

Navigating Support Path

Go to <http://mysupportpath.com/> & 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. Some insurance do not allow the use of this coupon; check with insurance and pharmacy if it is allowed to be used.

The **intake form** is the packet that needs to be filled out and submitted to Support Path for Benefits Investigation, Prior Auth & Appeals Investigation, & Patient Assistance Program Eligibility Screening.

Sections 1-4 should be filled out by the nurse or patient advocate and signed by the prescribing provider.

Section 5 needs to be verified by the patient.

Section 6 is the insurance portion:

- *If the patient has insurance*- Support Path has stated they will not provide free drug any longer. Attempt the prior authorization through the insurance and submit the denial of the prior authorization and the denial of the appeal with the packet. Submit the request to Support Path at least twice to see if they will approve the request (it has worked before).
- *If the patient doesn't have insurance*- if they are eligible, 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 and on their taxes (different than IHS eligibility; see <http://marketplace.cms.gov/applications-and-forms/tribal-exemption.pdf>). If they can claim it, write it in this section. Another answer to these two questions is writing IHS beneficiary if they are eligible to receive care at an IHS facility; this provides an exemption to being required to apply for marketplace insurance.

Section 7 the patient needs to provide information, proof, & sign. This section must be filled out and documentation provided if the application is for free drug. Also include a copy of the state ID. This section needs to be signed by the patient.

Section 8 in the HIPAA authorization and must be read and signed by the patient.

Section 9 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.