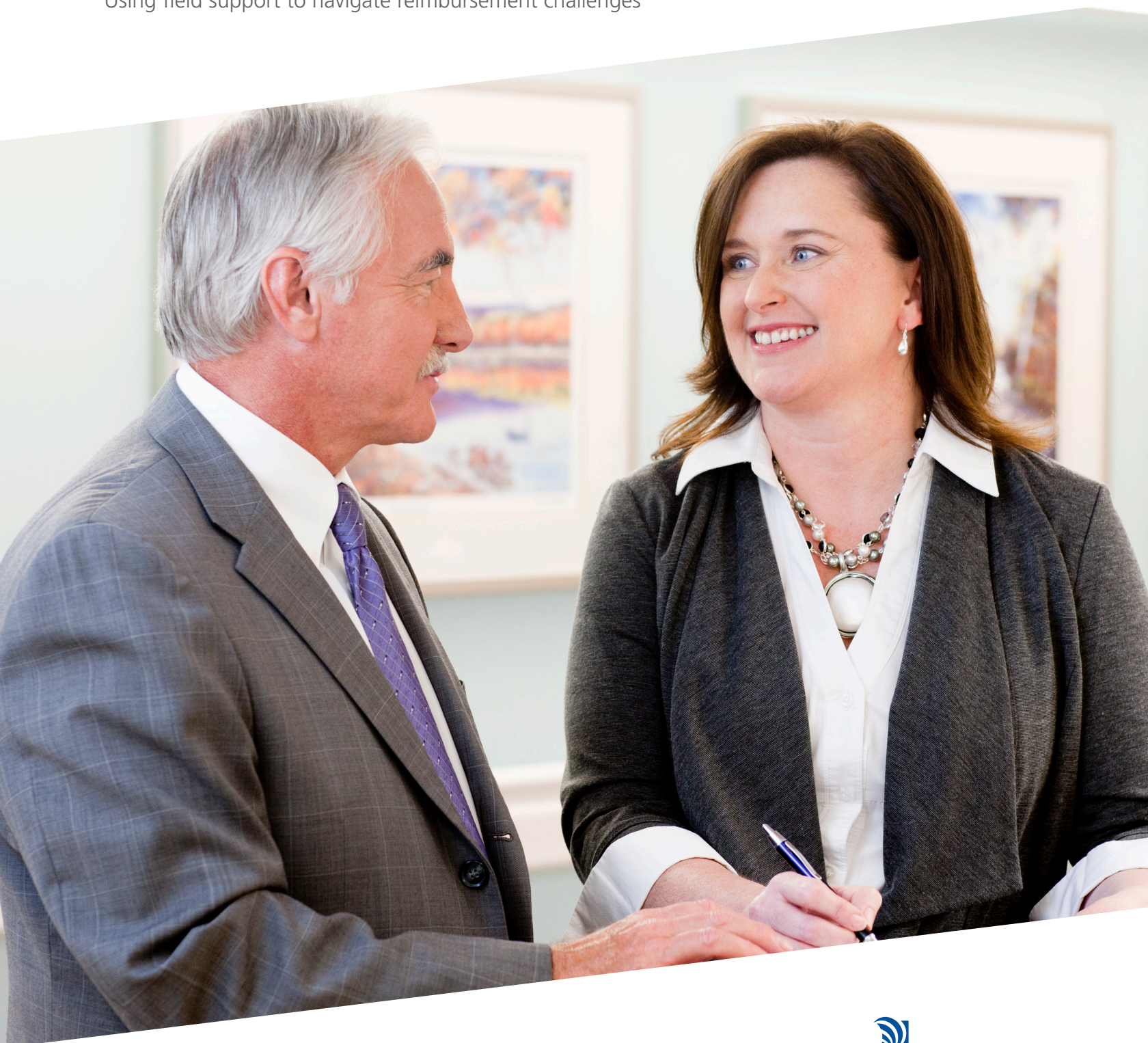


A High-Touch Approach to Improving Patient Access

Using field support to navigate reimbursement challenges



For the brand and reimbursement teams who must develop commercial strategies for the biopharmaceutical industry's most innovative specialty products, declining reimbursements and increased payer management are not new challenges. Stakeholders across the healthcare continuum are continuously tasked with finding ways to combat shrinking reimbursements. And when it comes to billing for drugs that are dispensed in a practice setting, healthcare providers are facing very specific obstacles to overcoming coding errors and receiving the appropriate reimbursement from payers.

The Reimbursement Landscape: Provider Challenges, Product Opportunities

The ramifications of the Affordable Care Act, from Electronic Health Records requirements to increased focus on how providers bill for their services, mean the threshold for billing and coding errors is now lower than ever. Complicating the reimbursement landscape even further is the fact that providers have a limited understanding of the programs available to assist them with mitigating the risk of errors. Navigating support programs, plus managing patient cost-share issues, ultimately takes the focus away from patient care by increasing the administrative burden on the practice.

Considering the complexities associated with reimbursement, it's no surprise that provider expectations for reimbursement support and education are also higher than ever. The need for education on how products work — particularly drugs such as biologics and oncolytics — is now accompanied by an expectation of live support from highly qualified reimbursement professionals. And as the complexity of administering these products escalates, so does the need for high-touch support services. Although practices may manage some tasks internally and rely on external resources for odd payers or difficult cases, there is no denying the need for dedicated, specialized reimbursement support.

So What Does This All Mean for Pharmaceutical Manufacturers?

Reimbursement challenges present both risk and opportunity. Manufacturers must ensure providers understand what procedures to follow in order to receive appropriate reimbursements for the manufacturers' products. Often, it's this lack of understanding that is behind coding errors. Then, when it comes to new products, physicians will react with caution as new product launches offer special reimbursement challenges, understandably valuing time with patients over time confronting coding challenges. This presents additional risk for manufacturers: less time for patient care presents a barrier to both educating patients on therapies and getting them on those therapies. As such,

“Providers are challenged with understanding what it takes to be reimbursed appropriately.”

Shanna Barnes, MHA
Xcenda



manufacturers increasingly need to differentiate their products from the competition, not only in terms of efficacy, but also when considering the design of support programs. And this means factoring in how high-touch services can uniquely improve practice efficiency, speed to therapy and duration of therapy.

It's those high-touch aspects of support programs that present the greatest opportunity for manufacturers if designed properly. Pre-launch, manufacturers must look at the process for everything from labeling for administration to the buy and bill model and its impact on providers and access. Post-launch, monitoring reimbursement trends and having robust tools and support available will be critical. Hands-on reimbursement expertise allows manufacturers to supplement their support programs and add value while differentiating their product and easing providers' administrative woes.

Program Design Considerations

More and more, modeling a support program appropriately calls for coordinating support services (e.g., provider hotlines and education programs) with field reimbursement specialists (FRS). While drug sales representatives can offer clinical education about a product, regulatory changes and restricted access to protected health information means that these reps are no longer available to provide support beyond the clinical messaging around the product. As such, effective program design demands field reimbursement roles to carry that message through to the day-to-day use of the product — beyond administering the drug and into billing for it. Figure 1 below shows how field reimbursement specialists can both supplement and optimize the services of a reimbursement hotline.

Figure 1: Program services provided by Field Reimbursement Specialists

Program Service	RSL	FRS	Both
Complete detailed insurance verifications for products	✓		
Explain insurance benefits and coverage information to patients and providers	✓		
Provide appeals process support including research, submission and tracking for denied claims	✓		
Provide on-site comprehensive reimbursement support		✓	
Handle reimbursement-related questions that do not require outbound calls to the payer and/ or research		✓	
Focus support on target list of accounts provided by the sales team		✓	
Reimbursement issue identification and resolution			✓
Payer issue identification and resolution			✓
Support sites and drive utilization of program support services			✓

The Value of Coordinated Support

Field reimbursement specialists supplement support programs in two critical ways: education and issue resolution. As highly trained experts with more than 10 years of industry knowledge and deep-dive training on billing and coding, field reimbursement specialists understand how practices operate and leverage that knowledge to educate providers and their staff on the most effective use of manufacturer portals and programs.

Field reimbursement specialists can also act as “feet on the street” intelligence for issue resolution and program effectiveness challenges. Their extensive knowledge of payer trends and access to data capture tools that offer real-time information drives appropriate use of support lines and programs. And as these roles are high-touch, on-site individuals, field support means face-to-face issue resolution that enables providers and manufacturers to avoid or overcome patient access issues.

In real-world practices, providers have welcomed the field reimbursement role. The success of this type of program support can easily be measured by outcomes — for example, an uptake in the use of hotlines or increased provider requests for modifications to tools and portals. Early adoption of field support continues to offer a way for support program providers such as Lash Group and Xcenda to benchmark provider expectations.

Models for Coordinated Support

How does the field reimbursement specialist supplement a provider's existing support staff? As practice sizes, capabilities and expectations differ, no one support model fits every provider's needs. Typically, one of three models is most effective:

- **The internal client team model.** With this approach, the field specialist serves in a consultative manner through the development of the scope of the team, standard operating procedures and specific tools. The field team assesses the knowledge gaps of the client's team, then develops and delivers training on broad environmental issues, new tools and/or new products in conjunction with other client field personnel.
- **Hybrid approach.** This approach is often utilized at launch when a client needs to scale up personnel or when the provider wants to reduce costs. The field specialist(s) simply supplements internal client teams as needed.
- **Fully outsourced.** With full outsourcing, a support program provider hires and trains all FRS team members and assumes the headcount. Depending on client preference, field support is dedicated full-time to one client and is in the field (at the provider site) three days a week.

Program Design Best Practices

While the proof of field reimbursement specialists' value is in program performance, there are a number of things manufacturers can do — both up-front and throughout the therapy journey — to ensure that field personnel are as impactful as possible. Effective support starts with having the right people in place. That means looking for field reimbursement specialists who possess a blend of both passion and experience — and the most qualified field specialists are often former payer pre-certification staff, practice managers, pharmacists and other qualified coding and billing experts. Once hired, an FRS should receive significant launch training so that the client team can offer relevant clinical, financial and cultural/humanistic value to providers. Training should cover both pre-launch and post-launch so that both the FRS team and product sales force effectively coordinate to convey product value.



Field Reimbursement Specialist Training Should Cover Both Pre- And Post-Launch Education. The Most Effective Training Includes:

Pre-Launch

- Prepare the sales force and other internal stakeholders
- Develop internal promotional campaign to build stakeholder buy-in
 - Introductory webinars
 - Page presence on intranet site
 - Enduring material mailed to sales representative home
 - Ask the expert teleconferences
- Sales force management to establish expectations of use

Post-Launch

- Reinforce partnerships among the sales force, reimbursement support line personnel and field team
- Define and implement a payer policy escalation process
 - Identify local payment trends
 - Triage to reimbursement support line for verification
 - Escalate confirmed issues to client contacts, including payer account managers
 - Determine proactive or reactive communication to providers expectations

Interactions Managed by Rules of Engagement (ROE)

- Support line communications
- Interactions with sales professionals
- Interactions with patients
- General reimbursement inquiries
- Payer policy review
- Prior authorization assistance
- Coverage denial appeal assistance
- Program ROE revision and approval process
- Territory management (includes expense reporting)
- Prohibited activities
- Call activity reporting
- Use of field tools



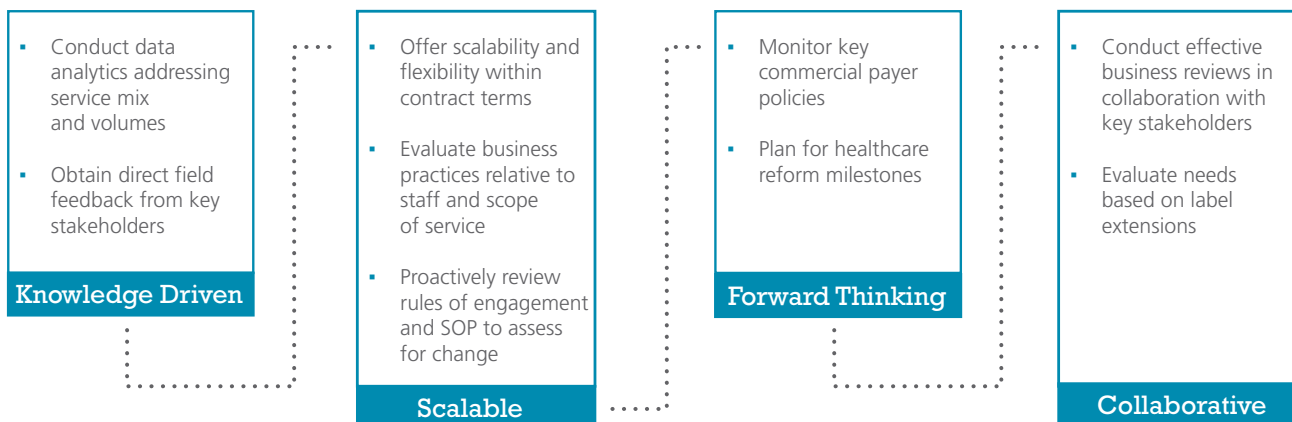
Additional up-front considerations should include establishing long-term goals and mutual recognition of restraints, plus designing with flexibility in mind. Setting goals starts with knowing what is coming with regard to the Affordable Care Act and other high-impact regulatory drivers and setting clear expectations for outcomes, which means early collaboration among all stakeholders (business/practice owners, operational vendors and regulatory contacts). Developing set “rules of engagement” for those teams and the field reimbursement specialists will drive optimal interactions between these stakeholders and the FRS team. This process should also include setting clear protocols for access to protected health information.

Moreover, Figure 2 below demonstrates how “baking” flexibility into program design can create

a workflow that results in a service mix that evolves from launch through product maturity by positioning infrastructure and services to be flexible to customer needs. Scalable design also means keeping key triggers and initiatives in mind at all touch points.

Manufacturers, practice managers and support program providers must align themselves in terms of mission, vision and values. Simply put, the support provider and FRS should absorb the healthcare provider’s and manufacturer’s goals as their own. The support team should have the business intelligence to answer strategic questions about the practice, from “What is the strategy for implementing Electronic Medical Records?” to “Are offices prepared for ID-10?” This will, in turn, enable the support team to be structured properly.

Figure 2: Design with flexibility in mind



When it comes to managing the ongoing provider-FRS relationship, both communication and metrics are important. Field reimbursement specialists should use data to take the relationship beyond regular reporting with strategic insight into program performance and utilization. Metrics should drive collaboration and continuous improvement on program issues such as:

- Percent of offices using field and support line resources
- Impact on support line utilization post FRS interaction
- Frequency of calls between support line counselor and FRS
- Frequency of shared site visits for key accounts
- Scores from customer satisfaction surveys (provider and sales)
- Decrease in denial appeal support post FRS interaction

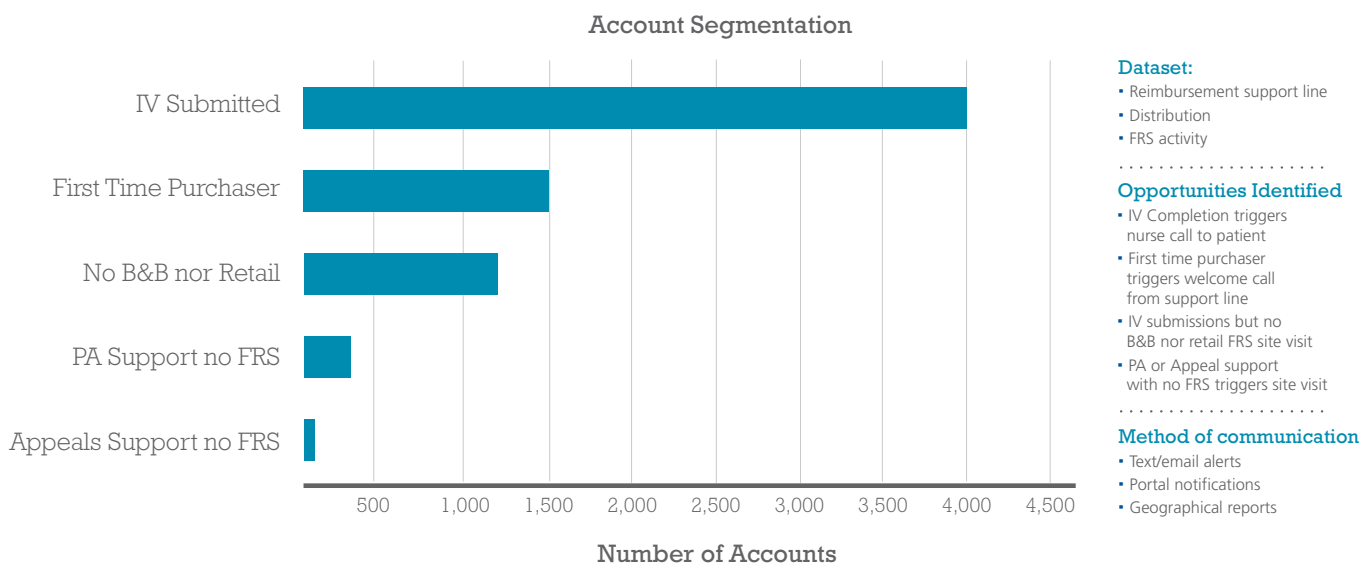
Figure 3 below provides an example of the insights that field reimbursement specialists can glean for providers and their offices.

Support Program Successes

Lash Group and Xcenda have collaborated to support manufacturers with measurable success. In a recent case in which a Medicare Administrative Contractor (MAC) implemented a Local Coverage Decision (LCD) for a new therapy, product sales reps were not well-versed in reimbursement. To support the manufacturer, Lash Group assisted with support hotline modifications directly from the call center. Lash Group reimbursement counselors also proactively contacted key provider offices designated by the manufacturer to help educate the office staff on coding changes and how they might affect the practice, then customized the offices' benefit verification processes using language that addressed policy changes like a LCD. Lash Group also informed offices on a patient-specific basis about the changes when the office requested a benefit investigation for one of their patients.

In situations like these, Lash Group has also made field team modifications, such as assisting the manufacturer in considering the LCD as a field

Figure 3: Analytics to support workflow





tool, reallocating resources to territory “hotspots” for additional temporary support and leveraging purchase data for first-time buyers to trigger proactive communications to accounts. To further optimize such support programs, Xcenda has designed and implemented “Ask the Expert” teleconferences across the territory.

Xcenda also built and presented training programs to help sales representatives increase their knowledge base, educating them on how to provide troubleshooting assistance and to know when to escalate the issue to reimbursement support. The Xcenda field reimbursement specialists also work very closely with Medicare CMS to monitor MAC communications, from coverage articles to actual LCDs, and Xcenda escalates trends noted in claim reviewer denials.

Access, Optimized

This is just one example of how having dedicated reimbursement support services allows the sales force to focus on selling a product and prevents them from spending valuable selling time on access issues. And when it comes to outcomes, from uptake to duration of therapy, the impact of field reimbursement specialists has been significant in helping to ensure both patients and providers have the right support at the right time.

As the payer landscape becomes more complex, providers will continue to face challenges in navigating coding issues. It’s an environment that brings increased access and affordability challenges for patients and, consequently, manufacturers. This requires a new way

of thinking. Field reimbursement specialists are the face of that innovation, representing thoughtfully designed, custom solutions that fit both the provider and patient communities.

Start a Conversation

Reaching the goals of enhanced patient care and product performance demands patient access. And in today’s challenging healthcare environment, manufacturers need a strategic partner with deep industry expertise and resources that help manufacturers improve product access. Known for strategic collaboration with customers, Lash Group and Xcenda partner across the healthcare continuum to deliver that expertise. To learn more about tailored, high-touch support programs that optimize access and boost product performance, contact us today.

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About Lash Group

Lash Group is a patient support services company with more than 20 years of experience in the strategic design and delivery of programs that continuously improve product access and adherence. Lash Group applies highly trained personnel and a **patient-centric** service philosophy for the most effective experience based on program needs, and combines this with innovative technology and performance reporting to ensure efficient and optimized program delivery. Backed by an even wider breadth of healthcare knowledge and partnerships through AmerisourceBergen Corporation (NYSE: ABC), one of the world's largest pharmaceutical services companies, Lash Group delivers additional value through sister companies Xcenda for strategic analysis and Premier Source for targeted expertise within the diagnostics and device markets. This unmatched experience and proven service delivery means your patients receive the best possible care and your product strengthens performance at every stage of its life cycle.

For more information, visit us at lashgroup.com, or contact us at info@lashgroup.com.

About Xcenda

With more than 20 years of experience as a strategic consulting firm providing expertise in reimbursement and market access strategy, field support, and health policy analysis along with capabilities in global health economics and outcomes research and payer agency services, Xcenda helps clients develop successful launch strategies to drive effective patient access and optimize the commercial potential of products throughout the product life cycle. As a leader and pioneer in the area of field reimbursement support, we collaborate with clients and deliver a comprehensive portfolio of services that ensure all aspects of reimbursement, provider education, and patient access are evaluated and addressed for optimal product access. Our highly skilled field reimbursement staff includes former practice administrators, account managers, government affairs managers, district sales managers, certified coders, and pharmacists, bringing years of knowledge and insight to help clients successfully implement their patient access programs. Xcenda delivers additional value through sister company Lash Group's patient support services that complement our field reimbursement expertise.

For more information, visit us at xcenda.com, or contact us at insights@xcenda.com.



Where knowledge,
reach and partnership
shape healthcare delivery.