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Financial Navigation

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Welcome to the training on Financial Navigation.

My name is Clara Lambert, and I am a Director of Financial Navigation at TailorMed.

Disclosure

No disclosures

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I have no disclosures.

Learning Objectives

- Define financial toxicity and its impact on patient wellness
- Describe components of financial navigation
- Identify resources to meet patient financial challenges
- Access sample evaluation tools to show value of financial navigation in practice

In this lesson, you will learn how to:

- Define financial toxicity and its impact on patient wellness
- Describe components of financial navigation
- Identify resources to meet patient financial challenges
- Access sample evaluation tools to show value of financial navigation in practice

Financial Toxicity Definition

The consequence of a health diagnosis impacting the **material, psychological, and behavioral status** of a patient, including

- Financial distress
- Bankruptcy
- Poorer quality of life
- Treatment non-adherence

Iragorri et al., 2021; Watabayashi et al., 2020

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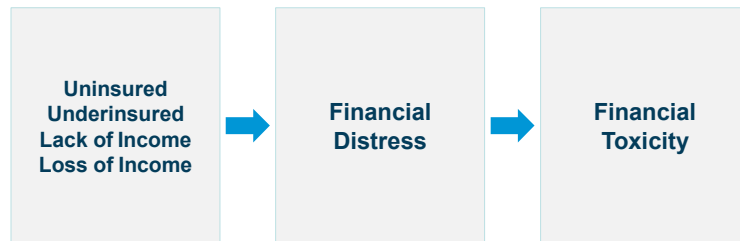
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In the past few years, a new term has emerged to describe the financial burden experienced by the patients, called financial toxicity. Financial toxicity is a consequence of healthcare needs impacting patient's material, psychological, and behavioral status, including financial distress, bankruptcy, and treatment non-adherence. Financial toxicity affects patients' well-being and quality of life due to challenges in affording essential life expenses, including treatment, medication, food, transportation, dependent care, clothing, education, and other expenses. People diagnosed with cancer are at a high risk for financial toxicity given the high costs of cancer care. According to a 2021 study, on average, cancer patients spent 42% and caregivers 16% of their annual income on out-of-pocket expenses. Spending almost half of a person's income on health care expenses can cause severe stress. Financial toxicity is usually caused by out-of-pocket costs that the patient is not able to cover and may consist of copayments, deductibles, and coinsurance.

Path of Financial Distress & Toxicity



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When financial distress causes patients to take actions that affect their treatment, it is considered financial toxicity.

The terms financial distress and financial toxicity can often be confused. Financial distress describes the inability to pay for the care and may involve borrowing money and declaring bankruptcy.

Financial toxicity refers to the patient's decisions related to the financial distress. This can include cost of care, as well as other financial problems: such as a decrease in income or not having health insurance, therefore experiencing financial problems, This puts a patient at a higher risk of facing bankruptcy and debt.

Financial Toxicity and Cancer

Elements that put individuals at higher risk of financial toxicity

- Cancer diagnosis and chronic disease
- Advanced stage or recurrent cancer
- Multiple cancers
- Prior cancer diagnosis
- Adjuvant and antineoplastic therapies
- Living far away from a cancer treatment site
- Lower household income
- Loss of income
- No insurance and insurance type

High risk of financial toxicity is associated with particular lived experiences due to structural inequities



Carrera et al., 2018; NCI, 2019; Yap et al., 2020; Zafar et al., 2013; Zahnd et al., 2019

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Several studies have shown that cancer patients experience much higher levels of financial toxicity than other patients. Cancer patients may also feel more anxiety about their cancer treatment and the costs of care than about the possibility of death.

Elements that put individuals at higher risk of financial toxicity include:

- Cancer diagnosis and chronic disease
- Advanced stage or recurrent cancer
- Multiple cancers
- Prior cancer diagnosis
- Adjuvant and antineoplastic therapies
- Living far away from cancer treatment site
- Lower household income
- Loss of income
- No insurance and insurance type

Because of structural bias, being female, being younger and non-white, having widowed partnership status, lower education level, and living in a rural setting are all

associated with greater financial toxicity. This is because there are structural biases such as unequal opportunities, unequal pay, hiring bias, and/ or disparities in accessing care closer to home which results in higher transportation costs for people with these lived experiences. For all of these reasons, people with these backgrounds may have fewer financial resources.

Such patients may delay or discontinue treatment because they may feel they cannot pay for treatment or paying for care will result in financial devastation for their loved ones.

Factors Affecting Financial Toxicity



Offodile et al., 2020

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A 2020 study asked more than 570 breast cancer patients to fill out a COmprehensive Score for Financial Toxicity (COST) survey that measured financial toxicity. Lower scores represented greater treatment induced distress. The researchers found that lower scores were commonly associated with lower rates of supplemental insurance usage, lower household income, low education levels and credit scores.

Protective factors, or factors that reduced one's risk of financial toxicity, included:

- Increased household income, which allowed patients to get supplemental insurance
- Increased credit scores

Risk factors for financial toxicity:

- Reduction and cessation of work

- Increased out of pocket expenses

Individuals who experienced high financial toxicity sometimes limited their food and/or clothing purchases and limited leisure expenses.

Financial Distress: Psychosocial Impact



ACCC Financial Advocacy Network, 2019

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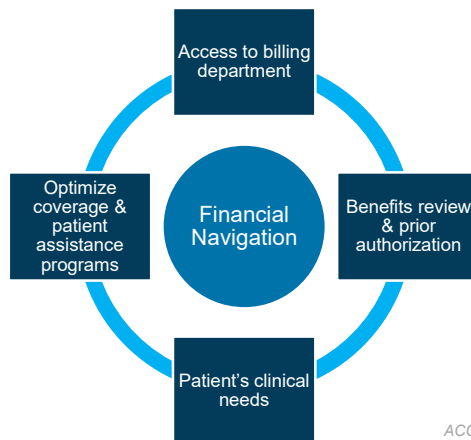
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Mental health affects patients' treatment adherence as well as quality of life and health outcomes.

The psychosocial impact of financial distress on the patient can be recognized by the following:

- Depressed mood most of the day, nearly every day (e.g., patient feels sad, empty, hopeless) or observed by others (e.g., appears tearful)
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
- Not being able to stop or control worry, nearly every day
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation

Financial Navigation Services



ACCC Financial Advocacy Network, 2019; Sherman, 2019

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It is essential to include financial navigation services for people affected by cancer to reduce financial toxicity and improve patient health outcomes.

This illustration demonstrates how basic financial navigation services work. Essentially, financial navigation becomes a hub that links and addresses other components of comprehensive cancer care.

- **Benefits review & prior authorization:** It is important to review the insurance benefits together with the patient and make sure that the patient understands the insurance coverage
- **Patient's clinical needs:** The Financial Navigator should work together with a clinical team that can suggest different treatment options which would put the patient at lower risk of financial toxicity
- **Optimize coverage & patient assistance programs:** The Financial Navigator should optimize coverage and assist patients with providing referrals or

resources

- Access to billing department: Finally, Financial Navigators should have good communication skills and continuously communicate with the billing department

It is important to note that Financial Navigators should have the financial literacy to understand the complexities of this service and explain to the patient some of the financial terms. Such a job requires individuals to have strong interpersonal skills to be able to communicate effectively and be detail-oriented, so each patient's needs would be meticulously tracked.

Main Components of Financial Navigation

1. **Stay updated** about patient assistance programs and resources
2. **Intervene in reducing financial toxicity** by proactively assisting patients and optimizing health insurance benefits
3. **Explain** insurance coverage and assistance options
4. Use **effective communication strategies** with patients and caregivers on the cost of care, patient assistance support, and additional resources
5. **Manage, track, and report** all financial navigation and patient access service interventions
6. Ensure providers and cancer program **staff are aware of policy requirements** from payers for coverage of services
7. **Discuss affordable treatment plans** with the cancer care team

These are the main components that make financial navigation an effective strategy.

1. Keep yourself updated about available patient assistance programs and other resources
2. Intervene in reducing financial toxicity by proactively assisting patients and optimizing health insurance benefits
3. Explain insurance coverage and provide assistance options (drug replacement, copay and etc.)
4. Use effective communication strategies with patients and their caregivers focusing on issues of cost of care, patient assistance support, and additional resources (patients, caregivers, team at your facility)
5. Manage, track, and report on all financial navigation and patient access services
6. Ensure that providers and cancer program staff are aware of ongoing policy requirements from payers for coverage of services (especially when there are new treatments and there is no information about the coverage)
7. Discuss more affordable treatment plans with the cancer care team if possible (determining with a clinical team if there are different options that are less financially toxic to the patient)

Let's dive deeper in each of these elements.

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Stay Updated and Intervene

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First, stay updated and intervene early.

Keep Yourself Updated

Keep yourself updated about available patient assistance programs or other resources

- [American Cancer Society Local Resources](#)
- [Cancer Can't](#)
- [Donate Drugs](#)
- [Charitable Pharmacy Group](#)
- [Good Rx](#)
- [Needy Meds](#)
- [Prescription Drug Assistance Network](#)

To provide efficient financial navigation to the patient, it is essential to keep yourself updated about available patient assistance programs and other resources.

Applications and processes for such programs continuously change; new programs are being offered; in addition, deadlines can vary from one program to another.

Therefore, always make sure you use the most recent information to assist your patient. For example, you can sign up for the newsletters of various foundations to learn about when they open new funds or programs.

These are examples of patient assistance programs and other resources:

- [American Cancer Society Local Resources](#) and [Cancer Can't](#) - transportation, lodging, education, and emotional support
- [Donate Drugs](#) and [Charitable Pharmacy Group](#) – option to donate unused drugs, so patients in need of such medications would be able to have access to them
- [Good Rx](#) – free tool to compare medication prices at different pharmacies

- [Needy Meds](#) - connects patients to programs that help them afford their medications and other healthcare costs
- [Prescription Drug Assistance Network](#) - finds and/ or manages a program for medications

Patient Assistance Programs

- **External** assistance programs
 - Manufacturer (pharmaceutical) copay assistance
 - Foundation assistance
 - Free drug programs
- **Internal** assistance programs
 - Charity programs
 - Payment plans
- **Living expense funds**

Patient assistance programs can be external or internal.

External assistance programs are outside of patient's health system

1. Manufacturer copay assistance: Copay cards for people with commercial insurance (patients are not eligible if they have government insurance). Pharmaceutical companies assist with out-of-pocket drug costs. This assistance is specific to drugs offered by a particular drug company
2. Foundation assistance: Copay assistance for people who have government insurance. Provided by disease foundations supported by donations to assist patients with specific diseases treatment
3. Free drug programs: When someone doesn't have insurance, or their treatment is not covered

Internal assistance programs (within the hospital/ health system)

1. Charity programs

2. Payment plans: If someone is not eligible for a charity program, they might be eligible for payment plans

Other types of assistance include living expense funds: Different organizations have funds available for the patient to pay rent, mortgage, utility bills, or get groceries.

Always use an external assistance program before using internal. In this way, you may be able to make the funds last longer.

Patient Assistance Programs

- Elements to consider to help you determine what type of assistance could be provided to the patient
 - Insurance type (or no insurance)
 - Out-of-pocket
 - Level of coverage (underinsured)
- Where to find Patient Assistance Programs (PAP)
 - Association of Community Cancer Centers (ACCC) [Patient Assistance and Reimbursement Guide](#)
 - Pharmaceutical drug company websites
 - [The Cancer Financial Assistance Coalition](#)
 - [NeedyMeds.org](#)
 - [Rxassist.org](#)

ACCC Financial Advocacy Network, 2019

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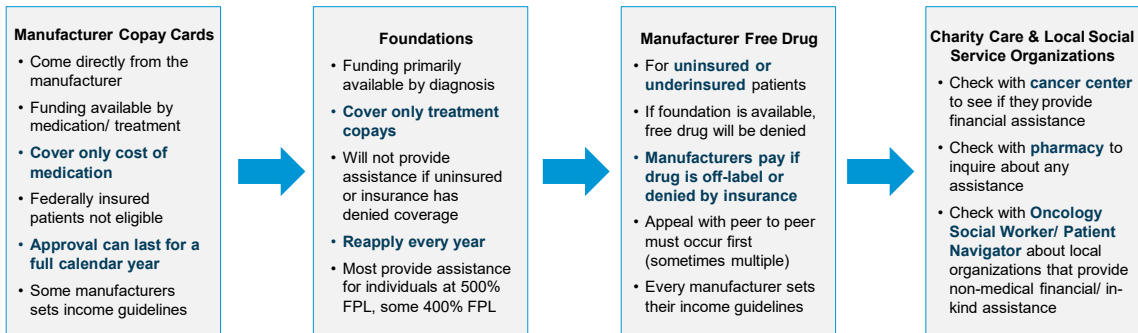
To determine what type of assistance could be provided to the patient, it is important to determine the following:

- If the patient has insurance and what type it is (government or commercial)
- Has the patient met their out-of-pocket (OOP) costs for the year?
- Is the patient underinsured?

Where to find Patient Assistance Programs (PAP):

- Association of Community Cancer Centers (ACCC) Patient Assistance and Reimbursement Guide (free – you can find patient assistance programs by drug name)
- Pharmaceutical drug company websites (either specific drug websites or patient assistance websites)
- The Cancer Financial Assistance Coalition – provides education about available resources and advocates for patients who need financial assistance due to cancer treatment and care. The website does a good comprehensive look up that is zip code specific
- NeedyMeds.org – helps find financial assistance for certain drugs
- Rxassist.org – database of patient assistance programs, tools, and articles

Patient Assistance Programs



Let's review different patient assistance programs.

Manufacturer Copay Cards

- Copay cards come directly from the manufacturer
- Funding is available by medication/ treatment
- Cover only cost of medication
- Approval can last for a full year from the date of approval or to the end of a calendar year (some automatically get renewed; some require you to renew)
- Federally insured (Medicaid, Medicare, Tricare) patients are not eligible for copay cards
- Some manufacturers set their income guidelines, but some of them don't have any income eligibility guidelines

Foundations

- Funding is primarily available by diagnosis
- Foundations only cover treatment copays. Do not usually cover

administration fees, labs, doctor's visits, testing, etc.

- If you are uninsured or insurance has denied coverage, foundation will not provide assistance
- Must reapply every year
- Most provide assistance for individuals at 500% FPL or below, some 400% FPL, but may differ

Manufacturer Free Drug

- Intended for patients with no insurance or who are underinsured
- If foundation funding is available, the free drug will be denied
- Manufacturers will pay if the drug is off label (not intended for diagnosis) or denied by insurance. However, appeal with peer to peer must occur first. Some manufacturers require multiple appeals
- Every manufacturer sets their income guidelines

Charity Care & Local Social Service Organizations

- Check with your cancer center to see if they provide financial assistance
- Check with your pharmacy to inquire about any assistance available to you
- Check with your Oncology Social Worker/ Patient Navigator about local organizations that provide nonmedical financial/ in-kind assistance (i.e., Catholic Charities, Cancer Lifeline, Salvation Army)

If someone qualifies for manufacturer copay cards, these should be used rather than applying to the foundations. Save the foundations for people who cannot qualify for the manufacturer copay assistance.

Insurance Optimization

- Medicaid applications
- Disability applications
- Extra help applications
- Continuation of Health Coverage (COBRA)
- Affordable Care Act (ACA) enrollment
- Medicare open enrollment
- Medicare Advantage enrollment
- Medigap enrollment

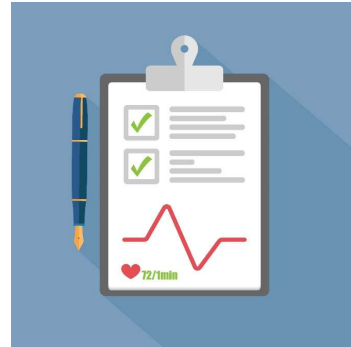


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The following examples can ensure insurance optimization:

- Medicaid applications
- Disability applications (e.g., short-term and long-term disability available through the employer or other disability applications for patients who no longer can work)
- Extra help applications (through social security, if your patient qualifies and has Medicare, this assistance can provide patients with up to \$5,000 savings per year)
- COBRA (insurance for someone who has stopped working)
- ACA enrollment
- Medicare open enrollment
- Medicare Advantage enrollment
- Medigap enrollment (when someone turns 65, they are automatically enrolled in Medigap)

Hospital Charity Programs

- If patients receive a hospital bill and are unable to pay it, they might be eligible for a hospital charity program or discounted payment program
- Charity care: Discounted or free medically necessary hospital services for underinsured patients or those individuals who do not have insurance

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- If patients receive a hospital bill and are unable to pay it, they might be eligible for a hospital charity program or discounted payment program
- Charity care: Discounted or free medically necessary hospital services for underinsured patients or those individuals who do not have insurance

Please note that hospital charity programs vary widely and are not always available. Many foundations and copay cards have retroactive periods. We should always enroll retroactively before enrolling in hospital charity.

Other Programs

- [Colorectal CareLine](#)
- [DONNA CareLine](#)

Other patient assistance programs to consider:

- Colorectal CareLine – financial assistance to colorectal cancer patients who need help with financial burden, such as getting more information on insurance navigation and other services
- DONNA CareLine – financial and healthcare access assistance for breast cancer patients

Financial Assistance Foundations

- [The Assistance Fund](#)
- [CancerCare](#)
- [HealthWell Foundation](#)
- [Leukemia and Lymphoma Society](#)
- [Patient Access Network Foundation](#)
- [Patient Advocate Foundation](#)

Financial assistance foundations:

1. The Assistance Fund – a charitable organization that assists patients with high medical costs, such as copayments, coinsurance, deductibles, and other expenses
2. CancerCare – service that offers financial copay assistance, education, and emotional support
3. HealthWell Foundation – non-profit that assist underinsured patients with prescription copays, premiums, deductibles and coinsurance, pediatric treatment costs, and travel expenses
4. Leukemia and Lymphoma Society – offers patient financial assistance programs for blood cancers
5. Patient Access Network Foundation – assistance with out-of-pocket expenses and drug costs for underinsured patients suffering from life-threatening, chronic, and rare diseases

6. Patient Advocate Foundation – provides financial assistance and copay relief funds and offers scholarships and case management

Copay Cards and Drug Discount Cards

- Copay cards: Offered by drug companies to reduce or eliminate the out-of-pocket amount that needs to be paid for a prescription drug
- Discount cards: Assist in lowering the cost of a prescription

ACCC Financial Advocacy Network, 2019

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Prescription drug programs:

- Drug companies offer copay cards to reduce or eliminate the out-of-pocket amount needed for a prescription drug. Not all pharmacies accept such cards.
- Discount cards: Assist in lowering the cost of a prescription. Such programs work through participating pharmacies that agree to lower the drug prices. Discount cards can be used if a patient decides

to purchase drugs that are not covered by their insurance, or the deductible has not been met. Usually, there are no restrictions to using such cards.

Eligibility for Foundation Assistance

- Type of disease
- Drug
- Insurance
- Federal Poverty Level (FPL)
- Residency

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In order to consider patient's eligibility for foundation assistance, you need to keep in mind the following:

- Many foundations are disease-specific and medication-specific
- Has the out-of-pocket been met? Many foundations can assist with that; however, people who do not have insurance do not qualify for such assistance
- Many foundations base their eligibility on the federal poverty level, or FPL
- Foundations require patients to be US residents, not necessarily citizens

These applications are complex and require a lot of documentation. Each patient assistance program application differs and changes frequently. Some of the applications need to be faxed; others can be applied for online. Create a spreadsheet that could assist you in tracking the process and progress of such applications for each patient.

Note that the federal poverty level changes from year to year. The annual update of HHS Poverty Guidelines can be found each January from the Federal Register at [federalregister.gov](https://www.federalregister.gov).

Prepare for Patient

- Understand coverage
- Identify patient assistance program
- Execute a plan to approach the patient
 - Assess for Medicaid
 - Copay Cards
 - Foundations
 - Compassionate Care

Diagnosis	Treatment	Comment	Primary Insurance	Co-Insurance	Copay	Deductable	Out-Of-Pocket	Secondary Insurance
Melanoma	Opdivo	** OOP	Geisinger	0.2	0	500	5,000	
Breast	Taxotere/ Cytozan		Aeatna MCR	0.2	45	0	6700	
CNS lymphoma	Rituxan	MCR/Plan F	MCR	Secondary				Cigna Medigap
	Tecentriq/ Abraxane/ Carbo		Cigna Health- spring MCR	0.2	0	0	5900	
Lung	Injectafer		Aetna	0	0	7,350	8150	
Anemia								
Gallbladder cancer	Gemzar/ Cisplatin	MCR only assessment T- \$182.16	MCR	0.2	N/A	198	Unlimited	

Santiago, n.d.

As we saw from the previous slides, patients can be eligible for different assistance programs. Therefore, keeping track of patients and programs can ensure optimal and comprehensive care.

This is an example spreadsheet created by a navigator that allows the navigator to see all details that necessary about each patient: The diagnosis, what type of treatment is being offered, what kind of insurance (if any) this patient has, do they have co-insurance, how big is the copay, the deductible, out-of-pocket expenses. Such information will be beneficial in helping the Financial Navigator to identify patient assistance programs and have a plan to access Medicaid, copay cards, determine if any foundations could assist the patient, or they could use compassionate care.

Tracking such elements can:

- Ensure all infusion patients are accounted for

- Assign Financial Navigators to a daily schedule
- Easy to identify:
 - Who requires assistance
 - Population of Medicaid, Medicare, commercial insurance patients

Screening for Financial Distress

- Comprehensive Score for Financial Toxicity (COST)
- Personal Finance Well-Being (PFW) Scale
- Financial Toxicity Grading/Scoring System
- Psychosocial assessment tools

Grade	Description
1	Lifestyle modification (deferral of large purchases or reduced spending on vacation and leisure activities) because of medical expenditure
	Use of charity grants/ fundraising/copayment program mechanisms to meet costs of care
2	Temporary loss of employment resulting from medical treatment
	Need to sell stocks/ investments for medical expenditure
	Use of savings accounts, disability income, or retirement funds for medical expenditure
3	Need to mortgage/ refinance home to pay medical bills
	Permanent loss of job as a result of medical treatment
	Current debts > household income
	Inability to pay for necessities such as food or utilities
4	Need to sell home to pay for medical bills
	Declaration of bankruptcy because of medical treatment
	Need to stop treatment because of financial burden
	Consideration of suicide because of financial burden of care

De Souza et al., 2017; Khera, 2014; NCCN, 2020; Pfeef.org, n.d.

Screening for financial toxicity is essential because it may improve patient outcomes and quality of life by assisting patients with financial issues from early on. Therefore, it is advisable to screen for financial toxicity before and during the treatment.

Comprehensive Score for Financial Toxicity (COST) is a reliable tool to assess the risk of financial toxicity caused by the high cost of treatment. The scale has been shown to be reliable and has demonstrated high internal consistency. It presents the patient with 12 statements and asks them to rate those statements on a five-point Likert scale (from not at all, a little bit, somewhat to quite a bit, and very much).

Another measure that can assess financial toxicity is the Personal Finance Well-Being Scale®. This tool can assess financial health and treatment outcomes to reduce financial distress and improve financial well-being.

Financial toxicity can be graded as: mild (grade 1), moderate (grade 2), severe (grade 3), life-threatening or disabling (grade 4), or fatal (grade 5). The chart above describes what would qualify for each grade. For example, mild financial toxicity might result in a deferral of non-essential purchases or vacation spending while disabling financial toxicity might mean needing to sell one's home or declare bankruptcy to pay for treatment. Please note that this scale has not yet been validated.

Besides screening patients for financial distress, some providers use psychosocial assessment tools before and throughout the treatment process, such as [National Comprehensive Cancer Network \(NCCN\) Distress thermometer](#) that measures patients' distress on a scale from 0 to 10.

Be Proactive

Intervene in reducing financial toxicity by proactively assisting patients and optimizing health insurance benefits

- Insurance coverage review
- Open enrollment
- [Cancer insurance checklist](#)

A cancer diagnosis can be a very stressful experience for a patient. Patients do not always know that they need help; therefore, the Financial Navigator or Patient Navigator assisting with financial navigation should reach out to patients first, rather than being contacted by the patient.

It is important to look into insurance coverage when meeting with the patient for the first time.

Does the patient have insurance?

If not, talk about open enrollment. What plan could benefit the patient the most, and when can they enroll.

Remember that there are open and special enrollments if the patient qualifies. While reviewing insurance benefits, the Financial Navigator needs also to consider the time of the year (whether it is the beginning or the end of the insurance coverage year which typically matches the calendar year), which may impact the out-of-pocket cost/deductible.

The cancer insurance checklist is available at no-cost online and offers side-by-side insurance plan comparisons. The checklist lists different treatments and how they will to be covered with a particular plan.

Explain Insurance and Coverage Types

Another component of financial navigation is explaining insurance and coverage types.

Important Terms That Require Explanation

Explain insurance coverage and provide assistance options

- Insurance terminology
- Copays

KFF, 2021

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Research has shown that cancer survivors with low health literacy were more likely to report financial hardship and make financial sacrifices than patients with higher health literacy.

Therefore, it is crucial to make sure the patients understand insurance terminology, such as deductible, out-of-pocket payments, copays, etc. Unfortunately, according to the literature, 7 out of 10 Medicare enrollees reported insurance as confusing and challenging to understand.

It is also essential to see what the patient deductible is, how much has been met so far, and when to renew the benefits.

The opening conversation should be about making sure that the patient understands insurance terminology and the key terms, so you can identify where the patients are

at and start talking about assistance.

Most commonly used insurance terms can be found on the GW Cancer Center Financial Toxicity tip sheet, Oncology Patient Navigator guide, or Oncology Patient Navigator Training: The Fundamentals (in Module 3: The Basics of Health Care → [Lesson 6: U.S. Health Care Payment and Financing](#)).

Health Insurance Types

According to US Census 2020 data, 91% of the US population has some type of health coverage

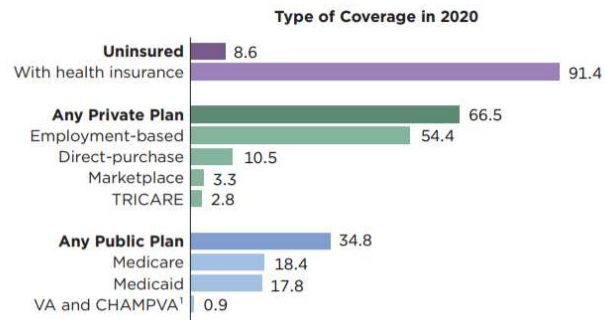


Illustration from US Census Bureau

US Census Bureau, 2021

According to US Census 2020 data, 91% of the US population has some type of health coverage. The majority are covered by a private plan, such as employer-based insurance. In terms of public plans, most individuals have Medicare, Medicaid or both.

Private Health Insurance Types

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Point of Service (POS)
- Exclusive Provider Organization (EPO)

US Census Bureau, 2021

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Just a brief reminder about different types of private health insurance

1. HMO: Coverage is limited to providers who work/ are contracted for the HMO. Usually, no out-of-network charges are allowed, only with a few exceptions
2. PPO: This plan provides cheaper services from the in-network providers, and no referrals are needed to see any doctor. Patients can use providers that are out-of-network. However, such service will be more costly
3. POS: A health plan that provides cheaper services for the providers that belong to the plan's network. This plan requires a primary doctor referral to see a specialist
4. EPO: A managed health care plan that covers only the providers and services in the plan's network

Public Health Insurance Types

- Medicaid
- [Medicare](#)
 - Qualified Medicare Beneficiary Program
 - Specified Low-Income Medicare Beneficiary Program
 - Qualifying Individual Program
 - Qualified Disabled and Working Individuals Program

Medicare.gov, n.d.; Medicare Interactive, n.d.

1. Medicaid: State and federal programs for individuals with a very low income. It may cover older individuals, people with disabilities, children, pregnant women, or parents/ caretakers of children. Each state defines its eligibility guidelines. Medicaid expansion has been left to the states, and some of them opted for expansion.
2. Medicare: Federal program for individuals who are 65+ or under 65 and have disabilities (no matter the income). Medicare has three different types that cover specific services: Part A mainly covers inpatient hospital stays, hospice, and nursing facility care; Part B covers outpatient care, doctors' visits, medical supplies, and prevention; Part D covers prescription drugs.

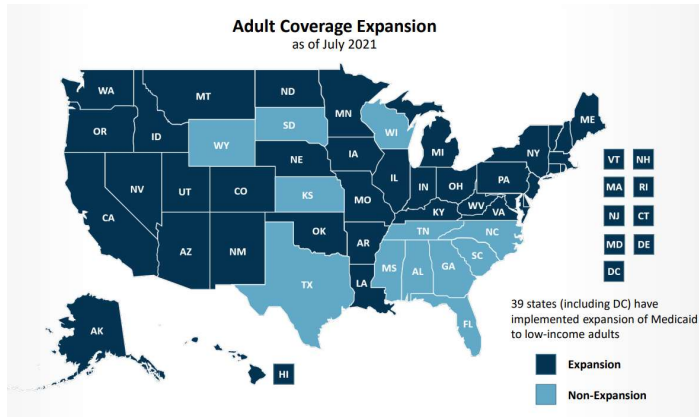
Medicare provides some financial assistance to individuals to pay premiums. There are four main Medicare Savings Programs:

- Qualified Medicare Beneficiary Program – assists with Part A and B premiums, deductibles, coinsurance, and copayments
- Specified Low-Income Medicare Beneficiary Program – helps patients to pay Part B premiums
- Qualifying Individual Program – provides financial assistance to pay Part B premiums for individuals who have Part A and receive low income

- Qualified Disabled and Working Individuals Program – help patients to pay for Part A premiums

You can use the website provided on this slide to determine if your patient's eligible for any of these programs.

Public Health Insurance Types



The latest list of expansion states can be found on the [Medicaid website](#)

Illustration from Medicaid.gov

Medicaid, 2021

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This website represents the states that have expanded Medicaid adult coverage as of July 2021. **Medicaid expansion remains the same as of July 2022.** – let's remove this sentence?

Loss of Insurance: Enrollment Opportunities

- Spouse
- Consolidated Omnibus Budget Reconciliation Act (COBRA)
- HealthWell Foundation
- The Affordable Care Act

In case a patient or anyone in the household loses insurance, they may qualify for a Special Enrollment Period. Depending on the type of Special Enrollment, a patient may have 60 days prior or 60 after an event to enroll in such a plan.

- Enrollment through a spouse
- COBRA - continuation coverage by patient's former employer, same enrollment period
- The HealthWell Foundation is a non-profit dedicated to assisting patients in filling the gap when insurance is insufficient. Assistance includes copays, premiums, deductibles, and out-of-pocket expenses
- The Affordable Care Act, also known as "Obamacare," assists patients to access affordable health insurance through a health insurance marketplace where Americans can purchase federally regulated and subsidized health insurance during open enrollment. To qualify, individuals must sign up during Open Enrollment. However, they could also be eligible for Obamacare if they had a

qualifying life event such as changing jobs, getting married/ divorced

Effective Communication Strategies to Support Financial Navigation

One of the most important component of financial navigation is effective communication strategies to support financial navigation.

Clear Communication

It is important to have **clear communication** with patients and caregivers on the cost of care, patient assistance support, and additional resources

It is important to have clear communication with patients and caregivers on cost of care, patient assistance support, and additional resources.

Health Insurance Literacy

- Multiple studies have shown that patients are not familiar with the **health insurance terms**
- “Premium” and “deductible” are most familiar terms
- Terms “out-of-pocket maximum” and “co-insurance” were are less familiar
- Only 52% of study participants knew the majority of insurance terms

Health Care Dive, 2017; KFF, 2014

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In 2017, United Health Care surveyed more than 1,000 individuals and found that most participants were familiar with terms like “health plan premium” and “health plan deductible.” Still, less than half of the participants knew other terms, such as “out-of-pocket maximum” and “co-insurance.”

Kaiser Family Foundation (KFF) asked more than a thousand people to answer online survey questions about insurance terms knowledge in 2014.

Only half of the sample answered seven questions out of ten correctly, which indicates that most people do not know enough to understand their health care coverage.

Health Literacy

Individuals more likely to have low health literacy

- Older than 65
- Limited education
- Lower Socioeconomic Status (SES)
- Chronic conditions
- Non-native English speakers

Hickey et al., 2018; Van der Heide et al., 2013

It is essential to assess patients' literacy levels.

Insurance terms can be complex and challenging to be comprehended. People that are more likely to have lower health literacy are people:

- Older than 65 (health literacy decreases with age)
- With limited education (pre-primary or primary education level)
- Lower socioeconomic status (SES) (earning less than \$15,000 annually)
- Chronic conditions
- Non-native English speakers

Limited patient health literacy levels may affect patients from sharing information about their health. It might also make them less likely to complete complex forms that have questions or terms they don't understand, particularly when some

mathematical concepts are included, such as probabilities.

Building Trust in Patient-Financial Navigator Relationship

- Active listening
- Open-ended questions
- Teach-back method
- Visual aids
- Educational materials
- Interpreters

ACCC Financial Advocacy Network, 2019; AHRQ, n.d.; New Brunswick Association for Community Living, n.d.; NCI, 2021

So how does one communicate effectively with patients who have different health literacy levels?

A key component is building trust with the patient

- Actively listen to patients (listen and respond to feelings, reflect, and note both verbal and non-verbal cues), use empathy, show respect to the patient and other members of the team
- Ask open-ended questions, use reflective listening and summarize what the patient has told you
- Financial Navigators need to make sure they take time to explain complex insurance terms. One way to do that is by using the teach-back method. First, ask patients to repeat back what you described, then clarify some steps that the patient didn't understand, and then again ask the patient to repeat the same information

- Visual aids may assist in making complex terms easily understood, such as pictures, diagrams (see example in the resource section)
- Use educational materials. They can be presented in waiting areas as educational videos or flyers
- Use interpreters for individuals who don't speak English or for whom English is a second language. Visuals can be helpful to native English speakers, too!

Effective Communication with Patients

- Cancer patients have special communication needs
- Check to ensure patient understanding of insurance benefits to support patients' empowerment

NCI, 2021

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Good communication is important in many settings; however, cancer patients have special communication needs. Patients feel more satisfied when they have a sense of control.

Proactive communication with the patients explaining their insurance benefits and making sure that this is well understood may support patients' empowerment and help them feel less worried about the financial situation.

Continuous Communication

Retain **continuous communication** with patients and their caregivers

- Cost of care
- Patient assistance
- Additional resources

Keep continuous communication with patients and their caregivers, particularly focus on:

- Cost of care
- Patient assistance programs
- Additional resources

The Financial Navigator helps the patient determine the

payment plan for the treatment after investigating the patient's income and overall budget.

Patients: Think Like an Advocate

Know your insurance plan and coverage

1. Deductibles
2. Maximum out-of-pocket
3. Copays

Know the benefits available through your employer

1. Family and Medical Leave Act
2. Short- and Long-Term Disability
3. Critical Illness Insurance

Ask your physician and care team questions

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Think like an advocate for your patients and mentor them to be advocates for themselves.

A great way to support patients' empowerment is by increasing their knowledge about insurance plans, coverage, and benefits offered through their employer. Encourage patients to ask their cancer care team questions.

Financial Navigation Management, Tracking, and Reporting

Next component of the financial navigation is its' management, tracking, and reporting.

Manage, Track, and Report

Manage, track, and report on all financial navigation and patient access services

- Patient outreach
- Patient assistance programs
- Daily tracker

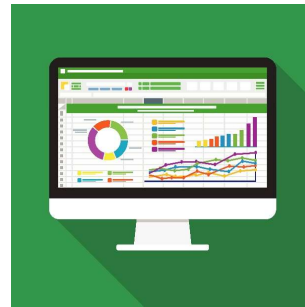


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As we saw from the previous slides, there are a lot of patient assistance programs and other resources out there.

It is helpful to have a system in place that allows you to track each patient, manage their care, and create reports. Specifically, focus on tracking patient outreach efforts, patient assistance programs, and using a daily tracker for patients. You can use patient navigator software programs, or you can create a spreadsheet that would meet your needs based on various patient criteria.

The Financial Navigator is a relatively new position, and lack of standardization may lead to confusion and poor patient health outcomes. By incorporating accurate tracking into their position, Financial Navigators can demonstrate the value of their work and job security.

The tracking might be done using well-known software, such as Microsoft Office, or specific cancer care programs, such as:

- TailorMed, AssistPoint, or Atlas Health

Patient Referral & Prior Authorization (PA) Process Tracking

Patient identifier	Date of referral	Reason for referral	Date of patient contact	Solutions offered	Date referral is resolved

Patient identifier	Date of physician order	Diagnosis	Date the PA was submitted	Date the PA was approved/denied	If denied, what are the next steps	Referral to FN if the PA was denied	PA date range

ACCC Financial Advocacy Network, 2019

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ACCC suggests tracking the following elements in financial navigation for cancer patients:

- How frequently patients are referred to the Financial Navigators (date/ reason/ solutions offered and when the issue was solved). This helps to identify the need for this position.
- Prior authorization (PA) process – when the provider's order was entered/ when was the PA form submitted/ when it was denied or accepted/ why)

Copay Assistance & Patient Assistance Programs and Drug Replacement Tracking

Patient identifier	Name of drug (or J code)	Oral vs infusion	Name of co-pay assistance program	Amount of assistance granted	Program identification number	Effective dates	Date of service

Patient identifier	Drug name	Dose	Date drug was requested	Date drug was received	Date of service	Name of PAP/ replacement program	Cost of drug	Savings for the patient	Billing adjustments requested

ACCC Financial Advocacy Network, 2019

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More suggestions on how to track patient assistance programs:

- Copay assistance programs – the name of the drug/ oral vs. infusion type/ the name of Patient Assistance Program and amount of assistance provided/ effective dates/ dates of service
- Patient assistance programs and drug replacement programs – the name of the drug/ dose/ date when the drug was requested and received/ date of service/ name of the program/ savings for the patient/ billing adjustments requested

Keeping records of patient assistance programs is essential:

- Easy to track and follow-up on:
 - Payments
 - Pending claims
- Identify issues:

- Delays from patient assistance program
- Coding issues

Billing Errors & Community Support Tracking

Possible error types

- Duplicate billing
- Unbundling
- Insufficient information
- Incorrect coding

Patient identifier	Type of error	Date of awareness of the error	Who was notified	Date of resolution	Who was notified

Patient identifier	Community support organization	Type of support received	Date

ACCC Financial Advocacy Network, 2019

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- Financial Navigators may also be the go to person for a patient who is having a difficult time with their bills. There are times that there are billing error that need to be resolved.
- Billing errors – how often they occur/ type/ when they were noticed/ solved
 - Some examples of billing errors are:
 - Duplicate Billing – which is exactly what it sounds like – billing twice for the same service
 - Unbundling – to explain this, we need to start with what bundling is – bundling is putting together codes for procedures that are normally billed together. A billing error could be separating those codes and billing them separately – this is what is called unbundling.
 - Insufficient information – is not sending enough information to the insurance company for payment. This can include information about previous procedures and treatments, and information

about an authorization that was obtained

- Coding is very important to medical billing, so billing with an incorrect code can get a bill rejected
- Community support organizations – there might be several such organizations that can provide the support within various communities. Tracking is essential: Document the type of support, like transportation, or financial assistance, this information will be a help to your organization Community Benefit Reports, even if they do not provide direct revenue to the facility

Other Tools

Premium Assistance Tracking

Patient identifier	Date premium assistance begins	Date premium assistance ends	Date next premiums are due	Who provides the assistance	Amount of premium assistance	Revenue received from the insurance provider

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- Premium assistance tracking – important to track when it begins and when it ends/ who provides the assistance and amount of it

Other Tools

Insurance Optimization

Patient identifier	Current OOP limits	New OOP limits	Current monthly premium	New monthly premium	Use of low-income subsidies	Date when the change occurred

ACCC Financial Advocacy Network, 2019

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- Insurance optimization – track the original out-of-pocket (OOP) limits and what potential new OOP would be, also note current premiums and the new premiums, among other details

Track, Measure, and Report Value

Tracking	Measuring	Reporting Value
Total # of applications submitted	Number of applications submitted	Volume of assistance programs
Total # of patients	Number of new patients who met a financial navigator	Volume of new patients being seen
Total # of charity care apps submitted	Number of applications submitted	Assistance provided when no other patient assistance available
Total # of claims paid	The number of claims billed to the copay/ foundation program after the insurance paid	Dollar amount that was applied to the patient's balance
Total # of patients: Free drug approved	Number of patients enrolled into a free/ drug replacement program	The dollar amount of the drug credit received that did not need to be written off against the infusion center

Santiago, n.d.

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This table provides a summary of different types of tracking, what they measure, and reporting value.

Total Number of Applications Submitted:— this is measuring the number of applications submitted. This is important information, both the volume and when looking at the time from meeting with the patient to approval, it can be used in a business case to support your financial navigation program

It is also important to track the number of new patients – this can be measured by financial navigator, and reports volume and productivity of individuals and a team

Charity care will not be fully alleviated with a financial navigation program, so it is important to continue tracking this number by measuring the number of applications submitted.

The dollar amount of the claims paid is an important number to show the value of copay assistance. This is measured when the claims are paid by the copay program.

Patient on free drug show the cost avoidance of the free drug program. Both the

number of patients on free drugs, the number of free drugs the patient is on, and the cost avoided by both the facility and the patient can be measured here.

Benefits of the Financial Navigator Daily Tracker

- Allows **fair distribution of work** among team
- Shows the **need** for the position
- Enables supervisor to **complete quality checks**

Finally, the daily trackers are beneficial for the Financial Navigators:

- To distribute workload among the cancer care team
- To show the value of the Financial Navigator position
- To make it easier for the supervisor to do quality checks

Staff Awareness

Do not forget to include all staff in financial navigation.

Staff Awareness

- **Discuss more affordable treatment plans** with the cancer care team if possible
- Ensure that providers and cancer program **staff are aware of ongoing policy requirements** from payers for coverage of services
 - [Family Reach](#)
 - [The Lung Cancer Foundation of America](#)

One of the most important keys of a successful financial navigation model is to improve cost transparency and have a conversation about cost at the time of surgical decision-making.

If clinicians are trying to find out more about financial assistance for their patients, they can contact the following organizations:

- Family reach – nonprofit that aims to reduce the financial barriers accompanying a cancer diagnosis. They work with patients and healthcare professionals at more than 400 top-tier hospitals and cancer centers, striving to reach more families before they hit critical financial breaking points
- The Lung Cancer Foundation of America – information about the risks and symptoms of lung cancer, the latest research discoveries, and advocacy through lung cancer research funding

Financial Navigation Strategies

Final key component is financial navigation strategies.

Financial Navigation Programs

- Financial navigation can provide concrete assistance in **navigating** the treatment **costs** and **reducing patient's anxiety** about the financial burden of the cancer care expenses
- Financial navigation programs should be provided in an **acceptable and accessible method** along the cancer care continuum

Shankaran et al., 2018

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In 2018, a pilot study was conducted to assess the feasibility and impact of a financial navigation program designed to inform patients about treatment costs, assist them with the management of out-of-pocket expenses, and provide them with financial counseling. Eligible patients received financial education and monthly financial coaching. At baseline, 37% and 47% of patients experienced financial burden and anxiety, respectively. Post-enrollment results from 15 patients who could be assessed over the course of the study period showed a self-reported decrease in anxiety level in 5 patients. Self-reported survey findings indicated that 83% of the participants reported high satisfaction with the financial navigation program. The authors concluded that financial navigation can help navigating the treatment costs and may reduce patients' anxiety about the financial burden of cancer care expenses.

Financial navigation programs should be provided in an **acceptable and accessible method** along the cancer care continuum.

Individuals Who Benefit from Financial Navigation the Most

- Uninsured or underinsured
- Patients with advanced-stage disease or on high-cost oral medications
- Consolidated Omnibus Budget Reconciliation Act (COBRA) recipients
- Affordable Care Act (ACA) enrollees
- Patients with Medicare A/ B or who are new to Medicare

As mentioned earlier, financial toxicity may cause anxiety to patients who already endure physical, emotional, and financial difficulties once they are diagnosed with cancer.

Individuals who benefit from financial navigation the most:

- Uninsured or underinsured
- Patients with advanced-stage disease or on high-cost oral medications
- Consolidated Omnibus Budget Reconciliation Act (COBRA) recipients
- Affordable Care Act enrollees
- Patients with Medicare A/ B only or who are new to Medicare

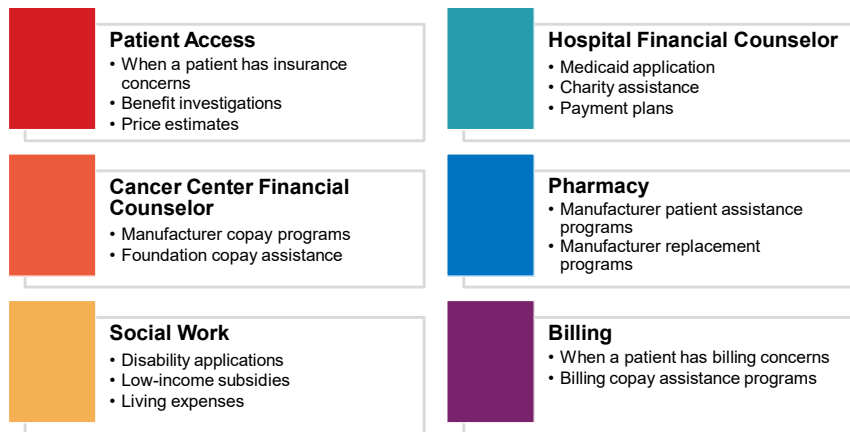
Mitigation Strategies

- Leverage financial toxicity **screening** tools
- **Embed Financial Navigators** in outpatient centers
- **De-implement services** that add costs without proven beneficial outcomes
- **Change care plan** to reduce out of pocket costs

A few studies have reported various interventions for mitigating financial toxicity:

- Leverage financial toxicity screening tools – to help identify people at risk
- Embed Financial Navigators in outpatient centers to offer resources for financial assistance to patients at risk of financial toxicity
- De-implement services that add costs without proven beneficial outcomes
- Change the care plan to reduce out of pocket costs – this requires physician consultation. Be sure quality of care is not sacrificed in the process

Internal Connections



This is a list of possible internal stakeholders that could help you create an effective financial navigation program. If you don't have all these positions where you work, advocate for their importance and potential cost savings for the patient and the institution.

External Connections



Medicare Enrollment/ Medigap Enrollment

- Senior services
- A trusted insurance agent



ACA Enrollment

- In-person navigators
- A trusted insurance agent



Local & Community Resources

- Nonprofit organizations

This is a list of possible external stakeholders that could assist in creating financial navigation program. Please consider Medicare, Medigap, and ACA enrollments, in addition to using local and community resources.

National Organizations



National Comprehensive
Cancer Network®

www.nccn.org/



Association of Community Cancer Centers

www.accc-cancer.org/



<http://cpan.communityoncology.org/>



www.asco.org/

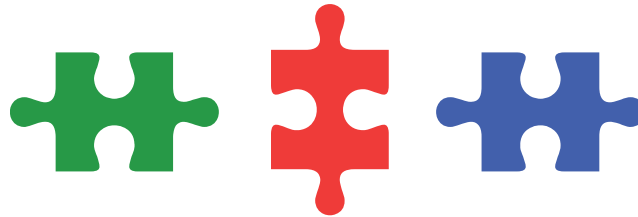
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These are some examples of national organizations that can assist with developing financial navigation in your cancer care team.

Your Cancer Team Members Are Here to Help

You are not on your own!



Financial Counselors/
Financial Advocates/
Financial Navigators

Patient Navigators/
Patient Advocates

Social Workers

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Remember, you are not on your own! Your cancer team members are here to help. Working together can:

- Align and unite for a common goal
- Eliminate fear of job elimination
- Create clear processes

Resources

Guidelines:

- [ACCC Financial Advocacy Services Guidelines](#)
- [ACCC Financial Advocacy Toolkit](#)
- [ACCC Patient Assistance and Reimbursement Guide](#)

Financial Advocacy and Navigation Trainings:

- [ACCC Financial Advocacy Bootcamp](#) (Members only)
- [NaVectis Financial Navigation Training Program](#)
- Local SHIP Federal Grant Program

Social Workers, Nurse Navigators, and Patient Navigators already do some financial navigation. In order to standardize the financial navigation, ACCC created financial advocacy service guidelines, toolkit, and patient assistance and reimbursement guide.

In addition, for those interested in enrolling in financial advocacy and financial navigation trainings, this is a list of possible courses that could be helpful, such as ACCC Financial Advocacy Bootcamp (for ACCC members only), NaVectis Financial Navigation Training program, and local SHIP federal grant program.

Other Resources

- [Oncology Roundtable](#)
- Network with colleagues



Other resources for successful financial navigation.

Case Study

The following case study is intended to support learning and practice using training materials to assist patients.

Case Study



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1. Explain insurance coverage and help enroll in manufacturer copay assistance program
2. Facilitate copay billing – communicate with billing team to ensure copay program is billed
3. Keep in communication with patient

Patient alerts you that her husband has been laid off and they will be losing their insurance coverage!

Case Study



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- **COBRA for family**

- Premium is \$1,700
- Premium Assistance is available, but only for patient
- Family is concerned about how they will pay with reduction in income

- **COBRA for patient**

- You CAN get COBRA for just the patient EVEN if they were not the Policy Holder
- Rest of the family can enroll in ACA and benefit from Premium Subsidies (maybe even cost sharing)

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The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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Thank you!

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Thank you for participating in this module.