Patient Access: The Need, the Resources, and the Challenges

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Health care coverage comes in many forms, and for some, it does not exist at all. The US Census Bureau estimated that 15.2% of the population (43.6 million people) had no health insurance coverage throughout 2002.¹ These numbers do not address the millions who are underinsured—those individuals with insurance coverage but who cannot afford the costs associated with their coverage (ie, premiums,

deductibles, copayments, and coinsurance). Both the uninsured and the underinsured continue to face an increasing need for resources, to help them to secure their medications and life-saving therapies by locating available coverage or various assistance programs that can help them.

Many programs are available depending on the patient's need, but navigating these resources across multiple therapies and disease states can be challenging for both physicians and patients. There are several patient assistance program models that support patients in accessing their medications. The primary types of assistance programs include manufacturer-sponsored patient assistance programs (PAPs), PAPs with case management services, federal- and state-funded programs, cost sharing assistance charities, and general (often disease-specific) outreach programs.

Manufacturer-Sponsored PAPs

Manufacturer-sponsored PAPs provide medicine or discount cards to those patients who qualify for assistance. Most of these programs are designed to provide medication free of charge (or they require only a nominal copayment). Patients may qualify if they are uninsured or are insured but have a financial hardship, have limited or catastrophic coverage only, have no prescription coverage, or have exceeded their prescription benefit cap. Most programs are designed to support patients who would not otherwise qualify for public programs (ie, have higher incomes). These programs are available for both self-administered and physician-administered therapies and require both patient and physician participation with the application process.

Some manufacturer-sponsored programs provide assistance to Medicare Part D enrollees. In most cases, Part D enrollees must be ineligible for other assistance (ie, the Medicare Low Income Subsidy). In some cases, patients are eligible for assistance only after they have reached a program-specific threshold of out-of-pocket expenses associated with their Part D-covered medications. Generally, assistance from manufacturer-sponsored programs does not count toward the Part D coverage gap (or "donut hole").

As a helpful resource and in order to access manufacturer-specific applications, please go to www.PPARx.org (Partnership for Prescription Assistance, sponsored by the Pharmaceutical Research and Manufacturers of America) or www.NeedyMeds.com (a 501(c)(3) organization).

Manufacturer-Sponsored Discount Cards

Some manufacturers offer programs that provide discounted medications through a prescription benefit card. These programs are also designed to help patients that are uninsured. Many are available to patients regardless of income and do not require physician participation. Typically, these discount card programs offer access to self-administered therapies. Patients receive a benefit card that enables them to receive discounted medicines at their local retail pharmacy. Some examples include TogetherRxAccess (www.togetherrxaccess.com), Pfizer Pfriends (www.pfizerhelpfulanswers.com/PfizerPfriends), and Merck Prescription Discount Program (www.merck.com/merckhelps/uninsured).

Patient Assistance Programs With Case Management Services

Many manufacturer-sponsored programs are designed to address the reimbursement complexities associated with high-cost disease states (like cancer) by providing "case management" services. These services include insurance benefit verification and counseling for insured patients and alternate coverage research and counseling for patients without insurance or sufficient coverage. In these programs, counselors may help patients locate and enroll in programs that can provide financial assistance with insurance premiums, deductibles, copayments, or coinsurance. Patients may also be eligible for this type of assistance during coverage gaps with their existing plans.

The advantages of enrolling patients in manufacturer programs that offer case management include proactive alerts (to patients and their physicians) for refills or when prescriptions expire, coordinated delivery of medicine, and dedicated patient or site managers.

Medicare's Low Income Subsidy

Financial help is available for those Medicare beneficiaries who are enrolled in or eligible for Medicare's prescription drug benefit (otherwise known as Part D). Medicare's Low Income Subsidy (LIS), provided by the Social Security Administration (SSA), can significantly reduce or eliminate patient costs associated with Part D premiums, deductibles, copayments, and coinsurance, including the coverage gap (where the patient is 100% responsible for prescription costs).

Patients who qualify for LIS have limited income and assets. For example, an individual must earn less than \$14,700 in annual income and have assets that do not exceed \$10,000 in order to be eligible for LIS. For a married couple, the LIS income level is

\$19,800 with a limit on assets of \$20,000. SSA does consider personal assets in assessing eligibility but does not count the beneficiary's car or primary home toward their assets total.

Patients may apply for LIS through SSA (at any local SSA office or online at www.ssa.gov). Additional resources to support access to Medicare Part D and LIS are available from Access to Benefits Coalition (www.accesstobenefits.org) and Medicare Rx (www.maprx.info).

State Patient Assistance Programs

State Patient Assistance Programs (SPAPs) provide coverage for certain self- and physician-administered drugs and may assist Medicare beneficiaries in the donut hole coverage gap. While each state program is unique, SPAPs are typically designed for patients who are Medicare-eligible or disabled with limited income. Some SPAPs also provide coverage for individuals that have not yet qualified for Medicare and are uninsured or insured but with limited or no drug coverage. With most SPAPs, beneficiaries are only responsible for the SPAP copayment.

To learn more about a program in your area, you can contact your State Health Insurance Programs (SHIP). Your SHIP can provide assistance with determining SPAP eligibility (including covered drugs or therapies) and application assistance. Contact information for each SHIP can be found at www.medicare.gov/contacts/static/allStateContacts.asp.

Cost Sharing Assistance Charities

Cost sharing assistance charities (also referred to as copay assistance foundations) help patients who are insured but need help paying for the out-of-pocket expenses associated with their coverage (ie, premiums, deductibles, copayments, and coinsurance). These charities assist both private and public insured (including Medicare Part B coinsurance and the Part D coverage gap).

For physician-administered drugs, the health care provider may submit a secondary claim to the existing charity, which the charity may pay on the patient's behalf. For self-administered medications, approved patients may be reimbursed by the charity or, alternatively, receive a benefit card so that self-administered medications can be accessed and reimbursed real-time at the pharmacy (with the charity paying the pharmacy on the patient's behalf). Assistance through these charities is typically awarded on an annual basis, may vary based on disease state, and may even cover expenses incurred previous to the patient's approval date.

What the Future Holds

Outreach and education are critical in expanding access to care for the uninsured and underinsured patients. With continued growth in Medicare Part D enrollment and

Cost Sharing Assistance Charities

Chronic Disease Fund

877-968-7233

www.cdfund.org

HealthWell Foundation

800-675-8416

www.healthwellfoundation.org

National Organization for Rare Disorders

866-828-8902

www.rarediseases.org

Patient Access Network

866-316-7263

www.patientaccessnetwork.org

Patient Advocate Foundation

866-512-3861

www.pap.patientadvocate.org

Patient Services Inc

800-366-7741

www.uneedpsi.org

changes in both commercial and public benefits, there is an increased need for patient and family education, for help with tracking and understanding benefit changes, and for assistance in triaging patients to programs that can provide extra help and financial assistance. Lastly, integrative technology will play a role in expanding access to care with tools such as provider and patient Web portals, e-mail communication with providers, and Web-based application and screening processes that are user-friendly.

These resources exist to help patients in need. All health care providers can play an important role in ongoing education and outreach. Helping patients access these programs supports their ability to obtain the life-saving therapies they need.

When these charities support Medicare and Medicaid patients, they must operate in strict compliance with all Office of Inspector General guidelines as well as those set by the Internal Revenue Service or other regulatory authorities.

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Reference

1. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, accessed February 28, 2007, at www.bphc.hrsa.gov/cap.