atlas

Patient Assistance: A $30B Revenue Cycle Opportunity

HFMA Nebraska Conference

October 19, 2022

Today's Speaker

Cris Hartigan
Atlas Health
Senior Vice President Growth

Why did we pursue a career in healthcare?

- Help other who cannot help themselves
- Personal health condition
- Loved one health situation

Because we are:

- Empathetic
- Tenacious
- Incredible problem solvers

The Boston Globe

UNHEALTHY DIVIDE

A double diagnosis — cancer while poor

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She had noticed a hard lump in her left breast about a year before, but kept the discovery to herself. She literally could not afford to be sick.

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Learning Objectives

1. Review philanthropic medical financial aid complexities and opportunities
2. Understand how scaling a patient assistance program brings value to your organization and community
3. Demonstrate knowledge of best practices with data, workflow, and technology
4. Apply what you have learned to help advance health equity for your vulnerable populations

What is Philanthropic Medical Financial Aid?

The Missing Link to Patient Assistance

$700B+

Government Programs

- Medicaid
- Supplemental Security Income
- State & County Programs

$30B+

Patient Assistance Programs

- Copay Cards
- Cash Grants
- Free Medication / Supplies

$26B+

Charity Care Programs

- Financial Assistance

Social Support Programs
(SDoH)

- Transportation
- Lodging
- Food
- Utilities
- Childcare
- Legal

20,000+ programs supporting oncology, rheumatology, gastroenterology, neurology, and 100s of disease states

Why Philanthropic Medical Financial Aid

- 73,000-person workforce
- 1.4 million people with serious or complex illnesses
- 50 U.S. states
- 140 countries

Why Philanthropic Medical Financial Aid

1. Strategic initiative – one of a few pockets not previously mined
2. Proactively engage patient – increased patient satisfaction
3. Improved cash recoveries, improved patient relationships
4. We are not an Atlas client yet, Atlas catalyzed thinking around the $30B
5. Win with the physicians
6. This program passed the arduous legal process, and is compliant
7. Uniformly consistent patient testimonials, I do not know what I would have done had you not been there to help….bankruptcy
8. Show of hands, any other providers have a similar programs in place? (No hands) Wow, huge opportunity!

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Why Philanthropic Medical Financial Aid

Factors Contributing to Health

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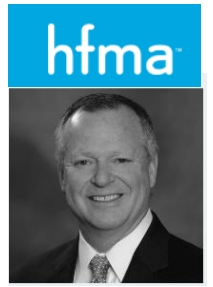
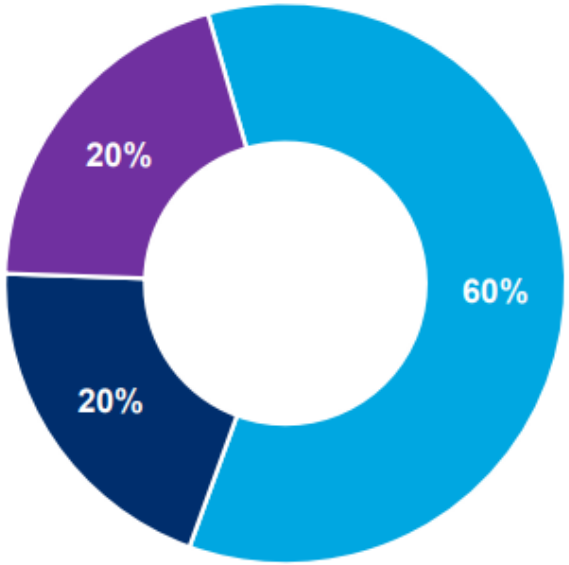


Social, Behavioral & Environmental Factors (Social determinants of health)

Healthcare

Genetics (Precision medicine)



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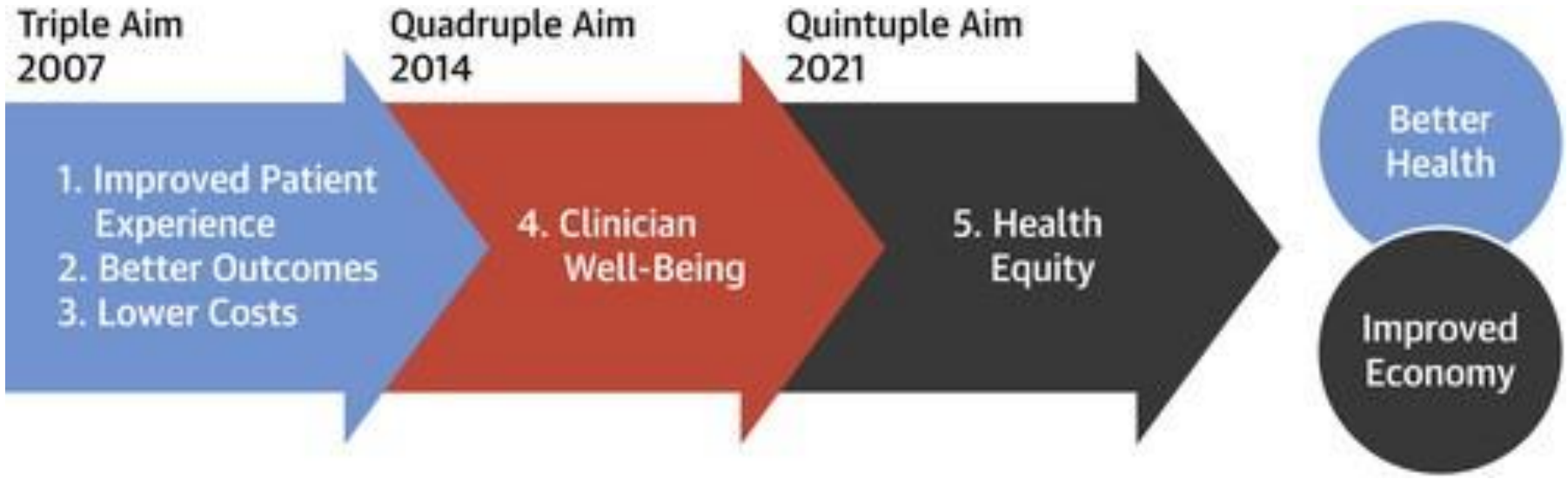
Social, Behavioral and Environmental Factors

- Education access and quality
- Healthcare access and quality
- Neighborhood and built environment
- Social and community context
- Economic stability

Source: 1. National Academy of Medicine

Why Philanthropic Medical Financial Aid

Quintuple Aim: 4 out of 5



Why Philanthropic Medical Financial Aid

Quintuple Aim: 4 out of 5

Who was the 5th dentist surveyed?

Philanthropic Medical Financial Aid

Polling Question #1

Is “advancing health equity” a top 5 corporate initiative for your institution?

- Yes?
- No?
- Do not know

Polling Question #2

How much of the $30B are you collecting annually?

- Up to $200K?
- Up to $500K?
- Up to $2.5M
- > $2.5M
- Do not know

Polling Question #2 - Answer

Answer:

- Assuming you administer high-cost infusions
- 0.5% to 1.0% of Net Patient Revenue

Polling Question #2 - Answer

Answer:

- Up to 250 Beds: <$500K
- 250-500 Beds: $500K-$2M
- 501-1000 Beds: $2M-$6M
- >1000 Beds and Systems: >$6M

Polling Question #3

How many of the 20,000 programs are you **accessing** today?

- Up to 20?
- Up to 40?
- Up to 100?
- > 100?
- Do not know

Polling Question #4

How do you connect to the 20,000 programs?

- Excel spreadsheet?
- Yellow sticky notes?
- Internal workflow?
- Invested in 3rd party technology?

200 Polling Results from April

1. HFMA Webinar - Maximize The $30B Opportunity In Patient Assistance
   - Joseph Zehler, Director of Specialty Physician Revenue Cycle, St. Joseph's Candler;
   - Tim L'Hommedieu, SVP Pharmacy, Atlas Health

2. HFMA Webinar - Polling questions and responses
   - How many patient assistance and health equity programs are available?

     Only 15% of responses were accurate noting 20,000+ programs

     → **15%**
   - Are you maximizing reimbursement from available PAP and health equity programs?

     87% of responses are not maximizing reimbursement

     → **87%**
   - What is your largest challenge with patient assistance programs?

     59% of responses were "all of the above"

     → **59%**
   - Can you quantify the value of your patient assistance programs?

     54% of responses could not quantify the value of the PAP

     → **54%**

Financial Toxicity: Impact to patients and providers

Patient Financial Toxicity

- In 2019, 32% had less than $2,000 in liquid assets among single-person privately-insured households.
- Among multi-person households where at least one member had private insurance, 20% had less than $2,000 in liquid assets
- 16% of privately-insured adults say they would need to take on credit card debt to meet an unexpected $400 expense

https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/

Patient Financial Toxicity

Patients – Endure Financial Stress In Pursuit of Care

$388B

Annual out-of-pocket medical expenses Americans face[1]

25%

Share of treatment for serious medical conditions that's delayed due to costs[2]

~40%

Share that report anxiety around ability to pay for healthcare[3]

+6.5%

Estimated healthcare cost increase in 2022[4]

Providers and Patient Debt

$745B

Uncompensated care costs, 2000-2020[1]

47%

Share of hospitals where uncompensated care increased in 2020[2]

56%

Share of American adults with medical debt[3]

$10K

25% of Americans with medical debt owe $10,000 or more[3]

Sources: 1. AHA, 2. Kaufman Hall, 3. Affordable Health Insurance

Financial Toxicity Reality

Pandemic

- Delayed screenings
- When screened – identified advanced disease stages

Patients abandon treatment

- Do not want to burden loved ones with debt

The Boston Globe

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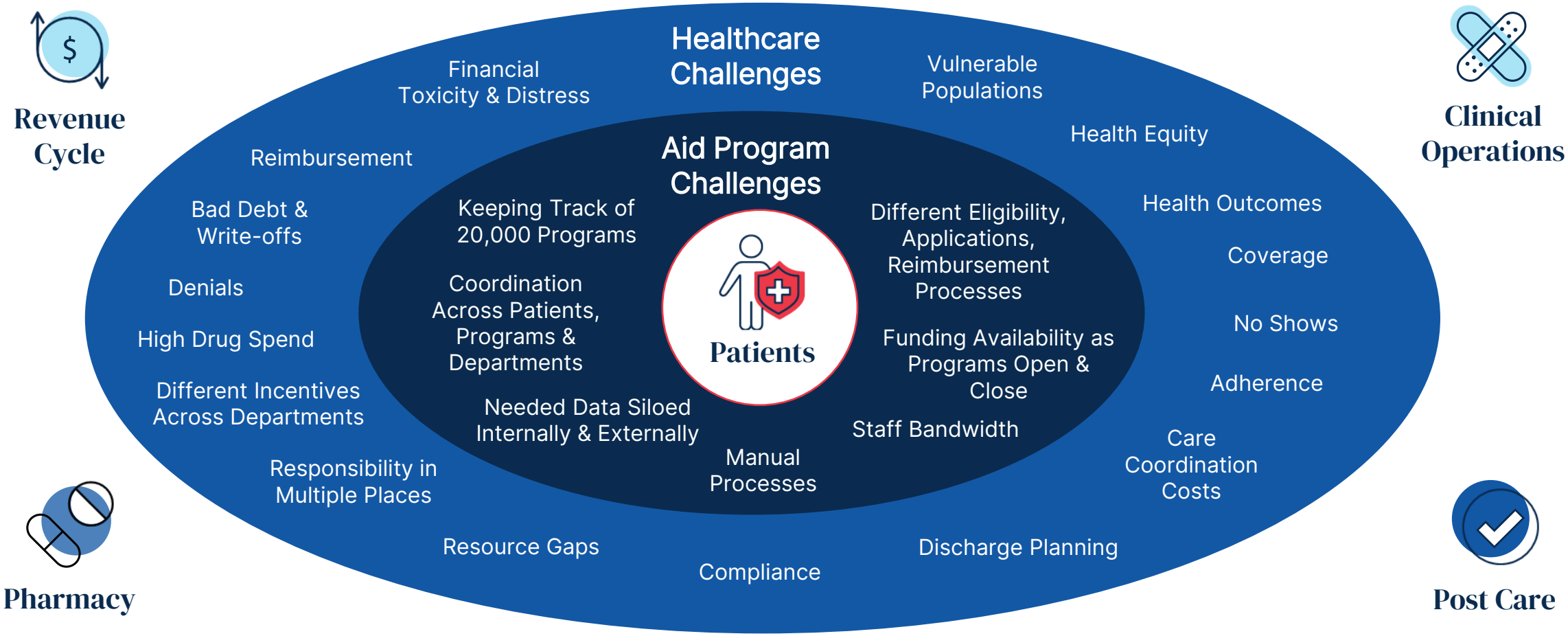
Polling Question #7

Are your no-show rates for high-cost infusions increasing?

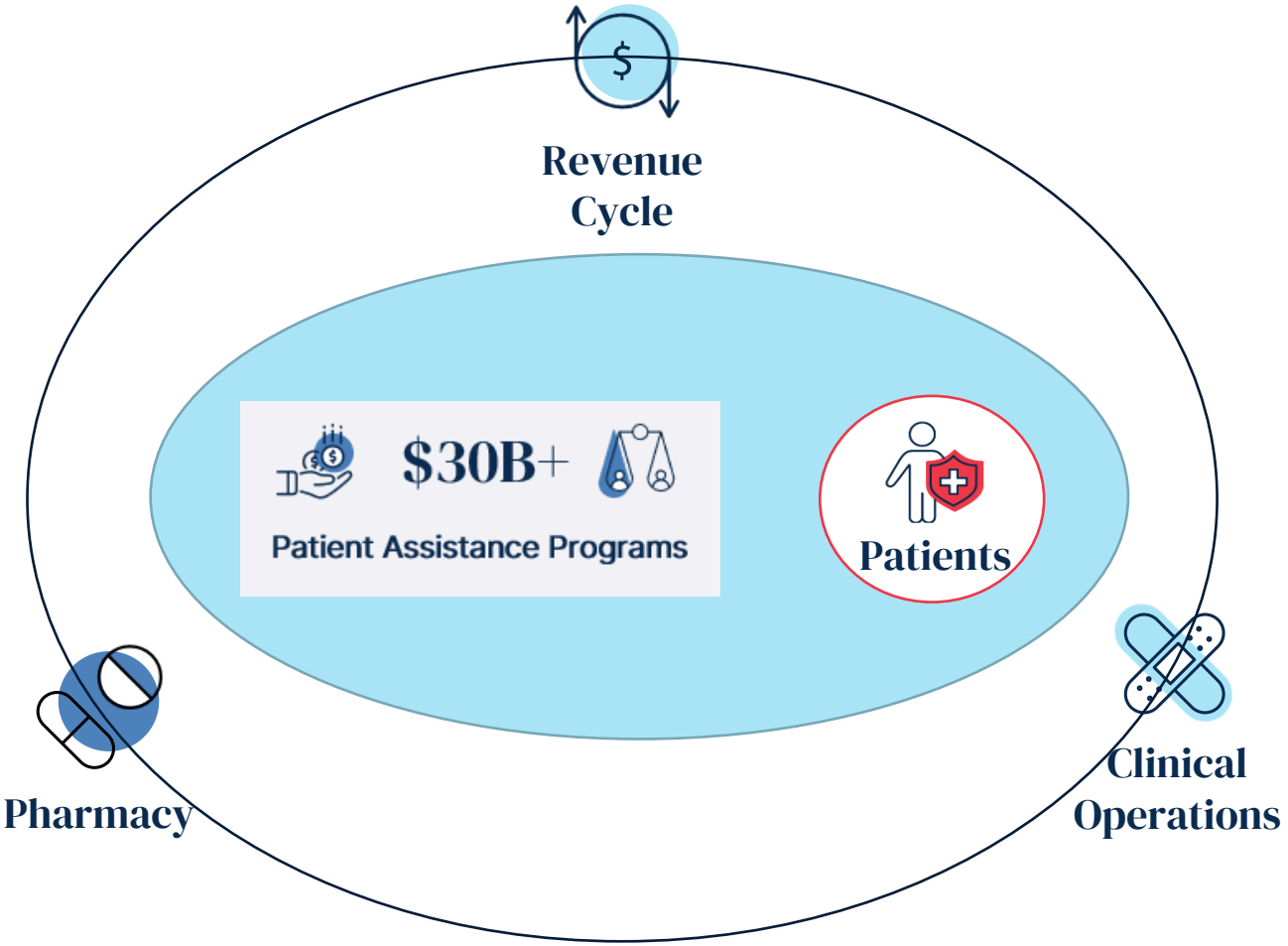
- Yes
- No
- Do not know

Challenges For Patients & Providers



Patient Assistance as a Strategic Initiative

Provider Collaboration



Impact for Providers & Patients

The power of **optimized philanthropic aid**

Patients

- **Save and improve lives**
- **Reduce high cost** of specialty therapeutics and treatments for commercial, Medicare, and self-pay patients
- Direct all vulnerable populations to **enhanced social support** resources

Revenue Cycle

- **Reduce** bad debt and write-offs
- **Offset** impact of denials
- **Minimize** uncompensated care

Clinical Operations & Post Care

- Increase **equitable access** to care
- Address financial distress and **improve clinical outcomes**
- **Reduce** care coordination costs

Pharmacy

- **Optimize** patient assistance across enterprise
- **One platform** for pharmacy and medical benefit
- **Lower** drug spend

Patient Assistance Challenges Hospitals & Health Systems Face

Lack of Patient Assistance Utilization

3%

Patients actively involved in a patient assistance program[1]

Sources: 1. Phreesia

Lack of Patient Assistance Utilization

3%

Patients actively involved in a patient assistance program[1]

8%

Patients with any past involvement in an assistance program[1]

23%

Patients extremely or very familiar with assistance programs[1]

53%

Patients learned about assistance programs from their doctor[1]

Sources: 1. Phreesia

Philanthropic Program Challenges

- How to Unlock $30B
- Access to 20,000+ programs
  - Unique applications, eligibility rules, enrollment policies, and reimbursement processes
  - Example - College scholarships

Philanthropic Program Challenges

- Patient eligibility matching based on clinical, financial, and insurance related criteria
- Programs open and close often, requiring constant monitoring

Resource & Coordination Challenges

- Coordination of Service Line Stakeholders
- Dedicated Staffing & Tools
- Data Silos
- Compliance
- Tracking & Reporting

One Patient Story…

"A patient living in Pueblo, Colorado was suffering from an oral tumor and had difficulty eating and speaking. Unfortunately, he could not afford the co-pay for Keytruda as prescribed due to financial hardship. The course of treatment was very expensive, and he had lost hope to even start receiving infusions…"

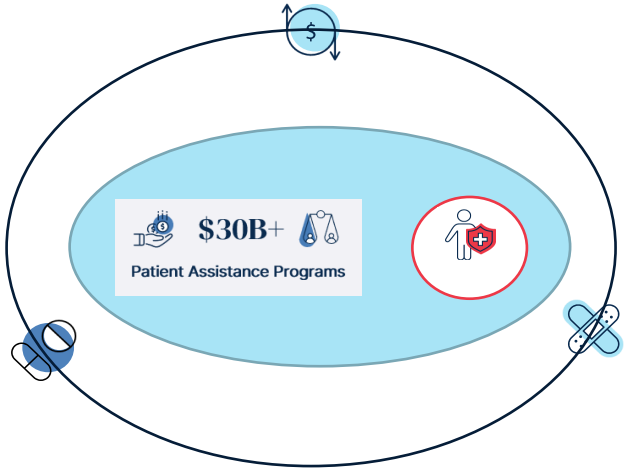
Financial Challenges Impact Health Outcomes:

- Medical Debt
- Financial Hardship
- Decision…Bankruptcy or No Treatment?

Patient Assistance Best Practices

Best Practices: Focus Initiative

1. Revenue Cycle/Finance as Champion
2. Partner with Pharmacy and Clinical Operations
3. Assess Current State
    - Staff, Scope, Tools, Reporting
4. Prioritize Locations – infusion volume



Best Practices: Standardize Visibility

- Process to Identify Patients
  - Diagnoses
  - Drug Utilization
  - Financial Class
  - Social Demographics

Best Practices: Standardize Visibility

- Process to Identify Philanthropic Programs
  - Post-it Notes, Spreadsheet, Database
  - Technology

Best Practices: Develop Service and Execute

- Enrollment & Re-enrollment
  - Patient Information, Consent, Required Documents
- Award Management
  - Cash Posting
  - Pharmacy Inventory / Supply Chain

Best Practices: Develop Service and Execute

- Compliance
  - Medicare Cost Report
  - Community Benefit
  - Billing Methodology - $0.01
  - 340B

Best Practices:
Report & Share Success Stories

- Tracking & Reporting
  - Medicare Cost Report
  - Community Health Needs Assessment
  - 340B
- Mission & Values
- Reputation & Outreach

Month	Foundation	Reimbursement Captured	Co-Pay	Reimbursement Captured	Drug	Reimbursement Captured	TOTAL PATIENTS SERVED	TOTAL REIMBURSEMENT CAPTURED
January	115	$62,762.40	135	$136,815.75	225	$487,676.25	**475**	**$687,254.40**
February	210	$150,084.00	315	$319,236.75	520	$1,127,074.00	**1,045**	**$1,596,394.75**
March	375	$204,660.00	505	$511,792.25	685	$1,484.703.25	**1,565**	**$2,201,155,50**

Include Social Support Programs

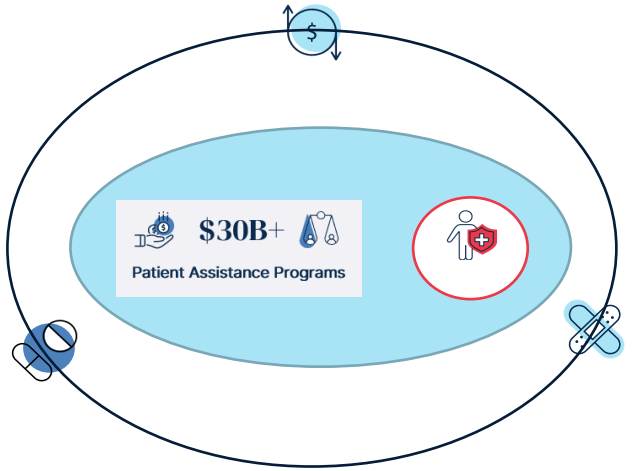
- Support Social Determinants of Health
  - Transportation
  - Food & Nutrition
  - Lodging
  - Others
- Improve Care Coordination (acute & outpatient)
- Expand Diversity for Research Trials

Source: www.cdc.gov/publichealthgateway/index

Why Now?

Every January…

1. Patient’s insurance $ OOP responsibility resets
2. Patients need to re-enroll for high-cost therapies
3. 365 Program look back
4. We make New Year resolutions – Help Others



… Patient Story Resolution

"*After navigating program changes for the patient, a program award was approved just in time for his first treatment.* ***When he learned the good news, the patient broke down in tears. His infusion went great, and he has hope to get better.***"

Patience Assistance Program Impact:

- Addresses Medical Debt
- Improves Access and Adherence to Treatment

Case Study: Covenant Health

- 600+ Beds
- $700M+ Net Patient Revenue
- 2020: Patient assistance strategic initiative
  - AI matching to identify opportunities
  - Improved productivity through automation
  - Increased patient satisfaction
- 2021:
  - Increased patient assistance from $500,000 to $2.6M
  - Supported more patients

Personal Experience: Covenant Health

Advance Health Equity in your “Community”

COVENANT HEALTH
Our Name is Our Promise

“We have partnered with Atlas Health because they understand our resolve to help our patients have access to life-saving treatment that they would otherwise forego due to affordability. Through automation, **Atlas enabled us to make a larger impact by further reaching the vulnerable populations in our community.**”

John A. Jurczyk, FACHE
President of St. Joseph Hospital and SVP of Covenant Health

What Did We Learn?

1. There is $30B | 20K+ available for vulnerable populations

2. Education opportunity to Providers and Patients

3. Requires collaboration and CSuite support

4. Seek clarity – how much of the $30B are we getting today?

5. Strategic Initiative - You Got This
   - Build and plan – Celebrate Success!

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Questions?

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Thank You!