

Beneke Cancer Center¹ Business Case: Oncology Financial Resource Coordinator

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June 9, 2008



As the needs of our cancer patients become more complex it has become evident that we need a fulltime, dedicated oncology social worker who is part of the multidisciplinary team, under the guidance of the Cancer Center. Social workers are trained in all levels of human development and family systems and are able to address the psycho-social needs of cancer patients and families at all stages of the disease continuum, from diagnosis to treatment, recurrence, survivorship or palliative care. Financial issues with the high cost of cancer drugs makes it imperative that all newly diagnosed cancer patients have the opportunity to meet with a social worker who can assess all of their needs if we are to achieve optimal care outcomes.

The National Comprehensive Cancer Network (NCCN) which is the “gold standard” for Clinical Practice Guidelines, has developed the term “Distress Management” to describe the psycho-social oncology care provided by social workers. The Association of Community Cancer Centers in their revised “Cancer Program Guidelines” for 2008 holds the Cancer Committee responsible for: 1. The quality of psycho-social oncology services provided, 2. Implementation of standards of care as defined in the NCCN clinical practice guidelines, 3. Assurance that distressed patients and families are identified and treated promptly and appropriately per NCCN Distress Screening Guidelines, 4. Establishes or approves protocols for rapid screening and evaluation per NCCN Guidelines, and 5. Assures proper qualifications and credentials of the providers.

The attached documents describe the justification and benefits of the additional of a full time dedicated social worker to the cancer program as well as the fiscal benefits. With 98% of cancer care occurring in the outpatient setting, a physical presence of the social worker in the outpatient Cancer Treatment Center would add greatly to facilitate the resolution of cancer related problems due to emotional, as well as financial and other practical stressors and assist with increasing physician and nursing revenue generating time.

If you need further information or clarification of our need, please do not hesitate to call.

Sincerely,

Chairman of the Cancer Committee Chief of Oncology

Medical Director,
Cancer Center

1) Pseudonym.

Source: Oncology Roundtable interviews and analysis.

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Cancer Center Resource Counselor

Goals:

1. To perform responsible functions related to the procurement and tracking of free medications.
2. To enroll patients into Cost-sharing & Foundation programs and assist with reimbursement support
3. To conduct a benefits investigation prior to first visit to assess patient financial needs and obtain prior authorization when indicated. Will provide denial, write-off and prior authorization navigation and assistance. Will assist with non-payer accounts. Assessment to include possible financial hardship and assistance with explaining patient financial responsibility, payment options and programs upfront to include SSD/FMLA, ST & LT Disability navigation, financial counseling, community resource navigation to include explanation of facility charges or cost of therapy, to include insurance and payment options.
4. To administer psychosocial assessment and coordinate programming in accordance with COC guidelines.

PAP Responsibilities:

- ◆ Psychosocial assessment including pharmaceutical related financial burden
- ◆ Screen all new patients to determine if they qualify for assistance programs
- ◆ *Review physician orders and chart regarding therapy regimen to include J codes and medications*
- ◆ Enter data into data tracking software and enroll patient into pharmaceutical PAP's
- ◆ Obtain necessary documentation including proof of income and fax application to assistance program
- ◆ Maintain patient eligibility verification (audit PAP charts monthly to verify eligibility)

(It should be noted that the Indigent Medication Program at [REDACTED] and the Repository Program [REDACTED] or periodically used as outreach resources to connect some patients with needed medication.)

Copay Enrollment and Reimbursement Support:

- ◆ Psychosocial assessment including diagnosis related financial burden including insurance benefits
- ◆ Screen patients regarding income level and determine whether or not patient may qualify for Co-pay assistance programs or Reimbursement Support
- ◆ Contact Foundations to check availability of funds associated with patients particular cancer diagnosis
- ◆ Obtain necessary documentation including proof of income and fax application re: assistance
- ◆ Assemble and maintain information from various sources for records and reports
- ◆ Upon Co-pay approval appropriate financial information is documented in spreadsheet to track financial data related to programming
- ◆ Itemized details of services not covered by insurance are faxed to foundation for possible coverage.
- ◆ Enter Foundation as 3rd party payer in H.I.S.

COC Cancer Program Standards:

(These standards are required by the Commission on Cancer)

- ◆ Administer NCCN Distress Thermometer prior to initial appointment and subsequent to last treatment. (COC guidelines and Distress Thermometer with possible referred resources attached) (A Recent study at [REDACTED] concluded that 51% of all new patients score "4" or above, recommending additional follow-up. Also, per clinical assessment 39% of new patients receive a case complexity rating of 3 or 4, affirming the need for additional follow-up.)
- ◆ Provide Patient Navigation in accordance with COC guidelines (COC guidelines attached).
- ◆ Assist with Survivorship Care Plan Formulation in accordance with COC guidelines.

Benefits Investigation:

(Currently Radiation Oncology patient's with private/Medicare HMO or PPO insurance coverage are not assessed for possible assistance programs, including Medicaid assistance and Medicare assistance programs available to assist with medical expenses including co-pay and deductible assistance. Additionally, if a patient does not qualify for Medicaid, it is critical to assess if they qualify for Ohio's High Risk Pool. In the Cancer Treatment Center we have enrolled five patients' to date. These patients' would not have otherwise qualified for medical coverage other than HCAP; it is critical to enroll patients' because this coverage will not go retro. These stated programs help our organizations financial stability and reduce potential bad debt.)

- ◆ Gather insurance information and initiate contact to determine benefits to include: effective dates of coverage re: primary and/or secondary insurance, verification of deductibles, copayments, coinsurance, out-of-pocket maximum, lifetime limit.
- ◆ Notification of physician office re: prior authorization when needed
- ◆ Entry and scan prior authorization into Mosaiq and H.I.S billing system
- ◆ Conduct medical necessity verification on all Medicare patients each visit
- ◆ Obtain advanced beneficiary notice (ABN) for all treatment not meeting medical necessity at time of visit and scan into Mosaiq and Chart Maxx
- ◆ Compliance check on Healthworks all Medicare patient's orders

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Significant outcomes resulting from this position

- ◆ This position will provide significant benefit to all involved
 1. Physicians: Benefit by having the freedom to prescribe the most appropriate drugs. Each patient will receive a complete psychosocial assessment to address social, psychological, emotional, and practical needs. Accordingly each patient will be connected with appropriate resources to augment patient compliance and improve patient satisfaction.
 2. Hospitals: Our organization will financially benefit as a result of up front financial counseling which will help reduce the financial burden of treating the uninsured and underinsured. Subsequent to a complete benefits investigation, each new patient will receive help navigating and array of assistance options (drug replacement, philanthropic funds, HCAP or hospital charity care, High-Risk Insurance Pools, COBRA, Payment Planning, Medicaid, Medicare, SSI, SSD, Local Foundation, etc.).
 3. Patients: Will not have to worry about the financial burden of their care while undergoing prescribed therapy.
- ◆ Number one reason for filing bankruptcy is outstanding medical expenses. Many patients develop a sense of giving up on trying keeping up with medical expenses; this in turn equates to increased Bad Debt a Hospital will write off.
 1. PAP's will help patients maintain a sense of hope they can manage their sometimes complex financial issues.
 2. Addressing existing financial issues and connecting patients' to appropriate programming will lower a patient's overall distress level. Data from cancer center does verify this information.
 3. Patients with limited income make decisions each month regarding which monthly bills will or will not be paid. Addressing financial related distress associated with medical and pharmaceutical cost related worry up front, should in turn create a sense of obligation to pay debt owed to [REDACTED]

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Justification and Fiscal Benefits of Full time Oncology Social Work

- Psycho-social assessment for every new cancer patient identifying issues before treatment begins and following patients through treatment (Radiation therapy and medical oncology patients)
- Social Workers serve dual role as problem solvers and counselors assisting staff and patients, facilitating the resolution of cancer related problems due to both emotional, financial and other practical stressors.
- As part of the multidisciplinary team, facilitate problem resolution for staff and physicians, acting as “physician extenders” and allowing the increase of revenue generating time for physicians and nurses.
- Facilitate increased treatment compliance, thereby increasing revenue
- Assist with Community referrals (keep patient within our system)
- Assist with referrals to other appropriate discipline (eg, Dietician, Pharm D, Spiritual care, Psychology, Psychiatry)
- Develop process for implementation of “patient assistance program” and other financial assistance (Prepare patient assistance applications for medications much like the program [REDACTED] has in place)
- Participate on planning committees for educational programs (Inhouse and Community)
- Advance care planning for legal and complex financial concerns
- Complete and submit applications for various funding sources specific to cancer diagnosis for identified patients
- Be a member of the multidisciplinary team, working collaboratively with all disciplines.
- Seek out grants and other funding sources
- Be involved in Research activities
- Assist with patient transition from private physician office to the hospital outpatient site of service.
- Minimize unnecessary hospital admissions and outlier days/maximizing bed capacity by accessing community and health related resources for patients and families
- Social workers are the least expensive, most extensively utilized and cost effective providers rendering 65% of the nation’s counseling and psychotherapy Services.

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<u>ENCOUNTER ID</u>	<u>CONSUMER FIRST NAME</u>	<u>TOTAL ACTUAL CHARGES</u>
0000677515110	Patient 1	\$9,782.20
0000712628020	Patient 1	\$9,717.71
0000712628020	Patient 1	\$9,782.20
0000712628020	Patient 1	\$9,782.20
0000712628020	Patient 1	\$9,782.20
0000682203590	Patient 2	\$24,365.09
0000682203590	Patient 2	\$38,138.09
0000682203590	Patient 2	\$38,138.09
0000718832500	Patient 2	\$42,729.09
0000718832500	Patient 2	\$42,664.60
0000718832500	Patient 2	\$44,710.35
0000718832500	Patient 2	\$45,418.16
0000737790680	Patient 3	\$24,945.97
0000675508710	Patient 4	\$17,223.17
0000675508710	Patient 4	\$17,248.06
0000675508710	Patient 4	\$17,191.06
0000710286170	Patient 4	\$17,066.06
0000710286170	Patient 4	\$16,864.06
0000710286170	Patient 4	\$17,066.06
0000710286170	Patient 4	\$16,636.06
0000710286170	Patient 4	\$33,752.64
0000710286170	Patient 4	\$17,006.46
0000710286170	Patient 4	\$16,864.06
0000701844600	Patient 5	\$11,489.42
0000701844600	Patient 5	\$9,581.42
0000701844600	Patient 5	\$32,496.84
0000701844600	Patient 5	\$30,146.79
0000709041490	Patient 6	\$36,293.72
0000709041490	Patient 6	\$24,371.39
0000709041490	Patient 6	\$11,384.93
0000678845930	Patient 7	\$59,698.27
0000678845930	Patient 7	\$19,931.35
0000715844450	Patient 7	\$19,931.35
0000732206750	Patient 8	\$20,068.11

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<u>ENCOUNTER ID</u>	<u>CONSUMER FIRST NAME</u>	<u>TOTAL ACTUAL CHARGES</u>						
0000732206750	Patient 8	\$20,068.11						
0000732206750	Patient 8	\$20,704.11						
0000720736870	Patient 9	\$66,183.73						
0000721280020	Patient 10	\$48,872.69						
0000721280020	Patient 10	\$4,483.60						
0000678202170	Patient 11	\$7,926.37						
0000678202170	Patient 11	\$5,823.28						
0000678202170	Patient 11	\$7,722.89						
0000678202170	Patient 11	\$1,899.61						
TOTAL:		\$1,134,370.22						
This is eleven patients from the month of March that cannot pay their patient visits to the Cancer Treatment Center!!								

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Drug Summary by Location

Orders From 1/1/2009 Through 12/31/2009

Pharmacy

Drug	Orders	Quantity	AWP Value	Your Value
Actos 30 mg	1	90	\$689	\$552
Alprazolam 0.5 mg (RxOut)	1	270	\$252	\$14
Calan 120 mg (Pfizer C to C)	1	90	\$146	\$21
Depakote Er 500 mg	1	90	\$296	\$178
Dilantin 100 mg (Pfizer C to C)	4	1,230	\$504	\$455
Dilantin 30 mg Cap (Pfizer C to C)	1	30	\$11	\$10
Glucotrol 10 mg (Pfizer C to C)	1	180	\$220	\$193
Nexium 40 mg	2	180	\$1,115	\$371
Plavix 75 mg	1	90	\$518	\$404
Procardia XI 30mg (Pfizer C to C)	1	90	\$197	\$42
Toprol XL 100 mg	1	180	\$319	\$198
	15		\$4,267	\$2,437

None

Drug	Orders	Quantity	AWP Value	Your Value
Lorazepam 0.5 mg (RxOut)	1	6	\$4	\$2
Protonix Tabs 40 mg	1	30	\$144	\$45
Sprycel 50mg	1	60	\$5,444	\$5,860
Wellbutrin Sr 100 mg	1	60	\$209	\$347
Zofran Inj. (Commit to Access)	1	6	\$802	\$624
	5		\$6,603	\$6,877

Pharmacy

Drug	Orders	Quantity	AWP Value	Your Value
Actos 45 mg	1	30	\$249	\$209
Adrucil Inj. 50mg/ml (5 X 100ml)	2	36	\$7,493	\$2,251
Adrucil Inj. 50mg/ml (5 X 50ml)	3	55	\$6,669	\$1,673
Advair Diskus 250/50	1	3	\$680	\$551
Advair Diskus 500/50	1	3	\$939	\$724
Alimta IV 500 mg	1	6	\$16,538	\$14,061
Allopurinol 300 mg (RxOut)	1	56	\$33	\$2

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Pharmacy				
Drug	Orders	Quantity	AWP Value	Your Value
Aloxi 0.25 mg/5 mL	7	42	\$16,733	\$8,173
Alprazolam 0.5 mg (RxOut)	1	30	\$28	\$2
Arimidex Tabs 1 mg	2	420	\$4,805	\$4,435
Avastin Inj 25mg/ml (4 ml Vial)	4	308	\$211,750	\$167,906
Avastin Inj. 25mg/ml 16ml Vial (Hosp)	1	6	\$16,500	\$12,844
Biafine Topical Emul. 90 Gm	1	1	\$48	\$1
Carboplatin Inj. 10 mg/ml	1	6	\$1,418	\$36
Casodex 50 mg	2	360	\$7,424	\$5,778
Celexa 10 mg Tabs	1	30	\$99	\$87
Cialis Tabs 20 mg	1	6	\$106	\$95
Cipro 500 mg	1	12	\$86	\$58
CoumadinTabs 2 mg	1	30	\$29	\$28
Creon 20	2	540	\$1,469	\$1,312
Cytoxan 50mg/ml	4	172	\$26,670	\$2,128
Deconamine SR 8/120mg	1	12	\$49	\$7
Dilantin 100 mg (Pfizer C to C)	1	120	\$49	\$44
Doxazosin 1mg (RxOut)	1	180	\$172	\$5
Doxil inj. 50mg (Procritline)	1	2	\$5,593	\$4,359
Dyazide Caps 37.5-25mg	1	60	\$69	\$55
Effexor XR 75 mg	1	90	\$428	\$347
Ellence Sol. for Inj. 2mg/ml (100ml)	1	4	\$12,083	\$9,797
Eloxatin 100 mg	7	84	\$197,769	\$160,358
Eloxatin 50 mg	2	24	\$28,253	\$22,908
Emend 125-80mg (tri-pack)	6	27	\$9,955	\$7,937
Famvir 500 mg	1	20	\$243	\$208
Feldene 20 mg (Pfizer C to C)	1	60	\$266	\$226
Flomax 0.4 mg	2	60	\$226	\$188
Fludara 50 mg Vial	1	18	\$6,768	\$2,418
Fluticasone Nasal Spray 50mcg (RxOut)	1	3	\$273	\$230
Gemzar 200mg	1	24	\$3,781	\$3,221
Gleevec Tabs 400 mg	1	360	\$54,254	\$44,302
Herceptin 440mg	2	27	\$85,599	\$73,563
Januvia 100mg	1	90	\$617	\$486
Kadian C-II 30 mg	1	180	\$875	\$652

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Pharmacy

Drug	Orders	Quantity	AWP Value	Your Value
Leucovorin inj. 350mg	1	12	\$142	\$88
Leucovorin inj. 500mg	3	36	\$1,296	\$771
Lisinopril/Hctz 20/25 mg (RxOut)	1	180	\$219	\$86
Lorazepam 0.5 mg (RxOut)	2	220	\$141	\$66
Lorazepam 1 mg (RxOut)	1	60	\$53	\$26
Lovenox 100 mg/ml	1	35	\$2,867	\$2,416
Lovenox 120 mg/0.8 ml	1	90	\$8,850	\$7,534
Lupron Depot 11.25 mg	1	4	\$7,874	\$6,697
Lupron Depot 30 mg	2	8	\$27,340	\$21,282
Megace Oral Suspension	2	33	\$5,714	\$4,557
Metoclopramide Hcl 5 mg Tabs (RxOut)	1	270	\$86	\$81
Mitomycin 5 mg	1	4	\$269	\$138
Neulasta	4	22	\$82,764	\$57,397
Nexium 40 mg	3	160	\$991	\$330
Omeprazole Caps 20 mg (RxOut)	2	360	\$1,495	\$209
Onxol 6mg/ml (50ml vial)	2	8	\$13,818	\$1,006
Oxy Ir 5 mg	1	90	\$34	\$7
Oxycontin 10 mg	1	60	\$109	\$79
Oxycontin 15 mg	1	60	\$163	\$119
Oxycontin 40 mg	1	60	\$369	\$269
Oxycontin 60 mg	1	180	\$1,788	\$1,210
Paraplatin Injection 150mg (10mg/ml)	2	7	\$3,440	\$232
Paraplatin Injection 450mg (10mg/ml)	1	6	\$8,847	\$827
Paraplatin Injection 600mg (10mg/ml)	5	23	\$45,962	\$1,556
Plavix 75 mg	1	90	\$518	\$404
Pravastatin 40 mg (RxOut)	1	90	\$431	\$11
Prednisone 50 mg (RxOut)	1	10	\$3	\$2
Prevacid 30 mg	1	60	\$343	\$152
Proair HFA	1	6	\$246	\$189
Promacta DS 50 mg (Commitment to Access)	2	360	\$39,501	\$38,146
Proventil Inhaler	1	3	\$143	\$111
Provigil 200 mg	1	60	\$722	\$616
Rituxan injection 100mg	5	46	\$30,559	\$24,174
Rituxan Injection 500mg	4	22	\$73,075	\$57,807

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Pharmacy				
Drug	Orders	Quantity	AWP Value	Your Value
Simvastatin 80mg (RxOut)	1	90	\$443	\$8
Spiriva 18 mcg Per Dose With Handihaler	3	11	\$5,481	\$5,154
Symbicort 160/4.5 mcg	1	2	\$384	\$333
Synthroid 175 mcg	1	60	\$53	\$40
Tarceva Tabs 150 mg	1	180	\$27,559	\$16,758
Taxotere 20 mg	1	4	\$1,715	\$1,455
Taxotere 80 mg	4	18	\$30,868	\$26,194
Temodar 20 mg	1	60	\$2,151	\$2,006
Toposar 20 mg/ml	4	266	\$2,990	\$1,008
Tysabri 20 mg/ ml	1	12	\$37,317	\$28,008
Ventolin Hfa Inhaler	1	3	\$56	\$42
Vincristine 2 mg/2 ml	1	8	\$134	\$60
Xeloda Tabs 150 mg	2	154	\$1,194	\$881
Xeloda Tabs 500 mg	3	225	\$5,816	\$4,291
Zofran 8 mg (Bridges to Access)	2	150	\$6,640	\$27
Zofran 8mg (Commit to Access)	13	660	\$29,218	\$119
Zofran Inj. (Commit to Access)	2	30	\$4,008	\$3,119
Zofran VI 2ml (Commit to Access)	2	12	\$1,538	\$1,248
Zolpidem Tartrate 5 mg (RxOut)	1	30	\$139	\$2
	177		\$1,244,966	\$873,012
All	197		\$1,255,836	\$882,326

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Rollup Summary of Orders by Account							
Includes Orders From 1/1/2009 Through 12/31/2009							
	New Orders	Renewal Orders	Total Orders	Patients Served*	Types of Drugs Used	PAP Programs	Value at AWP
	195	2	197	66	104	40	\$1,255,836

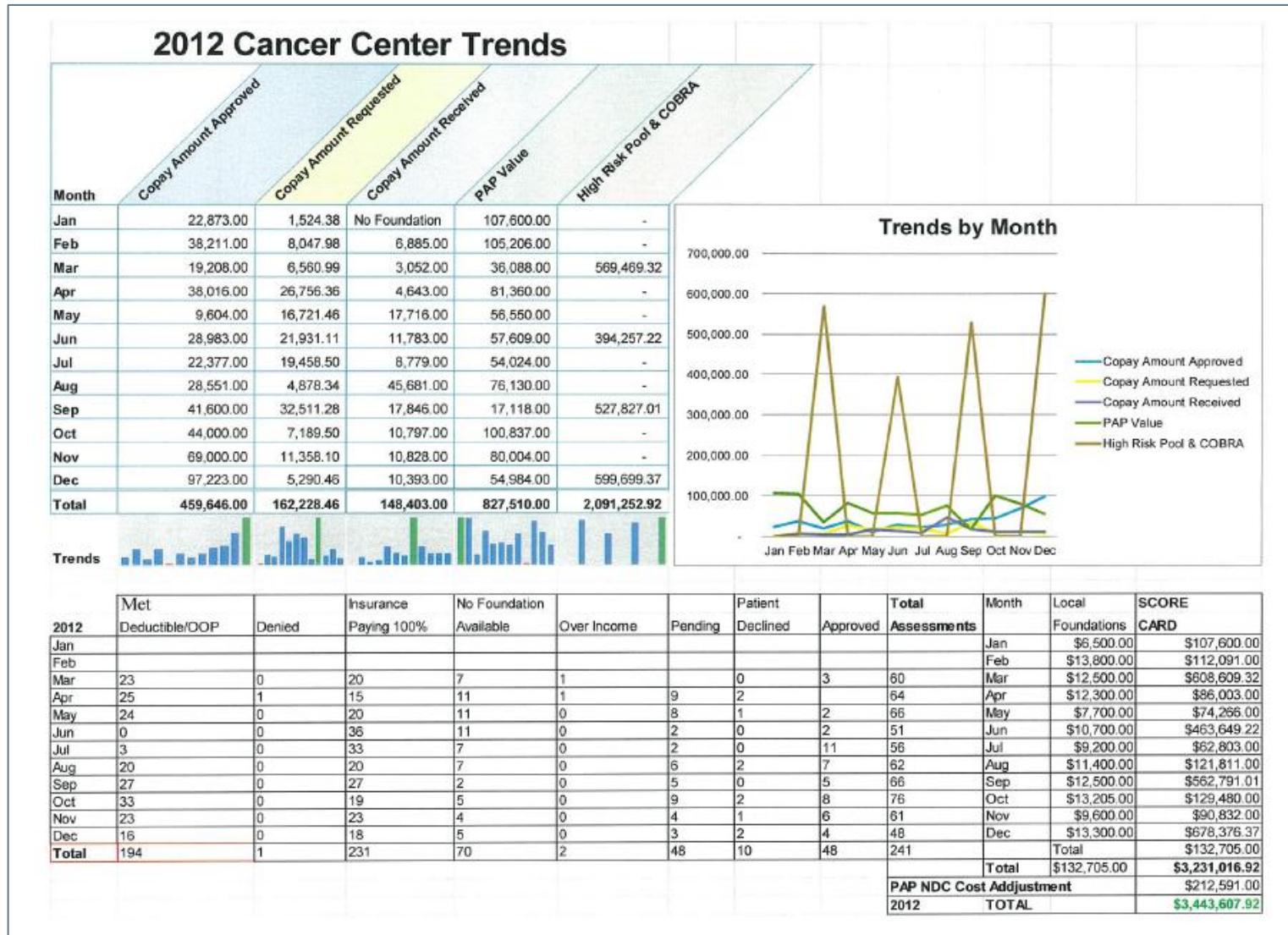
* Please note that "Patients Served" counts each unique patient only once during the time period of the report.

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