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THE TRANSFORMING LANDSCAPE OF DIGITAL THERAPEUTICS REIMBURSEMENT: HOW PATIENT SERVICE PROGRAMS CAN PARTNER WITH MARKET ACCESS SOLUTIONS

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Healthcare delivery has changed dramatically to drive utilization to more specialized treatment options like specialty drugs and digital therapeutics (DTx). As this space continues to grow, the market is faced with a set of unique challenges on determining how to reimburse and appropriate coverage for these novel therapeutics. In many cases, this leaves patients and providers with a high amount of frustration and limited treatment options. However, patient service programs, including hub services and specialty pharmacies, can play a key role in helping push for coverage for these products and services, ultimately leading to improved patient outcomes.

What Is a Patient Service Program?

A Patient Service Program can also be called a “hub.” Hubs are used to help patients and providers navigate the often complex reimbursement landscape.

Common hub solutions are designed to:

- ✓ Conduct real-time eligibility and coverage determinations, including electronic income validation and e-signature capabilities.
- ✓ Manage reimbursement services, including coding and clinical policy support, to obtain coverage for a product or service.
- ✓ Promote easy, self-service enrollment via EMR integration and an HCP portal while also offering live support and traditional enrollment options.

- ✓ Initiate prior authorizations electronically (ePA) to expedite the coverage process.
- ✓ Streamline the process for electronic benefit verification (eBV), (ePA), co-pay eligibility and e-prescribing in physician workflows.
- ✓ Leverage a data-driven approach to patient profiling, customized outreach and engagement based on preferences, needs and products.

Understanding the Reimbursement Pathway

Reimbursement in the U.S. market is based on a system of codes and workflows. Claims are reimbursed based on a code that is included as part of coverage policies. These codes and coverage policies work together to allow claims to flow through an adjudication system.

Coverage Policy: This is also known as a “clinical policy,” which identifies the diagnosis for coverage and the codes associated with that diagnosis for which coverage will be granted.

Codes: This describes how medical services are paid for by assigning a reimbursement amount to a specific code. Examples are NDC; GPI; UDI; J,C,A,N codes; CPT; ICD.

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Why Don't These New Services and Products Get Covered?

In many cases, new technology is welcomed in the market. The difficulty in getting reimbursement, however, is getting a new product attached to an existing code or coverage policy. Sometimes, there is no existing code or coverage policy to attach, which could require an additional 12-18 months to establish a reimbursement pathway.

In addition, new products and services are faced with figuring out the different benefits designs on plans. The coverage of products can be broken down by fit into the plan. For example, in Medicare plans, certain products and services are covered under Part A (rather than Part B). Drugs can be covered under Part B or Part D. With many of these new specialties and DTx products, there has been a lack of discussion to address the application of what benefit should pay for these new products and services. So, the market is faced with establishing a new reimbursement pathway with each new entrance.

How Can Patient Service Programs Help Drive Market Access?

Patient service programs are key to driving coverage of products and services by leveraging deep understanding of the reimbursement landscape and how claims are processed. These programs utilize advanced technology to determine benefit designs, formulary status, clinical policy coverage and utilization management tactics used by payers in the commercial and government space to determine the best paths forward for coverage for the patients. This helps drive patient and HCP satisfaction as well as drive down the need for free goods services, ultimately driving the revenue for new products and services.



About EVERSANA™

EVERSANA is the leading independent provider of global services to the life sciences industry. The company's integrated solutions are rooted in the patient experience and span all stages of the product lifecycle to deliver long-term, sustainable value for patients, prescribers, channel partners and payers. The company serves more than 500 organizations, including innovative start-ups and established pharmaceutical companies, to advance life science solutions for a healthier world. To learn more about EVERSANA, visit EVERSANA.COM or connect through [LinkedIn](#) and [Twitter](#).

