MANAGING BIOLOGICS LIKE A PRO

SPECIALTY PHARMACY

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PREP WORK FOR ALL BIOLOGICS

• HAVE A DEDICATED BIOLOGICS TEAM THAT HANDLES PRIOR AUTHORIZATIONS, AND INVENTORY CONTROL.

• CHECK INSURANCE POLICIES REQUIREMENTS ON A REGULAR BASIS.

• WHAT TRACKING TOOLS ARE AVAILABLE FOR PRIOR AUTHORIZATIONS EXPIRATION DATES?
PATIENT SELECTION

• IS THE NEEDED QUALIFICATIONS FOR THE PRESCRIBED MEDICATION DOCUMENTED APPROPRIATELY IN THE CHART?

• DOES THE PATIENT HAVE UPDATED INSURANCE AND DEMOGRAPHICS IN THEIR CHART

• DOES THE PATIENT TRULY WANT TO GO ON THE MEDICATION.

PRIOR AUTHORIZATION

• MOST BIOLOGICS COMPANIES HAVE A SPECIAL TEAM TO INVESTIGATE COVERAGE BENEFITS. BEFORE GOING TO THE PRIOR AUTHORIZATION

• THE PHARMACY BENEFIT MANAGERS (CAREMARK, OPTUM RX EXPRESS SCRIPTS ETC.) TYPICALLY MAKE THE DECISION REGARDING APPROVALS OR DENIALS.

• SPECIALTY PHARMACIES- WILL DISPENSE AND SHIP THE DRUG SUCH AS: ACCREDO, CVS SPECIALTY PHARMACY, BRIOVA ETC.

• ONCE APPROVE SEND AN ESCRIPT OR CALL THE SPECIALTY PHARMACY AND ORDER THE MEDICATION.
EMPOWER THE PATIENT

• EDUCATE THE PATIENT AS TO WHAT FINACIAL ASSISTANCES PROGRAMS ARE AVAILABLE IF NEEDED.

• THE PATIENT SHOULD KNOW PRIOR TO STARTING TREATMENT THAT THEY WILL NEED TO ANSWER THE PHONE WHEN THE SPECIALTY PHARMACY CALLS TO GET PERMISSION TO SHIP THEIR MEDICATION.

• THE PATIENT SHOULD UNDERSTAND THAT INSURANCE INFORMATION SHOULD BE UPDATED IMMEDIATELY WITH CHANGES.

• WHAT IS YOUR PROCESS FOR DELIVERING TREATMENT?

BUY AND BILL PROS

• EASE OF OBTAINING THE DRUG

• FLEXIBILITY WITH INVENTORY

• SAME PROCESS FOR APPROVAL AS SPECIALTY PHARMACY BUT CLINIC RECEIVES THE PROFIT.

• ABILITY TO HAVE CLOSER OBSERVATION OF PATIENT TREATMENT ADHERENCE
BUY AND BILL CONS

• INVENTORY CONTROL AND TRACKING IS EXTREMELY IMPORTANT.
  $$ DRUG ON THE SHELF IS MONEY ON THE SHELF. $$

• REIMBURSEMENT IS ANYWHERE FROM 30 TO 90 DAYS.

• THERE IS A GREATER FINANCIAL RISK. AR TRACKING IS KEY.

• INSURANCE MARKET IS EVERCHANGING

BUY AND BILL PROCESS

• FOLLOWS SAME PATH AS SPECIALTY PHARMACY.

• PURCHASE INVENTORY FROM A WHOLESALE COMPANY SUCH AS CURASCRIPTS, ACCREDO ETC.

• USUALLY ON THE MEDICAL SIDE OF INSURANCE BENEFITS

• WHEN CALLING FOR THE PRIOR AUTHORIZATION ENSURE THAT THE PBM UNDERSTANDS THIS IS BUY AND BILL AND THE PRIOR AUTHORIZATION IS LISTED UNDER THE PHYSICIANS NPI OR CLINIC NPI.
BUY AND BILL PROCESS

• ORDER INVENTORY.
• SCHEDULE PATIENT FOR TREATMENT.
• CHECK INSURANCE ELIGIBILITY TWO DAYS OUT.
• BILL FOR DRUG AND ADMINISTRATION
• TRACK EOBS
• ONCE EOBS ARE BACK FROM THE INSURANCE COMPANY RUN COPAY CARDS /FINANCIAL ASSISTANCE MONIES FOR CLAIM.
• THERE IS A 30 TO 90 DAY REIMBURSEMENT PERIOD. USUALLY, THE SPECIALTY PHARMACIES WILL GIVE YOU A 90 DAY CREDIT ON THE PURCHASE OF THE DRUG.

BUY AND BILL TIPS AND TRICKS

• DO NOT RELY ON QUICK LOOK INVENTORY MANAGEMENT USE A TRACKING SHEET.
• DOCUMENT DOCUMENT DOCUMENT. INSURANCE CALLS REFERENCE NUMBERS ETC.
• ENSURE THAT YOUR PATIENTS TREATMENT RECORD IS SIGNED BY THE PROVIDER
• GOVERNMENT INSURERS REQUIRE THE SUPERVISING PROVIDER TO BE ON SITE AND THE PROVIDER THAT SIGNS THE TREATMENT RECORD. NOT THE PROVIDER OF RECORD.
• MEDICARE DOES NOT NEED PRIOR AUTHORIZATION BUT COPAYS AND DEDUCTABLES DO APPLY.
BIOLOGICS TIPS AND TRICKS

• IF THE MEDICARE/COMMERCIAL PATIENT HAS A SECONDARY INSURANCE, THEY MAY OR MAY NOT REQUIRE A PRIOR AUTHORIZATION - CHECK.

• IF THE MEDICATION PRESCRIBED IS FROM A PHARMA COMPANY WITH A BENEFITS INVESTIGATION TEAM USE THE TEAM TO INVESTIGATE ALL BIOLOGICS PATIENT BENEFITS INCLUDING MEDICARE.

• MAKE SURE YOU ASK FOR A PA RECORD TO BE FAXED TO YOU WITH THE PA NUMBER AND UNITS OR DAYS OF TREATMENT.

• EDUCATE YOUR PATIENTS ON THEIR INSURANCE CHOICES.

COPAY CARD ACCUMULATORS

• COPAY CARD ACCUMULATORS – COPAY CARDS TYPICALLY COVER ANY DEDUCTIBLES, COPAYS AND COINSURANCE WITH EXCEPTION OF 5 OR 10 DOLLARS.

• SOME INSURANCE COMPANIES HAVE IMPLEMENTED THESE ACCUMULATORS SO THAT NONE OF THE MONIES THAT ARE PAID GO TOWARDS THE PATIENT’S DEDUCTABLES

• THE DISADVANTAGE IS IF A PATIENT HAD SAY A 5000 DOLLAR DEDUCTIBLE AND IS PART OF THE DRUG COST IS 2000.00 UNTIL HIS DEDUCTIBLE IS MET, HE MAY HAVE TO STOP TREATMENT IN A FEW MONTHS.
Below is an example of a historical payment model for medication versus an accumulator model. For this example, the patient has a $2,000 deductible, 20% coinsurance, and a $4,000 out of pocket max. The drug in this example is $2,000 per month:

<table>
<thead>
<tr>
<th>Patient out of pocket</th>
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<tbody>
<tr>
<td>Copay assistance (manufacturer)</td>
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Note: In the historical model example, the patient has met the deductible and out-of-pocket obligation as a result of the manufacturer’s copay assistance program with $0 out-of-pocket cost.

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<tr>
<th>Copay Accumulator model</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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Note: In the copay accumulator model example, the payer only pays 50% of the amount that is paid in the historical model example.

National Infusion Center Association (NICA)
Managing Biologics Like a Pro

UTILIZING A 3RD PARTY VENDOR
TIPS AND TRICKS
Kathy Wilson, Practice Manager, Allergy and Asthma Wellness Center

WORKING WITH A 3RD PARTY VENDOR

• Your patients will be in 2 systems which will need to be managed.
• Establish who within the practice will manage the biologics.
• Determine which party will be responsible for entering patient information into the 3rd party’s system.
• Assign a place for the biologics to be stored separately from specialty pharmacy and samples.
• Create a system for billing as they will need to enter charges appropriately and reconcile the incoming invoices.
• Communication is key within the practice, with patients and with the vendor!
FIRST STEPS

- You will need to provide or enter the patient name, insurance information, demographics, office notes, supporting labs and tests to the vendor.
- The physician’s order will need to be entered for the biologic.
- The 3rd party will be obtaining your prior authorizations but you will need to send supporting documents or set up peer to peer if needed.
- Establish a method for overseeing and managing your patients in both systems.

TRACKING IS KEY

CREATE A LOG FOR TRACKING YOUR PATIENTS

- The log should include patient name, ID number assigned by 3rd Party, biologic name, and status (pending, denied, approved).
- This spreadsheet is key to tracking all of your patients and for keeping your staff informed of which patients are utilizing biologics from the vendor.
- Share the log with your biller, front desk for collection of co-pays, and your clinical staff so they know which stock to pull from.
BIOLOGIC ORDERING AND TRACKING

- Patient appointments will be in 2 systems.
- The vendor we work with will automatically ship biologics based on the appointments entered in the system.
- Order extra biologics for last minute patients.
- Closely monitor your patient appointments weekly to ensure you have enough drug on hand.
- When the drug arrives, create a log to track who is receiving the drug and the date of service. Only patients approved for buy and bill should be receiving the biologics from the vendor.

PARTNERSHIP

- Communication is key between the practice, patients and the vendor.
- Patients need to understand where the drug is coming from.
- Patients need to be educated as to why the 3rd party is being utilized.
- Staff needs to understand the difference between specialty pharmacy and a 3rd party vendor to avoid confusion.
- The practice needs to keep in touch with the vendor on a daily basis for updates and action items.
- Collaborate for a successful partnership.
Expanding your practice
Clinical Administrative, Reimbursement Strategies
Biologics

Presented by
Teresa Thompson
TM Consulting

Biologics for use in allergy practice

• Omalizumab – J2357 5mg
• Dupilumab – J3590
• Mepolizumab – J2182 1mg
• Benralizumab – J0517 1mg
• Reslizumab – J2786 1mg
• Administration may be at home or in your office depending on the biologic
Administration in your office for biologics

• Initially – may have an Evaluation and Management service provided by physician or NPP to review and begin patient on biologic
• Injection of biologic is not billable with a nursing encounter per CMS guidelines (NCCI edits) National Correct coding initiative edits
• Injection of biologic may be billable with physician or provider encounter as long as the definition of 25 modifier is supported.

Modifier 25

• ---The patient’s condition required a significant, separately identifiable E/M service above and beyond the other service.
• A physician shall not report a separate E&M code with these procedures for the supervision of others performing the procedure or for the interpretation of the procedure.
Procedure codes for administration of biologics outpatient setting

• CPT 96372 – therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular
• CPT 96401 – administration, subcutaneous or intramuscular; non-hormonal antineoplastic
• Payers have specific guidelines specific for injection code selection
• More than one injection – may use two units or two lines
• Payer guidelines may limit CPT 96401 to one unit

Coding for Biologic

• J Codes:
  • Omalizumab J2357 – 5mg
  • Dupilumab J3590 – requires documentation
  • Mepolizumab J2182 – single dose
  • Benralizumab J0517 – 1 mg
  • Reslizumab J2786 – 1mg

• Patient education a requirement if patient is using medications at home.
• If only self administration is approved for drug, make sure medical necessity is documented for injections given in practice setting.
Coding for Buy and Bill Patient

• Purchase drug in quantity most effectively used by the patient
• May bill for wastage JW modifier but vials must be in most efficient quantity for the patient
• RAC is auditing Medicare claims for past billings with JW modifier
• Prior authorizations required

Thank you for joining us