

Driving Patient Access Through Strategic Solutions

## The Critical Role of FRMs in Modern Healthcare

### Introduction

As the pharmaceutical industry navigates ongoing tumultuous shifts in both healthcare delivery and healthcare costs, the added complexities with health insurance systems and the impact of the Inflation Reduction Act, the role of Field Reimbursement Managers (FRMs) becomes increasingly vital. More than 75% of specialty medications being launched in this evolving environment will benefit from integrating FRMs into their field support teams.<sup>1</sup> FRMs are crucial in navigating the complexities of insurance plans and ensuring patient access to innovative therapies. As more and more stringent requirements are introduced by healthcare systems, the expertise of FRMs is essential in overcoming barriers and enhancing patient access to therapies that save lives and profoundly improve quality of life.

### Understanding the Role of Field Reimbursement Managers

FRMs are crucial in the pharmaceutical landscape, acting as key facilitators in the complex interplay between healthcare providers, patients, and payers to ensure timely access for patients to medications. They are tasked with a wide array of responsibilities, including:



Supporting the process for benefit investigations.



Communicating and interpreting intricate insurance policies.



Guiding healthcare providers through the nuances of prior authorization and appeals processes.

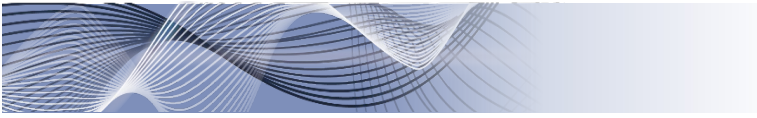


Acting as resources at the local level for specialty pharmacy service levels.



Solving complex reimbursement challenges that prevent patients from starting or staying on drug therapy.

Because of the support they provide to help patients get access to medications, they develop strong relationships with practice management staff and provider offices while working closely with sales teams, specialty pharmacies, and their corporate commercial organizations, ensuring that all parties are well-informed and coordinated to streamline reimbursement workflows and address coverage challenges effectively. Patient Access HUB providers also benefit from strong connection points with case manager staff and provider office staff, aided by the work of FRMs, especially in education on best practices with the HUB provider, along with accelerating and interpreting data related to specific patient journeys.



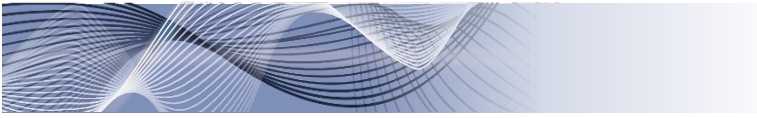
## FRMs in Action

**A Plethora of Medicare Advantage Plans.** The government is increasingly adding complexity to traditional Medicare, especially with variability through Medicare Advantage Plans, which vary by plan at the state level. There is an enormous variability between and amongst Medicare Advantage Plans. For example, In 2024, 376 Medicare Advantage plans are available in Texas alone <sup>2</sup>, demonstrating the need for awareness of policy nuances in one of the most populous states with a population of over 29 million and 3.9 million over the age of 65 <sup>3</sup>. A patient moving from UnitedHealthcare to WellMed introduces a disparity in Medicare Advantage policies. Practice staff are confused and frustrated that a claim that is approved one month ago is now being rejected. This intricacy prompts FRMs to intervene swiftly, disseminating precise policy insights across clinics statewide. A proactive approach and resource orientation to office staff rectify misconceptions and ensure patients' timely access to essential care by enlightening healthcare providers about the revised prior authorization requirements enforced by WellMed. Deep geographical expertise is crucial for FRMs, as understanding the nuances between states like Florida, with 4.6 million <sup>4</sup> residents over 65, and Texas, with 3.9 million <sup>4</sup>, ensures effective navigation of diverse healthcare landscapes where the same term can mean different things by region.

**Significant Variation in Employer Plan Policies:** FRMs showcase their astute analysis of regional disparities in employer-sponsored insurance plans, as well as shedding light on complex patient access pathways. The meticulous examination reveals varying policies tailored to specific regions, such as buy-and-bill exclusivity or specialty pharmacy requirements. By understanding and then explaining these intricacies, FRMs empower healthcare providers to navigate employer plans at a granular level, fostering access to essential treatments across diverse geographical landscapes.

**Help during COVID-19 Public Health Emergency:** Many things happened during the pandemic that were allowed by government agencies, given the unprecedented times. In the midst of the evolving Medicaid billing regulations post-pandemic, FRMs exemplified their pivotal role in orchestrating patient-centric access solutions. Several specialty medications were granted priority support for billing purposes during the pandemic. Recently, the status changed, and some physician office staff were perplexed by the billing challenges that were hampering patient access. FRMs were able to deliver "WOW" service to offices in a very timely manner AND brought value to commercial payor teams who did not attend to the granularity of the changes brought about by the end of the pandemic special treatment. FRM teams demonstrated positive engagement regarding state-level Medicaid entities, specialty pharmacies, and healthcare providers, which led to uninterrupted access to vital medications amidst regulatory flux. By spearheading collaborative efforts and navigating complex reimbursement terrain, FRMs safeguarded patients' well-being, mitigating potential disruptions in medication access post-public health emergency.

**Understanding the Role.** These field-based leaders have deep expertise in navigating reimbursement complexities to overcome financial and regulatory barriers faced by provider office staff. Many have worked in office-based provider offices doing medical billing or at hospital systems responsible for coding and billing. Several former HUB case managers make great FRMs. Even former sales representatives who build expertise in the local payor landscape have skills that propel them into an FRM position. Ultimately, these team players must ensure that patients receive their prescribed therapies without undue delay because of their expertise in navigating complex health insurance policies, which helps enhance overall treatment outcomes.



Since FRMs have designated territories, they need to be able to manage the substantial volume of cases generated by provider staff, which requires robust prioritization and delegation strategies. Prioritizing patient needs ensures a relentless focus on facilitating timely access to medication. Delegation and follow-up mechanisms are essential to ensure that tasks are completed efficiently and patients receive the necessary support. Companies that deploy FRMs must hire for critical thinking, customer service skills, organization skills, and compliance regulatory prowess. Training, onboarding, and skill sharpening are all part of the ongoing support that will accelerate the effectiveness of the role. Collaboration and team building across all field-based teams are standard to drive maximum communication and effectiveness.

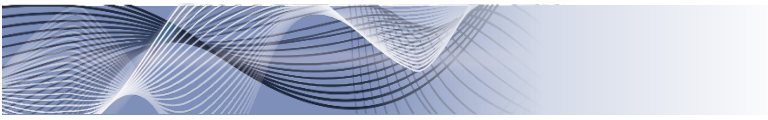
FRMs play a crucial role in navigating reimbursement complexities by analyzing and interpreting policy at a granular level, resolving issues related to insurance coverage, and guiding healthcare providers through the prior authorization and appeals processes. This expertise reduces the time it takes for patients to receive their medications. It ensures that the financial and administrative challenges do not hinder patient care, supporting the broader goal of accelerating patient access to life-saving and life-changing treatments.



## **The Inflation Reduction Act and FRMs.**

The Inflation Reduction Act introduces significant changes to drug pricing and reimbursement under Medicare, directly affecting FRMs' role in supporting practice management staff. One key provision mandates price negotiations for the top 10 single-source drugs under Medicare Part D, starting in 2026, with medical benefit products included by 2028.<sup>5</sup> FRMs will need to understand these price controls and their impact on drug reimbursement, ensuring that healthcare providers and patients are informed about changes in drug costs. Additionally, under Medicare Part D, the IRA caps out-of-pocket expenses at \$2,000 annually for Medicare beneficiaries, which shifts some financial responsibilities from patients to pharmaceutical companies and health plans.<sup>6</sup> FRMs must be adept at navigating these changes to help manage provider and patient expectations and support adherence to medication regimens, particularly for high-cost specialty drugs.

Implementing an inflation penalty on drug prices under Medicare Parts B and D adds another layer of complexity. This policy penalizes pharmaceutical companies if the average sales price (ASP) or average manufacturer price (AMP) of a drug increases faster than inflation, based on the Consumer Price Index (CPI).<sup>7</sup> FRMs must stay updated on these price changes and understand how they affect reimbursement rates and the overall cost structure for their products. By effectively communicating these nuances to healthcare providers and patients, FRMs can mitigate concerns about price fluctuations and ensure that providers are well-informed about any potential changes in patient out-of-pocket costs, ultimately contributing to better patient care and medication adherence.



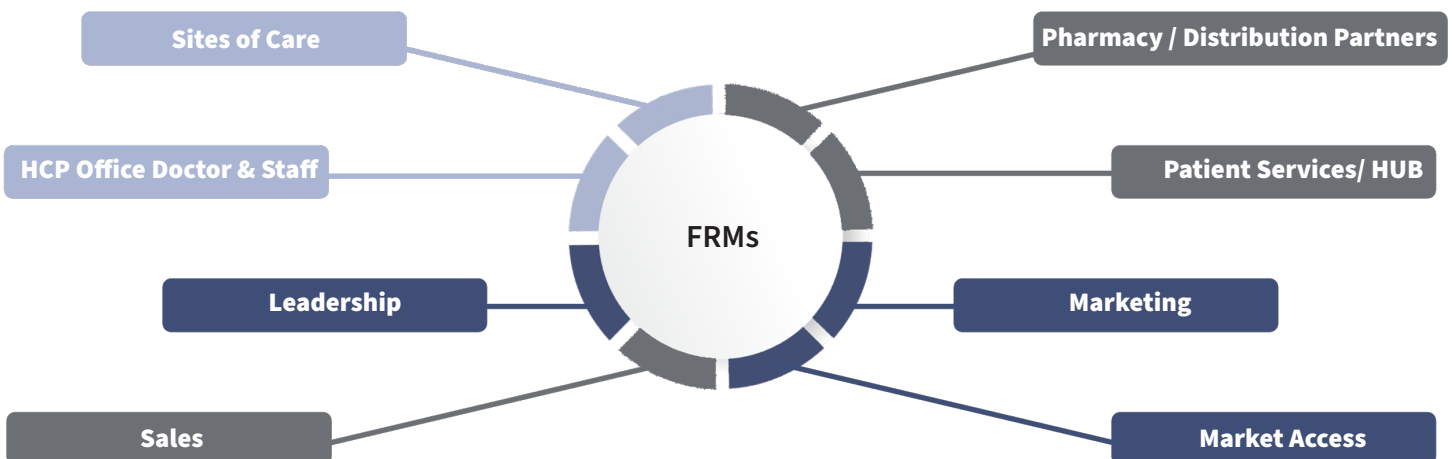
## Interactions with Stakeholders

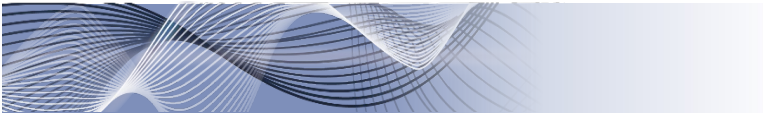
How do FRMs collaborate with pharmacy partners, patient services/HUBs, sales teams, and organizational leaders to address challenges and optimize treatment delivery? What strategic role do FRMs play in managing complexities, enhancing efficiency, and supporting comprehensive patient care?

**HCP Office and Doctor Staff and Sites of Care.** FRMs serve as pivotal intermediaries between healthcare provider (HCP) offices, doctor staff, and sites of care. They act as primary conduits, proficiently navigating the intricate reimbursement landscape, delivering tailored education, and offering case-specific support. FRMs ensure seamless access to treatment by effectively managing workload, fostering clear communication among stakeholders, and meticulously assessing and qualifying suitable care sites, optimizing the overall efficiency of patient care delivery.

**Pharmacy/Distribution Partners, Patient Services/HUB, Sales.** In collaboration with pharmacy/distribution partners, patient services/HUBs, and sales teams, FRMs play a central role in orchestrating efforts to streamline patient access and alleviate clinic-related challenges. They facilitate patient/case-level progression, manage escalations, and adeptly identify and address issues. By fostering synergistic collaboration and offering insights into reimbursement landscapes, FRMs empower sales representatives and support teams to optimize resource allocation and elevate the standard of patient care delivery, all while ensuring adherence to regulatory standards and industry best practices.

**Marketing, Leadership, Market Access.** FRMs, armed with their profound understanding of specialty pharmacy landscapes and insurance models, assume a critical position in optimizing patient access to essential medications. Their engagement with marketing teams involves providing invaluable feedback on customer needs and contributing to developing educational content. Additionally, FRMs collaborate with leadership to analyze trends, formulate strategic recommendations, and drive program/market access initiatives. By interpreting payer requirements and proactively identifying and addressing payer issues, FRMs ensure seamless alignment with market access strategies, thus underscoring their indispensable role in facilitating efficient healthcare delivery.





## Sales Teams and FRMs

**The Evolution of Sales Force Effectiveness.** The evolution of pharmaceutical sales forces has seen numbers decline from 90,000 in 2010 to 60,000-70,000 in 2020 before rebounding to 80,000 in 2024.<sup>7</sup> Despite this rebound, gaining access to HCPs remains a significant challenge for pharma reps, with only 46% of HCPs regularly interacting with sales reps and 39% having no contact with sales reps at all in the last six months.<sup>8</sup> How can FRMs play a crucial role in enhancing sales force effectiveness, leveraging their expertise to help bridge the gap between sales reps and the increasingly complex landscape?

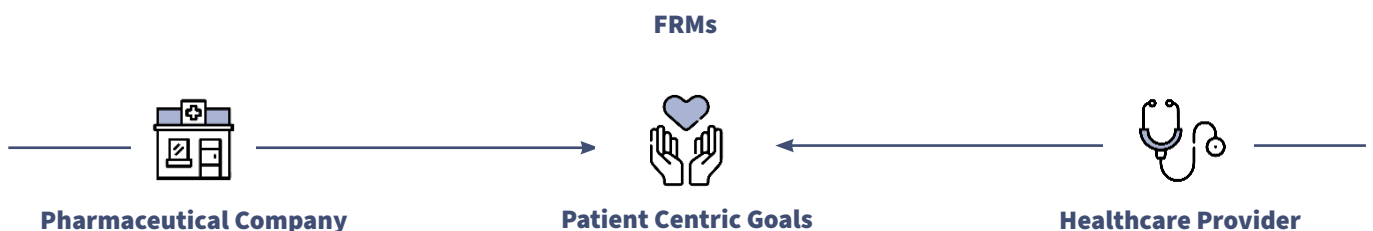
**Collaboration with Sales Teams to Optimize Brand Experience.** FRMs forge strategic alliances with sales teams, optimizing patient access within the pharmaceutical landscape. Their expertise in reimbursement frameworks and policy nuances facilitates targeted education and support to sales representatives. By fostering a culture of patient-centricity and organizational resilience, FRMs empower sales teams to streamline product usage, enhance healthcare provider engagement, and ensure equitable access to vital treatments amidst dynamic commercialization dynamics.

**Benefits of Collaboration.** A McKesson study highlighted how FRMs partnered with sales teams to provide in-depth training on insurance verification processes and reimbursement strategies. This collaboration enabled sales reps to address healthcare provider concerns more effectively, leading to a 20% increase in successful prior authorizations and a notable reduction in prescription abandonment rates.<sup>9</sup>

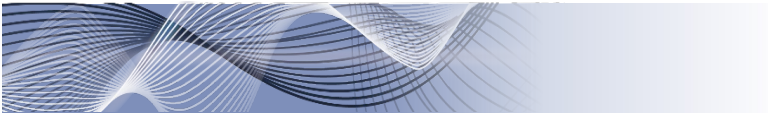
One major biopharmaceutical company showed that FRMs worked closely with sales teams to identify and target high-impact healthcare providers struggling with complex reimbursement issues. By offering tailored solutions and support, the sales teams improved product uptake and patient adherence, resulting in a 15% increase in appropriate product usage within key regions.<sup>10</sup>

It's paramount to highlight the pivotal role of FRMs in demonstrating an intricate understanding of specialty pharmacy landscapes and insurance models. Their nuanced comprehension facilitates strategic decision-making, ensuring optimized patient access to vital medications while navigating the complicated nuances of reimbursement policies and payer requirements. FRMs play a crucial role in reducing time to therapy by efficiently managing reimbursement hurdles and advocating for patient needs. Furthermore, their collaboration with sales teams ensures that healthcare providers receive up-to-date information on coverage options and financial assistance programs, thereby improving the overall patient care experience.

FRMs serve as a bridge between pharmaceutical companies and healthcare providers' patient-centric goals. Their strategic insights into reimbursement mechanisms drive product usage and foster a more informed and responsive sales force, ultimately enhancing patient access and satisfaction.







## HCP Perspectives

From the healthcare provider’s perspective, FRMs are indispensable in enhancing patient care and operational efficiency. For instance, in managing treatment processes, FRMs streamline the extensive task of verifying insurance benefits, which traditionally requires significant time on the phone and detracts from clinical duties. Using data-driven portals, FRMs provide detailed benefits investigation summaries covering medical and pharmacy benefits. This allows healthcare staff to quickly determine coverage and suggest alternatives like self-pay options when denials occur. Real-world experiences show that with the help of FRMs, the need for additional calls to check benefits is greatly reduced, facilitating quicker patient treatment. Furthermore, FRMs improve communication with physicians and patients by offering real-time access to coverage information and clear explanations of statuses. This comprehensive support from FRMs enables healthcare providers to focus more on patient care, enhancing patient satisfaction and operational effectiveness.

## Considerations for FRM Deployment

In considering the deployment of FRMs within pharmaceutical organizations, several vital factors emerge essential for effective implementation:



A deep understanding of the reimbursement landscape is paramount. This encompasses comprehending benefit types, complexities associated with payer coverage, anticipated authorization processes, and reauthorization nuances.



A nuanced grasp of therapeutic areas and healthcare provider specialties is crucial. FRMs must tailor their support to the specific needs of healthcare providers, ensuring they possess the requisite knowledge to navigate complex authorization processes effectively.

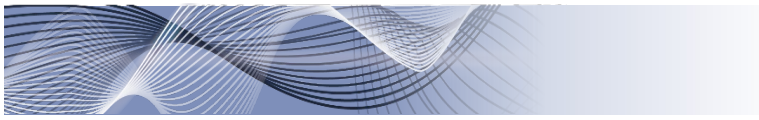


An organization’s budget and go-to-market strategy significantly influence FRM deployment. Factors such as field team composition, access and distribution strategies, and patient service offerings shape the optimal deployment approach.



Involving legal and compliance teams early in the planning process is imperative to ensure alignment with regulatory standards and mitigate potential risks.

By carefully considering these facets, pharmaceutical organizations can optimize the deployment of FRMs to enhance patient access to life-saving medications while maintaining compliance with regulatory requirements.



**The recruitment landscape** for FRMs reflects a growing interest and recognition of their importance within the industry. Individuals from diverse backgrounds, such as sales and case management, are increasingly transitioning into FRM roles. This trend suggests a broadening understanding of the role's potential to drive patient access and underscores the need for organizations to tap into diverse talent pools to fill FRM positions effectively.

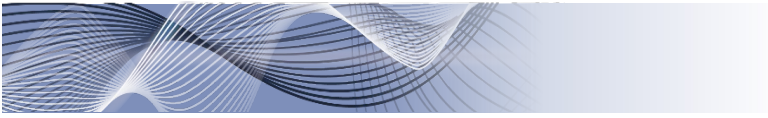
**The concept of hybrid FRM** roles, integrating responsibilities related to payers, specialty pharmacy services (SPs), HUB case managers, and FRM duties, presents opportunities for synergies within organizations. However, the feasibility of such roles depends on factors such as volume, skill sets, and organizational structure. Aligning the individual's experience with the responsibilities of the hybrid role is crucial for success. Organizations must carefully define roles and provide adequate support to enable FRMs to navigate diverse responsibilities effectively.

## Training and Compliance

In establishing and maintaining an effective FRM program, rigorous training and adherence to compliance standards are paramount. A thorough understanding of insurance models, the specialty pharmacy landscape, and compliance with the regulatory framework of the Health Insurance Portability and Accountability Act (HIPAA) are foundational. FRMs must be equipped with the knowledge to navigate complex reimbursement landscapes, including understanding benefit types, payer coverage, authorization requirements, and billing intricacies. Additionally, they must possess expertise in specific therapeutic areas and healthcare provider specialties to communicate with prescribing physicians and their staff effectively. Continuous education and resource access are essential to ensure FRMs remain abreast of evolving regulations and market dynamics. Collaboration with legal and compliance teams is imperative to align FRM activities with company policies and industry regulations, mitigating risks and ensuring ethical conduct. Upholding patient confidentiality and adhering to established guidelines demonstrate a commitment to professionalism and ethical practices, reinforcing the critical role of FRMs in facilitating patient access to essential medications within a compliant framework.

## Regulatory and Compliance Guidelines

Regulatory and compliance guidelines profoundly impact the role of FRMs in interactions with physician office staff in order to enhance patient access to essential medications. Keeping current in Healthcare legislation, reimbursement policies, and HIPAA requirements necessitates ongoing research to inform effective FRM strategies. Compliance with these standards is crucial, emphasizing the importance of continuous education and training for FRMs to navigate complexities while ensuring patient access remains unimpeded. Access to Protected Health Information (PHI) is a sensitive issue for FRMs, necessitating robust legal and regulatory frameworks to ensure compliance and data security. Organizations must align their policies with legal requirements and adopt best practices to mitigate risks associated with PHI access. Whether insourced or outsourced, FRM models must prioritize confidentiality and integrity to maintain patient trust and comply with regulatory standards.



## Legal and Regulatory Considerations

Legal and regulatory considerations are pivotal pillars in deploying patient access programs within the pharmaceutical industry. The involvement of legal and compliance teams from the outset to a deployment strategy is paramount to ensuring alignment with industry regulations. This proactive engagement mitigates risks and facilitates compliance with laws and regulations governing patient access initiatives. Key factors to consider include:



The complexity of reimbursement landscapes.



The nuances of therapeutic areas and healthcare provider specialties.



Budgetary considerations and go-to-market strategies.

It is essential for pharmaceutical companies to have clarity on laws and regulations, necessitating proactive collaboration with legal teams to ensure compliance. By integrating legal and regulatory expertise into the FRM deployment process, companies can navigate the intricate regulatory landscape effectively, maximizing patient access while upholding regulatory standards.

## Conclusion

The pivotal function of FRMs in the pharmaceutical environment is paramount, particularly amid the evolving healthcare landscape marked by intricate policy dynamics and regulatory shifts like the Inflation Reduction Act. FRMs serve as linchpins, adeptly navigating the complex interplay between healthcare providers, patients, and payers to ensure expeditious access to therapies. Their multifaceted responsibilities encompass deciphering insurance intricacies, resolving reimbursement hurdles, and orchestrating seamless collaboration among stakeholders to optimize patient care pathways. This critical role underscores the indispensability of FRMs in mitigating access barriers, enhancing treatment efficacy, and advancing the overarching goal of delivering optimal healthcare outcomes within a dynamic regulatory framework.

---

<sup>1</sup> <https://www.pharmexec.com/view/pivotal-role-improve-patient-access-field-reimbursement-managers>

<https://www.zs.com/insights/the-inflation-reduction-acts-impact-on-pharma>

<sup>2</sup> <https://health.usnews.com/medicare/best-texas-medicare-advantage-plans>

<sup>3</sup> <https://data.census.gov/profile/Texas?g=040XX00US48>

<sup>4</sup> <https://data.census.gov/profile/Florida?g=040XX00US12>

<sup>5</sup> <https://www.cms.gov/files/document/medicare-drug-price-negotiation-program-initial-guidance.pdf>

<sup>6</sup> <https://www.cms.gov/inflation-reduction-act-and-medicare>

<sup>7</sup> <https://www.efpia.eu/media/rm4kzdx/the-pharmaceutical-industry-in-figures-2023.pdf> <https://www.efpia.eu/media/637143/the-pharmaceutical-industry-in-figures-2022.pdf> <https://www.efpia.eu/media/602709/the-pharmaceutical-industry-in-figures-2021.pdf>

<sup>8</sup> <https://pharmaphorum.com/views-and-analysis/designing-hcp-engagement-for-the-next-normal>

<https://econsultancy.com/with-pharma-sales-rep-contact-on-the-decline-physicians-turn-to-the-internet/>

<sup>9</sup> <https://www.optumrx.com/secure/benefits-and-claims/prior-authorization>

<sup>10</sup> <https://www.eversana.com/solutions/commercial-services/field-reimbursement-managers/>

<sup>11</sup> <https://econsultancy.com/with-pharma-sales-rep-contact-on-the-decline-physicians-turn-to-the-internet/>