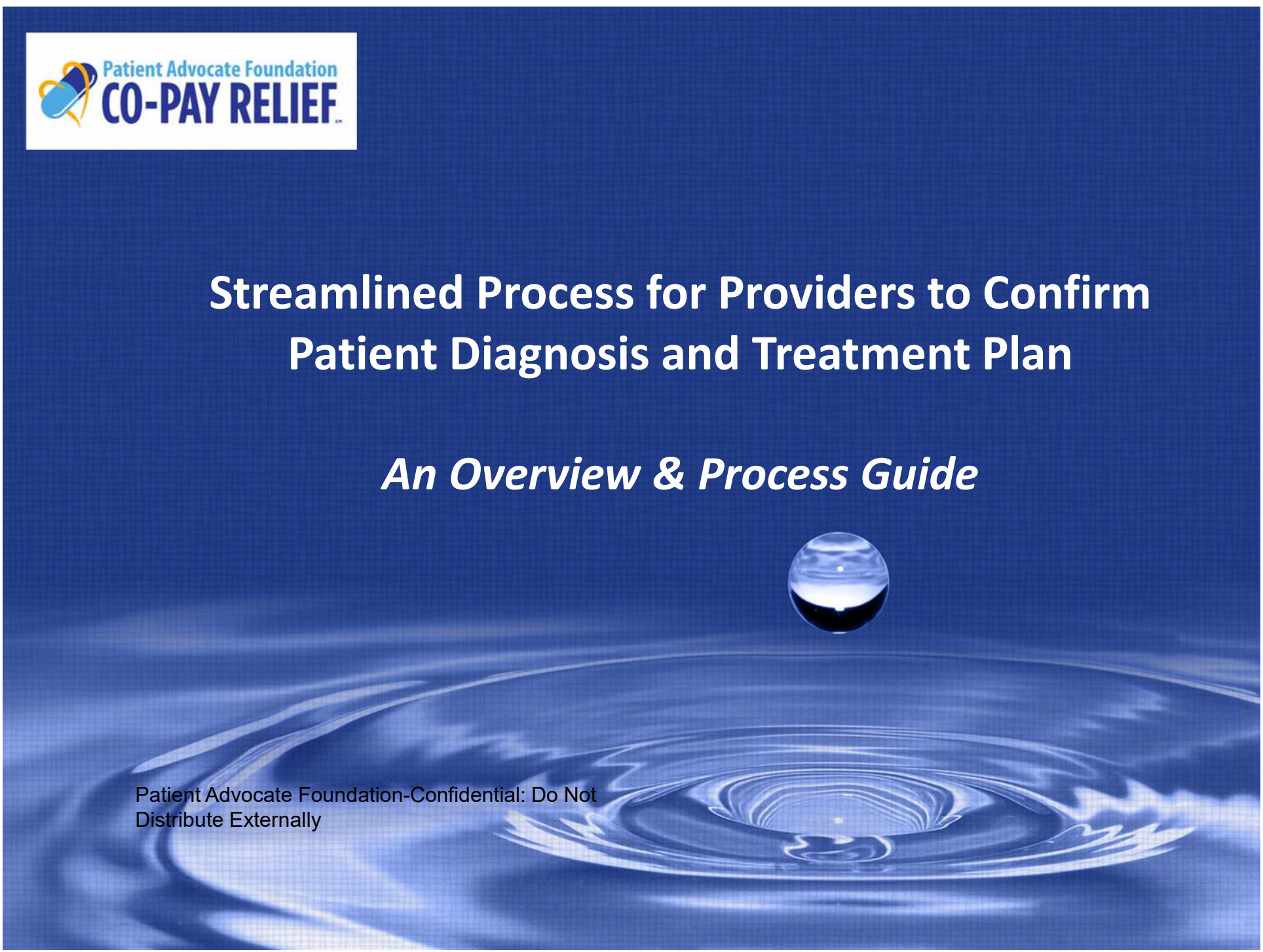
Streamlined Process for Providers to Confirm Patient Diagnosis and Treatment Plan

An Overview & Process Guide



Streamlined Process for Providers 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 providers, including authorized 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 Providers 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 **instantly** by the **provider or authorized staff designee**.

During **Step 6** of the application process the following information will need to be entered and/or verified:

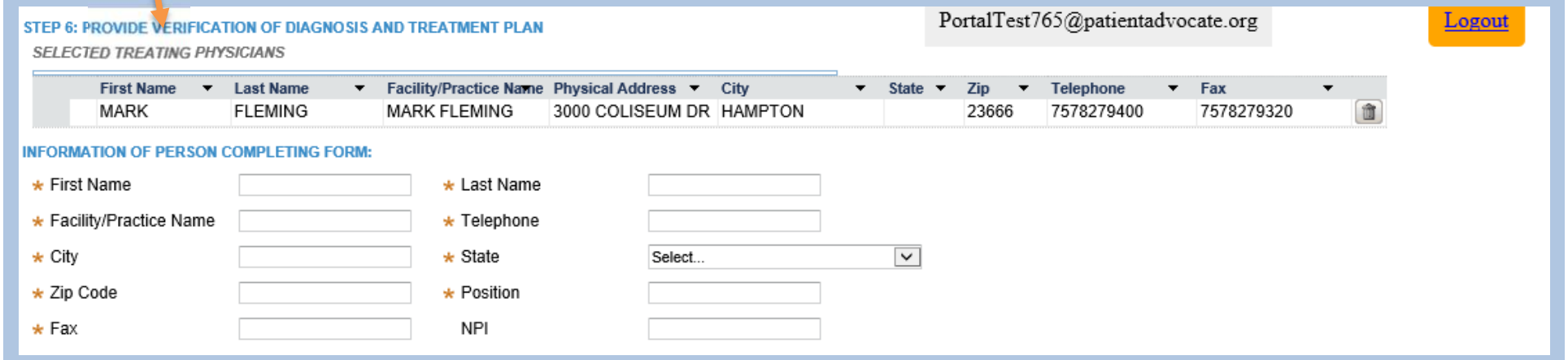
- Information about the treating physician
- Information about the provider and/or authorized staff designee completing the application
- The patient's diagnosis, including name of condition and/or ICD-10 code(s) and stage of disease (as applicable)
- Information about the patient's treatment plan
- Authorized staff designee'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 provider portal
- Authorized staff designee completing the application must have **direct access** to the patient's medical records **and** permission to complete the form on behalf of the treating physician

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

Streamlined Process for Providers to Confirm Patient Diagnosis and Treatment Plan

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: Enter the required information for the provider or the authorized staff designee completing the application.



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

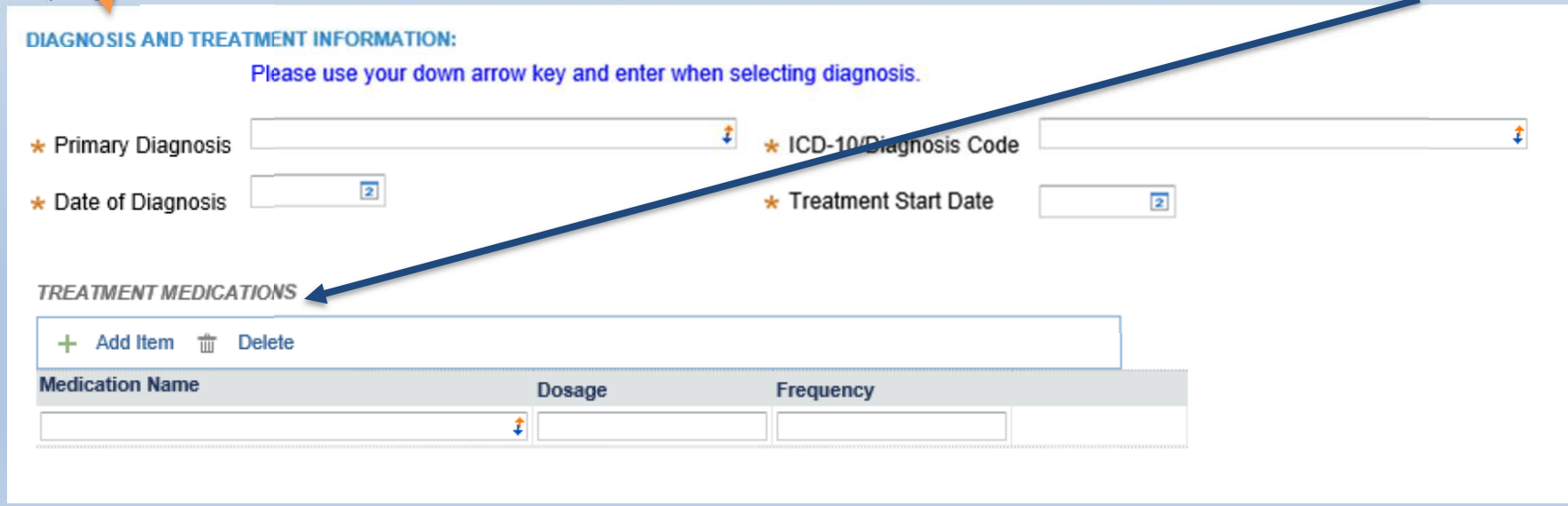
Streamlined Process for Providers to Confirm Patient Diagnosis and Treatment Plan

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



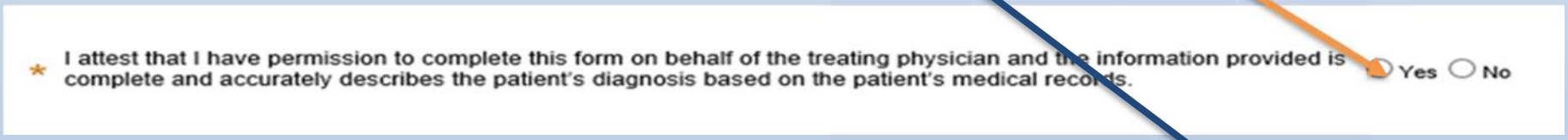
This new process is effective for all applications submitted on or after June 14, 2019.

Streamlined Process for Providers to Confirm Patient Diagnosis and Treatment Plan

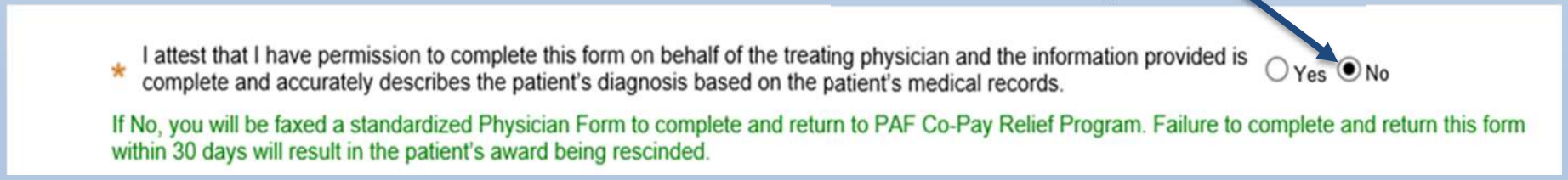
Part 6_Step 5: The provider or authorized staff designee can attest to the accuracy of the diagnosis and treatment plan of the patient based on the medical records maintained by the provider's office. To utilize this instant verification process, select "YES" to the attestation statement and electronically sign the application.

Note: A provider 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 – no additional forms will need to be submitted



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

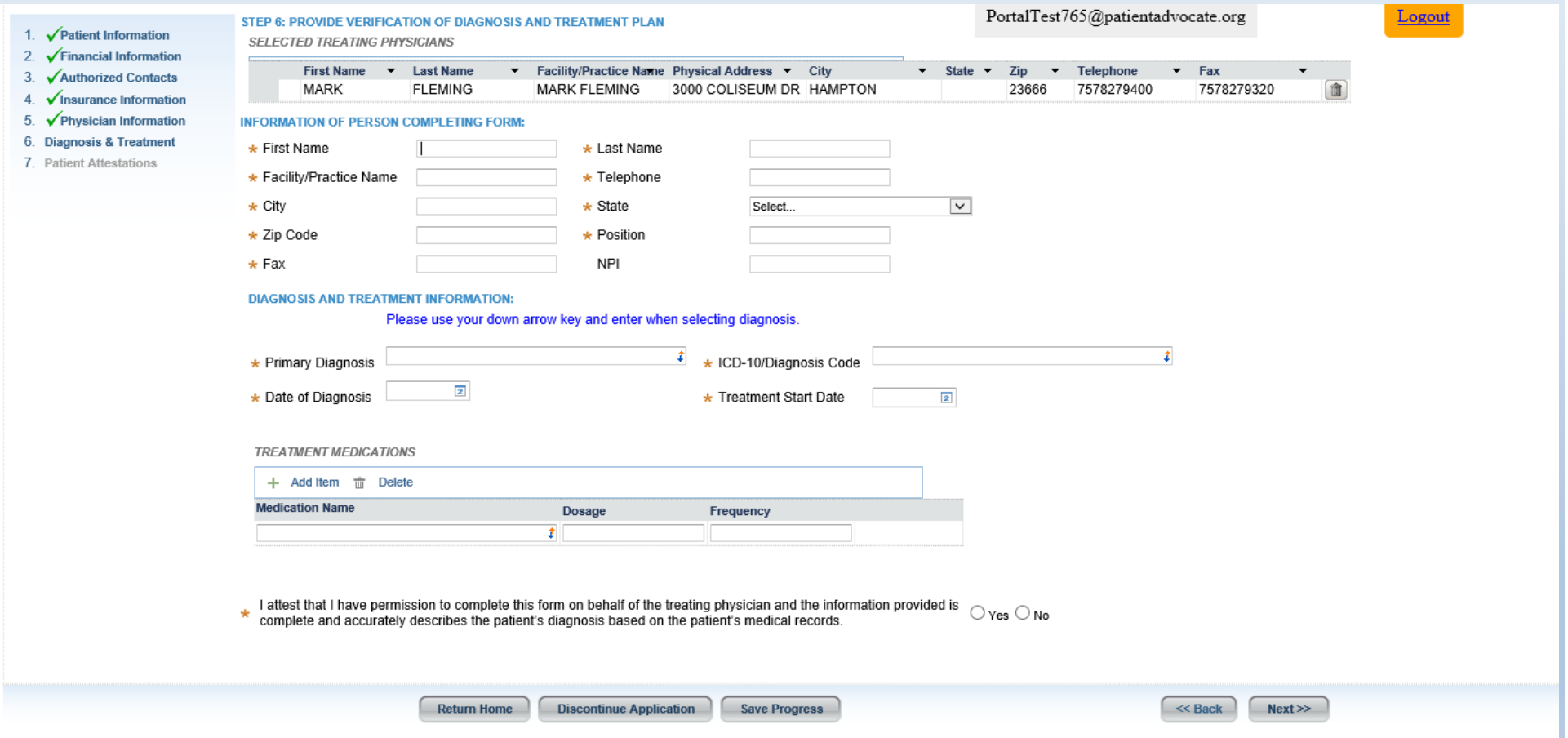


- Once a "YES" OR "NO" selection is made, click "next" to review the agreement terms and conditions then electronically sign and submit the application.

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

Streamlined Process for Providers to Confirm Patient Diagnosis and Treatment Plan

Step 6_Sections 1-5 Summary: The application process allows the provider or authorized staff designee to provide verification of the patient's diagnosis and treatment plan.



Patient Advocate Foundation CO-PAY RELIEF

patientadvocate.org

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

Streamlined Process for Providers to Confirm Patient Diagnosis and Treatment Plan

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 provider or the authorized provider designee directly.**

- If the **provider or the authorized provider designees does not attest** to the patient's diagnosis and treatment plan during the application process, 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℠
DISPENSING HELP, DELIVERING HOPE

421 Butler Farm Road

Hampton, VA 23666

Phone: (866)-512-3861

Fax: (757) 952-0119

Internet: www.copays.org

E-Mail: cpr@patientadvocate.org

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