

Empower & PTP

Billing Call Center Training - July 2020

Agenda

1. About Empower & Hereditary Cancer
2. How does insurance cover Empower?
3. High Risk vs. Low Risk
4. Pre-Test Workflow
5. Requisition Form & Empower Cases in LIMS
6. Empower Cases in PTP Care
7. CPT Codes
8. PTPA Cases
9. Scripts
10. PTPA Case Scenarios
11. Pricing
12. FAQs
13. Knowledge Check

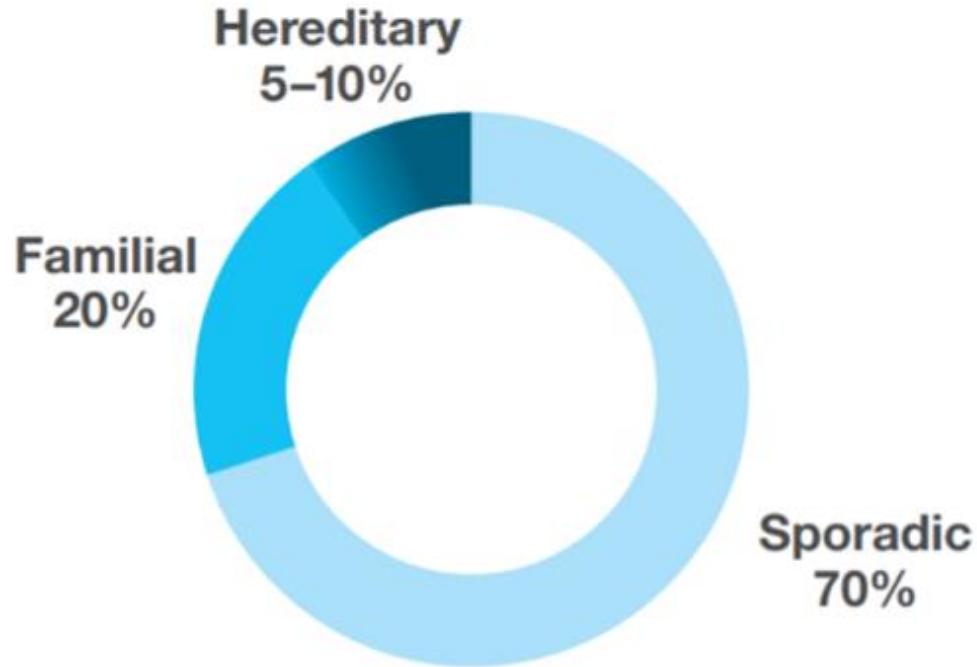
What is Empower?

Hereditary Cancer test for patients who have cancer, a family history of cancer, or who are unaffected by cancer.

It screens for BRCA 1 & 2 and up to 51 other genes.

BRCA stands for BReast CAncer gene.

How much cancer is hereditary?



Why offer Hereditary Cancer Testing?



Knowing a patient carries a mutation in a hereditary cancer gene gives you the opportunity to:

- Be more proactive with their cancer screening
- Potentially reduce their risks

How does insurance cover Empower?

- BRCA 1,2 is covered for patients who are high risk (have a personal or family history).
- It is considered as “preventive” care under the Affordable Care Act, so, even if a patient has coinsurance or deductible, it does not apply due to ACA coverage guidelines.
- Also, some insurance companies require patients to see a genetic counselor before they will cover the service.

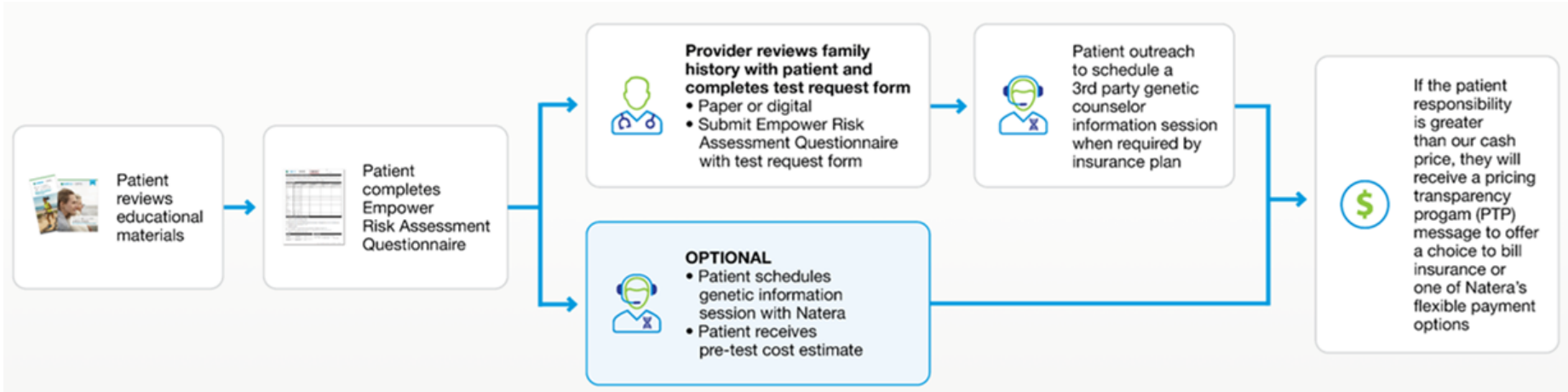
High Risk vs. Low Risk

- High risk is assigned when a patient has a personal history, or at least 2 relatives listed on the requisition form.
- Low risk is assigned when a patient has no personal history, and 1 or 0 relatives listed on the requisition form.
 - A high risk person can be assigned as low risk if they do not list their relatives on the requisition form.
 - The physician or doctor's office needs to send us an updated family history for if the patient needs to update their family history.

Poll



Pre-Test Workflow



Requisition Form

Empower™
Hereditary cancer test

Accession ID or MRN

Please place collection kit barcode here.

DATE OF SAMPLE COLLECTION _____

PATIENT INFORMATION

Patient Last Name _____ Patient First Name _____

Date of Birth (MM/DD/YYYY) _____ Cell Phone _____

Patient Email _____

Address _____

City _____ State _____ Zip _____ Biological Sex F M

Patient ethnicity

African American/Black Ashkenazi Jewish East Asian

Hispanic/Latin American Sephardic Jewish Southeast Asian

Mediterranean French Canadian South Asian

Caucasian/Non-Hispanic White Other _____

FAMILY TESTING PROGRAM LIMITATIONS APPLY (SEE BACK)

This order is for Family Testing Program - Attach copy of 1st degree relative's positive report

Patient's relationship to the positive relative _____

PAYMENT INFORMATION

Bill Insurance Bill Clinic Self Pay

Insurance Company _____ Group Number _____

Member ID _____ Member Name _____

Prior Authorization Number (if Applicable) _____ Compassionate Care Ref # (if Applicable) _____

PANEL OPTIONS

Empower™ Test Options

BRCA1 & BRCA2 (REQUIRED)

Additional checkbox required for test options below

AND ADD 17 genes for GYN, Guidelines-based (total 19)

AND ADD 38 genes for Multi-Cancer (total 40)

AND ADD 51 genes for Multi-Cancer, Expanded (total 53)

ICD-10 CODE (REQUIRED): Select code(s) that best describe clinical condition, even if each code is not listed below

Z85.3 Personal history of malignant neoplasm of breast

Z85.43 Personal history of malignant neoplasm of ovary

Z85.0 Family history of malignant neoplasm of digestive organs (pancreas)

Z85.3 Family history of malignant neoplasm of breast

Z85.41 Family history of malignant neoplasm of ovary (epithelial)

C50.911 Malignant neoplasm of unspecified site of right female breast

C50.912 Malignant neoplasm of unspecified site of left female breast

C56.1 Malignant neoplasm of right ovary

C56.2 Malignant neoplasm of left ovary

Z85.07 Personal history of malignant neoplasm of pancreas

Z85.46 Personal history of malignant neoplasm of prostate

Z80.42 Family history of malignant neoplasm of prostate

Z83.71 Family history of colon polyps — New

Z86.010 Personal history of colon polyps — New

Other ICD-10 Code _____

PATIENT'S PERSONAL HISTORY

No personal history of cancer

Cancer/Tumor	Personal History	Age at Dx
Breast	<input type="checkbox"/> Triple negative (ER-, PR-, HER2-)	<input type="checkbox"/> Yes
	<input type="checkbox"/> Ductal Invasive <input type="checkbox"/> DCIS <input type="checkbox"/> Lobular Invasive	
Ovary	<input type="checkbox"/> Check if non-epithelial	<input type="checkbox"/> Yes
Prostate (Gleason score > 7)		<input type="checkbox"/> Yes
Pancreatic		<input type="checkbox"/> Yes
Endometrial/Uterine		<input type="checkbox"/> Yes
Colon/Rectal		<input type="checkbox"/> Yes
Stomach		<input type="checkbox"/> Yes

Other cancer(s): _____

Bone marrow transplant recipient Current diagnosis of hematologic cancer

Previous genetic testing for hereditary cancer (if yes, attach the report)

PATIENT ACKNOWLEDGMENT

By my signature I acknowledge I have read and agreed to the Patient Acknowledgment for testing on the back page. New York residents must check this box and sign below to permit Natera to use their samples for research and development; otherwise, their samples will be discarded within 60 days of testing.

By providing the information included herein, I understand and agree I may be contacted via, e.g., e-mail, or cellular or home phone, by text message, automatic telephone dialing system, or computer assisted technology for treatment options, billing/collection matters, and health-related products, services, or studies. I understand that my treatment, payment, enrollment, or eligibility for benefits is not conditioned on my providing such consent, and I may opt out at any time or by checking this box .

Patient Signature _____ Date _____

HCT 1 MKT-10110 Rev01 Empower Domestic Requisition Form NAT-802081

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Empower Cases in LIMS

Case ID	Test Type	Name
	HEREDITARY_CANCER	
	NPT	

Empower Cases in PTP Care

Assigned To	Call Status	Carrier	Clinic ID	Microdel Panel	TCE Testing Type	Test Type
		CIGNA HEALTHCARE		New Case	HCT_4_HIGH_RISK	HEREDITARY_CANCER
		CIGNA HEALTHCARE		New Case	HCT_3_HIGH_RISK	HEREDITARY_CANCER
		BCBSSC - Avalon		New Case	HCT_2_HIGH_RISK	HEREDITARY_CANCER
		SELF PAY		New Case	HCT_3_HIGH_RISK	HEREDITARY_CANCER

CPT Codes

Commercial + Government A La Carte:

81162 - List Price \$1999

Government Panels:

81432 - \$1000,

81433 - \$999

Total list price is \$1999

PTPA Cases

PTPA Cases

- Do not call out.
- Close to Bill Insurance.

Why?

These patients require genetic counseling appointments - the PA team will reach out to them.

Call Info	
Test Type:	HEREDITARY_CANCER
Call or not call:	Call
Disposition:	CONTACT_REQUIRED
Patient Sign:	<input type="checkbox"/> NO
Req Form Type:	custom
Req Form:	View Req Form
Is Redraw:	<input type="checkbox"/> NO
Is Combo:	<input type="checkbox"/> NO
Prompt Pay Cash Price:	\$249.00
Total Insurance Bill Expected:	\$0.00
Total Out of Pocket Expected:	\$0.00
Payor Group:	PTPA
CoPayment:	\$0.00
Remaining Out Of Pocket:	\$5,800.00
Coinsurance Benefit Percent:	<input type="text" value="10"/> %
Remaining Deductibles:	<input type="text" value="\$2800.00"/>

[Manual Calculate](#)

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What is PTPA?

PTPA means the case has an insurance that requires a genetic counseling session.

PTP may get stray inbound calls for PTPA cases. Follow the steps below if this happens.

1. Case is PTPA
2. Warm Transfer the call to Prior Auth team
 - a. The PA team will check for consent and transfer call to genetic counselor, when consent is present. If consent is missing/incomplete, they will collect verbal consent.
 - b. Cigna, BCBS SC, and Priority Health (MI) go to *Genome Medical*
 - c. CareFirst, Dean Health (WI), and Harvard Pilgrim (ME, MA, NH) go to Informed DNA.

Scripts

General Empower Billing Message

Your health plan may or may not cover the cost of your Empower test based on your personal and family health history. If your health plan covers the test, you're not expected to pay anything out of pocket. In the case your health plan does not cover the test, Natera offers a discounted price of \$249 to ensure it is affordable.

Greeting & Call Handling

Standard PTP Greeting, Closing, and Call Handling Scripts apply

Hi, this is _____ from Natera on a recorded line. Am I speaking with _____? This is a courtesy call to go over billing options for your recent genetic testing.

Yes

Before we continue, can you confirm your date of birth and last name for me? Thank you.

Confirms

I am calling on behalf of the lab that is running your [Panorama non-invasive prenatal test / Horizon Carrier Screening], ordered by your healthcare provider [PROVIDER NAME] from [CLINIC NAME]. We received your sample on [DATE] and it's currently processing in our laboratory!

In the meantime, your clinic is enrolled in our Price Transparency Program,

INN Case

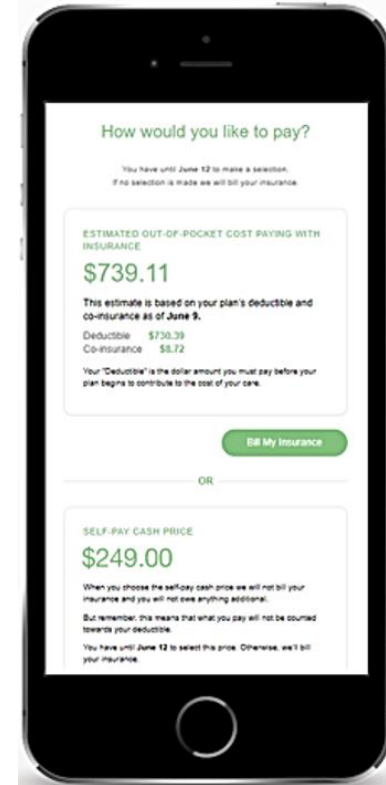
and at your provider's request we ran a personalized estimate of your out-of-pocket cost using the insurance information provided. Based on your estimate we can either proceed to bill insurance as usual, or you can choose the self-pay option.

Do you have a moment to go over those billing options?

Using your insurance, your estimated out-of-pocket cost will be [ESTIMATE]. This amount would go to your copayment/deductible, which is the annual amount you must pay before your insurance will start paying. We also offer payment plans if you can't afford to pay it all at once.

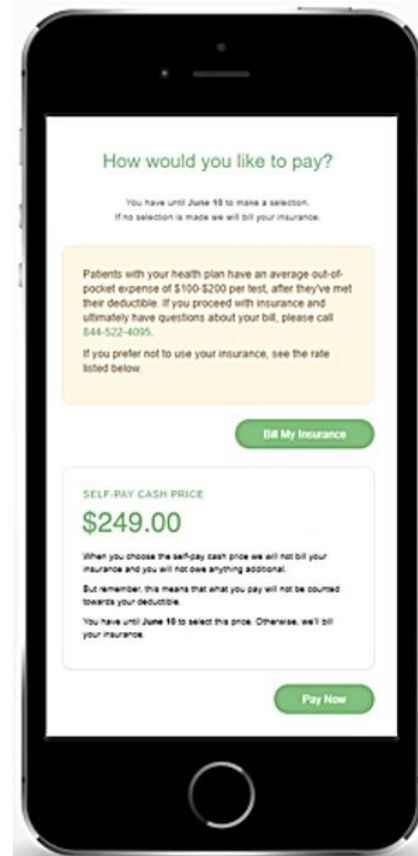
The other option If you cannot afford to meet your deductible, is the self-pay option of \$249, with the difference that this amount will be paid directly to the lab, and will not go to your deductible.

You have 3 business days to let us know your choice. Otherwise we'll proceed with billing insurance as originally instructed. What option do you prefer?



OON Case

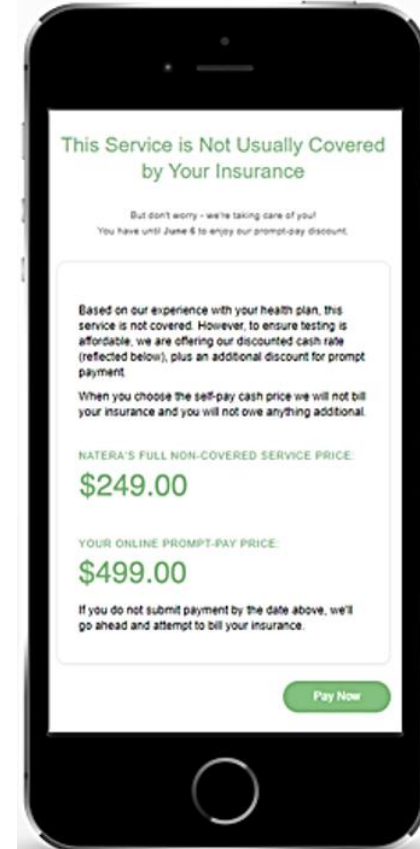
Your insurance is out of network with our laboratory so we can't provide you with a specific estimate. However, the average out-of-pocket expense for out-of-network patients that have met their deductible is less than our discounted self-pay rate of \$249. If for any reason the actual bill you receive from Natera is significantly different from this estimate, please contact us at the number on your statement.



NCS Cases

Do you have a moment to go over those billing options?

If you prefer for us to submit a claim to your insurance, your out-of-pocket cost may end up being more when your insurance denies the claim. Based on our experience with your health plan, we know this service is NOT covered. However, to ensure testing is affordable, you are eligible for our discounted self-pay rate of \$249. Would you like to take care of that today?



Voicemail

VOICEMAIL:

Hi, this is _____ calling on behalf of Natera, the genetic laboratory that is processing your screening at the request of Dr. _____. At your doctor's request we ran a personalized cost estimate based on your insurance information. To discuss this estimate as well as alternative payment options please call us back at 844-384-2996 and reference case # _____ .

PTPA Inbound Call

1. Check LIMS notes
2. If case was sent to Genome Medical or Informed DX....
 - a. How can you help them?
 - i. May need to transfer or refer back to third party
3. If Case was not sent to GM/Informed DX
 - a. Warm Transfer call to Prior Auth team - 214-446-9164 (do not share #)
 - i. If PA not available, patient can call back 844-384-2996, Ext. 4

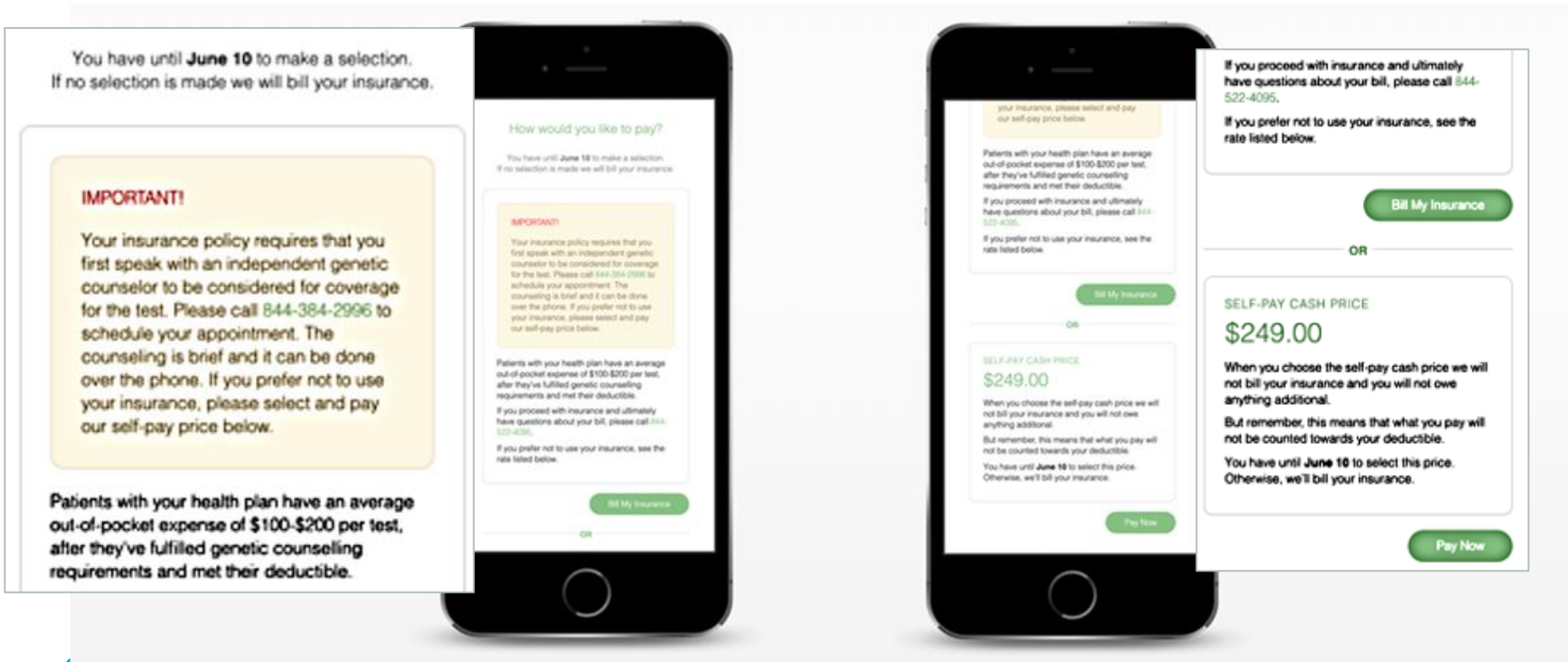
“Your insurance requires a genetic counseling session. Let me transfer you over to the team to assist you with scheduling.”

PTPA Case Scenarios

1. Consent present - PA team sends the referral to Genome Medical/Informed DX, and GM/DX reach out to patient. GM/DX can bill for their service.
2. Consent present - Patient calls in. PA team receives call and transfers to GM/DX.
3. Consent absent - PA team calls out to patient and obtains verbal consent. PA team sends referral to GM/DX.
4. Consent absent - Patient calls into wrong queue. If to schedule a genetic counseling appt, transfer to PA team

*At any point, a PTPA patient can decide to pay the \$249 rate. In this case, PTP will help them with the payment and close the case to pre-pay.

Example PTP Text when GC is required and patient is high-risk



Self-Pay Pricing

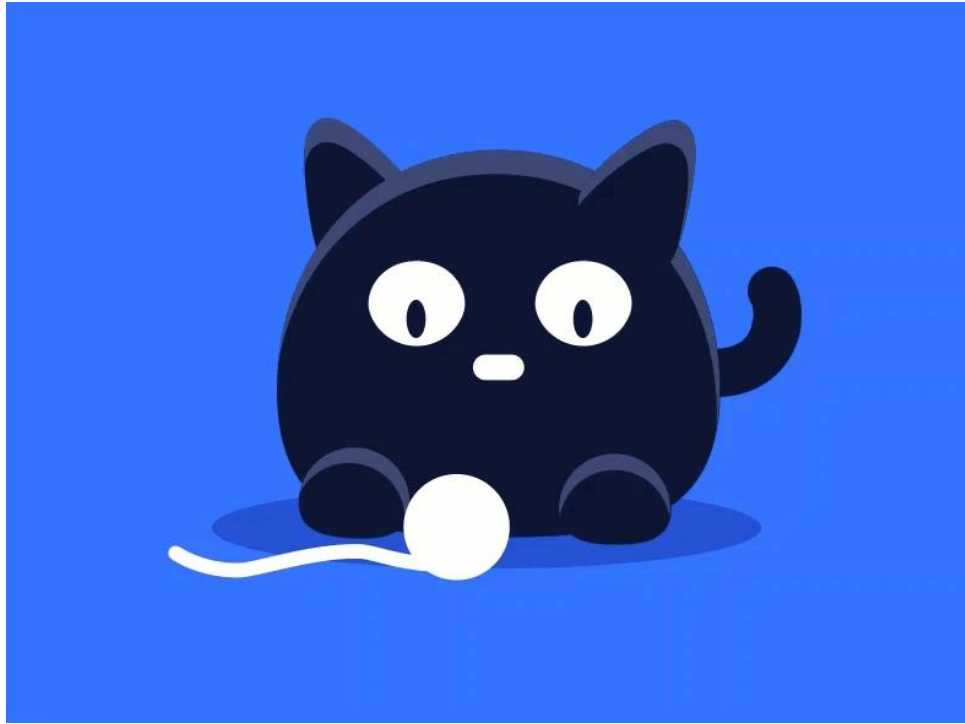
Panel	PTP	Self-Pay	Full Cash Price	List Price - Billed to Insu.
HCT	\$249	\$249	\$499	\$1999

Agent FAQs

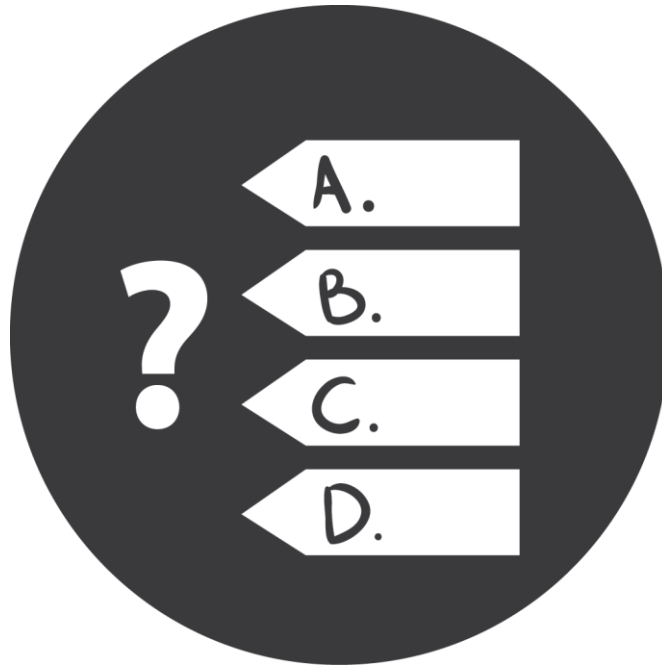
FAQs

1. Is Compassionate Care available?
 - a. Yes! Empower patients can apply online or you can email them a PDF application
2. Are payment plans available?
 - a. Yes! Same pmt plan options as regular PTP
3. If someone is calling about results or finding a doctor to order the test, where do I transfer them?
 - a. The Support team in Austin can help. Same information as Women's Health
4. Do I call out for PTP if positive results have been reported?
 - a. No. The goal was to call before results are reported, so close the case to bill insurance.

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Knowledge Check!



[Link to Quiz](#)

Questions?

Next Steps

- PTP Agent Training
- Ask questions to Paula and Michael

Empower Cases Examples

3415269

3457051 - TNP

3467853

3457610

3419685

3409174

3467889

3461261

3431953