
Yale New Haven Health
Smilow Cancer Hospital

Standard Operating Procedure for
Administrative Approval for Anti-Cancer or Cancer Supportive Care Medications

Original: 10/2021

Last Reviewed: N/A

Approved by: Lori Pickens, Smilow Cancer Hospital Senior Vice President

Purpose:

To provide a workflow process for Administrative Approval for anti-cancer or cancer supportive care medications.

Applicability:

This SOP is applicable to all Smilow Cancer Hospital (SCH) ambulatory patient care areas where care is delivered including York Street Campus, the Smilow Cancer Care Centers, and the Health System Delivery Networks. This SOP does not apply to Smilow Saint Francis and Glastonbury locations.

Standard Operating Procedure:

1. Provider (Smilow physician or Advanced Practice Provider) places and signs all relevant orders within EPIC a minimum of 72 business hours prior to the patient's scheduled visit to allow for thorough financial clearance review.
2. The Yale New Haven Health Financial Clearance Department is expected to review and respond to staff messages, via Epic inbasket, as soon as possible but within one business day of receipt.
3. The Specialists on the Financial Clearance team are expected to communicate via in-basket message to the provider and clinical teams (nursing pool, pharmacists) on cases that are not by 2:00 pm the day before treatment.
4. In situations when treatment is urgently needed and orders are entered for medications on the same day of scheduled visit or when insurance authorization is denied and/or delayed, the following process will be utilized:
 1. The Financial Clearance Specialist will notify the clinical team (ordering provider, nursing, and pharmacy) of the denial or delay via in-basket

2. The provider will determine if plan of care can be revised and/or patient treatment can be delayed
3. If the treatment plan cannot be changed or delayed and **financial clearance is pending**:
 - i. Provider will send a request, depending on treatment location, to the Chief Ambulatory Officer or the Chief Network Officer to ascertain clinical indication and determine medical urgency. Treatment will be deemed urgent if delay will likely compromise patient's outcomes or lead to clinical deterioration requiring higher level of care (i.e. hospitalization)
 - ii. If request is denied, ordering provider will delay treatment or select different therapy
 - iii. If request approved, Financial Clearance team will counsel patient on financial obligation, create a cost estimate, and obtain a signed liability waiver.
 - a. Financial Clearance team will ensure communication occurs with the front desk staff when a patient requires a liability waiver.
4. If the treatment plan cannot be changed or delayed and **authorization is denied (after peer to peer reviews and all appeals are finalized) or patient is uninsured or underinsured**:
 - i. Provider will send a request, depending on treatment location, to Deputy Chief, Ambulatory Officer or Chief Network Officer to ascertain clinical indication and determine medical urgency
 - ii. If request denied, ordering provider will delay treatment or select different therapy
 - iii. If request approved, Financial Clearance team will contact the Medication Assistance Program (MAP) team to seek free drug replacement
 - iv. If free drug program is not available, the Financial Clearance team will counsel patient on financial support options available; e.g., Free Care, Discount program, Self-Pay Discount
 - v. **If patient does not qualify for free care and unable to pay the discounted cost of care**, the ordering provider may seek administrative approval

Administrative Approval Process

The Financial Clearance Specialist will send an email request, along with cost estimate for approval to:

- The Senior Vice President and Executive Director of Smilow Cancer Hospital for requests where billing is done through Yale New Haven Hospital
- The Chief Medical Officer and the Chief Financial Officer at the perspective delivery network for requests where billing is done within the Delivery Network (i.e. Greenwich, LMH/WH).

All of the following will be copied on the email: Chief Quality Officer, Financial Clearance Director and Senior Manager, Smilow Nursing Director, and Pharmacy Director. (See Appendix 1).

Elements to be included in request for Administrative Approval for Smilow and Delivery Networks

- Brief history of condition with request
- Justification of medical necessity
- Estimated cost per treatment/cycle, total cost (if more than one dose or cycle requested), and expected length of treatment

Smilow Senior Vice President will approve or deny the request by replying to original email from the Financial Clearance Specialist and patient treatment will progress unchanged or modified accordingly

Appendix 1

Administrative approval

NAME:

MRUN:

- ATTENDING PHYSICIAN:

- DATE FORM COMPLETED:

- MEDICAL NECESSITY:

- INSURANCE/PAYOR:

- FINANCIAL ISSUE:

- TREATMENT:

- ACTIONS TAKEN TO DATE:

- ESTIMATED CHARGES FOR TREATMENT CENTER SERVICES:

- LENGTH OF TREATMENT (Months/Years):

- TOTAL CURRENT BALANCES BY HOSPITAL

- TOTAL CURRENT BALANCE FOR MED ONC

- UPDATES/COMMENTS: