

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**

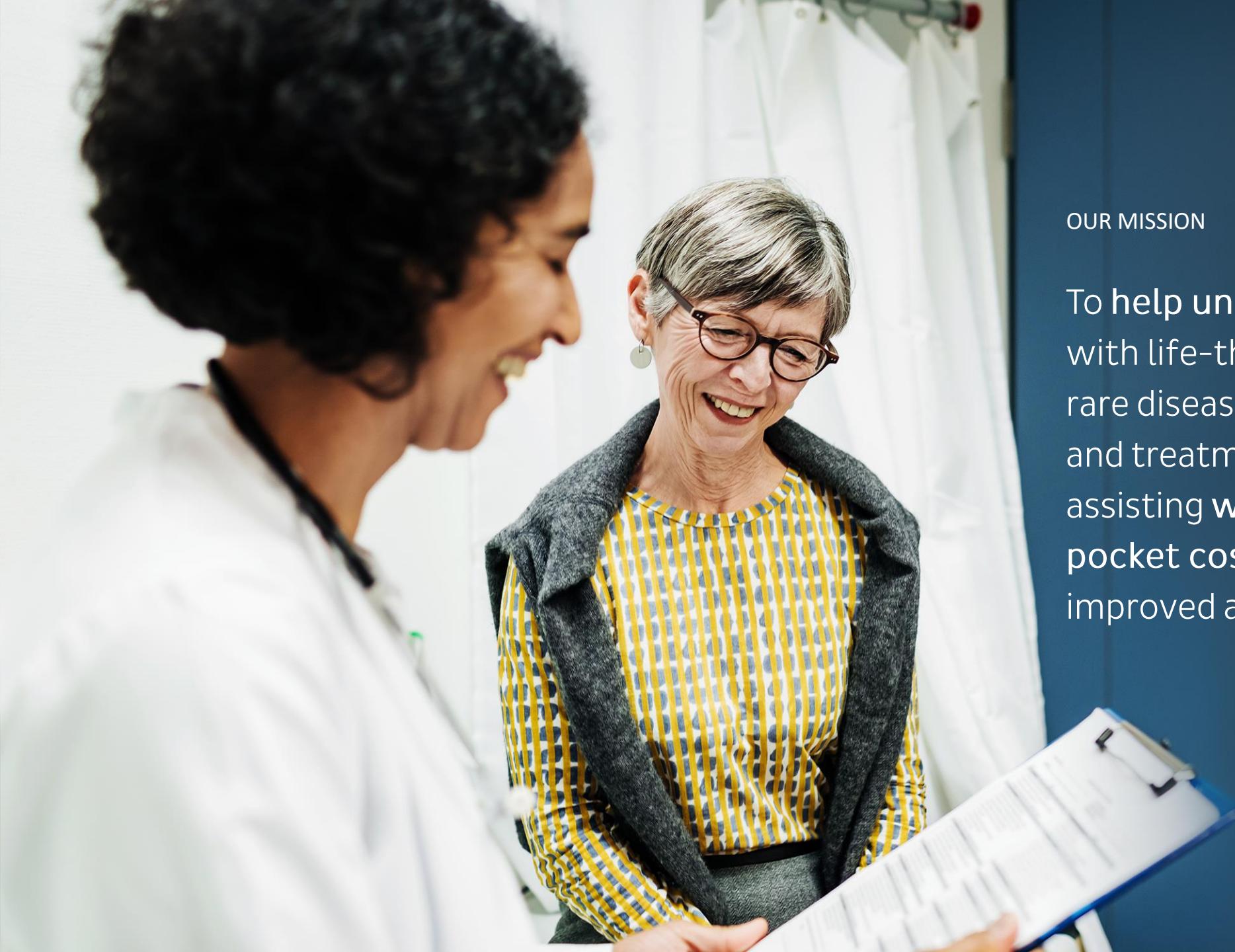


About PAN

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



PAN does not cover



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

- 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

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**
 - 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	Mantle Cell Lymphoma 99991223
Acromegaly	99990616	Melanoma 99991237
Acute Myeloid Leukemia	99992776	Metastatic Breast Cancer 99990647
Amyloidosis	99994000	Multiple Myeloma 99993757
Ankylosing Spondylitis	99991108	Multiple Sclerosis 99990457
Arrhythmia in Patients with	99991568	Neurotrophic Keratitis 99994010
Atrial Fibrillation or Atrial Flutter		Neutropenia 99990658
Asthma	99990668	Non-Hodgkin's Lymphoma 99990463
Atopic Dermatitis	99993729	Non-Small Cell Lung Cancer 99990459
Basal Cell Carcinoma	99991104	Ovarian Cancer 99991497
Bladder Cancer	99993890	Parkinson's Disease 99991255
Carcinoid Syndrome	99993930	Philadelphia Chromosome 99990651
Chronic Iron or Lead Overload	99991290	Negative Myeloproliferative Neoplasms
Chronic Lymphocytic Leukemia	99991004	Plaque Psoriasis 99991109
Colorectal Cancer	99990438	Postmenopausal Osteoporosis 99991105
Cushing's Disease or Syndrome	99991289	Prostate Cancer 99991142
Diabetic Foot Ulcers	99990617	Psoriatic Arthritis 99991107
Fabry Disease	99993910	Pulmonary Hypertension 99993820
Gaucher Disease	99990456	Renal Cell Carcinoma 99990594
Glioblastoma Multiforme	99993800	Retinal Vein Occlusion 99991026
Heart Failure	99992637	Rheumatoid Arthritis 99990664
Hemophilia	99993830	Short Bowel Syndrome 99992330
Hepatitis C	99990613	Sickle Cell Disease 99993940
HIV Treatment and Prevention	99991280	Systemic Lupus Erythematosus 99993840
Hypercholesterolemia	99991258	Tuberous Sclerosis Complex 99991288
Hyperkalemia	99991257	Uveitis 99991039
Immune Thrombocytopenic	99990657	Venous Leg Ulcers 99991256
Purpura		Waldenstrom 99993950
Inflammatory Bowel Disease	99990512	Macroglobulinemia
Inherited Retinal Disease	99993810	
Macular Diseases	99990418	

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)

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

PICA [] (For Program in Item 1)

PAN Member ID

1. MEDICARE MEDICAID TRICARE CHAMPA GROUP 10TH PLAN FECA OTHER
 Medicare Medicaid TRICARE CHAMPA GROUP 10TH PLAN FECA OTHER
 (Medicare) (Medicaid) (TRICARE) (CHAMPA) (Group 10th Plan) (FECA) (Other)

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 RELATIONSHIP TO INSURED
 Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE CITY STATE
 ZIP CODE TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (Include Area Code)

() ()

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

a. OTHER INSURED'S POLICY OR GROUP NUMBER
 YES NO

b. RESERVED FOR NUCC USE
 YES NO

c. RESERVED FOR NUCC USE
 YES NO

d. INSURANCE PLAN NAME OR PROGRAM NAME
 YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. 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 person who accepts assignment below.

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. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE MM DD YY
 MM DD YY QUAL: MM DD YY
 MM DD YY QUAL: MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
 FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
 17a. _____ 17b. NPI _____

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? \$ CHARGES
 YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD Ind: _____

A. _____ B. _____ C. _____ D. _____
 E. _____ F. _____ G. _____ H. _____
 I. _____ J. _____ K. _____ L. _____

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 E/M C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) D. CPT/HCPCS E. MODIFIER F. \$ CHARGES G. \$ CHARGES H. \$ CHARGES I. \$ CHARGES J. \$ CHARGES
 1. NDC Number, Rx Number & Days Supply Copay NPI
 2. _____ NPI
 3. _____ NPI
 4. _____ NPI
 5. _____ NPI
 6. _____ NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN _____ 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT?
 YES NO For govt. claims, see back

28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. Rvd 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 in my own handwriting.

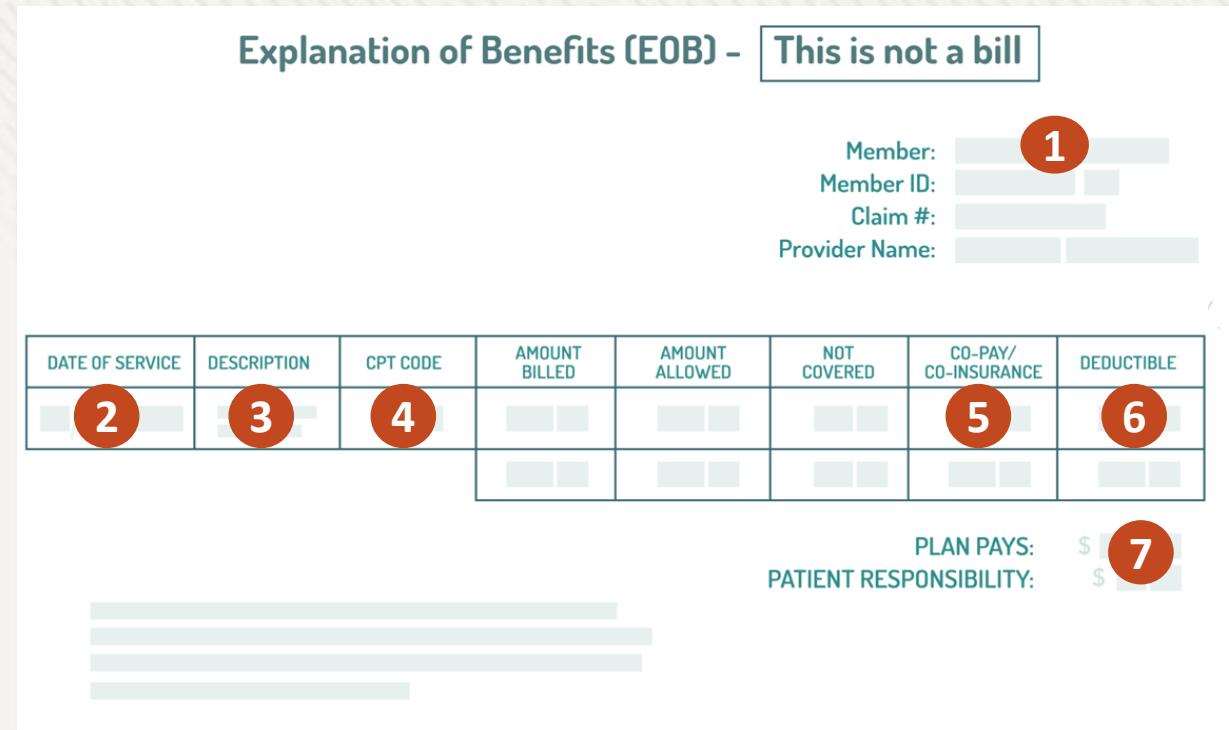
32. SERVICE FACILITY LOCATION INFORMATION
 a. NPI _____ b. NPI _____

33. BILLING PROVIDER INFO & PH # ()

SIGNED DATE a. NPI b. NPI
 NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE
 APPROVED OMB-0938-1197 FORM 1500 (02-12)

PATIENT AND INSURED INFORMATION
 CARRIER
 PHYSICIAN OR SUPPLIER INFORMATION

Add an Explanation of Benefits



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

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/
- **Paper remittance advice not available**

Contact SS&C Health reconciliation team at
1-866-211-9459 or 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
 - **Username:** phrminfo
 - **Password:** phrmrx2u



Claims adjustments

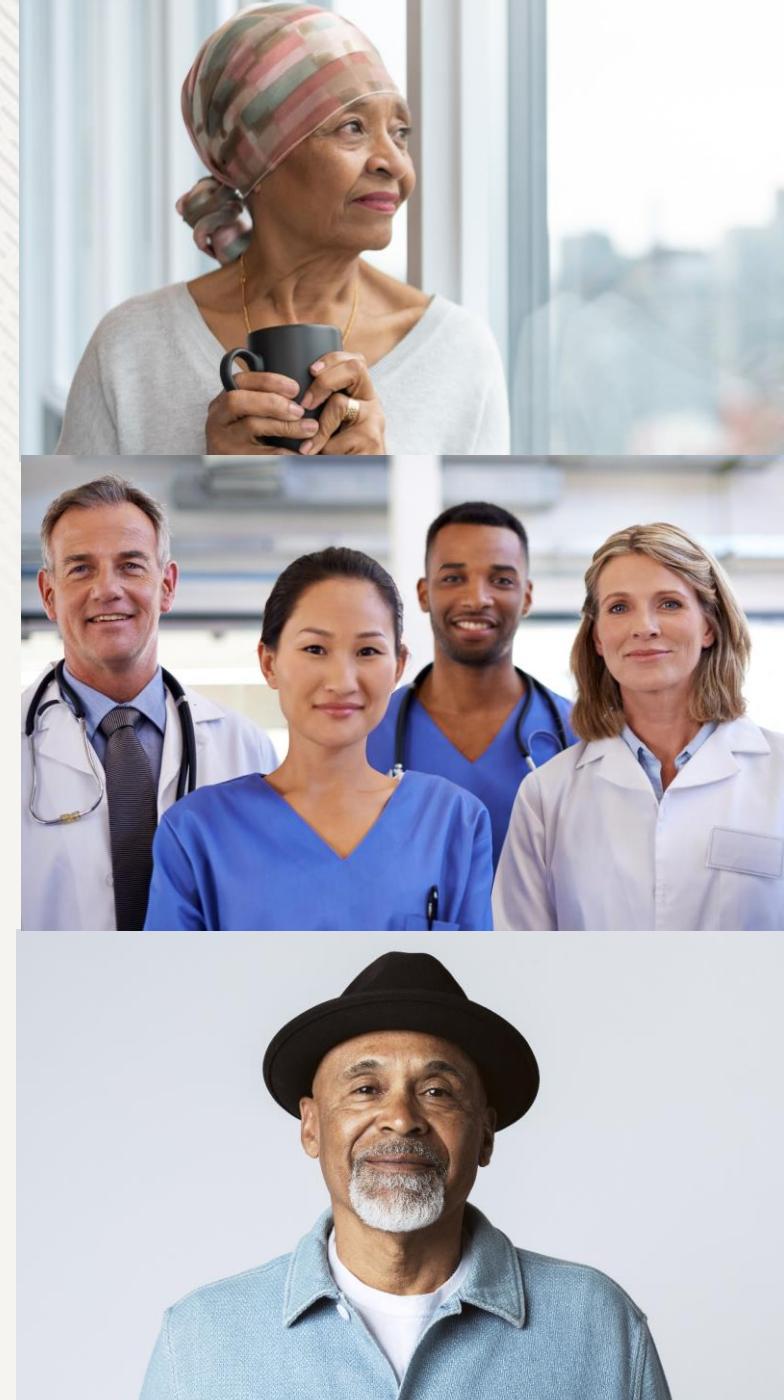
Submit Multiple Adjustments Request Form

Fax 1-844-871-9753

Encrypt and email 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.



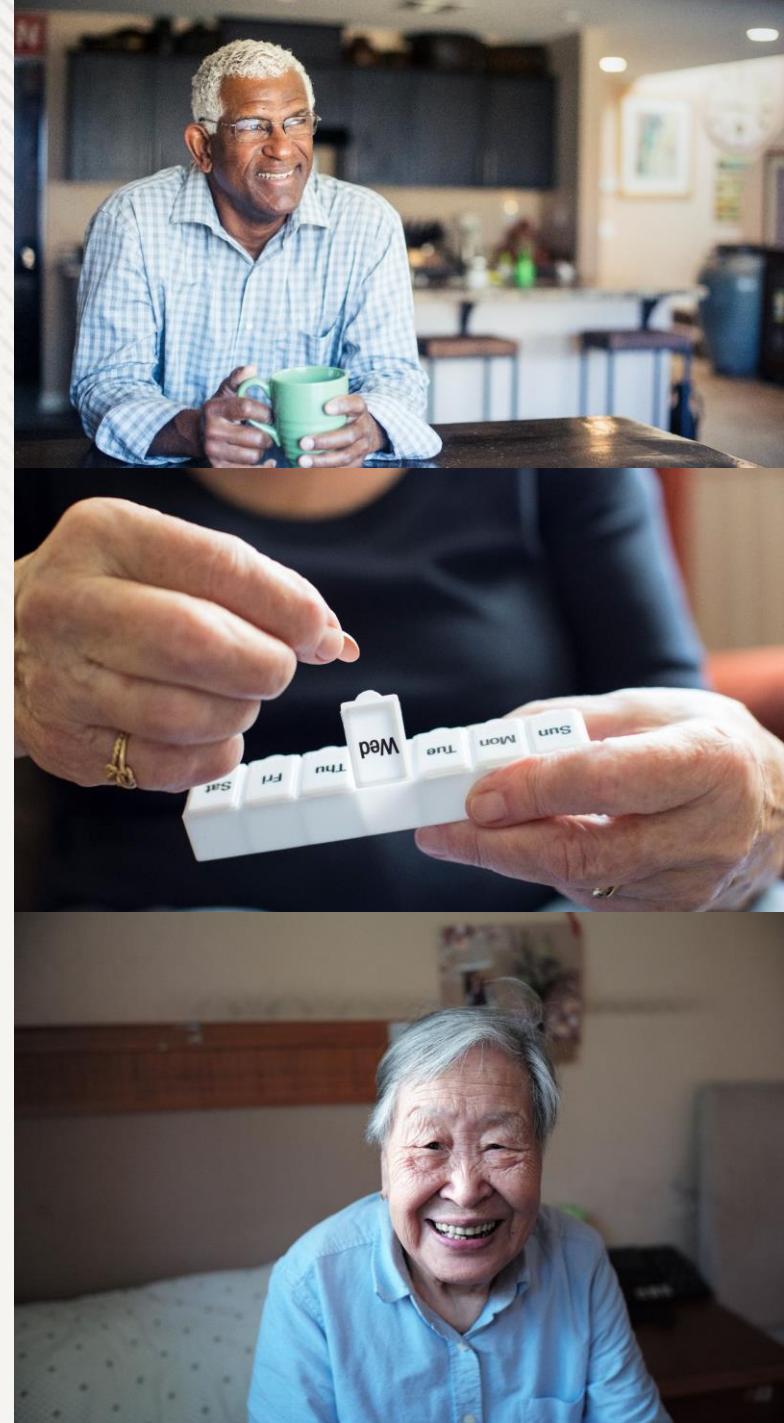
SCENARIO 2

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

PAN Call Center

1-866-316-7263, Option 2

SS&C Pharmacy Help Desk

1-844-616-9448

 PAN Foundation

Stay in touch!



PAN Call Center

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aquartey@panfoundation.org



Joan Zhang, PharmD

jzhang@panfoundation.org