

Navigating Support Path (Patient Assistance Program)

Go to <http://mysupportpath.com/>, scroll to the bottom, & select the desired program.

The **co-pay coupon** is available as assistance for any patient with private insurance. You or the patient can register via phone or online. Recommend registering for this more than 3 days before the patient picks the meds up at the pharmacy. Tribally Sponsored Health Insurance Program (T-SHIP) participants are not eligible to use this.

The **intake form** is the packet that needs to be filled out and submitted to Support Path.

Sections 1-4 should be filled out by the nurse or patient advocate.

Section 5 is signed by the prescribing provider.

Section 6 needs to be verified by the patient.

Section 7 is the insurance portion:

- *If the patient has other insurance-* the denial of the prior authorization and the denial of the appeal will need to be sent with the packet. Make sure to copy the front and back of the insurance card and submit it with the intake form packet.
- *If the patient doesn't have other insurance-* they must apply for Medicare/Medicaid. For the marketplace insurance questions, the patient can only claim "Indian Exemption" if they have actually filed this with the marketplace (different than IHS eligibility). If they can claim it, write it in this section. <http://marketplace.cms.gov/applications-and-forms/tribal-exemption.pdf>

Section 8 the patient needs to provide information, proof, & sign. This section must be filled out and documentation provided if the application is for free drug.

Section 9 needs to be signed by the patient.

Section 10 is optional- it's a resource for the patient during treatment.

About three business days after the packet is submitted, the patient should be entered into Support Path's system, at which point, you can call and ask about the status of the application.

Pre-qualification is the next step and they will fax a prescription. This needs to be filled out by the same provider who signed in section 5 (Otherwise that form will need to be filled out again).

Enrollment notification will be faxed to the provider and will have a specific eligibility time frame. At the end of that timeframe, Support Path will also fax a letter stating the enrollment period is over and the patient no longer qualifies for the program.

***If the patient is status-post transplant, the insurance denial and appeal requirement can be bypassed because there is currently no FDA-approved treatment for transplants. Make sure to mention this when you first speak with someone at Support Path.

***If you're on a time crunch and need to expedite requests, when you fax stuff to Support Path, pay attention to the time & page length of the fax. Then call about 20 minutes later and ask the representative to look for the fax in the queue. They don't necessarily like to operate like this all the time, but it's helpful if you need answers faster.