





STREAMLINED PROCESS FOR PHARMACIES TO CONFIRM PATIENT DIAGNOSIS AND TREATMENT PLAN

An Overview & Process Guide



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STREAMLINED PROCESS FOR PHARMACIES TO CONFIRM PATIENT DIAGNOSIS AND TREATMENT PLAN

-  Patient Advocate Foundation Co-Pay Relief Program (CPR) is excited to announce we have enhanced the process of verifying the patient's diagnosis and treatment plan!
-  Our goal is to reduce the burden of verifying the patient's diagnosis by enabling **authorized pharmacy staff members, to verify the patient's diagnosis during the application process.**

This new process is effective for all applications submitted on or after June 14, 2019

STREAMLINED PROCESS FOR PHARMACIES TO CONFIRM PATIENT DIAGNOSIS AND TREATMENT PLAN

As an alternative to submitting the Physician Form that has historically been required by the program, the patient's diagnosis and treatment plan can be **reported and verified by the authorized pharmacy representatives** as a step in the application process!

During **Step 6** of the application process the following information will need to be provided, verified and attested to:

- Information about the treating physician
- Information about the authorized pharmacy representative completing the application
- The patient's diagnosis, including name of condition and/or ICD-10 code(s) and stage of disease (as applicable)
- Information about the patient's treatment plan
- Authorized pharmacy representative's attestation confirming the accuracy of the diagnosis and treatment plan information being reported
 - The attestation can be done **verbally** when applying via phone or **electronically signed** when applying via the pharmacy portal
- Supporting documentation **from the pharmacy system** that confirms the diagnosis and treatment information for the patient, as provided by the prescriber to the pharmacy, for review (can be uploaded during the application process or faxed)

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In order for the authorized pharmacy representative to verify the patient's diagnosis and treatment plan during the application process, **documentation from the pharmacy system that confirms the diagnosis and treatment information for the patient, as provided by the prescriber to the pharmacy MUST be submitted to the program for review.**

Examples of acceptable supporting documentation include but are not limited to:

- Screenshots of patient record from pharmacy system
- Copy of prior authorization
- Copy of Benefits investigation
- Screenshots of required information from electronic prescription request
- Copy of chart notes or communications from provider that includes required information

Acceptable supporting documentation provided by the pharmacy MUST include the following information

- Patient Name
- Patient Date of Birth
- Diagnosis Name
- Diagnosis ICD-10
- Treating Physician Name
- Facility Name
- Provider NPI
- Medication being prescribed and dispensed

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Step 6_Section 1: The selected treating physician will automatically pre-populate at the top of the screen will based on the portal registration information

Step 6_Section 2: The authorized pharmacy representative must fill out all required information of person completing the application

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STEP 6: PROVIDE VERIFICATION OF DIAGNOSIS AND TREATMENT PLAN

SELECTED TREATING PHYSICIANS

First Name	Last Name	Facility/Practice Name	Physical Address	City	State	Zip	Telephone	Fax
MARK T.	FLEMING	VIRGINIA ONCOLOGY ASSOCIATES	3000 COLISEUM DR	HAMPTON	VA	23666	7578279400	7578279320

Most pharmacies have direct access to a patient's diagnosis, including the corresponding ICD10 code(s), and medications that have been described in the patient's record within the pharmacy system as well as in the electronic prescription that have been send from the prescriber to the pharmacy. The pharmacy representative can accomplish the required diagnosis verification process for the patient if they have access to documentation that affirms the diagnosis.

INFORMATION OF PERSON COMPLETING FOR

* First Name	<input type="text"/>	* Last Name	<input type="text"/>
* Facility/Practice Name	<input type="text"/>	* Telephone	<input type="text"/>
* City	<input type="text"/>	* State	Select... <input type="text"/>
* Zip Code	<input type="text"/>	* Position	<input type="text"/>
* Fax	<input type="text"/>	NPI	<input type="text"/>

STREAMLINED PROCESS FOR PHARMACIES TO CONFIRM PATIENT DIAGNOSIS AND TREATMENT PLAN

Step 6_Section 3: Complete the required Diagnosis and Treatment Information fields.

Helpful Tips:

- When selecting the Primary Diagnosis from the drop-down menu, please use your **down arrow key** and click enter.
- If applying for any metastatic stage cancer fund, please select the **stage** from the Primary Diagnosis drop down menu.
- If the Primary Diagnosis is selected; the ICD-10/Diagnosis Code will automatically populate.
- If the ICD-10/Diagnosis Code is selected; the Primary Diagnosis will automatically populate.

Step 6_Section 4: Enter the list of current medications included in the patient's treatment plan

DIAGNOSIS AND TREATMENT INFORMATION:
Please use your down arrow key and enter when selecting diagnosis.

* Primary Diagnosis * ICD-10/Diagnosis Code

* Date of Diagnosis * Treatment Start Date

TREATMENT MEDICATIONS

+ Add Item Delete

Medication Name	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>

STREAMLINED PROCESS FOR PHARMACIES TO CONFIRM PATIENT DIAGNOSIS AND TREATMENT PLAN

Part 6_Step 5: The authorized pharmacy representative will be required to provide supporting documentation that verifies the patient's diagnosis and treatment plan. This can be uploaded using the steps below. Or, it can be faxed to the program.

- Steps to upload Supporting Documentation:
 - Click Browse
 - Select the document that verifies the patient's diagnosis and treatment
 - Click Open
 - Click Upload Document
 - The document will then appear under the Attachments

DIAGNOSIS AND TREATMENT VERIFICATION DOCUMENTATION:

Please upload documentation that verified the patient's diagnosis. Documentation must include, at a minimum, the following information:

- Patient Name
- Patient Date of Birth
- Diagnosis Name
- Diagnosis ICD-10 Code
- Treating Physician Name
- Facility Name
- Provider NPI
- Medication being dispensed

Supporting documentation is required to substantiate the diagnosis and treatment information provided for the patient's application. Preferred forms of diagnosis verification documentation include, but are not limited to:

- Copy of electronic prescription that includes ICD-10 code
- Copy of insurance prior authorization that includes diagnosis by name or ICD-10 code
- Copy of benefits investigation that includes diagnosis by name or ICD-10 code
- Copy of chart notes or communications from provider that includes diagnosis by name or ICD-10 code

Description

Category

File

ATTACHMENTS

Files	Description	File Type
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STREAMLINED PROCESS FOR PHARMACIES TO CONFIRM PATIENT DIAGNOSIS AND TREATMENT PLAN (cont'd)

Example of an attached pharmacy document:

DIAGNOSIS AND TREATMENT VERIFICATION DOCUMENTATION:

Please upload documentation that verified the patient's diagnosis. Documentation must include, at a minimum, the following information:

- Patient Name
- Patient Date of Birth
- Diagnosis Name
- Diagnosis ICD-10 Code
- Treating Physician Name
- Facility Name
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Description

Category

File

ATTACHMENTS

Files	Description	File Type
Patient Enrollment Application.pdf	Patient Enrollment Application	File

STREAMLINED PROCESS FOR PHARMACIES TO CONFIRM PATIENT DIAGNOSIS AND TREATMENT PLAN

Part 6_Step 6: The authorized pharmacy representative can attest to the accuracy of the diagnosis and treatment plan of the patient and that he/she has permission to complete this information on behalf of the patient by selecting “YES”.

Note: A pharmacy may opt not to utilize the instant verification process to confirm a patient’s diagnosis and treatment plan. In this case, select “NO” to the attestation statement and a physician form will be sent to the provider office for completion.

- If **YES** is selected – supporting documentation that verifies the patient’s diagnosis must be uploaded during the application process.

* I attest I have direct access to documentation provided by the physician/prescriber that affirmatively verifies the patient’s diagnosis and I have permission to complete this form on behalf of the patient and dispensing pharmacy Yes No

You must upload documentation to support entries on this page. If you do not have substantiating documentation, you must answer No.

- If **NO** is selected – a completed physician form will be required.

* I attest I have direct access to documentation provided by the physician/prescriber that affirmatively verifies the patient’s diagnosis and I have permission to complete this form on behalf of the patient and dispensing pharmacy Yes No

If you answer No, the selected treating physician will be faxed a standardized Physician Form to complete and return to PAF Co-Pay Relief Program. Failure of the treating physician to complete and return this form within 30 days will result in the patient’s award being rescinded.

- Once a “YES” OR “NO” selection is made, click “next” to review the agreement terms and conditions then electronically sign and submit the application.

STREAMLINED PROCESS FOR PROVIDERS TO CONFIRM PATIENT DIAGNOSIS AND TREATMENT PLAN

Step 6_ Sections 1-6 Summary: The the application process allows the authorized pharmacy representative to provide verification of the patient's diagnosis and treatment plan.

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1. ✓ Patient Information
2. ✓ Financial Information
3. ✓ Authorized Contacts
4. ✓ Insurance Information
5. ✓ Physician Information
6. **Diagnosis & Treatment**
7. Patient Attestations

STEP 6: PROVIDE VERIFICATION OF DIAGNOSIS AND TREATMENT PLAN

SELECTED TREATING PHYSICIANS

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INFORMATION OF PERSON COMPLETING FORM:

* First Name * Last Name
 * Facility/Practice Name * Telephone
 * City * State
 * Zip Code * Position
 * Fax NPI

DIAGNOSIS AND TREATMENT INFORMATION:
Please use your down arrow key and enter when selecting diagnosis.

* Primary Diagnosis * ICD-10/Diagnosis Code
 * Date of Diagnosis * Treatment Start Date

TREATMENT MEDICATIONS

+ Add Item - Delete

Medication Name	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>

DIAGNOSIS AND TREATMENT VERIFICATION DOCUMENTATION:
Please upload documentation that verified the patient's diagnosis. Documentation must include, at a minimum, the following information:

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- Copy of chart notes or communications from provider that includes diagnosis by name or ICD-10 code

* I attest I have direct access to documentation provided by the physician/prescriber that affirmatively verifies the patient's diagnosis and I have permission to complete this form on behalf of the patient and dispensing pharmacy Yes No

Description
 Category
 File

ATTACHMENTS

Files	Description	File Type

Return Home Discontinue Application Save Progress << Back Next >>

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Important Reminders:

- The information submitted to verify the patient's diagnosis will be reviewed by our staff to ensure compliance with program guidelines. **If additional information is needed, our staff will contact the pharmacy directly.**
- If the **authorized pharmacy representative does not attest** to the patient's diagnosis and treatment plan during the application process **and** upload required documentation; acceptable documentation verifying the patient's diagnosis must be submitted by the provider within 30 days of the creation of the application, or the patient's award will be rescinded.
- This process change is applicable to new and/or renewal application **initiated on or after** June 14, 2019. Any applications submitted prior to this date **must have a signed physician diagnosis verification form on file.**
- For personal assistance with the application process, please call us toll free at 866-512-3861.



Patient Advocate Foundation
CO-PAY RELIEF SM

DISPENSING HELP, DELIVERING HOPE

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