

Revenue Cycle

Medication Assistance Program

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Revenue Cycle

One Revenue Cycle Vision

- Provide significant value to patients, providers and care organizations we serve

-Design processes and functions from the patient's perspective



Commitment to Customers

Patients:

 Provide a common patient experience of "Know me, Care for me, Ease my way"

Ministries:

- Helping patients with managing the high costs of drugs.
- Partnership with ministries to tap into foundations and grant programs to keep charity and bad debt down.
- Positive collections experience gaining payment from foundations and pharmaceutical companies to help patients.



Affordable Care Act the after effect!

- Copays and deductibles are climbing.
- Pharmaceutical companies are developing and expanding existing programs to meet the needs of patients and to continue their processes of providing community benefit.
- Companies want to give patients assistance and have removed many of the prior barriers.



▶ Enrollment and Billing:

- With MAP programs growing both in scope and reimbursement dollars it becomes highly important for the back end process to be solid to ensure timely follow up of managing co-pay assistance claims.
- A timely program that works to consistently enroll patients and secure payment to the patient account through these available programs is a win for the patient and facility and follows our mission of easing the patients way.



Just a few examples available programs

- <u>Tysabri:</u>Touch program unlimited copay assistance for those making under 100k per year.
- Remicade: Remistart program allows \$20,000.00 per calendar year in copay assistance.
- <u>Novartis</u>: \$15,000.00 annual copay assistance for a various group of drugs.
- <u>Darlazek</u>: Jansen Care Path \$15,000.00 annual copay assistance
- Benlysta: \$9,000.00 annual copay assistance
- Opdivio: \$25,000.00 per product assistance
- Xofigo: Unlimited copay assistance for those with incomes under 5x FPL.

Disclaimer: Programs change or funds exhaust so this may not be a permanent list.



Medication Program Model

- Local Infusion Site
- Coordinator or counselor identifies a patient needs assistance with cost of drugs — Partners with Financial Counselor to assist with signature of enrollment forms and application is submitted. Grant is approved and billing team is notified through a central fax number or email to alert billing team a new patient has been approved for drug replacement or co-pay assistance.
- Within EPIC billing indicator is added and foundation or grant plan is loaded to the patient account as secondary coverage. This can also be primary position but it is rare. Claims are tracked to ensure timely processing!



Medication Program Model

- EOB is pulled claim forms submitted to foundation or program.
- Payment is generated either by check to client or facility or can be in the form of VISA card.
- Back end billing team has access to web site to track payments and grant funding information.
- In the event that primary insurance denies claim, we know immediately and can quickly work to resolve billing issue to ensure timely payment of primary coverage along with securing the foundation payment.
- Central team to work with new programs and complete the due diligence of regulatory issues.
- Training and support to all infusion sites to assist with enrollment issues and complexity of the billing.
- Easing the patient's way, follow through & closing the loop



QUESTIONS?