

Access and Reimbursement Manager (ARM)- Denver, Nebraska, New Mexico, Wyoming, Montana

Job ID
REQ-10019811
Aug 27, 2024
USA

Summary

Access and Reimbursement Manager (ARM) is a field-based role that proactively provides in person (or virtual as needed) education to defined accounts within their assigned geographies on a wide range of access and reimbursement topics and needs in support of aligned product(s) strategy. The Novartis Patient Support Enterprise team may be focused on multiple Therapeutic Areas and will be deployed according to business needs; but the immediate Therapeutic Area of focus is Cardiovascular.

Location: Remote: This position can be based remotely in US. Please note that this role would not provide relocation as a result. The expectation of working hours and travel (domestic and/or international) will be defined by the hiring manager.

Candidate will be responsible for covering - Denver, Nebraska, New Mexico, Wyoming, Montana and must live in designated territory.

About the Role

Major accountabilities:

- Interact within assigned accounts to support patient access within their therapeutic area product(s) providing proactive face-to-face education on product-specific programs to providers and staff in order to support integration of those programs into office processes and workflows.
- Address customer questions for issues related to NPC policies on therapeutic area product ordering, payment, inventorying, and product returns & replacement in offices.
- Work with key members of therapeutic area offices (e.g., providers, administrators, billing and coding staff, claims departments, revenue cycle managers) in order to appropriately support patient access to products.
- Ability to analyze problems and offer solutions. Understand specifics and support questions associated with payer policies (e.g., utilization management, denial, and appeals), drug acquisition and inventory management, and patient / practice reimbursement (e.g., Co-pay, administration, drug claims). Analyze account reimbursement issues & opportunities (as needed). Identifies trends at a local, regional and national level and partner with purpose internally and externally to support patient pull-through.
- Supports pull through on local coverage decisions to enable meaningful patient access within the system. Proactively communicate policy changes or issues that could potentially affect other departments.

- Accountable for standing up NVS-sponsored patient support programs to enable patients starting and staying on therapy (i.e., Co-pay).
- Maintain expertise in regional and local access landscape, anticipating changes in the healthcare landscape, and act as their aligned therapeutic area product(s) reimbursement expert (as needed).
- Interface with Patient Support Center (hub) on important matters related to patient case management, including tracking cases, issue resolution, reimbursement support, and appropriate office staff education. Review patient-specific information in cases where the site has specifically requested assistance and patient health information is available in resolving any issues or coverage challenges.

Minimum Requirements:

Education

- Bachelor's Degree required. Advanced degree preferred.

Minimum Requirements

- Minimum three to five years' experience in public or private third-party Reimbursement arena or pharmaceutical industry in managed care, clinical support, or sales.
- Experience with specialty pharmacy products acquired through Specialty Pharmacy networks or specialty distributors (buy and bill)
- Experience with coding, billing and in office support programs
- Prior account management experience or prior experience with complex accounts (Payer landscape, high patient volume, large systems)
- Specialty pharmacy experience required (ability to teach an office the entire process from script to injection)
- Establishing relationships within a practice by working closely with them to help remove Reimbursement barriers to specialty products for their patients
- Knowledge of Centers of Medicare & Medicaid Services (CMS) policies and processes with expertise in Medicare Parts B and D (Medical and Pharmacy Benefit design and coverage policy) a plus
- Knowledge of Managed Care, Government, and Federal payer sectors, as well as Integrated Delivery Network/Integrated Health Systems a plus
- Ability to operate as a "team player" in collaborating with multiple sales representatives, sales leadership, and internal colleagues to reach common goals
- Ability to travel and cover large multistate geography territories, at least 50% travel required, based on geography and territory / targeting make up.
- Must live within assigned territory.

The pay range for this position at commencement of employment is expected to be between \$144,000.00 and \$216,000.00 per year; however, while salary ranges are effective from 1/1/24 through 12/31/24, fluctuations in the job market may necessitate adjustments to pay ranges during this period. Further, final pay determinations will depend on various factors, including, but not limited to geographical location, experience level, knowledge, skills and abilities. The total compensation package for this position may also include other elements, including a sign-on bonus, restricted stock units, and discretionary awards in addition to a full range of medical, financial, and/or other benefits (including 401(k) eligibility and various paid time off benefits, such as vacation, sick time, and parental leave), dependent on the position offered. Details of participation in these benefit plans will be provided if an employee receives an offer of employment. If hired, employee will be in an "at-will position" and the Company reserves the right to modify base salary (as well as any other discretionary payment or compensation program) at any time, including for reasons related to individual performance,

Company or individual department/team performance, and market factors.

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Business Unit

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