

A GAME OF CHESS WE PLAY
EACH DAY IN THE OFFICE.

Doctor, Drug, Patient and Payment.

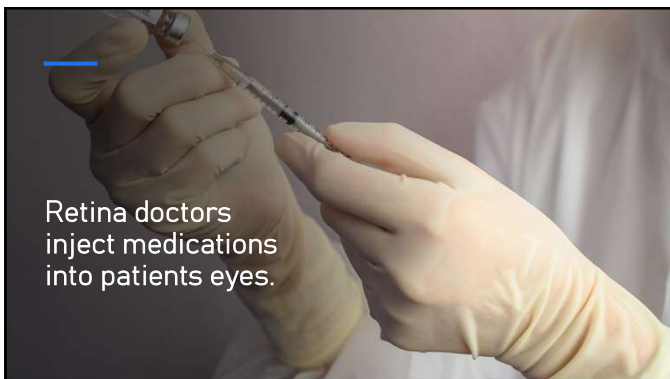
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Objectives

- Understand buy-and-bill drug purchasing of retina specialty drugs
- Appreciate the general idea of what is required for retina specialty drugs to be administered in the office
- Learn about a variety of insurances which patients who we care for in the office, what the insurances cover and what patient out-of-pocket expense are for retina injections.

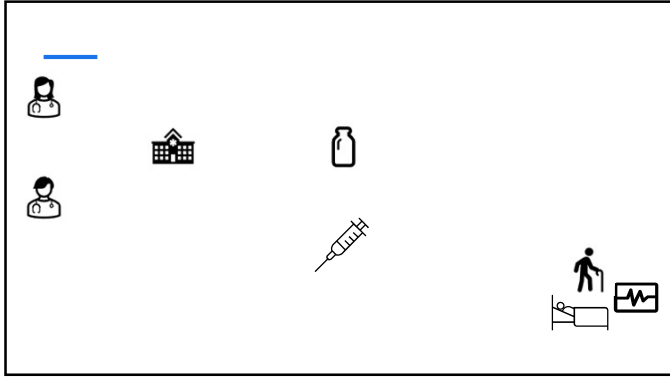
Descriptor: So many choices when it comes to retina injectable drugs, but when it comes to our patients, do we know what their insurance covers? How much should they expect to pay out-of-pocket? We will learn about this and more!

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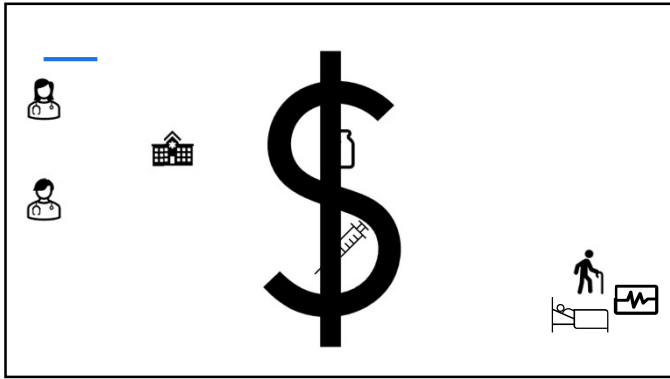


Retina doctors
inject medications
into patients eyes.

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Why does this matter.

Bill and Dispense: Pharmacies do.
MD writes Rx
Rx goes to Pharmacy
Pharmacy dispense Rx to Pt.

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Why does this matter.

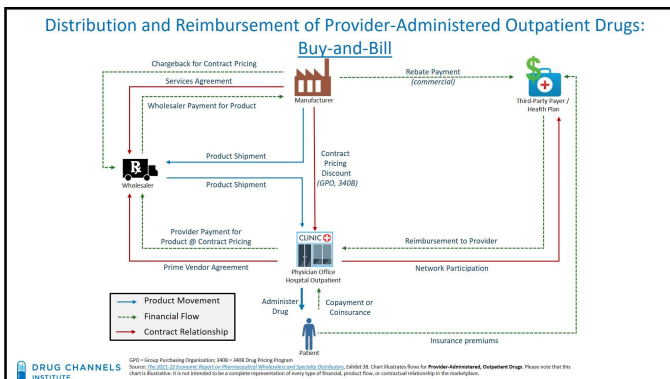
Buy and Bill: Retina Practices
 MD purchase Rx (before billing insurance/patients) in bulk
 Not patient specific
 Obtained from Distributors: AmerisourceBergen (Con***), Cardinal, McKesson
 Wholesale negotiated prices
 Drug now is owned by the Doctor.

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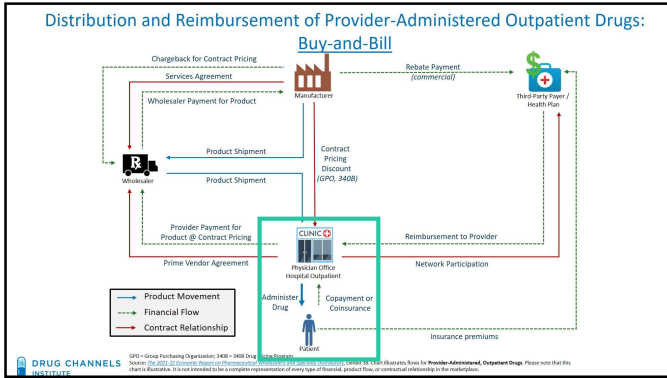
Drug now owned by Doc

- Drug is now owned, stored, and administered
 - Inventory management
 - Administered to patient
 - Insurance will cover none, some or all of the cost of the medication.
 - Whatever insurance does not cover, the patient has to pay.

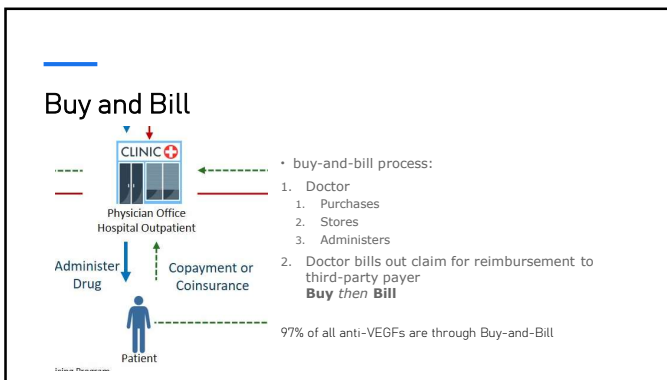
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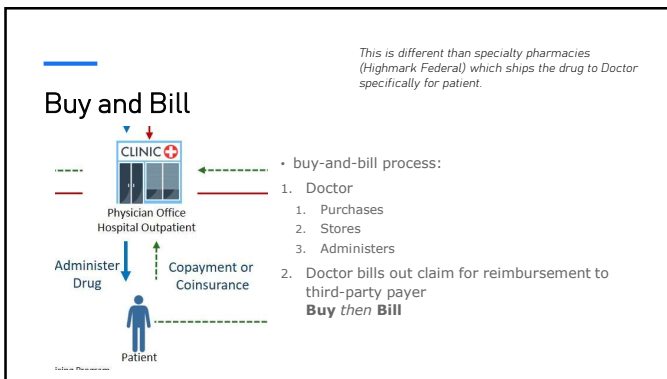
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Doctor Responsibility in Buy-and-Bill

- Ordering and purchasing the drug (*Forecasting*)
- Managing drug inventory at the practice (*Inventory*)
- Prescribing and administering the drug to a patient (*Medicine*)
- Submitting reimbursement claims for a drug and related professional services (*Billing*)
- Collecting a patient's coinsurance or copayment for all services (*Collections*)

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If a patient has insurance, how much out of pocket expense do they have for their anti-VEGF drug?

- A. All of it, insurance covers none of their drug costs
- B. Some of it, depends on their insurance
- C. None of it, if they have insurance they are set!
- D. None of the above

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Out of Pocket Expenses for Injectable Therapies

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Young <65

Old >65

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Younger Patients Insurance Options

- Commercial PPOs, HMO, HDHP (66%)
- Medicaid or State directed department Assistance (18%)
- Veterans Affairs/Tricare (3.5%)

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Younger Patients Insurance Options

- Commercial PPOs, HMO, HDHP (66%)
 - Copay assistance via Pharmaceutical Company (i.e. Eylea4U, Genentech Ophthalmology Program)
- Medicaid or State directed department Assistance (18%)
 - ***
- Veterans Affairs/Tricare (3.5%)
 - Can be covered up to 100%--(Means testing)

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Older Patients Insurance Options

- Commercial Insurance
 - If spouse or patient works
- Medicare A+B
- Medicare C (Medicare Advantage Plan)

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Anti-VEGF Breakdown Insurance

- Medicare FFS -46%
- Medicare Advantage-26%
- Commercial-20%
- Federal (VA/DOD) -3%
- Medicaid-3%

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Medicare

- 65+
- People of any age with certain disabilities
- People of any age with end stage renal disease

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Parts A, B, C & D

- A: (HOSPITAL) Inpatient hospital, SNFs, hospice, home healthcare
- B: (Medical): Physician services, outpatient care, Durable medical equipment, Home Health, Preventative
- C: (Advantage): Alternative to A&B, Private companies execute
- D: (Drug) Companies offer retail drug coverage to Medicare beneficiaries
- F/G (Medigap)

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Older Patients Insurance Options

- Commercial Insurance
 - If spouse or patient works
 - *Drug company assistance*
- Medicare A+B
 - *Medicare benefit: Administered in office/Clinic, Buy & Bill*
- Medicare C (Medicare Advantage Plan)

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Out of Pocket	Part B	Part C
Premium	>174.70 (2024)	Varies
Deductible	240	Varies
Copays		Varies.
Coinsurance	20% of the Medicare-approved amount for the covered services you use	Varies, may set for some coinsurances
Out-of-Pocket Max	No limit unless Medicare Supplement Insurance/Medigap/Part F	8,850 limit in 2024

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Case Examples

- 1. 30 year old male with DME you are planning to do an injection of Eylea HD on, he wants to know how much out of pocket should he expect. His insurance is through:
 - VA
 - Commercial PPO
 - Medicaid

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- Your parents are calling you on the phone and want to know if you can help them determine which insurance they should choose. Your dad gets Vabysmo for wet macular degeneration. What would you say their out of pocket would be for his vabysmo if he gets:
 - Medicare A+B
 - Medicare part C (Medicare advantage plan)
 - Medicare A+B+ F/G

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Foundations

- **What is a Chronic Disease Fund (CDF)?**
- A financial assistance program for patients with chronic conditions like **wet macular degeneration (wAMD)**.
- Helps cover out-of-pocket costs such as **co-pays, deductibles, and medication expenses**.
- Funded by **charitable donations, grants, and pharmaceutical companies**.

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Why does it matter for MA patients

- Medicare Advantage plans often have **high out-of-pocket costs** for wAMD treatments.
- **Anti-VEGF injections** can be expensive.
- CDFs help make treatment **more affordable** and accessible.

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