

# PAN Foundation Pharmacy Billing Guide

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.

Medication not covered? Call PAN at 1-866-316-7263 or submit a request at <https://bit.ly/2mcFEsd>.



## 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](#) → [See example](#)
  - 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](mailto:reconcustomerservice@dsthealth.com).

### ***Remittance advice (RA)***

Electronic remittance advice can be accessed at [www.argushealth.com/login/](http://www.argushealth.com/login/) - *please select myDSTRx to view your payments*. 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/2K6shT0>.

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](http://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](mailto: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](https://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:

Denial Message	Reason for Denial	Steps
Product/service not covered plan/benefit exclusion  Non-matched product/service ID number	Drug or NDC excluded from plan formulary or disease fund.	<ol style="list-style-type: none"> <li>1. Verify if medication(s) are covered under the disease fund on our website.</li> <li>2. Contact PAN if the rejection is an error.</li> </ol>
Non-matched cardholder ID	Member ID is not on file.	<ol style="list-style-type: none"> <li>1. Verify member ID and resubmit.</li> <li>2. Contact PAN if it is an initial enrollment.</li> </ol>
M/I group ID	Incorrect RxGroup number.	<ol style="list-style-type: none"> <li>1. Verify RxGroup number under "<a href="#">Electronic Billing Information.</a>"</li> </ol>
M/I date of birth	Date of birth (DOB) does not match member's information.	<ol style="list-style-type: none"> <li>1. Verify correct DOB and resubmit.</li> <li>2. Contact PAN if listed DOB is incorrect.</li> </ol>
M/I other coverage code  COB/other payments segment incorrectly formatted	<p>PAN only covers OCC8. Cannot use any other coverage code.</p> <p>Other Payer Amount Paid (OPAP) field must be blank.</p>	<ol style="list-style-type: none"> <li>1. Resubmit with OCC8, other payer patient responsibility amount (OPRA).</li> </ol>
M/I ingredient cost submitted	This is a required field in order to process the claim.	<ol style="list-style-type: none"> <li>1. Resubmit with ingredient cost (Wholesale Price).</li> </ol>
Claim submitted does not match prior authorization	Authorization number must match for the claim to process.	<ol style="list-style-type: none"> <li>1. Contact PAN.</li> </ol>
Patient is not covered	<p>Date of service (DOS) outside of the eligibility period.</p> <p>Member not eligible on date filled.</p>	<ol style="list-style-type: none"> <li>1. If DOS falls after the eligibility period, check the disease fund status to renew grant.</li> <li>2. If DOS falls before the eligibility start date and it is a renewal grant, contact PAN.</li> </ol>
Fill too soon	Refill is too soon.	<ol style="list-style-type: none"> <li>1. Contact PAN if there is an extenuating circumstance.</li> </ol>
Claim too old	This claim was submitted after the timely filing period of 60 days.	<ol style="list-style-type: none"> <li>1. Refer to the "<a href="#">Timely Filing</a>" section.</li> </ol>
Duplicate paid/captured claim	Same claim was submitted previously.	<ol style="list-style-type: none"> <li>1. Verify if this claim was previously submitted and paid.</li> <li>2. Reverse the first claim and resubmit. (See "<a href="#">Claim Adjustments</a>").</li> </ol>

Claim has not been paid/captured	Fund limit exhausted..	1. If the balance is exhausted and the eligibility period has not ended, see " <a href="#">Additional Assistance</a> ."
M/I gross amount due	This field cannot be blank.	1. Enter the total cost of the drug.





## Electronic billing information

**Billing ID:** 10-digit numeric ID unique to each patient

**Rx Group:** See below

**Rx BIN:** 610728

**Rx PCN:** PANF

<b>Disease Fund Name</b>	<b>Rx Group Number</b>	<b>Disease Fund Name</b>	<b>Rx Group Number</b>
Acromegaly	99990616	Melanoma	99991237
Acute Myeloid Leukemia	99992776	Metastatic Breast Cancer	99990647
Amyloidosis	99994000	Multiple Myeloma	99993757
Ankylosing Spondylitis	99991108	Multiple Sclerosis	99990457
Arrhythmia in Patients with	99991568	Neurotrophic Keratitis	99994010
Atrial Fibrillation or Atrial Flutter		Neutropenia	99990658
Asthma	99990668	Non-Hodgkin's Lymphoma	99990463
Atopic Dermatitis	99993729	Non-Small Cell Lung Cancer	99990459
Basal Cell Carcinoma	99991104	Ovarian Cancer	99991497
Bipolar Disorder	99994065	Pancreatic Cancer	99990460
Bladder Cancer	99993890	Parkinson's Disease	99991255
Carcinoid Syndrome	99993930	Philadelphia Chromosome	99990651
Chronic Iron or Lead Overload	99991290	Negative Myeloproliferative Neoplasms	
Chronic Lymphocytic Leukemia	99991004	Plaque Psoriasis	99991109
Colorectal Cancer	99990438	Postmenopausal Osteoporosis	99991105
Cushing's Disease or Syndrome	99991289	Prostate Cancer	99991142
Diabetic Foot Ulcers	99990617	Psoriatic Arthritis	99991107
Fabry Disease	99993910	Pulmonary Hypertension	99993820
Gaucher Disease	99990456	Renal Cell Carcinoma	99990594
Glioblastoma Multiforme	99993800	Retinal Vein Occlusion	99991026
Heart Failure	99992637	Rheumatoid Arthritis	99990664
Hemophilia	99993830	Short Bowel Syndrome	99992330
Hepatitis C	99990613	Sickle Cell Disease	99993940
HIV Treatment and Prevention	99991280	Small Cell Lung Cancer	99994055
Hypercholesterolemia	99991258	Spinal Muscular Atrophy	99994030
Hyperkalemia	99991257	Systemic Lupus Erythematosus	99993840
Immune Thrombocytopenic	99990657	Tuberous Sclerosis Complex	99991288
Purpura		Uveitis	99991039
Inflammatory Bowel Disease	99990512	Venous Leg Ulcers	99991256
Inherited Retinal Disease	99993810	Waldenstrom	99993950
Macular Diseases	99990418	Macroglobulinemia	
Mantle Cell Lymphoma	99991223		