

Webinar

# Pharmacy claims

**PAN** Foundation



# Meet the hosts!



**Audrey Quartey**

Senior Manager of Provider Relations



**Joan Zhang, PharmD**

Manager of Medical Affairs



# Housekeeping items

- **Now recording.** A recording of this presentation will be shared with you via email.
- **Ask questions.** Don't be shy! Use the questions section to submit.
- **Stay in touch.** We'll provide our contact information at the end of this presentation.



# Roadmap

At the end of this presentation, you will confidently be able to:

- **Submit clean claims**
- **Receive payment**
- **Follow up on denied claims**





About PAN

# Improving access and affordability

**PAN** Foundation







## OUR MISSION

To help underinsured people with life-threatening, chronic and rare diseases get the medications and treatments they need by assisting with their out-of-pocket costs and advocating for improved access and affordability.

 PAN Foundation





# We're a nonprofit with nearly 70 disease-specific assistance programs

## 3 types of programs:

- Medication co-pays, deductibles, and coinsurance
- Health insurance premiums
- Transportation-related expenses



# Coverage for medications

## PAN covers



- All prescription medications, including generic or bioequivalent drugs, that are FDA-approved or listed in official compendia or published evidence-based or clinical guidelines

## PAN does not cover



- Medical services, office visits or lab work
- Products not covered by insurance or paid at 100%
- Products billed only to discount cards



Take our poll!

How familiar are you  
with submitting  
claims to PAN?

- A. Very familiar
- B. Somewhat familiar
- C. Not at all familiar

Take our poll!

How often do you  
submit claims to  
PAN?

A. Often

B. Once in awhile

C. I do not submit  
claims to PAN



How to

# Submit clean claims

**PAN** Foundation





# Considerations before submitting a claim to PAN

- Check that PAN is the payor of last resort
- Verify that medication(s) are covered
- Confirm patient eligibility for PAN program
- Review grant balance





OPEN

# Fabry Disease

We are accepting applications for new and renewal patients. If your application for assistance is approved, you can begin receiving funding immediately.

## APPLY TODAY

Apply online or call [1-866-316-7263](tel:1-866-316-7263)

I am a...

Pharmacy



Next

## Assistance Amount

\$7,800 per year

Patients may apply for additional assistance subject to availability of funding.

## Eligibility Criteria

To get financial assistance for Fabry Disease, you must:

1. Be getting treatment for Fabry Disease.
2. Reside and receive treatment in the United States or U.S. territories. (U.S. citizenship is not a requirement.)
3. Have health insurance that covers your qualifying medication or product.
4. Be prescribed a medication or product that is listed on PAN's list of covered medications.
5. Have an income that falls at or below 500% of the Federal Poverty Level.

Calculate Your Federal Poverty Level Percentage

Calculate Percentage

## Medications Covered

Fabrazyme (agalsidase beta)

Galafold (migalastat hcl)

# Key information about PAN grants

- **12-month eligibility period**
  - New patients receive a 3-month lookback period.
- **Grant Use Policy**
  - A claim must be received and paid every 120 days to keep the grant active.
- **Potential for renewal**
  - Renewal applications accepted 1 month before eligibility period ends.





# How to apply for a second grant

1. **Ensure** disease fund is open at PAN
2. **Run** claim for full amount
3. **Check** that partial payment is paid to zero grant balance
4. **Apply** for a second grant in the portal or by phone
5. **Reverse** claim and reprocess for full amount of claim



# Submitting pharmacy claims to PAN

- **Claims are processed by SS&C Health**
  - Formerly DST Pharmacy Solutions
- **SS&C Health has a Global Network**
  - Allows immediate claim submission to PAN without having to join the network
- **To join the SS&C's network call 844-616-9448 or email [network.pharmacy@argushealth.com](mailto:network.pharmacy@argushealth.com)**
  - Joining SS&C's network is not a requirement for PAN claims







## 3 ways to submit claims

- **Electronic**
  - Recommended!
- **Fax**
- **Mail**

# Electronic claims

To submit an electronic claim, gather the following information:

- **PAN ID number**
  - 10-digit numeric ID
  - Unique to each patient
- **Group number**
  - 8-digit numeric ID
  - Unique to each disease fund
- **BIN number: 610728**
- **PCN: PANF**
- **NDC number**
  - PAN must be billed as a secondary payor after insurance





# Processing information

To locate claims processing information, check PAN approval letter or pharmacy billing guide.

## Billing guide:



### Electronic billing information

**Billing ID:** 10-digit numeric ID unique to each patient  
**Rx Group:** See below

**Rx BIN:** 610728  
**Rx PCN:** PANF

| Disease Fund Name | Rx Group Number |
|-------------------|-----------------|
|-------------------|-----------------|

|                                       |          |
|---------------------------------------|----------|
| Acromegaly                            | 99990616 |
| Acute Myeloid Leukemia                | 99992776 |
| Amyloidosis                           | 99994000 |
| Ankylosing Spondylitis                | 99991108 |
| Arrhythmia in Patients with           | 99991568 |
| Atrial Fibrillation or Atrial Flutter |          |
| Asthma                                | 99990668 |
| Atopic Dermatitis                     | 99993729 |
| Basal Cell Carcinoma                  | 99991104 |
| Bladder Cancer                        | 99993890 |
| Carcinoid Syndrome                    | 99993930 |
| Chronic Iron or Lead Overload         | 99991290 |
| Chronic Lymphocytic Leukemia          | 99991004 |
| Colorectal Cancer                     | 99990438 |
| Cushing's Disease or Syndrome         | 99991289 |
| Diabetic Foot Ulcers                  | 99990617 |
| Fabry Disease                         | 99993910 |
| Gaucher Disease                       | 99990456 |
| Glioblastoma Multiforme               | 99993800 |
| Heart Failure                         | 99992637 |
| Hemophilia                            | 99993830 |
| Hepatitis C                           | 99990613 |
| HIV Treatment and Prevention          | 99991280 |
| Hypercholesterolemia                  | 99991258 |
| Hyperkalemia                          | 99991257 |
| Immune Thrombocytopenic               | 99990657 |
| Purpura                               |          |
| Inflammatory Bowel Disease            | 99990512 |
| Inherited Retinal Disease             | 99993810 |
| Macular Diseases                      | 99990418 |

|                      |          |
|----------------------|----------|
| Mantle Cell Lymphoma | 99991223 |
|----------------------|----------|

| Disease Fund Name | Rx Group Number |
|-------------------|-----------------|
|-------------------|-----------------|

|                                       |          |
|---------------------------------------|----------|
| Melanoma                              | 99991237 |
| Metastatic Breast Cancer              | 99990647 |
| Multiple Myeloma                      | 99993757 |
| Multiple Sclerosis                    | 99990457 |
| Neurotrophic Keratitis                | 99994010 |
| Neutropenia                           | 99990658 |
| Non-Hodgkin's Lymphoma                | 99990463 |
| Non-Small Cell Lung Cancer            | 99990459 |
| Ovarian Cancer                        | 99991497 |
| Parkinson's Disease                   | 99991255 |
| Philadelphia Chromosome               | 99990651 |
| Negative Myeloproliferative Neoplasms |          |
| Plaque Psoriasis                      | 99991109 |
| Postmenopausal Osteoporosis           | 99991105 |
| Prostate Cancer                       | 99991142 |
| Psoriatic Arthritis                   | 99991107 |
| Pulmonary Hypertension                | 99993820 |
| Renal Cell Carcinoma                  | 99990594 |
| Retinal Vein Occlusion                | 99991026 |
| Rheumatoid Arthritis                  | 99990664 |
| Short Bowel Syndrome                  | 99992330 |
| Sickle Cell Disease                   | 99993940 |
| Systemic Lupus Erythematosus          | 99993840 |
| Tuberous Sclerosis Complex            | 99991288 |
| Uveitis                               | 99991039 |
| Venous Leg Ulcers                     | 99991256 |
| Waldenstrom                           | 99993950 |
| Macroglobulinemia                     |          |

Available [here](#).

# Benefits of submitting claims electronically

- Approves claims in real-time
- Guarantees clean claims
- Ensures faster payment





# Faxed or mailed claims

To submit a claim by fax or mail, gather the following documents:

- **PAN approval letter**
  - Billing ID number
  - Group number
  - PCN & BIN
- **Claim form**
  - Universal claim form or
  - CMS 1500 claim form
- **Supporting documentation**
  - Primary Explanation of Benefits (EOB)
  - Secondary EOB (if applicable)

A detailed Health Insurance Claim Form (Form 100-000000-1000) with multiple sections for patient information, insurance details, and provider information. It includes checkboxes for various insurance types and a section for provider information.A CMS 1500 Claim Form, which is a standard form used for submitting claims to health insurance providers. It includes sections for patient information, insurance details, and provider information.

# Important fields to complete

Documents:

- **CMS 1500 claim form**
  - PAN can provide a copy upon request
- **Universal claim form**

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

**1. MEDICARE** ☐ **MEDICAID** ☐ **TRICARE** ☐ **CHAMPVA** ☐ **GROUP HEALTH PLAN** ☐ **FECA** ☐ **OTHER** ☐ **1a. INSURED'S I.D. NUMBER** (For Program in Item 1) **PAN Member ID**

**2. PATIENT'S NAME** (Last Name, First Name, Middle Initial) **3. PATIENT'S BIRTH DATE** MM DD YY **SEX** M ☐ F ☐

**4. INSURED'S NAME** (Last Name, First Name, Middle Initial) **5. PATIENT'S ADDRESS** (No., Street) **6. PATIENT'S RELATIONSHIP TO INSURED** Self ☐ Spouse ☐ Child ☐ Other ☐

**7. INSURED'S ADDRESS** (No., Street) **8. RESERVED FOR NUCC USE**

**9. OTHER INSURED'S NAME** (Last Name, First Name, Middle Initial) **10. IS PATIENT'S CONDITION RELATED TO:** a. EMPLOYMENT? (Current or Previous) YES ☐ NO ☐ b. AUTO ACCIDENT? YES ☐ NO ☐ c. OTHER ACCIDENT? YES ☐ NO ☐

**11. INSURED'S POLICY GROUP OR FECA NUMBER** **12. IS THERE ANOTHER HEALTH BENEFIT PLAN?** YES ☐ NO ☐ *If yes, complete items 9, 9a, and 9d.*

**13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE** I authorize payment of medical benefits to the undersigned physician or supplier for services described below. **14. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE** I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

**15. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)** MM DD YY **16. OTHER DATE** QUAL. MM DD YY **17. NAME OF REFERRING PROVIDER OR OTHER SOURCE** **18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES** FROM MM DD YY TO MM DD YY **19. ADDITIONAL CLAIM INFORMATION** (Designated by NUCC) **20. OUTSIDE LAB?** YES ☐ NO ☐ **21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY** Relate A-L to service line below (24E) ICD-10 Ind. **22. RESUBMISSION CODE** ORIGINAL REF. NO. **23. PRIOR AUTHORIZATION NUMBER**

**24. A. DATE(S) OF SERVICE** From MM DD YY To MM DD YY **B. PLACE OF SERVICE** **C. EMG** **D. PROCEDURES, SERVICES, OR SUPPLIES** (Explain Unusual Circumstances) **E. DIAGNOSIS** **F. CHARGES** **G. UNITS** **H. PAYMENT** **I. ID** **J. RENDERING PROVIDER ID #**

**1 NDC Number, Rx Number & Days Supply** **Copy**

**2** **3** **4** **5** **6**

**25. FEDERAL TAX I.D. NUMBER** **26. PATIENT'S ACCOUNT NO.** **27. ACCEPT ASSIGNMENT?** YES ☐ NO ☐ **28. TOTAL CHARGE** **29. AMOUNT PAID** **30. Rev'd for NUCC Use**

**31. SIGNATURE OF PHYSICIAN OR SUPPLIER** INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) **32. SERVICE FACILITY LOCATION INFORMATION** **33. BILLING PROVIDER INFO & PH #** ( )

**SIGNED** **DATE** **NPI** **NPI**

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)



# Add an Explanation of Benefits

Explanation of Benefits (EOB) - **This is not a bill**

Member:  1  
Member ID:   
Claim #:   
Provider Name:

| DATE OF SERVICE        | DESCRIPTION            | CPT CODE               | AMOUNT BILLED        | AMOUNT ALLOWED       | NOT COVERED          | CO-PAY/<br>CO-INSURANCE | DEDUCTIBLE             |
|------------------------|------------------------|------------------------|----------------------|----------------------|----------------------|-------------------------|------------------------|
| <input type="text"/> 2 | <input type="text"/> 3 | <input type="text"/> 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> 5  | <input type="text"/> 6 |
|                        |                        |                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="text"/>   |

PLAN PAYS: \$  7  
PATIENT RESPONSIBILITY: \$

## Key

1. Member's demographics
2. Date of service
3. Medication description
4. NDC Number / Service Code
5. Co-pay / Co-insurance
6. Deductible
7. Patient responsibility

# Submit manual claims via fax or mail

**Fax** 1-844-871-9753

**Mail** SS&C Health  
Dept: 0756  
PO Box 419019  
Kansas City, MO 64141

*All claims are processed within 10 business days*

HEALTH INSURANCE CLAIM FORM  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 01/12

1. PATIENT INFORMATION  
2. INSURANCE INFORMATION  
3. CLAIM INFORMATION  
4. ATTACHMENTS  
5. SIGNATURES  
6. NOTES

NUCC Information Manual available at: [www.nucc.org](http://www.nucc.org)

PLEASE PRINT OR TYPE

APPROVED CLAIMS ONLY (FORM 100) (01/12)



# Recommendations for faster manual claim payment

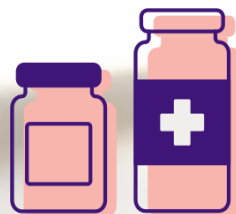
- **Ensure eligibility**
  - Illegible claims are returned to sender
- **Allow time for follow up**
  - Send secure message on the portal
  - Call 1-866-316-7263
- **Claims turnaround time**
  - All claims are processed and paid within 10 business days



How to

# Receive payment

**PAN** Foundation

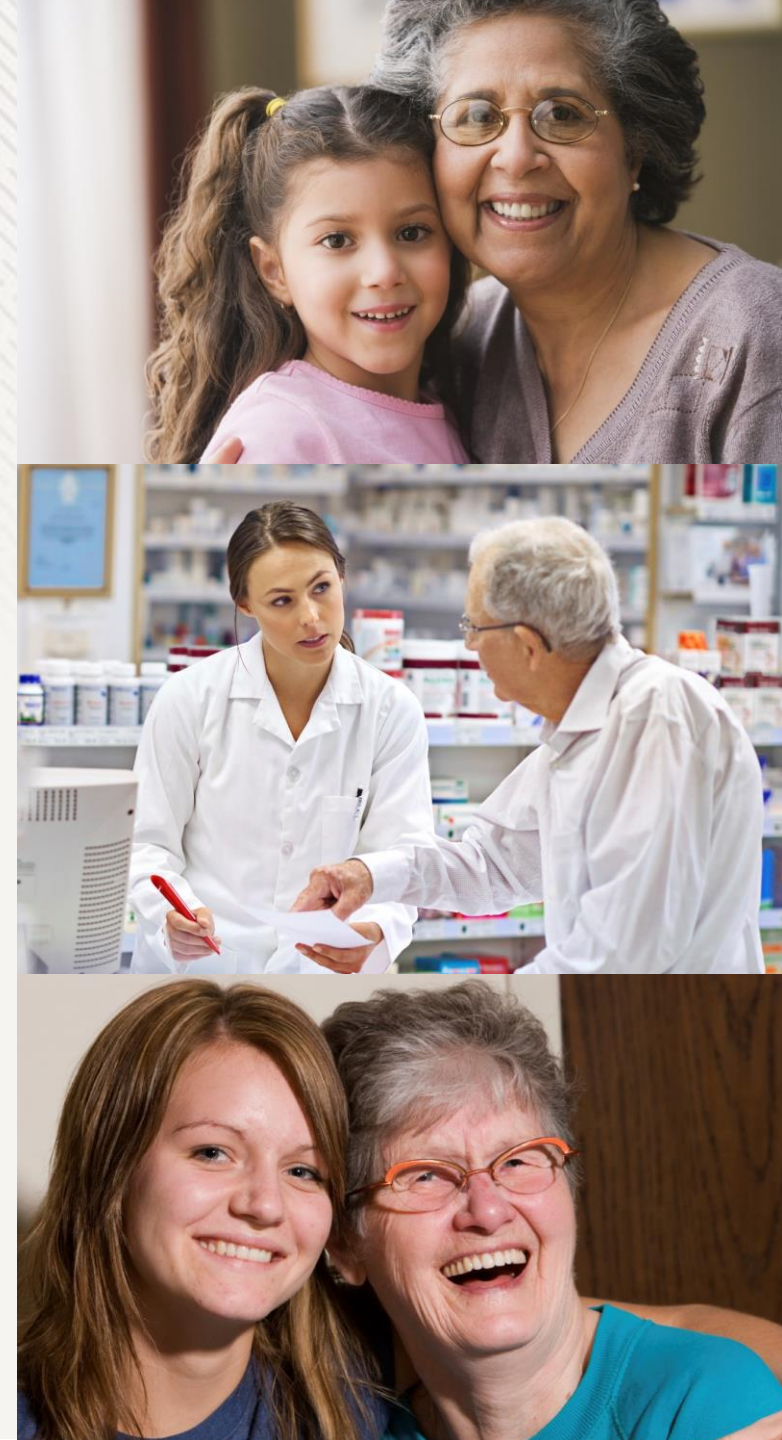




# Payment options

- **Two methods** *(Both issued through SS&C Health)*
  - Electronic funds transfer
  - Paper check
- **Payment cycle**
  - Issued twice a month on the 16th and last day of month
- **Electronic Remittance Advice (RA)**
  - Available at [www.argushealth.com/login/](http://www.argushealth.com/login/)
- **Paper remittance advice not available**

Contact SS&C Health reconciliation team at  
1-866-211-9459 or [reconcustomerservice@dsthealth.com](mailto:reconcustomerservice@dsthealth.com)



# Claims adjustments

- **Less than 60 days old**
  - Reverse claim electronically
  - Make adjustment
- **More than 60 days old**
  - Contact SS&C Health for Single Claim Adjustment
  - Pharmacy Help Desk - 1-844-616-9448
- **Adjusting 5 or more claims**
  - Complete the Multiple Adjustments Request Form [here](#) or via the SS&C Health portal
    - Log in using the guest account at [www.argushealth.com/myargus/MyArgus](http://www.argushealth.com/myargus/MyArgus)
    - Username: phrminfo
    - Password: phrmrx2u





# Claims adjustments

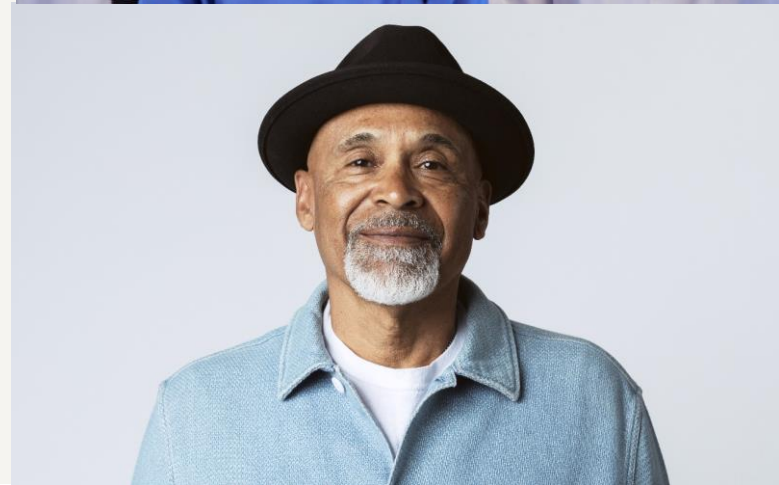
## Submit Multiple Adjustments Request Form

**Fax** 1-844-871-9753

**Encrypt  
and email** [multiple.adjustments@argushealth.com](mailto:multiple.adjustments@argushealth.com)

**Mail** SS&C Health  
Attn: Multiple Adjustments  
1300 Washington Street  
Kansas City, MO 64105-1433

*Turnaround time for adjustment requests is 3-5 business days.  
Payment will be reflected in the next pay cycle. PAN does not accept refund checks.*



Knowledge check!

What do you do first if your PAN claim is rejected?

- A. Resubmit claim until I get a paid claim
- B. Verify information on PAN's website, pharmacy billing guide, or pharmacy portal
- C. Read the rejection message and follow steps or call PAN
- D. I do not submit claims to PAN



How to

# Follow up on denied claims

**PAN** Foundation



# What to do if your claim is denied

- **Review submitted claim** and denial reason
- **Check billing guide** for common denial steps
- **Update claim**
- **Resubmit** claim or contact PAN for assistance





## SCENARIO 1

### Denial message: Missing (M/I) Other Coverage Code Reason: PAN only covers OCC8 coverage code

#### Steps:

1. Review previously submitted claim to ensure:
  - a. OCC8 field is completed
  - b. Other Payer Patient Responsibility Amount (OPPRA)
  - c. Other Payer Amount Paid (OPAP) field is blank
2. Resubmit the claim with the updated information.
3. Contact SS&C Health's pharmacy helpdesk for assistance if the claim is still denied or if the pharmacy system does not allow removal of OPAP.



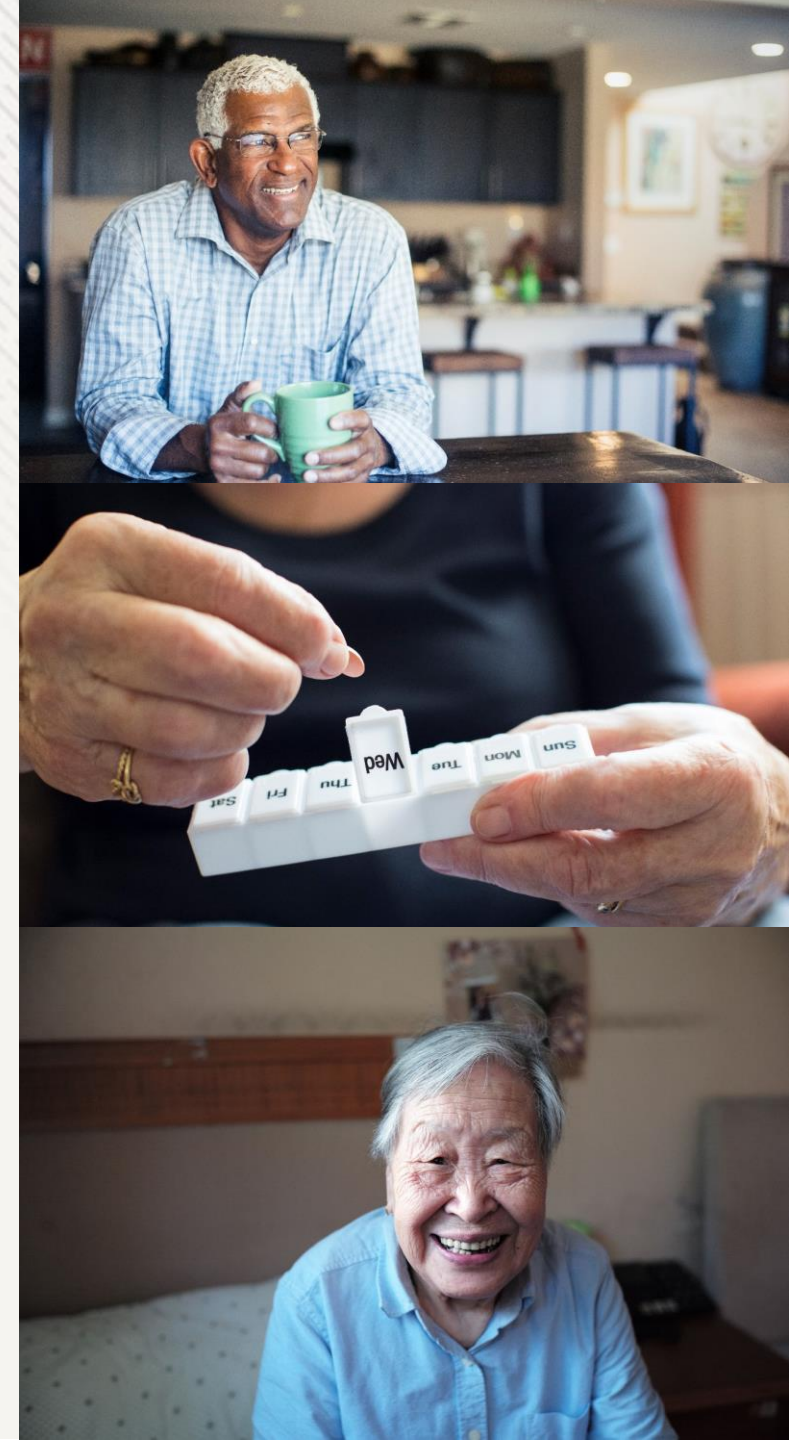
## SCENARIO 2

Denial message: Fill too soon

Reason: Refill request is too soon

### Steps:

1. Verify if the claim was previously processed and paid.
2. If refilling claim due to a loss of medication, vacation or extenuating circumstances, contact PAN for additional assistance.





## SCENARIO 3

**Denial message: Non-matched cardholder ID**

**Reason: Member ID is not on file at PAN**

**Steps:**

1. Obtain the correct PAN member ID from the PAN approval letter, pharmacy portal, or by calling PAN.
2. Update the correct PAN member ID number and resubmit claim.
3. Contact PAN for assistance further assistance, if claim still rejects for non-matched member ID.



## SCENARIO 4

### Denial message: Missing (M/I) Group ID

### Reason: Incorrect disease fund group number was billed

#### Steps:

1. Obtain the correct group number from the pharmacy billing guide.
2. Resubmit the claim with the correct group number to PAN.
3. If claim still denies for M/I group number, contact PAN for further assistance.





## SCENARIO 5



### Denial message: Claim too old

### Reason: Claim was submitted after the timely filing period

#### Steps:

1. Review the grant eligibility end date on the portal, approval letter, or call PAN to determine:
  - a. If date of claim submission was past timely filing period of 60 days after grant eligibility end date, or
  - b. If more than 120 days have passed since the last claim was submitted.
2. If the last claim was more than 120 days old, the grant was disenrolled due to the grant use policy.
  - a. Contact PAN for further assistance, if there was an extenuating circumstance that prevented the timely filing of claims.

## SCENARIO 6

**Denial message: Product or service not covered plan/benefit exclusion**

**Reason: Drug or NDC excluded from plan formulary or disease fund**

**Steps:**

1. Verify the medications included on the PAN formulary on the PAN website, pharmacy portal or by calling PAN.
2. If the medication billed is on the PAN product formulary, review:
  - a. The NDC, BIN, PCN and Group Number.
  - b. Update any incorrect information and resubmit the claim.
3. If the claim is still denied, contact PAN for further assistance.



## SCENARIO 7

**Denial message: Patient is not covered**

**Reason: Date of service (DOS) is outside of the eligibility period**

**Steps:**

1. Review the grant eligibility period on the portal, approval letter, or call PAN.
2. For DOS before the eligibility period, no further action is required.
3. If the DOS falls within three months after the eligibility period end date, check to see if the disease fund is open and renew the grant.
4. Contact PAN after grant renewal for further assistance, to cover the DOS in the new grant.

# Thank you

**Download Pharmacy Billing Guide**

[panfoundation.org/pharmacy-billing-guide](https://panfoundation.org/pharmacy-billing-guide)

**PAN Call Center**

**1-866-316-7263, Option 2**

**SS&C Pharmacy Help Desk**

**1-844-616-9448**



Stay in touch!



**Audrey Quartey**

[aquartey@panfoundation.org](mailto:aquartey@panfoundation.org)



**Joan Zhang, PharmD**

[jzhang@panfoundation.org](mailto:jzhang@panfoundation.org)