association of Community Cancer Centers) Bootcamp, George Washington University Oncology Patient Navigator Training

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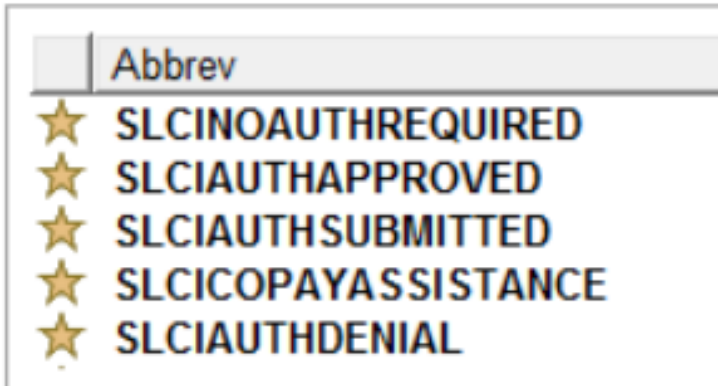
Documentation

Oncology PFAs will need to use created .SLCI phrase templates for referral and drug assistance documentation

*.SLCI Phrases will look like this in the referral:
Best practice, you can STAR your favorite, most used phrases



DRUG ASSISTANCE DOCUMENTATION

- When documenting for Copay Assistance
  - Referral Note Type will always be GENERAL
  - Use the below .SLCI Phrase to document copay:
    - .SLCICOPAYASSISTANCE: *SLCI PFA * CO-PAY ASSISTANCE TEMPLATE
- When documenting for FREE Drug Approval/Status
  - Referral Note Type will always be FREE DRUG
  - Use the below .SLCI Phrase to document Free Drug information:
    - .SLCIFREEDRUGAPPROVED: SLCI Free Drug - Approved

REFERRAL DOCUMENTATION

When documenting for authorization purposes

- Referral Note Type will always be GENERAL
- Use the below .SLCI Phrases to document authorization status:
  - .SLCIAUTHAPPROVED: Auth Approved
  - .SLCIAUTHREQUESTED: Auth Submitted
  - .SLCINOAUTHREQUIRED: No Authorization Required Medical Service Approved
  - .SLCIDENIAL: Authorization Denied - Do NOT Proceed Medical Service Denied

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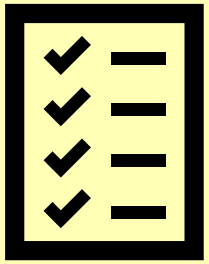
InBaskets



1. Oncology PFAs share an InBasket pool with the other PFAs at their site
2. In order to provide the best patient care and provider efficiency, you will need to check several times a day, or at least once a day.
3. InBasket is More Than Email/Skype
    - It's an EPIC hub for all your working and worked items, as well as communication from colleagues, clinical staff, patients, and clerical staff.
    - InBasket lives in EPIC and should replace many things that are done today through phone and email, making it a more efficient hub for communications.
4. Things coming through InBaskets include:
    - Dictation from clinical staff for review, radiology results, drug assistance for Oral Chemo, routed patient calls, encounters to review and approve, etc
5. InBaskets allow you to review and respond on patient care necessities
    - InBaskets have an option to postpone messages to a later date
        - This helps with Drug Assistance shipments and enrollments
        - It's a good way to set reminders for follow up and to meet with patients
6. InBaskets are completely PHI secure

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Medical Necessity

Oncology PFAs need to be familiar with medical necessity sources, as our providers will use guidelines set by these entities to justify their reasoning for treatments.

NCCN
(National Comprehensive Cancer Network)

A nonprofit alliance of 28 cancer centers throughout the U.S. Experts from NCCN cancer centers diagnose and treat all cancers, with a focus on complex, aggressive, or uncommon cancers. NCCN develops the NCCN Clinical Practice Guidelines in Oncology, a set of recommendations designed to help health care professionals diagnose, treat, and manage cancer patient care.

LCD (Local Coverage Determination)

A local coverage determination (LCD) is a decision made by a Medicare Administrative Contractor (MAC) on whether a service or item is reasonable and necessary, and therefore covered by Medicare within the specific region that the MAC oversees

CMS (Centers for Medicare and Medicaid Services)

A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid

LEXICOMP

Wolters Kluwer Clinical Drug Information connects you to the information and technology you need to strengthen medication decision making. Use this for Non-Chemo Medication guidelines and for St. Luke's Formulary guidelines.

FDA (Food and Drug Administration)

A federal agency of the United States Department of Health and Human Services, one of the United States federal executive departments.

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Episode Based Medications (EBM)

Most common two types of referrals that will show up in our EBM WQ

A **therapy plan** describes the type(s) of treatment(s) intended to treat the effects of the patient's malignancy. This includes ESA (erythropoiesis-stimulating agent), Intravenous (IV) iron supplementation, Intravenous Immune Globulin (IVIG), Bone Strengthening Medication, etc.

A **treatment plan** describes the type(s) of treatment(s) intended to modify or control the malignancy. A treatment plan may specify any combination of therapies (i.e., radiation therapy, chemotherapy, hormone therapy, immunotherapy, or other therapy). A single regimen includes the combination of concurrent or adjuvant treatments. All treatments specified in the treatment plan and delivered to the patient are first course of therapy.

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IV Therapy Treatment Types

CHEMOTHERAPY

Our cells go through different phases (cell cycle) as they form new cells. Cancer cells form new cells more rapidly than normal cells. Chemotherapy drugs affect cells at specific stages of a cell's cycle; however they do not differentiate between cancerous cells and healthy cells. Many healthy cells also have a rapid cell cycle, such as those in the gastrointestinal tract and hair follicles and thus are more susceptible to the effects of chemotherapy resulting in nausea and hair loss during treatment. There are a multitude of chemotherapy agents that may be used alone or in combination as well as with other cancer treatment.

PLATINUM-BASED ANTINEOPLASTICS

Platinum therapy is the use of platinum compounds, which are cell damaging agents, for the treatment of specific cancers, including testicular, ovarian, lung, bladder, and head and neck cancers. Platinum compounds produce changes in DNA structure, which causes cancer cell death (apoptosis). Platinum compounds currently used are cisplatin, carboplatin and oxaliplatin, either used alone or in combination with other chemotherapy drugs.

HORMONE THERAPY

Hormone therapy is a cancer treatment that slows or stops the growth of cancer that uses hormones to grow. Hormone therapy is also called hormonal therapy, hormone treatment, or endocrine therapy.

TARGETED THERAPY

Cancer researchers have discovered some of the differences within cancer cells that enable them to thrive. Targeted therapy refers to treatment with drugs that have been developed to "target" these differences within the cell. Unlike chemotherapy, targeted therapy drugs alter the inner workings of the cell focusing on the part of the cancer cell that makes it different from the normal, healthy cell. Because they leave the healthy cells alone the side effects of targeted therapies are different from standard chemotherapy treatments.

IMMUNOTHERAPY

Immunotherapy cancer treatments use the body's immune system to fight cancer cells by stimulating the immune system. Immunotherapy includes treatments that work with the immune system in different ways and works better for some types of cancer than for others. Immunotherapy may be used by itself or with other types of treatment.

CORTICOSTEROIDS

Corticosteroids, often simply called steroids, are natural hormones and hormone-like drugs that are useful in the treatment of many types of cancer, as well as other illnesses.

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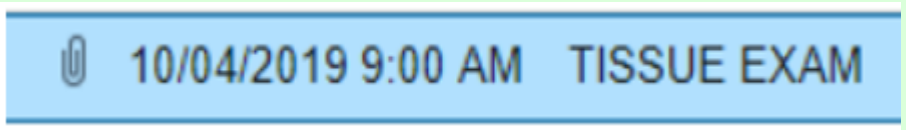
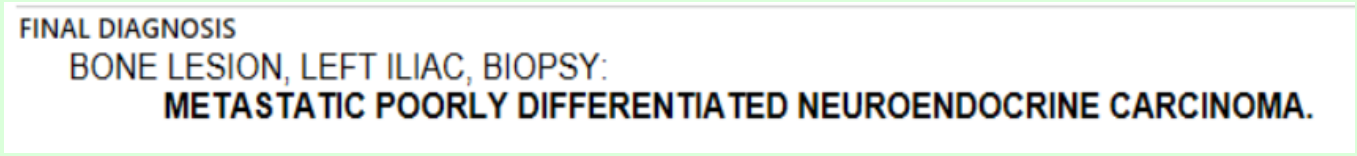
Chart Navigation - Pathology

When submitting for authorization, you will be asked if the patient's diagnosis has been confirmed by Pathology.

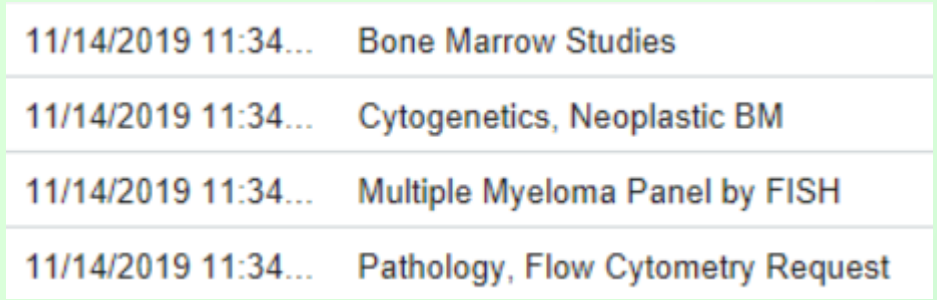
To check if patient has Pathology results you can navigate to patient's chart and look under Pathology tab, find TISSUE EXAM, this is the latest Pathology.



Near the middle of the Pathology report, you will see the patient's diagnosis and the ICD-10 code. The Pathology report will tell you type of cancer, in addition to any differentiated characteristics



Depending on the patient's cancer type, some patients will have more than type of pathological tests depending on what the Oncologist is trying to rule out. You might see a patient's diagnosis confirmed by other tissue tests like:



If "NEW" patient does NOT have a pathology, but you're needing to submit for an authorization, review the chart for Progress Notes, ED Consults, Triage telephone encounters for mentions of the treatment/procedure to support why patients is needing to proceed with treatment/procedure prior to pathology.

- This is rare, but it usually indicates that the patient needs urgent treatment intervention and Bone Marrow Biopsy has not been performed yet or is pending results.

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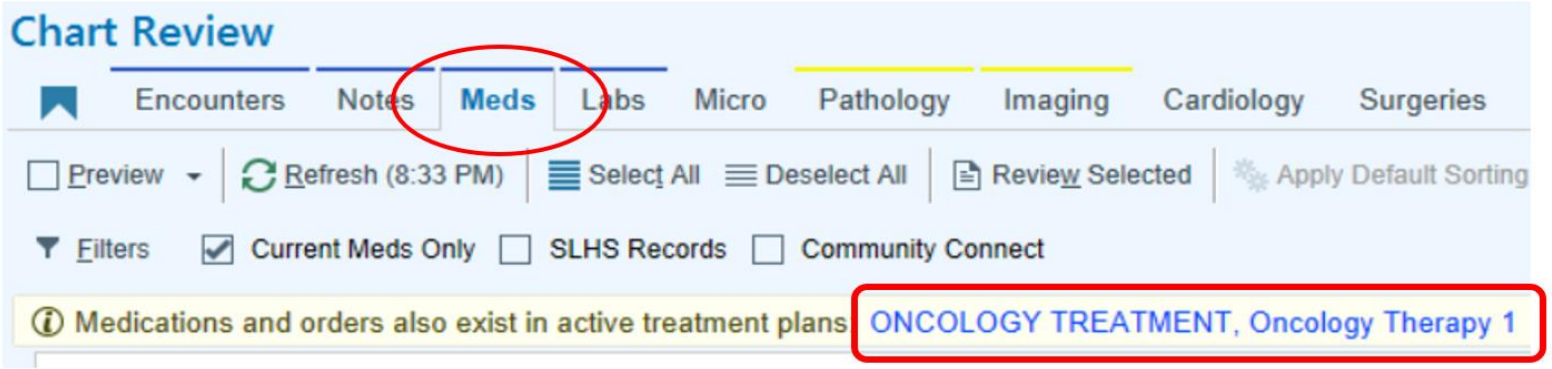
Chart Navigation – Treatment Regimen

You will be able to access any treatment regimen from the referral, however, below is an outline of how to access a treatment regimen from the Chart.

The quickest way to find out if the patient has an active chemotherapy regimen is to look in the Chart:

- Under the Meds tab, you will see a blue hyperlink labeled "Oncology Treatment Plan" or "Oncology Therapy“
  - Treatment plan - Regimen given to patients to treat the cancer
  - Therapy plan - Regimen given to patients to treat the effects of cancer treatment.



- Once you click on the hyperlink, you will see the treatment regimen, this will show you the name of the Oncology Treatment the patient is on, you can then click on the active treatment name, this will take you to the treatment regimen and you will see how far along the patient is in their treatment

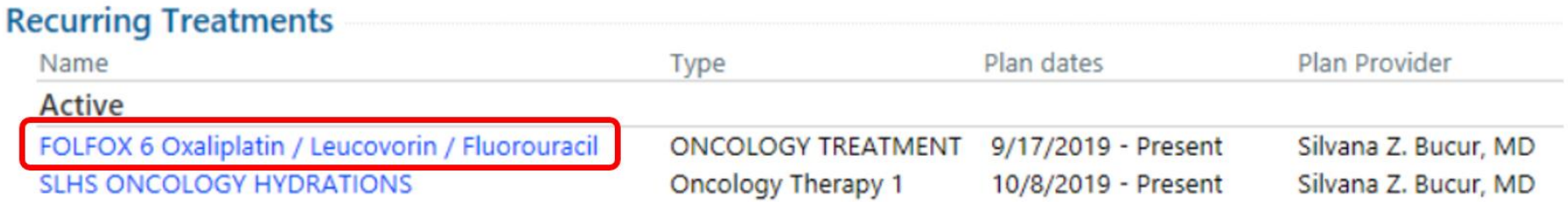


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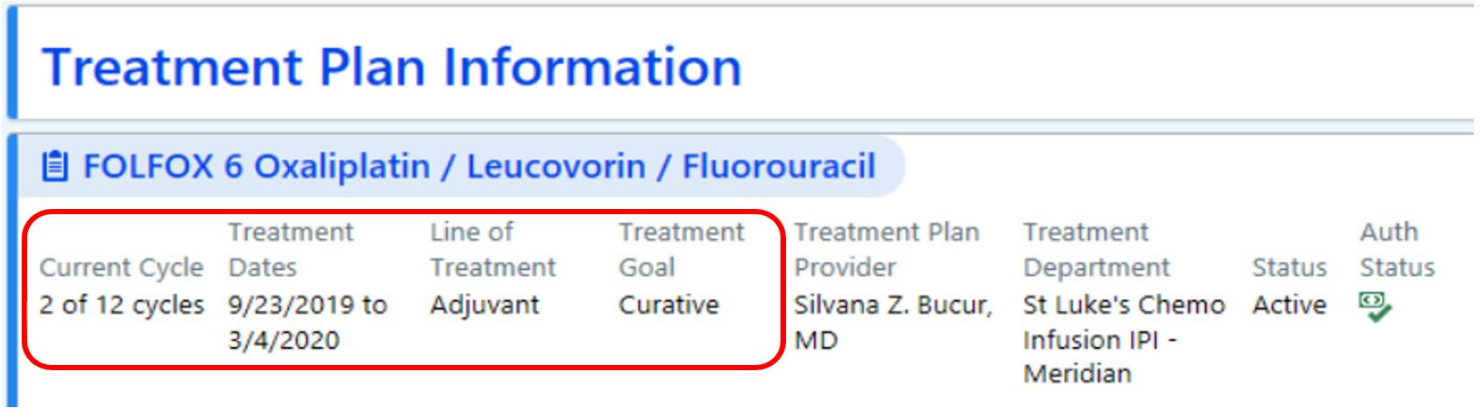
Chart Navigation – Treatment Regimen, cont.

You will be able to access any treatment regimen from the referral, however, below is an outline of how to access a treatment regimen from the Chart.

1. After the hyperlink opens, you will be able to see the name of the medication(s) the patient is on and the number of cycles the patients has completed. (example: Treatment Plan Regimen - FOLFOX 6 Oxaliplatin / Leucovorin / Fluorouracil)
2. You will see what Line of Therapy the patient is on
   - Adjuvant - After surgery (in this case the tumor was usually small enough to be surgically resected, chemo and/or radiation is then given to target the remaining cells to eliminate the risk of the tumor returning)
   - Neoadjuvant - Before surgery (in this case the tumor is too large to be surgically removed, chemo and/or radiation is given first to shrink the tumor and make it small enough to be surgically removed)
3. You will also see the Treatment Goal
   - Curative - intent is to cure
   - Palliative - intent is pain management



4. Once you scroll down, you will see the cycle intervals and dates the patient had treatment, clicking on each interval opens the cycle and shows you the name of drug and dose.

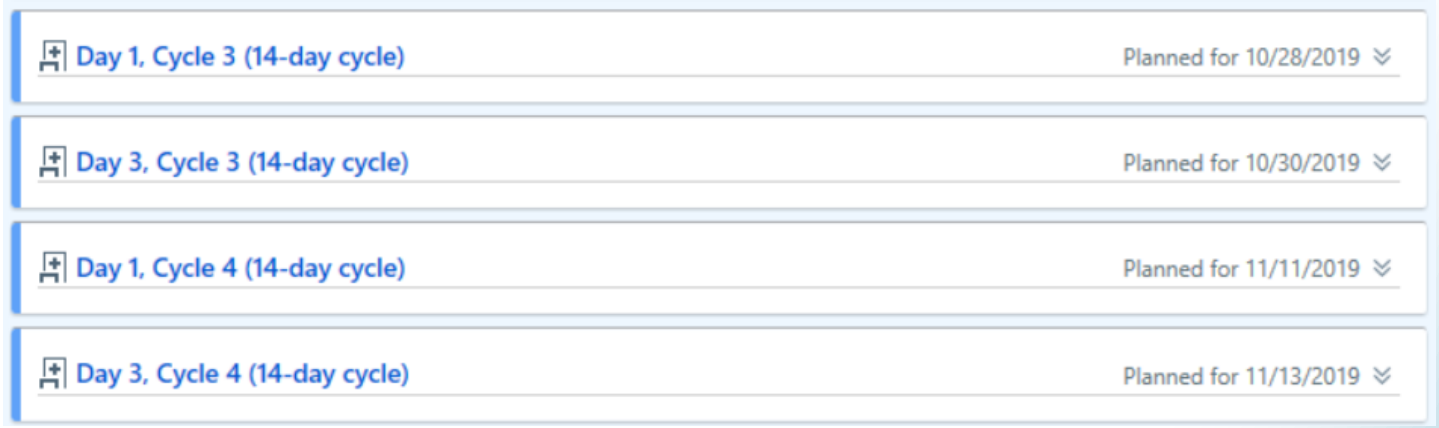


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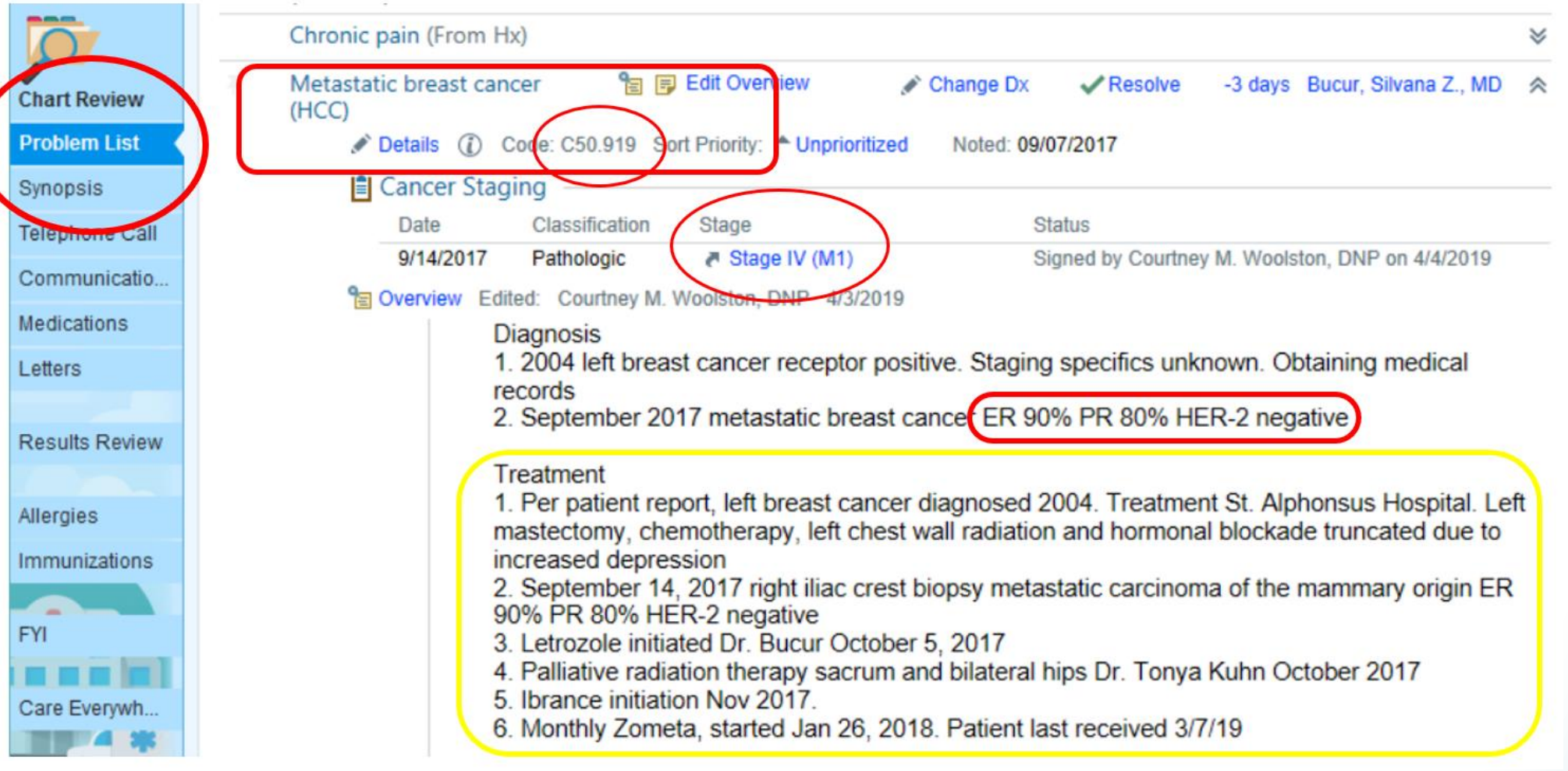
Chart Navigation – Problem List

EPIC has a "Problem List" option that can be added to your tabs. It is a quick way to get the patient's diagnosis and a synopsis of treatment. Here you will find clinical information such as staging, ER/PR, HER2 status, molecular mutations, surgical interventions



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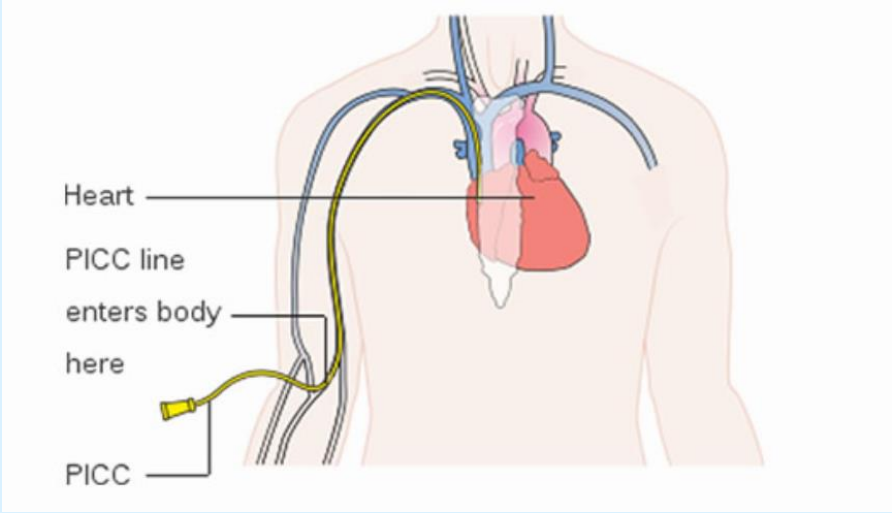
Port Placement and PICC Lines (Outgoing)

Chemotherapy drugs can be given in a variety of different ways. They can be taken in pill or capsule form, into a vein, injected into a body cavity, into a muscle or into the spinal fluid. In some cases it may be favorable to administer IV chemotherapy through a central venous catheter (CVC), which includes:

Peripherally inserted central catheters (PICC line)

A PICC line is a thin, soft, long catheter (tube) that is inserted into a vein in your upper arm. The tip of the catheter is positioned in a large vein that transfers blood into the heart. The PICC line is placed to provide repeated access to your veins for a variety of circumstances such as long-term medication treatment, like chemotherapy, blood draws and for nutrition.

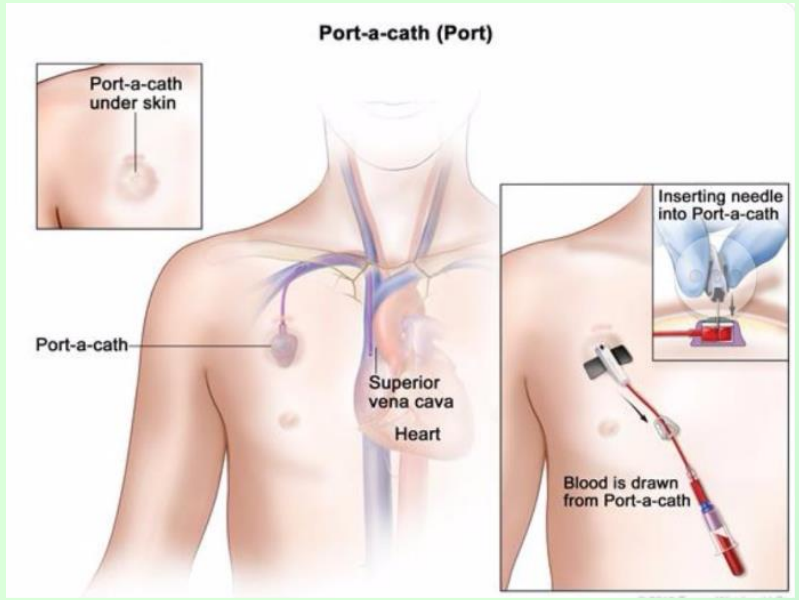


Port-a-cath (ports)

A port-a-cath, more commonly known as a port, is a device composed of two parts, a small reservoir (port) and a catheter, a thin flexible tube. It is used to draw blood and give treatments, including intravenous fluids, medication, or blood transfusions.

The port is generally implanted under the skin in the upper right side of the chest, and it is attached to the catheter that is threaded into the large jugular vein above the right side of the heart.

The procedure for insertion of a portacath is safe and quick and is performed under local anesthesia by an interventional radiologist or surgeon.



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Therapeutic Phlebotomy

Therapeutic Phlebotomy referrals are on the EBM WQs as Therapy Plans with CPT Code: 99195

A phlebotomy is a procedure that will remove a specific amount of blood. Two common reasons for doing a phlebotomy are to remove excess iron or red blood cells from the circulation.

Generally, one unit of blood (approximately 1 pint) is removed.

Phlebotomy has an important role in the treatment of these conditions:

1. Polycythemia Vera (PV)
   - A condition where a genetic mutation causes the bone marrow to make too many red blood cells (erythrocytosis or polycythemia), platelets (thrombocytosis), and white blood cells (leukocytosis). This increase in the blood cells, particularly the red blood cells, thickens the blood which slows blood flow.
2. Hereditary Hemochromatosis (iron overload)
   - An inherited condition that causes increased absorption of iron from the diet resulting in iron overload. Excess iron causes damage predominantly to the liver, heart, and pancreas.
3. Porphyria Cutenea Tarda (PCT)
   - PCT is a condition caused by the deficiency in an enzyme (chemical) required to make heme (component in red blood cells that carries iron). This causes the buildup of porphyrins in excess amounts that result in blistering of the skin when exposed to light. Because it is an iron-related disorder, removal of iron-containing red blood cells via phlebotomy is the treatment of choice.
4. Phlebotomy for Other Conditions
   - Phlebotomy also has uses in a few other conditions. People that receive multiple red blood cell transfusions for medical conditions like cancer, sickle cell anemia, and thalassemia are at risk for developing iron overload (acquired rather than inherited as discussed above). When patients complete therapy (no longer need chemotherapy, cured by bone marrow transplantation), phlebotomy is a very effective tool for removing excess iron. In these examples, phlebotomy will not be lifelong but only until the appropriate amount of iron is removed.

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Radiation Treatment Types (Outgoing)

IMRT

(Intense Modulated Radiation Therapy)

IMRT is an advanced mode of high-precision radiotherapy that uses computer-controlled linear accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor. IMRT allows for the radiation dose to conform more precisely to the three-dimensional (3-D) shape of the tumor by modulating—or controlling—the intensity of the radiation beam in multiple small volumes. IMRT also allows higher radiation doses to be focused on the tumor while minimizing the dose to surrounding normal critical structures.

3D Conformal (XRT)

A cancer treatment that shapes the radiation beams to match the shape of the tumor.

DIBH (Deep Breath Inhalation Hold)

- a radiation therapy technique where patients take a deep breath during treatment and hold this breath while the radiation is delivered. By taking a deep breath in, your lungs fill with air and your heart will move away from your chest. DIBH can be useful in situations where radiation therapy is necessary in the chest region, and it is desired to avoid radiation dose to the heart.

DIBH may be used for:

- Left-sided breast cancer
- Lymphoma in the chest region
- Other tumors of the chest or upper abdomen as required

SRS (Stereotactic Radiosurgery)

Stereotactic radiosurgery (SRS) is a non-surgical radiation therapy used to treat functional abnormalities and small tumors of the brain. It can deliver precisely-targeted radiation in fewer high-dose treatments than traditional therapy, which can help preserve healthy tissue.

SBRT (Stereotactic Body Radiotherapy)

When SRS is used to treat body tumors, it's called stereotactic body radiotherapy (SBRT).

BRACHYTHERAPY

A procedure that involves placing radioactive material inside your body. Brachytherapy is one type of radiation therapy that's used to treat cancer. Brachytherapy is sometimes called internal radiation

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Nuclear Therapy Types

St. Luke's Cancer Institute offers the below Nuclear Therapies

Process on OneNote in Teams

Thyroid Ablation I-131 Therapy

Radioactive iodine (RAI) is a therapy used in the treatment of some thyroid cancers, specifically papillary and follicular thyroid cancer.

LUTATHERA (lutetium Lu 177 dotatate)

Indicated for the treatment of somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut and hindgut neuroendocrine tumors in adults.

Xofigo® (radium Ra 223 dichloride)

Injection used to treat prostate cancer that no longer responds to hormonal or surgical treatment that lowers testosterone.

Provenge (sipuleucel-T)

A personalized immunotherapy that activates a patient's immune system to seek out and attack advanced prostate cancer.

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STAT Coding

Send an email to MSTI Coding for the following:

ESA
(erythropoiesis-stimulating agent)

Medications which stimulates the bone marrow to make red blood cells.

Red blood cells are produced in the bone marrow (the spongy tissue inside the bone). In order to make red blood cells, the body maintains an adequate supply of erythropoietin (EPO), a hormone that is produced by the kidney. EPO helps make red blood cells. Having more red blood cells raises your hemoglobin levels. Hemoglobin is the protein in red blood cells that helps blood carry oxygen throughout the body.

Examples: Epoetin alfa (Procrit/Epogen), Darbepoetin alfa (Aranesp)

(IVIG)
Intravenous Immune Globulin

A human blood product consisting of antibodies which is used to treat immunodeficiency disorders, B-cell chronic lymphocytic leukemia, inflammatory demyelinating disorders.
Examples: Privigen, Gammagard

Intravenous (IV) iron supplementation

A method of delivering iron by infusion with a needle into a vein

Iron is one of the minerals in the human body. It is one of the components of hemoglobin, the substance in red blood cells that helps blood carry oxygen throughout the body. If you do not have enough iron, your body cannot make hemoglobin, and you may develop anemia.

(Rituximab) and biosimilar Rituximab

Rituximab is not chemotherapy; it is a type of antibody therapy (Immunotherapy) that can be used alone or with chemotherapy. Rituximab works in different ways to find and attack the cells where cancer starts. Rituximab targets and attaches to the CD20 protein found on the surface of blood cells with cancer and some healthy blood cells

RADIATION TYPES:

- IMRT (Intense Modulated Radiation Therapy)
- SRS (Stereotactic Radiosurgery)
- SBRT (Stereotactic Body Radiotherapy)

LUTATHERA

Indicated for the treatment of somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs), including foregut, midgut and hindgut neuroendocrine tumors in adults.

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Labs: Molecular Pathology, Gene (Outgoing)

Molecular pathology is an emerging discipline within pathology which is focused in the study and diagnosis of disease through the examination of molecules within organs, tissues or bodily fluids.

- Molecular pathology is used for a variety of medical reasons, such as: testing for disease susceptibility, population screening, diagnosis, prognosis, therapeutic decision making, and disease monitoring.

Lab process typed up in detail, please reference process on TEAMS site.

St Luke's Cancer Institute

FoundationOne

FoundationOne CDx is the first FDA-approved broad companion diagnostic (CDx) that is clinically and analytically validated for solid tumors. The test is designed to provide physicians with clinically actionable information — both to consider appropriate therapies for patients and understand results with evidence of resistance — based on the individual genomic profile of each patient's cancer. Every test result includes microsatellite instability (MSI) and tumor mutational burden (TMB) to help inform immunotherapy decisions. You can also order PD-L1 immunohistochemistry (IHC) testing to help inform your therapy decision. FoundationOne CDx has national coverage for qualifying Medicare and Medicare Advantage patients across all solid tumors.

OncotypeDx

The Oncotype DX test is a genomic test that analyzes the activity of a group of genes (21 gene types) that can affect how a cancer is likely to behave and respond to treatment. The Oncotype DX is used in two ways:

- to help doctors figure out a woman's risk of early-stage, estrogen-receptor-positive breast cancer coming back (recurrence), as well as how likely she is to benefit from chemotherapy after breast cancer surgery
- to help doctors figure out a woman's risk of DCIS (ductal carcinoma in situ) coming back (recurrence) and/or the risk of a new invasive cancer developing in the same breast, as well as how likely she is to benefit from radiation therapy after DCIS surgery

Recurrence Score **below 25**: Patient likely NOT to benefit from Chemotherapy

Recurrence Score **above 25**: Patient likely to benefit from Chemotherapy

Importance of Labs

Each cancer and its respective chemotherapeutic regimen come with specific side effects. For cancer patients, particularly ones on chemotherapy, labs are closely monitored as they can indicate toxicity to chemotherapy.

One of the most important labs are the Liver Enzyme tests.

- You might be asked on an auth request if a patient has an elevated ALT/AST, Bilirubin, Alkaline Phosphatase
- This is called hepatotoxicity, when a condition or a treatment (such as medications or chemotherapy) has caused damage to the liver.
- This is highly dangerous, as it indicates that the patient's liver is having trouble filtering the chemotherapy toxins and chemotherapy might need to be paused or changed, thus medical necessity for a scan is justified.

You will find the results of ALT/AST, ALK PHOS, Bilirubin, BUN, Creatinine under the **COMPREHENSIVE METABOLIC PANEL** under the Lab tab in the patient's chart.

Comprehensive Metabolic Panel
Status: Final result

	Ref Range & Units
SODIUM	135 - 144 mmol/L
POTASSIUM	3.5 - 5.5 mmol/L
CHLORIDE	98 - 107 mmol/L
TOTAL CO2	22 - 32 mmol/L
ANION GAP	7 - 15 mmol/L
GLUCOSE	60 - 100 mg/dL
CALCIUM	8.4 - 10.6 mg/dL
BUN	7 - 17 mg/dL
CREATININE	0.52 - 1.04 mg/dL
GFR IF AFRICAN AMERICAN	>=60 ml/min/1.73m2
GFR IF NON AFRICAN AMERICAN	>=60 ml/min/1.73m2
PROTEIN TOTAL	6.3 - 8.2 g/dL
ALBUMIN	3.5 - 5.0 g/dL
TOTAL BILIRUBIN	0.2 - 1.3 mg/dL
ALK PHOS	38 - 126 U/L
AST(SGOT)	15 - 46 U/L
ALT(SGPT)	<35 U/L

COMPLETE BLOOD COUNT (CBC) is a test that measures the number of blood cells circulating in the bloodstream. Specifically, it measures a blood sample for the level of red blood cells, which carry oxygen throughout the body; white blood cells, which fight infection; and platelets, which help with blood clotting. The test also measures hemoglobin, a protein in red blood cells that carries oxygen, and hematocrit, the ratio of red blood cells to plasma.
A CBC may be used to detect a variety of conditions, including leukemia, anemia and infection. Also, because some cancer treatments may temporarily lower blood counts, oncologists often use CBC tests throughout treatment to closely monitor a patient's blood counts.

CBC
Status: Final result

	Ref Range & Units	6mo ago (9/18/19)	6mo ago (9/16/19)
WBC COUNT	3.80 - 11.00 10*3/uL	0.53 !! (Emergent L*)	0.17 !! (Emergent L*) CM
Comment: Result verified by repeat analysis. This result has been called been read back.			
RBC COUNT	3.50 - 5.50 10*6/uL	2.41	2.86
HEMOGLOBIN	11.2 - 15.7 g/dL	7.6	9.2
HEMATOCRIT	33.0 - 48.0 %	21.5	25.5
MCV	79.0 - 101.0 fL	89.2	89.2
MCH	25.0 - 35.0 pg	31.5	32.2
MCHC	31.0 - 37.0 g/dL	35.3	36.1
RDW-CV	11.0 - 16.0 %	13.1	13.2
PLATELET COUNT	150 - 420 10*3/uL	<2 !! (Emergent L*)	<2 !! (Emergent L*) CM

Tumor Markers

- For cancer patients, labs are monitored very closely. Though there aren't tumor markers for every type of cancer, a tumor marker is a substance that is made by the body because a cancer is present. Or it can be made by the cancer itself. Some of these markers are specific to one cancer. Some are seen in several types of cancer. The markers can be found in the blood, urine or tissues.
- Tumor markers are most often used to track how a patient's cancer responds to treatment. If the level is going down, the treatment is working. If it goes up, the cancer may be growing. An Oncologist might alter course of treatment given a rising tumor marker.

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Marker	Associated cancers	Test	Comments
Alpha-fetoprotein (AFP)	Liver cancer	Blood test	Tests may help diagnose and stage cancer, determine treatment options and measure response to treatment.
Beta-2-microglobulin (B2M)	Multiple myeloma, chronic lymphocytic leukemia, and some lymphomas	Blood, urine, spinal fluid	Tests may help determine response to treatment and prognosis.
Beta-human chorionic gonadotropin (Beta-hCG)	Choriocarcinoma and germ cell tumors	Urine or blood	Tests may help diagnose and stage cancer, determine treatment options and measure response to treatment.
CA15-3/CA27.29	Breast cancer	Blood	Tests may help diagnose cancer recurrence and measure response to treatment.
CA19-9	Pancreatic cancer, gallbladder cancer, bile duct cancer, and gastric cancer	Blood	Tests may help measure response to treatment.
Calcitonin	Thyroid cancer	Blood	Tests may help diagnose cancer and measure response to treatment.
Carcinoembryonic antigen (CEA)	Colorectal cancer	Blood	Tests may help diagnose cancer recurrence and measure treatment response.
Chromogranin A (CgA)	Neuroendocrine tumors	Blood	Tests may help diagnose cancer recurrence and measure response to treatment.
HE4	Ovarian cancer	Blood	Tests may help determine treatment options, monitor for recurrence and measure response to treatment.
Immunoglobulins	Multiple myeloma and non-Hodgkin lymphoma	Blood and urine	Tests may help diagnose disease, monitor recurrence and measure response to treatment.
Neuron-specific enolase (NSE)	Lung cancer	Blood	Tests may help diagnose disease and measure response to treatment.
Nuclear matrix protein 22	Bladder cancer	Urine	Tests may help measure response to treatment.
Thyroglobulin	Thyroid cancer	Blood	Tests may help monitor response to treatment and diagnose recurrence.

Insurance Types

COMMERCIAL PLANS

Employer-sponsored group

- Fully Insured: The employer pays a premium to the insurance carrier and the premium rates are based on the number of employees.
- Self-Insured (Self-Funded): The employer uses its own funds to cover employees and depends. Employer assumes the direct risk for payment of the claims for benefits

COBRA

(Consolidated Omnibus Budget Reconciliation Act)

A health insurance program that allows an eligible employee and his or her dependents the continued benefits of health insurance coverage in the case that employee loses his or her job or experiences a reduction of work hours

MEDICAID

A federal and state program that helps with medical costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare, including nursing home care and personal care services

MEDICARE

Federal government program that provides health care coverage (health insurance) if you are 65+, under 65 and receiving Social Security Disability Insurance (SSDI) for a certain amount of time, or under 65 and with End-Stage Renal Disease (ESRD)

TRICARE

A health care program of the United States Department of Defense Military Health System.

SSI

(Supplemental Security Income)

Supplemental Security Income is a program that is strictly need-based, according to income and assets, and is funded by general fund taxes (not from the Social Security trust fund). SSI is called a "means-tested program," meaning it has nothing to do with work history, but strictly with financial need. To meet the SSI income requirements, you must have less than $2,000 in assets (or $3,000 for a couple) and a very limited income.

SSDI

(Social Security Disability Insurance)

Social Security Disability Insurance is funded through payroll taxes. SSDI recipients are considered "insured" because they have worked for a certain number of years and have made contributions to the Social Security trust fund in the form of FICA Social Security taxes. SSDI candidates must be younger than 65 and have earned a certain number of "work credits." After receiving SSDI for two years, a disabled person will become eligible for Medicare.

***Detailed information for each type found on TEAMS site

St Luke's Cancer Institute

Financial Assistance

St. Luke's Financial Care Application (FCA)

St. Luke's provides financial assistance for qualifying patients who need help paying for some or all emergency or medically necessary care they received in a St. Luke's facility or by a St. Luke's provider. This program was developed to assist low-income, uninsured, or underinsured patients, and those with catastrophic medical bills.

*Detailed information on St. Luke's website

County Indigent Assistance

A program created and controlled by state law designed to help Idaho residents in paying hospital and medical bills in limited situations. The advantages of the county program are the patient is only asked to repay whatever is paid to the providers which can result in significant savings, no interest is charged, there is no time limit for repayment, and all their provider balances are consolidated.

All PFAs will attend an in-depth County Training with Claudia Mira, Program Manager.

*Scheduled by Jen, Lead

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Drug Assistance

COPAY ASSISTANCE

A copay assistance card (also known as a copay savings program, copay coupon, or simply a copay card) is essentially a coupon that makes a medication less expensive for the patients.

FOUNDATION ASSISTNACE

Foundation Assistance provides direct financial assistance to qualified patients, assisting them with prescription drug co-payments their insurance requires relative to their diagnosis.

FREE DRUG

Free Drug allows our patients to receive the medications they need at no cost to them. Free Drug is also referred to as "Compassionate Use".

All new hire Oncology PFAs will attend an in-depth Drug Assistance training with Rifeta Kajdic, Program Manager.

*Scheduled by Rifeta

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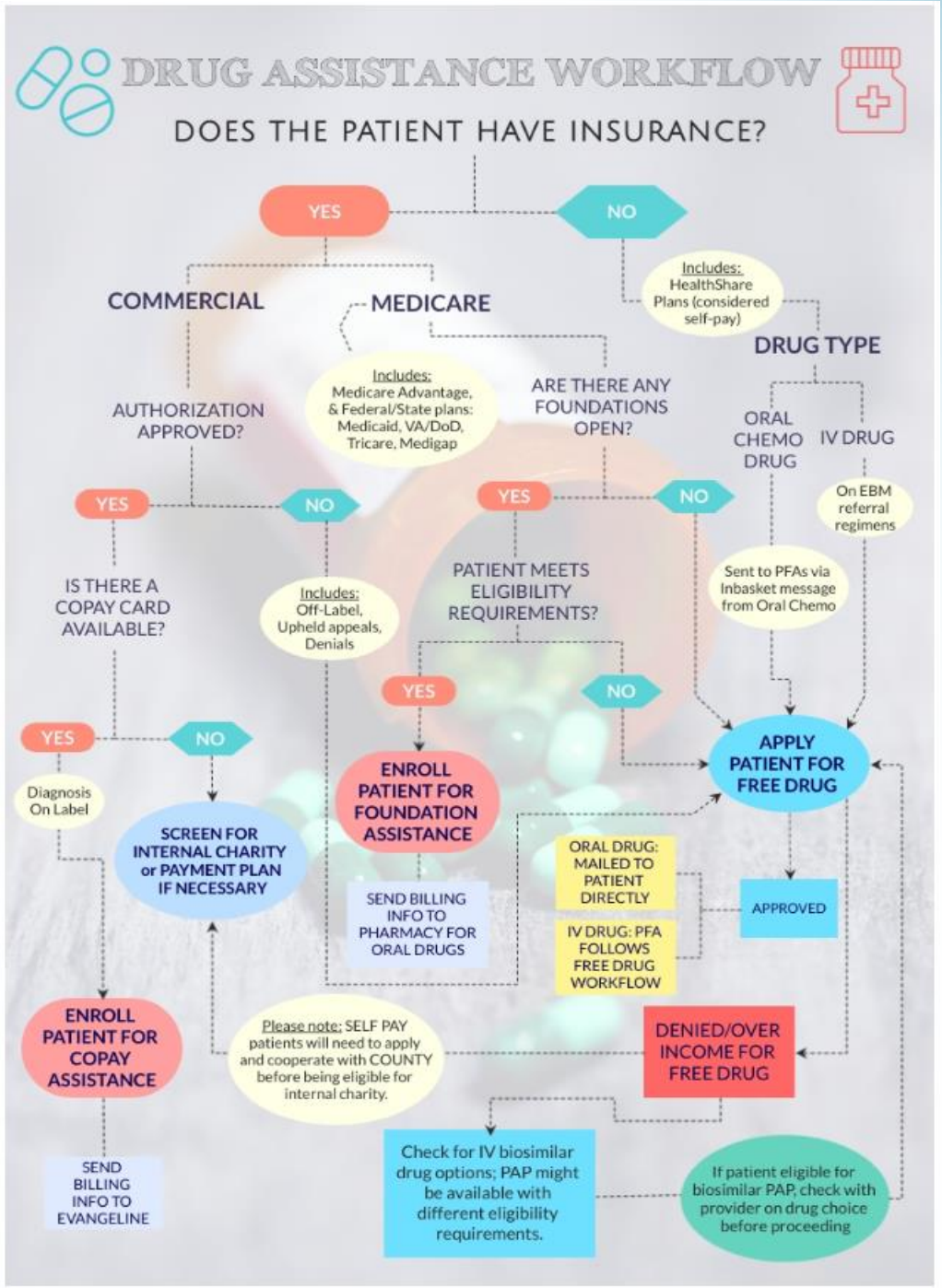
Drug Assistance

Drug Assistance Workflow

Please utilize this Drug Assistance Workflow for a quick reference on how best to assist our patients with both IV and Oral Drug Assistance (Copay, Foundation and Free Drug).

**Workflow file is added to our TEAMS page



St Luke's Cancer Institute

Paperwork

FMLA

PFAs assist our patients and their family members with facilitating FMLA (Family Medical Leave Act) paperwork.

SHORT TERM/LONG TERM DISABILITY

PFAs assist our patients with facilitating their Short-Term and/or Long-Term Disability Paperwork

CANCER CLAIM

PFAs will help facilitate the initial paperwork for our patient's Cancer Claim.

All subsequent Cancer Claims will need to be managed by the patient.

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