Co-pay card programs are designed to make it easy for patients to use awarded funds and apply those funds to patient balances resulting from deductible or co-insurance amounts due that must be met before insurance pays 100 percent. To participate in a co-pay card program, patients apply (by phone, online, or via faxed applications) to the participating drug companies. The drug manufacturer presents patients with a co-pay assistance card and—once funds have been approved—the company provides an approval code so that patients can use the card to pay the funds into their account. Sounds easy, right? Not quite.

A colleague shared one anecdotal account of a patient who was given a co-pay assistance card and then used the funds to buy a refrigerator. While that may have indeed been a pressing need, if the goal is to use the program to help patients pay down their patient balances, I suggest that providers offer to "hold" co-pay cards and process payments for patients to help them avoid temptation to spend the money elsewhere.

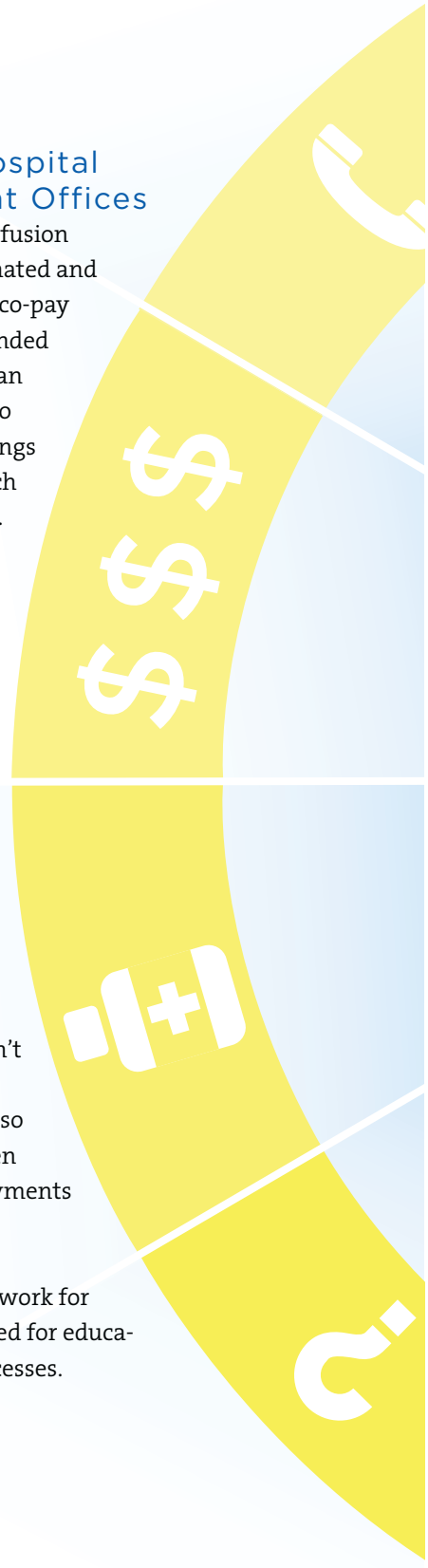
## Complexity of Applying Payments

Billing for infusion services is a complex process. St. Luke's Mountain States Tumor Institute (MSTI) bills for infusion services on a recurring account once each month. On one hand, this process works well for patients who receive just one monthly bill for their infusion services. On the other hand, it makes the process of applying payments to specific infusion dates tricky. Additionally our billing and cash management office often takes payments and applies them to the oldest date of service owed—an automated function. When making specific payments, such as a payment from a co-pay card program, a manual process is needed to ensure the money is applied correctly.

## Confusion for Hospital Billing & Payment Offices

Adding to the general confusion between the use of automated and manual billing processes, co-pay cards (which are often handed out to patients by physician offices) look very similar to credit cards or health savings account (HSA) cards (which also look like credit cards). When MSTI researched how to set up an effective co-pay card program, we discovered that some patients had tried doing this on their own and had used the co-pay cards to call up Customer Service to make payments. Unfortunately patients didn't know to identify that they were using a co-pay card, and our Customer Service Department doesn't identify the type of card used or the type of funds, so these payments were often assumed to be private payments or HSA funds.

To make the co-pay cards work for our patients, we saw a need for education and streamlined processes.



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By Ann Kaley Kline

# ACCESSING CO-PAY ASSISTANCE *Opportunities*

To make the co-pay cards work for our patients, we saw a need for education and streamlined processes.

## Manpower Needed to Access Funds

In addition to the challenge of billing and cash management applying payments to access co-pay card funds, another difficulty we encountered was the manpower needed to actually submit claims to these companies to obtain the funds. Once a patient applied to the co-pay program, was approved, and then awarded funds, claims need to be submitted to obtain payment. To receive payment, the following items are needed:

- The actual itemization of charges that include the date of service, drug name, and CPT Code. In other words, a copy of the bill from the infusion center or hospital where the services were rendered.
- The patient's Explanation of Benefits (EOB), showing that the claim was submitted to the patient's insurance, how those charges were processed by the patient's plan, and the out-of-pocket cost to the patient attributed by the insurance.

Getting patients to bring in the appropriate documentation can be challenging, especially at a time when they are often overwhelmed with the demands of treatment.

In 2013 I moved from the role of a patient financial advocate to my current role as manager of Revenue and Reimbursement for St. Luke's MSTI. One of my goals in this new position was to figure out how to effectively manage the various co-pay card programs. My senior director is a great mentor who encouraged me to spend time thinking about how our co-pay process could be improved.

## Identify the Need

My first step was to research all of the various co-pay programs our patients could possibly access. I looked at how many of our patients with commercial insurance had actually used the drugs covered by these programs in the past fiscal year, identifying about 1,110 patients. Then I asked a financial analyst to help calculate a "what if" scenario: What if these patients had not yet met their out-of-pocket needs, and what if those out-of-pocket costs averaged about $3,000 per patient.

Using this hypothetical scenario, I estimated what the savings would be if each of those 1,110 patients used a co-pay card. As we all know, payment collection for cancer patients is costly and can often result in bad debt write-offs or charity write-offs. By accessing the available co-pay programs, I estimated a conservative reduction in write-offs of $240,000—an amount that could be considered revenue back into the health system instead of going to write-offs.

## Communicate the Benefits

Once I could show hospital leadership the patient need and the potential funds to be realized from use of co-pay cards, I had to find the manpower needed to actually obtain the funds. I looked to our Patient Financial Advocate team for help. Patient volumes were increasing, and so was the team's workload. At the time, our patient financial advocates were responsible for:

- Financial screening
- Authorizations
- Federal, state, local, and hospital assistance applications
- Co-pay assistance
- Pharmacy assistance
- FMLA, Disability, and/or Cancer Claim Paperwork.

Looking at this workload, it was clear that adding co-pay assistance claims would overwhelm our already busy patient financial advocates, so I looked at what could be done to lighten the team's load. My proposed solution: to hire a person to submit all patient claims to co-pay card programs and help the patient financial advocacy team with other tasks as needed. The next step was to obtain administrative approval for this new position.

At St. Luke's MSTI, administration requires management to submit requests for staff or other needs using a Business Case or SBAR (Situation, Background, Assessment, and Recommendation). Thus far, I had the Situation and the Assessment, and now I needed to put the Recommendation together. I went to our Human Resource Department and found a current job description called

authorization specialist that I felt might work for this new role I was developing. (This was advantageous as making a new job description requires a lot more time and effort than simply adopting a current job description to meet new needs.) The work that I was proposing for this staff role had little to no patient interaction and would mostly be completed in an office and/or clerical-type setting, so the authorization specialist job description appeared to be a good fit.

I proposed this staff role would have the following responsibilities in order of work priority:

- Co-pay assistance claims
- Drug replacement requests
- Cancer claim submissions
- Imaging authorizations.

Taking over drug replacement requests and cancer claim submissions for our patients and backing up the patient financial advocacy team during unexpected absences, holidays, and other staffing shortages would lighten the load for the entire team and also help to justify making it an FTE position, allowing our co-pay card program to grow. Bottom line: I justified adding one FTE with the potential annual gain of $240,000.

## Discovery Along the Way

Administration approved my request, and I began recruiting my authorization specialist. At first I focused on the fact that the role was clerical and would not require extensive experience—just solid organizational skills to stay current with claims and to track them for payment. In January 2015, I hired a staff member from our billing office. She turned out to be a great fit, bringing to the table additional qualifications that helped her succeed in this new role. For example, our new authorization specialist had internal knowledge of MSTI's billing software and therefore could pull claims and electronic remittance advices once those claims were processed to submit to the appropriate co-pay card program. Further, as a former insurance follow-up employee, she understood:

- CPT codes
- Contractual adjustments
- How to recognize when infusions had been billed to insurance or not; she could even reach out to the billing office when those claims needed to be rebilled.

These skills helped me understand that this role wasn't simply a clerical role and that billing knowledge was a critical component to following up on our co-pay card claims.

Another discovery we made along our journey: our billing office had actually set up a generic insurance plan for external foundation assistance for organizations such as the Patient Access Network Foundation. As our new authorization specialist began to interact more and more with our billing and cash management offices, they started bringing these payments to her as they came in, and we helped improve these generic insurance plans so that funds were applied against the appropriate patient balances. As part of this process, we determined that the authorization specialist should also manage foundation assistance applications, so now our patient financial advocacy team sends those approved applications to her as well.

## Outcome

MSTI is still tweaking the authorization specialist role and its co-pay program. Our patient financial advocacy team is working hard to ensure patients apply to the appropriate co-pay assistance programs and Foundations. (We've often said that adding a new process to our workload can take six months to a year to become routine.) My hope is that we have fine-tuned the process enough that we are ready for January 2016 when most patients start their new insurance plan year.

We have added a notification step in to our process to review all patients for financial assistance whenever patients receive New Treatment, Regimen Change, or Treatment Orders by their physician. The team looks up

the patients' benefits at the time of the order, determines if they qualify for a co-pay card or foundation assistance, and notes their findings in the patients' medical record. We've found that this extra process is a great opportunity to temperature check patient benefits. Recently, we implemented an incentive program wherein every quarter I send out a report from each clinic (we have five infusion clinics and three rural clinics), identifying the team that submitted for the most patient financial assistance that quarter. Interestingly, bagels and coffee have proven to be a great incentive and assistance is up!

As the authorization specialist and I have spread the word about our services and the co-pay assistance program, our healthcare system has met with us about replicating what we are doing at other service lines, such as Rheumatology. Developing the co-pay program has also improved our understanding of how we take payments from our patients and the importance of identifying where those payments are coming from and where funds are being applied. We may change the authorization specialist job description to medication specialist, which is better aligned to what this staff member is doing.

## Future Plans

Our current co-pay card process is manual, and we would like to see that improved. The authorization specialist faxes all claims and retains fax confirmation as proof of claim submission. The process is not ideal; for example, one drug manufacturer randomly sends a return fax stating the claim was received but with no patient identifiers. (A second fax often comes a day or so later.)

We would like drug manufacturers to set up online processes so that we could upload claims and documentation in a real-time environment. Web-based co-pay programs would allow us to see the claims submitted, where those claims are in processing, when payment will be submitted, and the amount of funds each patient has left. Currently the only way to get this information is for the authorization specialist to call and ask the appropriate co-pay assistance program. One interesting finding: many individuals at these co-pay assistance programs have little to no billing knowledge, making it challenging to have robust discussion.

In short, St Luke's MSTI has developed an effective process for applying for co-pay assistance and ensuring that staff are appropriately applying funds to the appropriate accounts, and now we are waiting for pharmaceutical manufacturers to speed up their payment processes. We have a large amount of co-pay funds awaiting payment, and they are slow in coming into our cancer program. I am working to engage the various drug manufacturers in conversation to see how we can encourage them to set up online support systems to access payments faster.

Would I do this again? You bet! Our patient financial advocacy team has received strong support from the new authorization specialist position—as has our patients who truly appreciate the additional help with their out of pocket costs. The cost of adding this new FTE position to our team is already being recouped in pending payments, so the program is a win for all. More to come as we continue to refine this position and program.

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