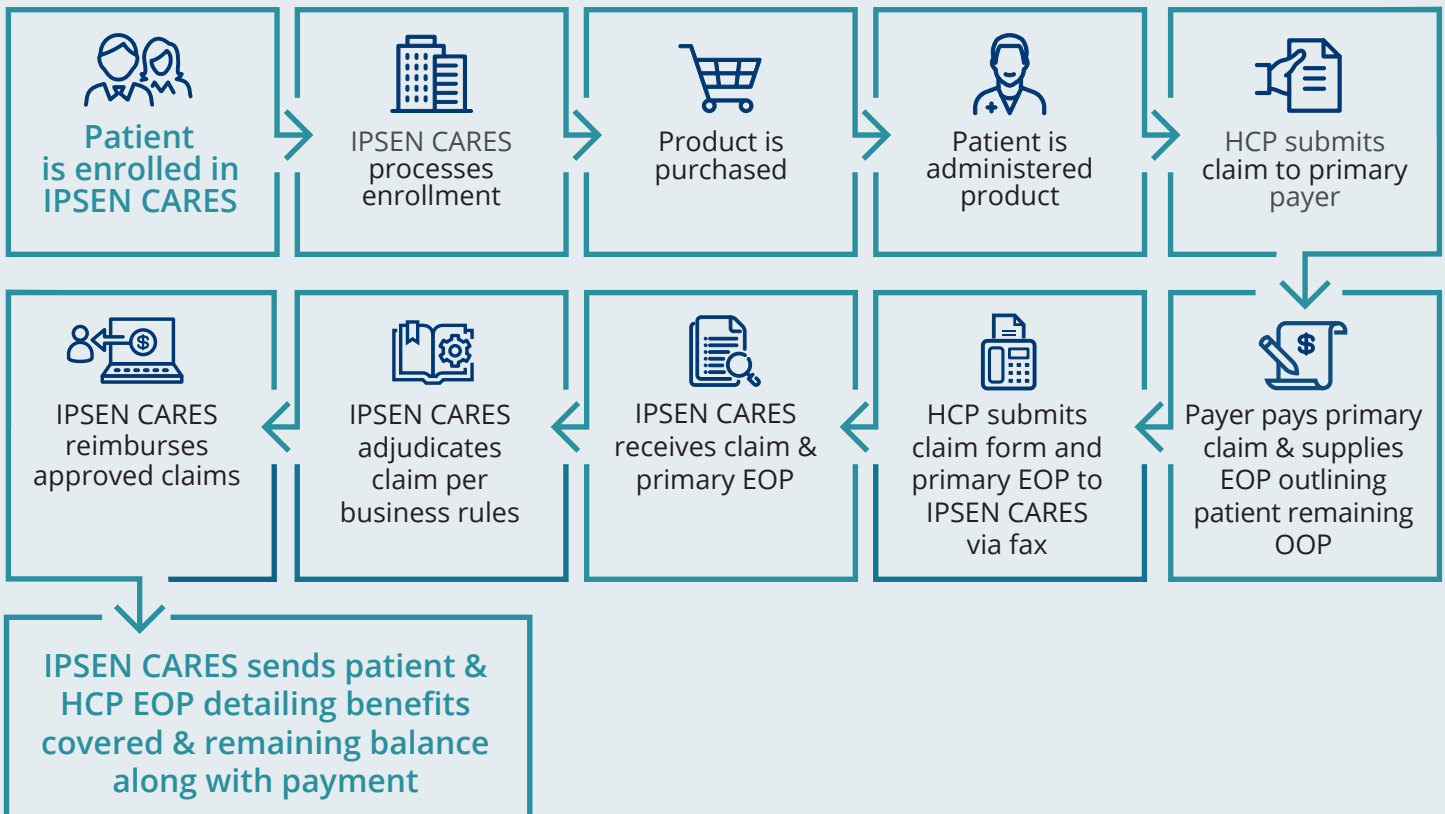# Copay Assistance Program Process for Drugs Covered Under the Medical Benefit

IPSENCARES™
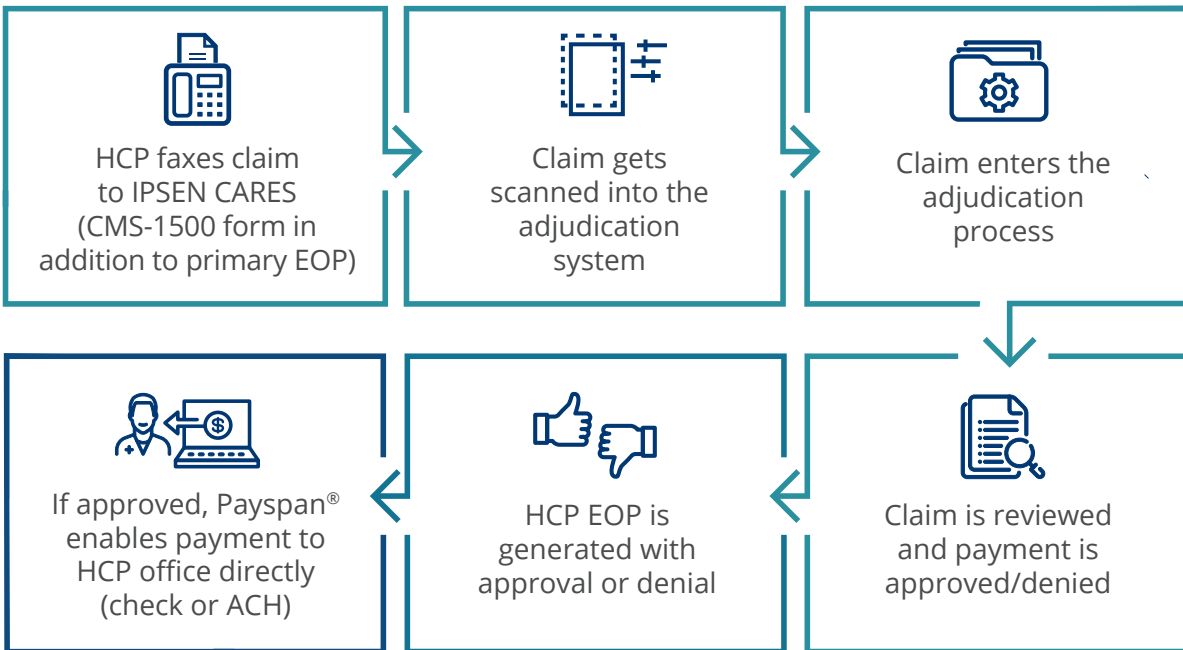Coverage, Access, Reimbursement & Education Support

IPSEN CARES (Coverage, Access, Reimbursement & Education Support) serves as a central point of contact between patients, caregivers, doctors' offices, insurance companies, and Specialty Pharmacies.

This brochure highlights what you need to know about the Copay Assistance Program process if the Ipsen product is covered under the Medical Benefit.

STEP 1 IPSEN CARES handles patient eligibility determination, copay assistance program enrollment, and HCP notification.

STEP 2 HCP office submits primary claim to patient's primary health insurance.

STEP 3 Primary payer sends back the payment and Explanation of Payment (EOP) to HCP, indicating patient out-of-pocket responsibility.

STEP 4 HCP office generates secondary claim and submits to the IPSEN CARES (or tertiary claim where applicable).

STEP 5 Program business rules applied to secondary claim to determine what portion of the patient's responsibility will be covered.

STEP 6 The IPSEN CARES copay assistance program will send a check or ACH (direct deposit) and the EOP (Explanation of Payment) to the HCP.

Medical Benefits Copay Assistance Program

Patient is enrolled in IPSEN CARES → IPSEN CARES processes enrollment → Product is purchased → Patient is administered product → HCP submits claim to primary payer

IPSEN CARES reimburses approved claims ← IPSEN CARES adjudicates claim per business rules ← IPSEN CARES receives claim & primary EOP ← HCP submits claim form and primary EOP to IPSEN CARES via fax ← Payer pays primary claim & supplies EOP outlining patient remaining OOP

IPSEN CARES sends patient & HCP EOP detailing benefits covered & remaining balance along with payment

Claim Review and Payment Process

HCP faxes claim to IPSEN CARES (CMS-1500 form in addition to primary EOP)	Claim gets scanned into the adjudication system	Claim enters the adjudication process
If approved, Payspan® enables payment to HCP office directly (check or ACH)	HCP EOP is generated with approval or denial	Claim is reviewed and payment is approved/denied

- Please wait 48 to 72 hours before inquiring about the status of your claim.

- Payment is generated within 7-10 business days.

IPSEN CARES uses a feature called Payspan to issue payments to HCPs under the Copay Assistance Program, where applicable.

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Payspan Details/Process

- The printed EOP will always be delivered with the check until the HCP registers directly with Payspan. Check will always include the "Please Register" tagline text (see **IMAGE 1**).

- Once the HCP registers, the office must select "check" or "ACH" as a form of payment.

- Once the HCP registers, the EOP will no longer automatically be mailed. EOP can be viewed or downloaded from the online portal.

- Once a provider has registered and either selected ACH or kept the check, all EOPs are delivered electronically through the portal (EDI 835 and/or download of EOP in a PDF format). Once the HCP registers for a check, the check cover page will switch to the "Add ACH" tagline text (see **IMAGE 2**).

- If the HCP registers to receive an ACH, all check mailings will stop. The 835 remittance file can be downloaded or arranged for electronic delivery. The 835 remittance file is the electronic transaction that provides claim payment information. These files are used by practices, facilities, and billing companies to auto-post claim payments into the HCP system.
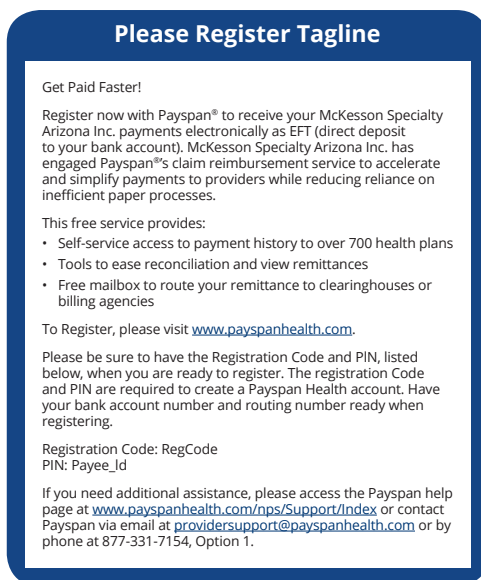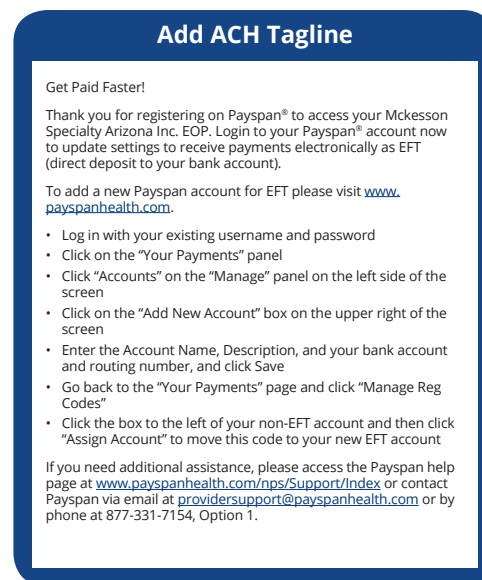
IMAGE 1

Please Register Tagline

Get Paid Faster!

Register now with Payspan® to receive your McKesson Specialty Arizona Inc. payments electronically as EFT (direct deposit to your bank account). McKesson Specialty Arizona Inc. has engaged Payspan®'s claim reimbursement service to accelerate and simplify payments to providers while reducing reliance on inefficient paper processes.

This free service provides:
- Self-service access to payment history to over 700 health plans
- Tools to ease reconciliation and view remittances
- Free mailbox to route your remittance to clearinghouses or billing agencies

To Register, please visit www.payspanhealth.com.

Please be sure to have the Registration Code and PIN, listed below, when you are ready to register. The registration Code and PIN are required to create a Payspan Health account. Have your bank account number and routing number ready when registering.

Registration Code: RegCode
PIN: Payee_Id

If you need additional assistance, please access the Payspan help page at www.payspanhealth.com/nps/Support/Index or contact Payspan via email at providersupport@payspanhealth.com or by phone at 877-331-7154, Option 1.

IMAGE 2

Add ACH Tagline

Get Paid Faster!

Thank you for registering on Payspan® to access your Mckesson Specialty Arizona Inc. EOP. Login to your Payspan® account now to update settings to receive payments electronically as EFT (direct deposit to your bank account).

To add a new Payspan account for EFT please visit www.payspanhealth.com.

- Log in with your existing username and password
- Click on the "Your Payments" panel
- Click "Accounts" on the "Manage" panel on the left side of the screen
- Click on the "Add New Account" box on the upper right of the screen
- Enter the Account Name, Description, and your bank account and routing number, and click Save
- Go back to the "Your Payments" page and click "Manage Reg Codes"
- Click the box to the left of your non-EFT account and then click "Assign Account" to move this code to your new EFT account

If you need additional assistance, please access the Payspan help page at www.payspanhealth.com/nps/Support/Index or contact Payspan via email at providersupport@payspanhealth.com or by phone at 877-331-7154, Option 1.

Payspan FAQs

If the HCP office has an existing Payspan account, the HCP office has the ability to link accounts. The HCP office will also have the ability to add multiple accounts and users to their site. Payspan can assist the HCP office with this process.

- The Payspan services team can be reached directly by phone: (877) 331-7154 Option 1
- Payspan may also be contacted by email at: providersupport@payspanhealth.com
- The hours for the Payspan team are: 8:00 AM – 8:00 PM ET

Copay Assistance Program for Eligible* Patients

- Facilitates eligibility determination and provides information about the Copay Assistance Program. This could include referrals to the commercial copay savings program or to an independent nonprofit organization, if available

- No proof of income is required for copay program

- Only available for commercially insured patients

- Patients are not eligible for copay assistance through IPSEN CARES if they are enrolled in any state or federally funded programs, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, DoD, or TRICARE (collectively, "Government Programs"), or where prohibited by law

*Please see Patient Eligibility & Terms and Conditions at www.ipsencares.com.

For additional information, visit us online at:
www.ipsencares.com

IPSEN CARES™
Coverage, Access, Reimbursement & Education Support

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