Patient Advocate Foundation

A Look Inside PAF's Services

Barriers to Accessing Treatment from Patients Assisted through the Genomic Testing Support CareLine

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PAF professionals directly intervene on behalf of more than tens of thousands of patients annually, enabling them to access prescribed healthcare services and medications, overcome insurance barriers, locate resources to support cost-of-living expenses while in treatment, evaluate and maintain health insurance coverage and better manage, or reduce, the out-ofpocket medical debt associated with an illness.

Patient Advocate Foundation

OUR MISSION

Patient Advocate Foundation is a national 501(c)(3) organization that seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability relative to their diagnosis of chronic, life threatening or debilitating diseases.



Patient Advocate Foundation Service Areas

CASE MANAGEMENT	 Insurance Navigation Debt Crisis Assistance Screening and Enrollment in Insurance & Social Programs Disability Enrollment & Appeals Assistance
PATIENT EDUCATION & EMPOWERMENT	 Topic-based print materials Educational Event Series Online resource directories Mobile resource applications
FINANCIAL AID PROGRAMS	Provides small grants to patients for a broad range of support needs as well as partnering with other non-profit organizations to manage all administrative aspects of their financial assistance programs
HEALTH SERVICES RESEARCH INITIATIVES	Translates issues or concerns identified in PAF's direct patient services data into targeted survey projects that yield key information for social justice, health equity and healthcare transformation efforts.
CO-PAY RELIEF PROGRAM	Can provide direct financial assistance to medically and financially qualified patients with co-payments, co-insurance and/or deductibles required for any medications prescribed to treat and/or manage the patient's condition, including therapeutic, supportive and generic
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Case Management

WHAT WE DO

For more than 20 years PAF case managers have been directly intervening on behalf of thousands of patients each year, enabling them to connect with and maintain access to prescribed healthcare services, overcome insurance barriers, locate resources to support cost-of-living expenses, evaluate and identify insurance coverage and manage out-of-pocket expenses associated with medical treatment.

Summary of PAF Case Management Patient Cases and Contacts in 2017

Total PAF Case Management Case Count	22,339
Unique Case Management Patient Issues	44,875
Total PAF Case Management Contacts	417,251
Average Contacts per Case	19.07

How We Help

- Debt Crisis and Cost of Living Assistance
- Screening and Enrollment in Insurance and Social Programs
- Disability Enrollment
- Appeals Assistance
- Identification of Co-Payment and Co-Insurance Assistance
- Resolution of Coding and Billing Issues
- Assistance with Prior Authorizations



Age Groups







Income Groups





Employment Status







Groups







Ethnicity & Race







Top Insurance Issues







Case Study

Case Management Impact: Real World Evidence

A CASE STUDY

ISSUE:

- Caucasian male in his 30's
- Diagnosed with relapsed head and neck cancer
- Commercially insured
- Denied the prescribed treatment as "experimental or investigational"
- Patient experienced several recurrences with chemotherapy and radiation and his genetic biomarker testing identified multiple specific mutations
- These results lead his physician to prescribe a specific drug therapy that offered the best hope for an improved outcome



PAF STEPS TO RESOLUTION:

- Worked with the patient, his physician and several insurance contacts to submit and track an appeal – provided extensive information on the patient's clinical history and prognosis
- Appeal package included discussion of proposed treatment which was "inhibiting the tumor suppressor gene, and keeping the cell cycle in line"
- The case manager's subsequent surveillance of the appeal identified that the urgent request was denied
- She resubmitted a 2nd level appeal to the medical director and also requested temporary approval of the therapy to discover whether the patient would respond to the treatment
- The request was granted and resulted in a six-month approval of the treatment – ensuring access and resulting in a savings to the patient of tens of thousands of dollars

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CHALLENGES PATIENTS ARE FACING

- Insurance denials for prescribed treatment for actionable mutation due to:
 - Off-label indication
 - Not medically necessary
- Genomic cases time intensive requiring an average of 50 points of contact versus 19.2 for PAF cases
- Delay in treatment as result of having to appeal:
 - Patients were later stage, disease progressed while waiting
 - Amount of treatment prior to being referred to PAF many reported as last option
 - Physician changed treatment plan
 - Treatment obtained by different method Manufacturer PAP
 - Health declined, patient expired or admitted into hospice
- Medicare Part B doesn't require prior authorization, no option to appeal prior to receiving medication – and often not required for Medicare Part D
- Genomic testing not being done during initial diagnostic workup, but often when treatment options are no longer effective or with recurrence of disease
- Educational materials that provide a clear overview and understanding to anyone reviewing the materials





Solving Insurance and Healthcare Access Problems | since 1996

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DISPENSING HELP, DELIVERING HOPE

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