

PAN Pharmacy billing guide

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About PAN billing

This guide supports pharmacies with PAN billing. The PAN Foundation contracts with SS&C Health on a Global network to process pharmacy claims. This means you do not have to contract with or join SS&C network to submit a claim to PAN, and you may do so immediately after grant approval.

If the Centers for Medicare & Medicaid Services or other government regulatory agencies have sanctioned a pharmacy, PAN reserves the right to exclude that pharmacy from submitting claims.

PAN gives grants to reimburse your pharmacy for deductible, co-payment, and coinsurance costs related to eligible medications or supplies. **PAN is the payer of last resort**, so all patients must be insured, and the patient's insurance must cover their medication.

When you can submit claims

If the grant is active, you may submit claims throughout the eligibility period. The eligibility period for PAN grants is 12 months with a look back period of 90 days for any initial grant.

Note: you can find the eligibility period in the pharmacy portal. Just click on the patient's name, then go to "Grants" tab.

At the end of the grant eligibility period, you have 60 days to submit any outstanding claims with dates of services within the eligibility period.

Grant use policy

PAN's grant use policy requires patients, or their representative, to request and receive payment for a claim from PAN every 120 days to keep the grant active. If a claim is not submitted and paid during that timeframe, the grant will be canceled. You can read more about the grant use policy on [page 7](#).



How to contact PAN

You can submit an inquiry or request on our website anytime at panfoundation.org/contact.

If you have questions about your application that are not answered on our website (panfoundation.org), call us at **1-866-316-7263** from Monday through Friday, 9 a.m. to 7 p.m. ET.

Before giving us a call, we encourage you to reference the information in this guide and below.

- FAQs: panfoundation.org/pharmacy-faqs
- Webinar library: panfoundation.org/webinar
- How to send a secure message: panfoundation.org/provider-guides



Services considered for reimbursement

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

- All prescription medications in the disease fund formulary, including:
 - Brand medications
 - Generic medications
 - Bioequivalent or biosimilar drugs
 - Specialty drugs
 - Radiopharmaceuticals
- Certain disease funds cover medical supplies for administering treatments, preventative vaccines, food items, travel, and premium assistance.

To verify diagnosis code coverage and review the list of disease funds and covered medications, visit at panfoundation.org/find-disease-fund and select the relevant disease fund for more information.



Services not considered for reimbursement

PAN **won't** reimburse:

- 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, diagnostic testing, genetic testing, ER visits, and office visits.
- Medications not covered under PAN's formulary for the relevant disease fund.

Request new medication coverage

If a patient's medication is not covered by their grant, you can submit an online request at panfoundation.org/contact or call PAN. Note that we **cannot** guarantee new medication coverage.



How to submit claims

Check your patient's grant balance

Before submitting claims, verify the patient's grant balance using your portal account at pharmacyportal.panfoundation.org. You can also call us and verify their grant balance using our IVR system.

Submit an electronic claim

Electronic claim submissions are the preferred and fastest way to submit a claim. You can submit electronic claims directly via your billing software. Claims are processed in real-time.

Please include:

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

Rx BIN: 610728

Rx Group: listed on [page 11](#) under "Electronic Billing Information"

Rx PCN: PANF

Submit a manual claim

You can access the forms hyperlinked below at panfoundation.org/how-to-file-a-claim.

To submit a manual claim you must:

1. Collect your:
 - Complete Universal Claim Form or [CMS-1500 form](#) ([Refer to example](#) on how to complete form).
 - Corresponding Remittance Advice (RA) or Explanation of Benefit (EOB) statement.
2. Make sure the claim form and the EOB/RA are legible. All illegible claims will be returned and require resubmission, which can cause delays.
3. Fax, mail, or upload claim(s) to:
 - Online:** PAN pharmacy portal (pharmacyportal.panfoundation.org)
 - Fax:** 1-844-871-9753
 - Mail:** SS&C Health
Dept.: 0756
PO Box 419019
Kansas City, MO 64141

Manual claims are processed on a first-come, first-served basis. Please wait five business days before following up on claims.

Mailing or faxing multiple claims together

Each manual claim needs its own claim form and EOB/RA. Separate claims with a blank page or fax cover sheet to make sure each claim is processed correctly.

For clean claims, fax one claim at a time.

Resubmitting old claims previously paid to PAN

If the pharmacy system does not allow electronic claim resubmission after a certain amount of days, you may manually submit the claim with the corresponding RA from the insurance, along with a Universal Claim Form or CMS-1500 form. Refer to [page 4](#) for more information on how to submit a manual claim.

If your system gives you a “claim too old to back date” error, this isn’t from PAN. Follow up with your software help desk or corporate office for help.

If your system does not allow claim reversal, call the SS&C helpdesk at **844-616-9448** for help, then resubmit the claim manually.

If you cannot submit a secondary claim, please submit the claim manually.



After submitting a claim

Checking status of submitted claims

You can verify receipt of claims submitted through the portal and payment details in your portal at pharmacyportal.panfoundation.org.

You can verify receipt of the point of sale (POS) and manual claims by calling PAN. You can also call us to check claims status and payment details for the POS and manual claims.

Note: The patient must be linked to your PAN portal account before you can submit claims, review claim status, and view payment details. For details on how to link your patients to your portal account, visit panfoundation.org/linking.

Returned claims

A claim may be returned if:

- The manually submitted claim is illegible
- The NDC number is missing or
- Required documentation is missing

For reconsideration, update the claim with the correct information and resubmit a legible claim for reprocessing. Make sure you write “corrected claim” on the claim resubmission.

Processed and denied claims

If a POS claim was processed and denied, please review the claim denial reason, and resubmit the claim with the updated information in your POS system (refer to following up on denied claims on [page 11](#)).

If a manual claim was processed and denied, please check the pharmacy remittance for the claim denial reason. If additional information is required or you want the claim to be reconsidered, collect all updated applicable documents and manually resubmit the claim.

Appeals

We also have an appeal process for extenuating circumstances. Contact us via secure message on the PAN pharmacy portal or call us to learn more.



Getting pharmacy payments

Explanation of pharmacy payments

SS&C Health payments are issued via electronic funds transfer and paper checks.

Payment cycles are twice a month, issued on the 16th and the last day of each month. For more information, contact the SS&C Health reconciliation team at **1-866-211-9459** Monday through Friday, 8 a.m. to 3:30 p.m. CDT or email reconcustomerservice@dsthealth.com.

Remittance advice

Electronic remittance advice can be found at argushealth.com/login. SS&C Health does not issue paper remittance advice.



Claim adjustments

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

Note:

- The turnaround time for complete claim adjustment requests is 3-5 business days.
- All adjustment transactions are 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](#), available at panfoundation.org/how-to-file-a-claim.

This form is also accessible via the SS&C Health portal. Don't have a user account? Please log in using the guest account at argushealth.com/myargus/MyArgus

Username: phrminfo

Password: phrmrx2u

Please 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

Refunds

SS&C does not accept refunds. Refer to the instructions above on how to submit an adjustment to PAN. For claims older than November 2018, please contact PAN.



Grant use policy

PAN's grant use policy requires patients, or their representative, to request and receive payment for a claim from PAN every 120 days to keep the grant active. If a claim is not submitted and paid during that timeframe, the grant will be canceled.

Grant at risk of cancellation

If the grant is at risk of getting canceled, we will notify you on the 90th day. Contact us for an extension if extenuating circumstances will prevent you from submitting the claim within 30 days before we disenroll the grant.

Submitting claims after grant use policy disenrollment

You may submit all claims incurred before the disenrollment date within 20 days of the grant cancellation date.

Disenrollment reversal

If the grant is disenrolled due to the grant use policy, contact us if extenuating circumstances prevented the timely filing of the claim for a review and potential reinstatement of the grant. Note, this is dependent upon funding availability.



Initial grant

An initial grant is the first enrollment in a new disease fund at PAN. The initial eligibility period is for 12 months plus an additional 90-day look-back period to allow any claims incurred 90 days before obtaining the grant to be submitted for payment.

You may begin filing claims with dates of service within the initial grant eligibility period on the eligibility start date.



Renewal grant

A renewal grant is a grant awarded after the previous eligibility period has ended, starting a new grant eligibility period for 12 months.

You may begin applying for a renewal grant up to 30 days before the current grant period ends, even if there is still a grant balance remaining. You may file claims with dates of service within the renewal grant eligibility period, starting on the eligibility start date.



Second grant

If the full value of the patient's grant is used and there is still time left in the patient's eligibility period, you may apply for a second grant. To qualify, the current grant balance must be \$0, and the disease fund must be open.

Note: only one second grant can be awarded per eligibility period.

To prepare for a second grant:

1. Make sure the disease fund is open.
 - a) You can check the pharmacy portal at pharmacyportal.panfoundation.org or the Find a Disease Fund at panfoundation.org/find-disease-fund.
2. Check the patient's grant balance in the portal.
 - a) If the grant balance is not \$0, file a claim amount that is equal to or more than the current balance.
 - b) Use the portal or call us to apply for a second grant once the grant balance is zero.
 - c) If your submitted claim was partially paid, you must reverse the paid claim and resubmit the claim for full payment after a second grant is issued.

For step-by-step instructions on how to apply for a second grant, refer to our how-to guides at panfoundation.org/provider-guides.



Following up on denied claims

For claims denied in error or for other reasons not listed below, please call PAN for help.

The following table contains follow up steps for common claim denial message and 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"> 1. Verify if medication(s) are covered under the disease fund on our website at panfoundation.org/find-disease-fund 2. Contact PAN if the rejection is an error.
Non-matched cardholder ID	Member ID is not on file.	<ol style="list-style-type: none"> 1. Verify member ID and resubmit. 2. Contact PAN if it is an initial enrollment.
M/I group ID	Incorrect RxGroup number.	<ol style="list-style-type: none"> 1. Verify RxGroup number on page 11 under Electronic Billing Information.
M/I date of birth	Date of birth (DOB) does not match member's information.	<ol style="list-style-type: none"> 1. Verify correct DOB and resubmit. 2. Contact PAN if listed DOB is incorrect.
M/I other coverage code COB/other payments segment incorrectly formatted	PAN only covers OCC8. Cannot use any other coverage code. Other Payer Amount Paid (OPAP) field must be blank.	<ol style="list-style-type: none"> 1. Resubmit with OCC8, other payer patient responsibility amount (OPPRA).
M/I ingredient cost submitted	This is a required field to process the claim.	<ol style="list-style-type: none"> 1. Resubmit with ingredient cost (Wholesale Price).
Claim submitted does not match prior authorization	Authorization number must match for the claim to process.	<ol style="list-style-type: none"> 1. Contact PAN.
Patient is not covered	Date of service (DOS) is outside of the eligibility period. Member not eligible on date filled.	<ol style="list-style-type: none"> 1. If DOS falls after the eligibility period, check the disease fund status to renew grant. 2. Contact PAN for possible coverage.
Fill too soon	Refill is too soon.	<ol style="list-style-type: none"> 1. Contact PAN if there is an extenuating circumstance.
Claim too old	This claim was submitted after the timely filing period of 60 days.	<ol style="list-style-type: none"> 1. Refer to page 2 to learn more about PAN billing.
Duplicate paid/captured claim	Same claim was submitted previously.	<ol style="list-style-type: none"> 1. Verify if this claim was previously submitted and paid.

Denial Message	Reason for Denial	Steps
		2. Reverse the first claim and resubmit. Refer to page 6 to learn more about claim adjustments.
Claim has not been paid/captured	Fund limit exhausted.	1. If the balance is exhausted and the eligibility period has not ended, refer to page 8 to learn how you can apply for a second grant.
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

Disease Fund Name	Rx Group Number		
Acromegaly	99990616	Non-Hodgkin's Lymphoma	99990463
Acute Myeloid Leukemia	99992776	Non-Small Cell Lung Cancer	99990459
Amyloidosis	99994000	Ovarian Cancer	99991497
Ankylosing Spondylitis	99991108	Pancreatic Cancer	99990460
Asthma	99990668	Parkinson's Disease	99991255
Atopic Dermatitis	99993729	Philadelphia Chromosome	99990651
Basal Cell Carcinoma	99991104	Negative Myeloproliferative	
Biliary Tract Cancer	99994090	Neoplasms	
Bipolar Disorder	99994065	Paroxysmal Nocturnal	99993805
Bladder Cancer	99993890	Hemoglobinuria	
Chronic Lymphocytic Leukemia	99991004	Plaque Psoriasis	99991109
Colorectal Cancer	99990438	Pompe Disease	99994075
Cushing's Disease or Syndrome	99991289	Postmenopausal Osteoporosis	99991105
Diabetic Foot Ulcers	99990617	Prostate Cancer	99991142
Fabry Disease	99993910	Psoriatic Arthritis	99991107
Gaucher Disease	99990456	Pulmonary Hypertension	99993820
Glioblastoma Multiforme	99993800	Renal Cell Carcinoma	99990594
Graft Vs Host Disease	99993815	Retinal Vein Occlusion	99991026
Heart Failure	99992637	Rheumatoid Arthritis	99990664
Hemophilia	99993830	Schizophrenia	99994080
Hepatitis C	99990613	Short Bowel Syndrome	99992330
HIV Treatment and Prevention	99991280	Sickle Cell Disease	99993940
Hypercholesterolemia	99991258	Small Cell Lung Cancer	99994055
Hyperkalemia	99991257	Spinal Muscular Atrophy	99994030
Immune Thrombocytopenic	99990657	Type 2 Diabetes	99993885
Purpura		Uveitis	99991039
Inflammatory Bowel Disease	99990512	Venous Leg Ulcers	99991256
Inherited Retinal Disease	99993810	Von Willebrand Disease	99993960
Liver Cancer	99994045	Waldenstrom	99993950
Macular Diseases	99990418	Macroglobulinemia	
Mantle Cell Lymphoma	99991223		
Melanoma	99991237		
Metastatic Breast Cancer	99990647		
Multiple Myeloma	99993757		
Multiple Sclerosis	99990457		
Myasthenia Gravis	99994015		
Neuromyelitis Optica Spectrum	99994110		
Disorder			
Neurotrophic Keratitis	99994010		
Neutropenia	99990658		