CASE STUDY: Transitioning Top 30 Pharma PAP Program

THE SITUATION

Top 30 brand name manufacturer was experiencing excessive dispensing and enrollment backlogs, billing inaccuracies, daily prescriber & patient complaints with their previous PAP vendor. The manufacturer was seeking to eliminate a 3,000+ enrollment backlog, of which 1,800+ were Medicare re-enrollments delayed greater than 60 days. Eliminate the current two-week turnaround time and overall inaccuracies in enrollment documentation. Manufacturer wanted significant improvements to data transparency. Manufacturer expected a more patient-centered approach

THE CHALLENGES

THE KNIPPERX SOLUTION

- Improve Data Quality, eliminate Reporting inaccuracies
- Eliminate the Medicare re-enrollment backlog within the 1st month
- Reduce turnaround time for benefit verification
- Improve Call Handling, 80% of calls answered within 30 seconds
- Improve Enrollment processing to within 2 days
- Order fulfillment 95% of requests dispensed within 2 days
- No gaps in patient therapy as a result of the transition

- Leverage technology to improve patient journey and turnaround times
- Implemented "Knipper Rx Cares PAP Ecosystem"providing a fully integrated end-to-end solution
- Automated Real-Time Benefit Check
- Implemented patient patient-driven option for checking enrollment PAP status through IVR
- Established an urgent fax line to prioritize specific products
- Utilized KADABRA (Knipper's Proprietary real-time data & analytics platform
- Redesigned manufacturer website to include eligibility tool to reduce the number of denials
- Established a 3-week Hypercare period post-launch with the previous vendor, external hubs, and manufacturer to ensure a complete transition of patient data

THE RESULTS

- Transferred 16,750+ patients
- Transferred 16,000+ enrollments
- Transferred 18,250+ RXs
- No Gaps in Patient Therapy
- Reduced enrollment processing TAT by 80%
- Reduced PAP Approval to Dispense TAT by 65%
- Processed a backlog of 3,000 enrollments within 5 days
- Reduced daily phone calls by 11%
- Maintained an abandonment rate of less than 3%
- Increased dispensing accuracy to >99.8%
- Reduced prescription reships by 44%
- Reduced annual Med-D re-enrollment period by 20 days
- Eliminated manual benefit verification processes





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