



## CASE STUDY

# REDUCING BAD DEBT AND HELPING PATIENTS

Finding solutions that reduce bad debt and increase patient satisfaction among patients at the Greater Baltimore Medical Center in Maryland



## Client Overview

The Greater Baltimore Medical Center (GBMC) is in Towson, Baltimore, Maryland. It has 342 beds and handles more than 23,000 admissions and over 52,000 emergency room visits annually.

Alongside the center, GBMC's main campus includes three medical office buildings and an infusion center for outpatient care. Nearly 1,100 physicians serve on GBMC's medical staff, making it one of the largest community hospitals in the Mid-Atlantic region.

GBMC Health Partners employs more than 300 physicians, a collective of primary care providers, specialists, advanced practice clinicians, and hundreds of support staff, working together for the community's health.

## Project Background

GBMC's Oncology business accrued over \$1 million per year in bad debt due to patients being unable to afford their treatment – and much of it was related to chemotherapy drug costs.

GBMC holds patient satisfaction at the forefront and knows that sending these patients to debt recovery is not optimal, as many patients cannot afford to repay their out-of-pocket expenses.

In search of a better way to help patients and improve financial performance, GBMC sought a solution to provide financial assistance and other support services to patients unable to afford their medical bills.

Innovative health systems target the patient billing process early to maximize revenue recovery and avoid bad debt.

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## Bad Debt: A cost of doing business in Oncology

- Generally, about 50% of the bad debt for oncology centers comes from just 2% of patients, who typically have balances that exceed \$10,000.
- Most of the cost is from chemotherapy, and most of the patients have insurance.
- For patients and their families, the out-of-pocket (OOP) expenses associated with cancer care are constantly increasing. In a recent survey, among 1,767 patients with cancer, 20% of respondents reported OOP costs of more than \$10,000, and 4% indicated OOP expenses exceeding \$50,000.<sup>1</sup>

<sup>1</sup>Conducted by the University of Texas M.D. Anderson Cancer Center and NexCura.

### Why They Engaged

#### Q Consulting Support Services

Q Consulting was already working with GBMC on a Specialty Pharmacy implementation project. It was a natural extension from Specialty Pharmacy to the Infusion Center to offer similar services for Patient Support.

### Project Goals

1. To target the patient billing process early to avoid bad debt and improve revenue recovery through a targeted screening process and deep understanding of foundation grants, copay cards, and free drug programs.
2. To reduce patient bad debt and provide financial advocacy to patients who receive treatment at the infusion center and have high out-of-pocket costs associated with their treatment.
3. To drive improved patient satisfaction with a high-touch service that relieves patient anxiety over the cost of treatment.

## Impact of Financial Burden on Patient Care

- According to a survey conducted by the Community Oncology Alliance, patients fear cancer care costs as much as they fear dying from the disease.
- The term' *financial toxicity*' describes cancer care's negative financial impact on patients and their families. For example, in a survey of 1,041 cancer patients, nearly 25% chose *not* to get the recommended healthcare services, including treatment, because of high OOP costs.
- A systematic review of 25 recent studies found that 55% of cancer survivors aged 18 to 64 years reportedly owed at least \$10,000, and 3% had declared bankruptcy.

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- Patients who do not receive the intended treatment as prescribed, or experience treatment delays caused by affordability concerns, have a higher likelihood of compromised health outcomes and a greater risk of mortality.
- Research suggests that while pharmaceutical companies' financial assistance programs can increase patient's access to needed treatment, many patients who qualify for these programs are unaware that they exist.
- Although financial support is often available to patients, accessing financial assistance can be extremely complicated and cumbersome.

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## Q Consulting Support Service: Advocacy Process

1. GBMC granted EMR access to Q Consulting Support Services (QCSS), which allows us to look at the infusion clinic's schedule and identify patients who are good candidates for patient financial advocacy.
  2. When QCSS identifies a patient, we work with the GBMC Patient Support Team to outline the potential funding and receive authorization from the patient to act on their behalf.
  3. In the case of copay cards and free drug applications, we apply on behalf of the patient.
  4. If funding is unavailable due to a closed foundation or fund, the patient is put on an internal waitlist so that when the fund reopens, we are ready to apply.
  5. QCSS maintains and monitors a database hourly for newly open foundations. This process is essential, particularly for diagnosis' like breast and colon cancer, which are in high demand and may only open for an hour or two before the funds are exhausted.
  6. When a fund opens, QCSS quickly submits applications using the patient information from our waitlist.
  7. Access to electronic records is integral to identifying suitable candidates for financial advocacy because it allows us to view the patient diagnoses, the list of home medications, specialty medications, infusion therapy regimens, and their therapy stage. These are all essential criteria for eligibility screening for diagnosis-based assistance programs.
  8. QCSS will analyze the patient's insurance or lack of insurance as a vital qualifier for different assistance programs.
  9. We review the patient's financial account and ascertain if the patient has an unpaid balance, bad debt, deductible/co-insurance/copay amounts, and what treatments/therapies contribute to the patient's out-of-pocket balance.
  10. Many foundations request detailed financial background information about the patient's household. If this is needed, we work with the patient to obtain the necessary information and pair it with clinical information accessed from the patient's medical records
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11. QCSS submits the request for financial assistance and monitors the application through to determination, and tends to any inquiries or problems that arise
12. In the event of a denied application, we use our extensive knowledge and experience to investigate options and appeals.
13. When funding is secured, we work with GBMC's billing team to apply to the patient's outstanding balance and out-of-pocket costs to reduce it as much as possible.
14. If the patient is new to treatment, we will monitor the Explanation of Benefits (EOBs) every week and identify any charges covered by their fund or copay card.

15. Diagnosis-based assistance funds will traditionally pay for treatment and therapies related to specific diagnosis codes. QCSS determines the charges related to each code and submits relevant EOBs for reimbursement. We monitor all claims and manage any issues that arise.
16. After successful processing, QCSS and the billing department apply the payment to the patient's balance. We also monitor the patient's ongoing treatment to help minimize additional out-of-pocket expenses.
17. In addition to the initial screening process, QCSS receives a monthly report of patients with unpaid balances and follows a similar approach to identifying eligible patients for any available programs.

## Challenges

- We rely on a team of great people at GBMC to relay information and explain how we can help the patient; however, patients are often confused about their financial responsibilities. It is not unusual for them to wait to see a large bill before requesting help.
- Educating patients about their insurance coverage and what will be their out-of-pocket responsibility
- Maintaining communications with terminally ill patients
- Many foundations require social security numbers and, understandably, many patients are hesitant to give these out
- Funds open and close so quickly, requiring us to build a solid, HIPAA compliant database of patients who are eligible so that they are enrolled as soon as possible
- We have a constant stream of information about which funds are open, and as many of them may only open for a few hours, we need to act quickly.
- Having all patient information along with financial documentation on hand to apply for the highly sought-after funds (breast cancer, leukemia, and lymphoma funds)
- Informing the patient that their secured grant does not cover some of their out-of-pocket expenses, particularly related to administration fees.
- Accessing funding to help patients pay for expenses that are not related to treatment.

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## Outcomes

- Patients are thrilled with the service and the outcomes, especially in cases where we have been able to reduce patient bills by more than \$50,000 through retroactive financial assistance
- Our partnership with GBMC provides enormous relief to their internal personnel that was previously responsible for providing financial assistance but had difficulty managing thousands of patients and their copay cards, foundation funds, and free drug programs. QCSS relieved the clinicians of this role so that they can focus on their core duties.
- QCSS provides the finance team with transparency into patient accounts – we provide them with updates when payments are received.
- GBMC is delighted that we can show patient savings of over \$1 million within the first 6-months of our partnership and reduce bad debt by 70%
- We expect to easily provide over \$2 million in financial benefit within the first year of operation



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