



Background

- Medication assistance programs (MAP) can lower the high out of pocket costs of medications. The MAP at the integrated health system specialty pharmacy (HSSP) is for patients expressing the inability to afford their medication
- Grant or foundation assistance and free drug applications are handled by the MAP team. Grants/Foundation are the first choice as they go towards patients out of pocket maximum.
- If grants/foundations are not available, then the MAP team will seek free drug assistance from the manufacturer.
- In November of each year, all current MAP patients are reviewed and re-enrolled for assistance for the upcoming new year.
- With the 2024 changes to Medicare out of pocket maximum spending, there was a need to re-evaluate the HSSP MAP workflow process to optimize the process.

Objective

- To optimize the MAP workflow process to improve the year end renewal process while simultaneously servicing new patients seeking assistance.

Methods

- In July 2023, members of the MAP team met to brainstorm the re-enrollment process.
- The team agreed to split the existing MAP team into two teams—one handling re-enrollments and the other for new enrollments.
- The medication assistance renewal team (MART) handled re-enrollments and medication assistance program team (MAPT) handled all new enrollments.
- The clinical management platform was utilized to generate a report for patients requiring re-enrollment.
- This report was broken down further using Excel where patients were separated and organized by disease state for easy grant enrollment

Results

	Renewals	3 members
	New	4 members

Figure 1: Number of re-enrollments in 2023 and 2024

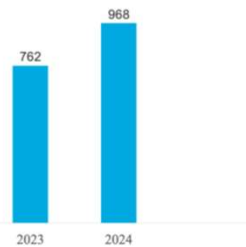


Figure 2: Re-enrollment breakdown in 2024

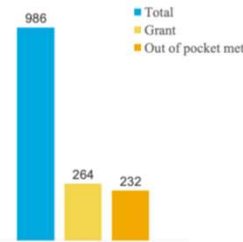


Figure 3: Number of new patients enrolled in 2024

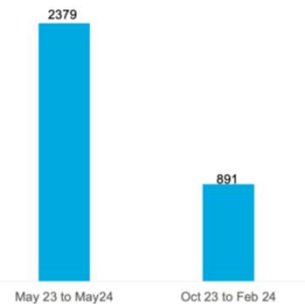
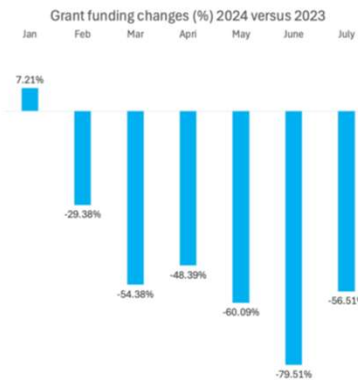


Figure 4: Medication assistance 2023 versus YTD 2024



Discussion

- Grant applications close quickly upon opening. Division of patients according to their diagnosis enabled the MAP team to gain faster access to grant applications.
- In 2024, a total of \$2M+ of grant funding was established for the 264 patients.
- Using this grant funding, 232 of the 264 have already met their maximum out of pocket spending through Medicare Part D for the year.
- Grants are preferred since all the funding is utilized towards the maximum out of pocket spending. Patients may then be able to afford all their medications depending on their formulary.
- Financial assistance through grants and foundations also increases script volume and revenue to the HSSP.
- After January of 2024, we observed a decrease in the amount of Grant contribution towards patients cost. We believe the reasoning for this, is patients reaching Maximum out of Pocket spending through Medicare. (Figure 4)

Limitations

- The HSSP's clinical documentation system enables tracking of medication assistance tasks by date and outcomes which may not be applicable to other health systems.

Future Directions

- Adaption of the current workflow to incorporate the changes to out of pocket spending maximum limits for Medicare in 2025.
- Expansion of a need-based assistance option for all patients utilizing the HSSP.

Conclusion

Implementation of the two-team approach improved the year end renewal processing with conversion of some patients from free drug to grant assistance, retaining the script at HSSP and maintaining continuity of care.

Acknowledgment

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References

Juliette Cubanski, Tricia Neuman. Changes to Medicare Part D in 2024 and 2025 Under the Inflation Reduction Act and How Enrollees Will Benefit. www.kff.org/medicare/issue-brief/changes-to-medicare-part-d-in-2024-and-2025-under-the-inflation-reduction-act-and-how-enrollees-will-benefit/. Accessed 05/2024