The Patient Access Network (PAN) Foundation is an independent, national 501 (c)(3) organization dedicated to helping federally and commercially insured people living with life-threatening, chronic and rare diseases with the out-of-pocket costs for their prescribed medications.

This billing guide is intended to support pharmacy personnel with PAN billing. The PAN Foundation contracts with SS&C Health, formerly known as DST Pharmacy Solutions, to process pharmacy claims.

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Services considered for reimbursement

PAN provides reimbursement in the form of grants for deductible, co-payment and coinsurance amounts related to eligible medications or supplies. PAN is the payer of last resort, so all patients must be insured, and insurance must cover the medication or supply for which the patient seeks assistance.

The PAN Foundation covers products that are FDA-approved or listed in official compendia or evidence-based guidelines for the specific disease fund.

The following items are reimbursable by PAN:

- All prescription medications in the disease fund formulary.
  - Brand medications
  - Generic medications
  - Bioequivalent or biosimilar drugs
  - Specialty drugs
  - Radiopharmaceuticals
- Certain disease funds cover medical supplies for administering treatments.

Services not considered for reimbursement

The following items are not reimbursable by PAN:

- Eligible medications or over-the-counter products not covered by the patient’s insurance.
- Eligible medications paid by the insurance payer at 100%.
- Eligible medications billed only to drug discount cards and not insurance.
- Medical services, such as lab work, preventative vaccinations, diagnostic testing, genetic testing, ER visits and office visits.
- Medications not covered under PAN’s formulary for the corresponding disease fund.

How to submit claims
To verify the grant balance remaining in the patient’s account before submitting claims, check the PAN portal or contact us.

Electronic claim submissions
Electronic claims are processed in real time and this is the preferred method of claim submission. To submit an electronic claim, use the following billing information:

Billing ID: 10-digit numeric ID unique to each patient
Rx BIN: 610728
Rx Group: See page 9 under “Electronic Billing Information”
Rx PCN: PANF

Manual claim submissions
The standard processing time for manual claims is 5 business days upon PAN’s receipt. Please allow this time before following up on manually submitted claims. Claims are processed on a first-come, first-served basis.

1. Gather the following items:
   • Completed Universal Claim Form or CMS-1500 form.
   • Corresponding Remittance Advice (RA) or Explanation of Benefit (EOB) statement.

2. Ensure the claim form and the EOB/RA is legible prior to submitting. All illegible claims will be returned to the pharmacy for resubmission and can cause a delay in processing.

3. Fax or mail claim(s) to:
   Fax: 1-844-871-9753
   Mail: SS&C Health
   Dept.: 0756
   PO Box 419019
   Kansas City, MO 64141

Mailing or faxing multiple claims
Each claim must have its own claim form and EOB/RA statement. Please separate claims with a blank page or fax cover sheet to ensure each claim is processed correctly.
Receiving pharmacy payments

Payment method
SS&C Health payments are issued via electronic funds transfer (EFT) and paper checks. SS&C Health payment cycles are twice a month and are issued on the 16th and the last day of each month. For additional information, contact the SS&C Health reconciliation team at 1-866-211-9459 or email reconcustomerservice@dsthealth.com.

Remittance advice (RA)
Electronic remittance advice can be accessed at www.argushealth.com/login/. SS&C Health does not issue paper remittance advice.
Claim adjustments

If the patient has been overpaid or underpaid, follow these instructions for claims adjustments.

Please note:
- The turnaround time for complete claim adjustment requests is 3-5 business days.
- All adjustment transactions will be reflected in the next pay cycle.
- PAN does not accept refund checks.

If the claim is less than or equal to 60 days old, reverse the claim electronically. If the claim is more than 60 days old, follow the steps below.

- For single claim adjustments, contact the SS&C Health Help Desk at 1-844-616-9448.
- For multiple claim adjustments (5 or more claims), complete the Multiple Adjustments Request Form at https://bit.ly/2WNld3c.

This form is also accessible via the SS&C Health portal. Don’t have a user account? Log in using the guest account at www.argushealth.com/myargus/MyArgus
  Username: phrminfo    Password: phrmrx2u

Submit the multiple claims adjustment form using one of the following methods:
- Fax: 816-843-6415
- Encrypt and email: multiple.adjustments@argushealth.com
- Mail: SS&C Health
  Attn: Multiple Adjustments
  1300 Washington Street
  Kansas City, MO 64105-1433
Timely filing
At the end of the patient’s grant period, PAN allows 60 days to submit any outstanding claims with dates of services within the eligibility period.

PAN also has a Grant Use Policy that requires grant recipients to use their grants as intended to help cover the out-of-pocket costs for their medications. Ensure claims are submitted and paid every 120 days to keep the grant active; otherwise the grant will be at risk of being canceled. Contact PAN if there are any extenuating circumstances that prevent a claim from being filed every 120 days.

Additional assistance
If the patient’s grant is exhausted during the eligibility period, you may apply for additional assistance, called second grants. To qualify, the current grant balance must be $0, and the disease fund must be open. Visit pharmacyportal.panfoundation.org or call PAN at 1-866-316-7263 to see if the patient qualifies.

Please note:
• To achieve a $0 balance, run the claim for partial payment to zero out the grant balance before applying for a second grant.
• After a second grant is awarded, reverse and reprocess the claim for full reimbursement.
• Only one second grant can be awarded per eligibility period.
# Following up on denied claims

For claims denied in error or for other reasons not listed below, please call PAN at 1-866-316-7263 for further assistance.

The following table contains common claim denial reasons:

<table>
<thead>
<tr>
<th>Denial Message</th>
<th>Reason for Denial</th>
<th>Steps</th>
</tr>
</thead>
</table>
| Product/service not covered plan/benefit exclusion                            | Drug or NDC excluded from plan formulary or disease fund.                         | 1. Verify if medication(s) are covered under the disease fund on our website.  
2. Contact PAN if the rejection is an error.                                    |
| Non-matched product/service ID number                                         | Member ID is not on file.                                                         | 1. Verify member ID and resubmit.                                       
2. Contact PAN if it is an initial enrollment.                                   |
| Non-matched cardholder ID                                                      |                                                                                  |                                                                      |
| M/I group ID                                                                  | Incorrect RxGroup number.                                                         | 1. Verify RxGroup number under “Electronic Billing Information.”         |
| M/I date of birth                                                             | Date of birth (DOB) does not match member’s information.                         | 1. Verify correct DOB and resubmit.                                     
2. Contact PAN if listed DOB is incorrect.                                       |
| M/I other coverage code                                                       | PAN only covers OCC8. Cannot use any other coverage code.                         | 1. Resubmit with OCC8, other payer patient responsibility amount (OPPRA). |
| COB/other payments segment incorrectly formatted                              | Other Payer Amount Paid (OPAP) field must be blank.                              |                                                                      |
| M/I ingredient cost submitted                                                 | This is a required field in order to process the claim.                          | 1. Resubmit with ingredient cost (Wholesale Price).                      |
| Claim submitted does not match prior authorization                            | Authorization number must match for the claim to process.                       | 1. Contact PAN.                                                         |
| Patient is not covered                                                        | Date of service (DOS) outside of the eligibility period.                         | 1. If DOS falls after the eligibility period, check the disease fund status to renew grant. 
2. If DOS falls before the eligibility start date and it is a renewal grant, contact PAN. |
| Fill too soon                                                                  | Refill is too soon.                                                              | 1. Contact PAN if there is an extenuating circumstance.                 |
| Claim too old                                                                 | This claim was submitted after the timely filing period of 60 days.             | 1. Refer to the “Timely Filing” section.                                |
| Duplicate paid/captured claim                                                 | Same claim was submitted previously.                                             | 1. Verify if this claim was previously submitted and paid. 
2. Reverse the first claim and resubmit. (See “Claim Adjustments”).            |
<table>
<thead>
<tr>
<th>Claim has not been paid/captured</th>
<th>Fund limit exhausted..</th>
<th>1. If the balance is exhausted and the eligibility period has not ended, see “Additional Assistance.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/I gross amount due</td>
<td>This field cannot be blank.</td>
<td>1. Enter the total cost of the drug.</td>
</tr>
</tbody>
</table>
Electronic billing information

Billing ID: 10-digit numeric ID unique to each patient  
Rx BIN: 610728
Rx Group: See below  
Rx PCN: PANF

### Disease Fund Name | Rx Group Number
---|---
Acromegaly | 99990616
Acute Myeloid Leukemia | 99992776
Amyloidosis | 99994000
Ankylosing Spondylitis | 99991108
Arrhythmia in Patients with Atrial Fibrillation or Atrial Flutter | 99991568
Asthma | 99990668
Atopic Dermatitis | 99993729
Basal Cell Carcinoma | 99991104
Bladder Cancer | 99993890
Carcinoid Syndrome | 99993930
Chronic Iron or Lead Overload | 99991290
Chronic Lymphocytic Leukemia | 99991004
Colorectal Cancer | 99990438
Cushing’s Disease or Syndrome | 99991289
Diabetic Foot Ulcers | 99990617
Fabry Disease | 99993910
Gaucher Disease | 99990456
Glioblastoma Multiforme | 99993800
Heart Failure | 99992637
Hemophilia | 99993830
Hepatitis C | 99990613
HIV Treatment and Prevention | 99991280
Hypercholesterolemia | 99991258
Hyperkalemia | 99991257
Immune Thrombocytopenic Purpura | 99990657
Inflammatory Bowel Disease | 99990512
Inherited Retinal Disease | 99993810
Macular Diseases | 99990418
Mantle Cell Lymphoma | 99991223
Melanoma | 99991237
Metastatic Breast Cancer | 99990647
Multiple Myeloma | 99993757
Multiple Sclerosis | 99990457
Neurotrophic Keratitis | 99994010
Neutropenia | 99990658
Non-Hodgkin’s Lymphoma | 99990463
Non-Small Cell Lung Cancer | 99990459
Ovarian Cancer | 99991497
Parkinson’s Disease | 99991255
Philadelphia Chromosome | 99990651
Negative Myeloproliferative Neoplasms | 99991109
Plaque Psoriasis | 99991105
Postmenopausal Osteoporosis | 99991142
Psoriatic Arthritis | 99991107
Pulmonary Hypertension | 99993820
Renal Cell Carcinoma | 99990594
Retinal Vein Occlusion | 99991026
Rheumatoid Arthritis | 99990646
Short Bowel Syndrome | 99992330
Sickle Cell Disease | 99993940
Systemic Lupus Erythematosus | 99993840
Tuberculosis Sclerosis Complex | 99991288
Uveitis | 99991039
Venous Leg Ulcers | 99991256
Waldenstrom | 99993950
Macroglobulinemia | 99993940