Patient Advocate Foundation

Patient Advocate Foundation
CO-PAY RELIEF℠
DISPENSING HELP, DELIVERING HOPE

Patient Portal User Guide

Co-Pay Relief (CPR) Online Portal

PAF is a pioneer in providing charitable patient assistance, and we feel that our Co-Pay Relief Program has a responsibility to continually evolve to ensure that our operations are both efficient and effective.

Our goal with the patient, provider and pharmacy portals is to deliver an online experience that is resourceful, provides actionable information to you based on your needs and is in a format that is customizable and takes less of your valuable time to use!

What Do You Need to Do Now?

Existing individual users simply Login using your current username (email address) and password.

If this is your first time using the online portal, you will be required to register.

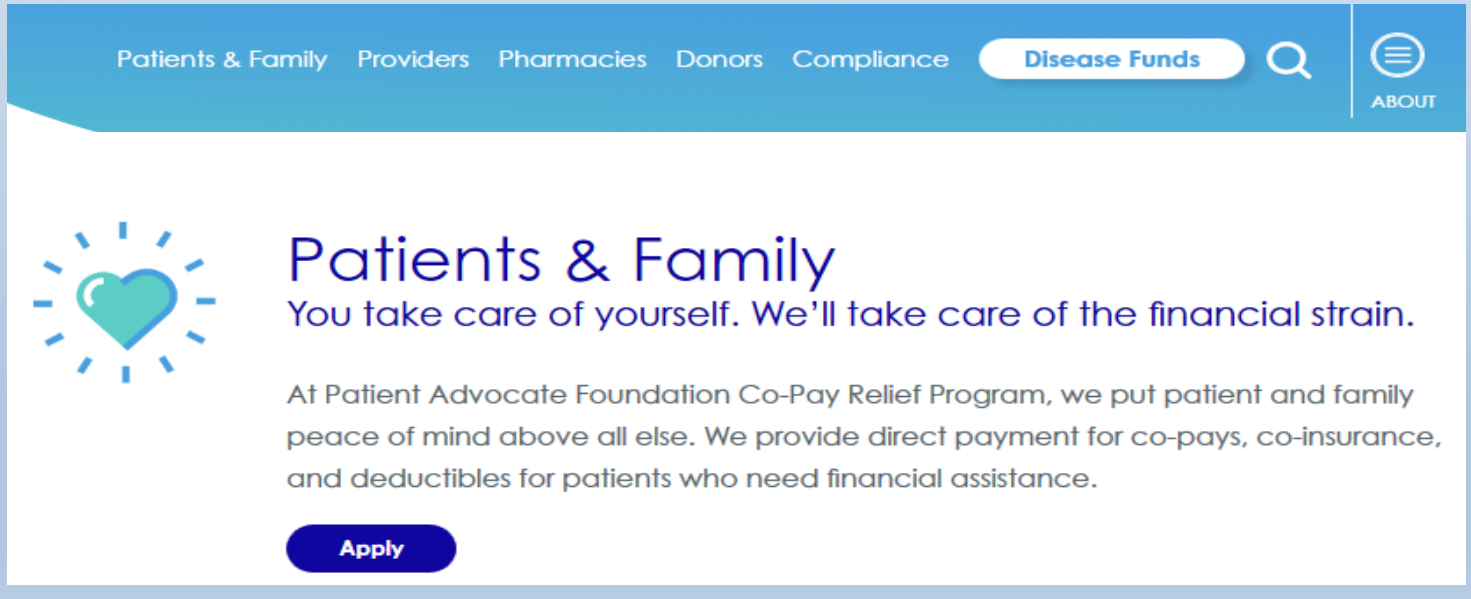
Co-Pay Relief Program Patient portal

NEW REGISTRATION FOR PATIENT PORTAL

Step 1: Register as a Portal User

- Visit http://www.copays.org/
- There are several entry points to access the online portal!
  - The Home screen
  - The Patients & Family tab
  - Select your disease from the **Find Your Fund List**
- Select **Apply**

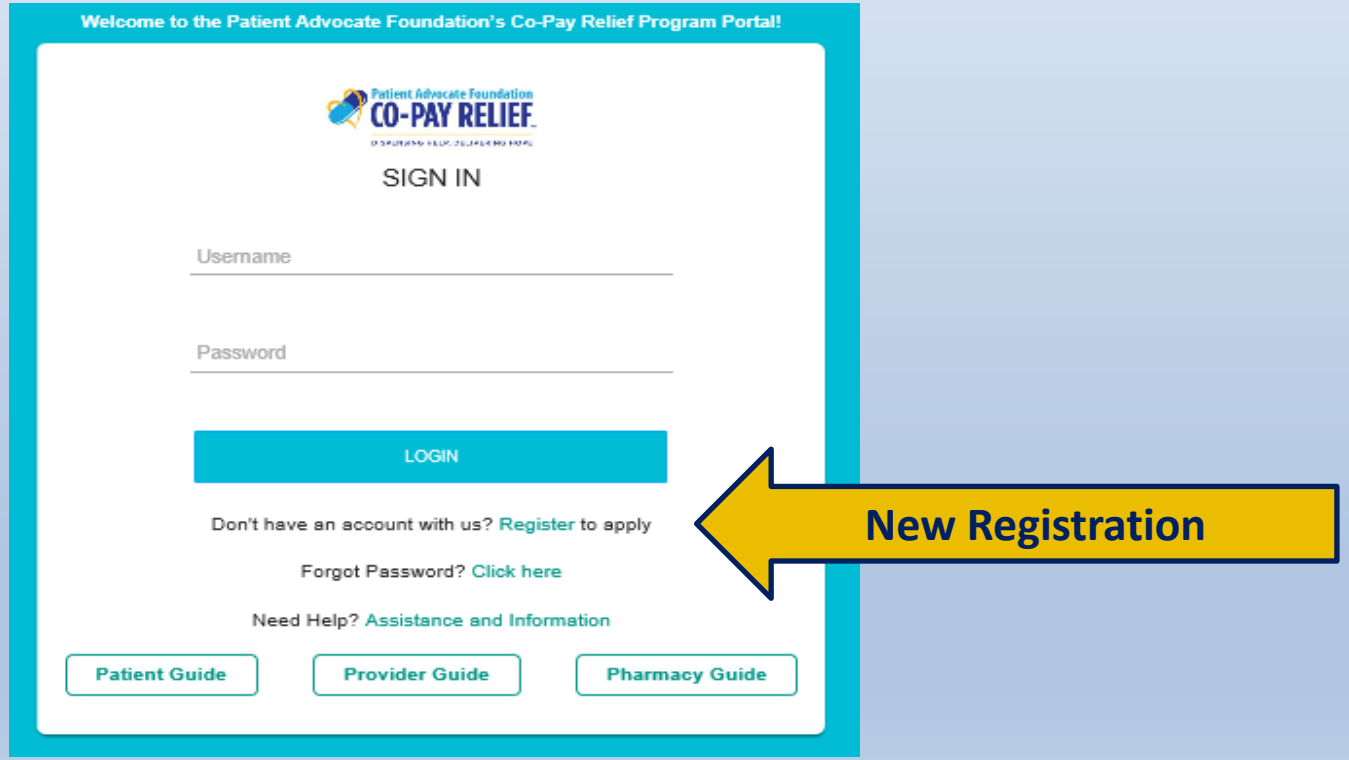
*The example below displays the **Apply** button from the Patients & Family tab*



NEW REGISTRATION FOR PATIENT PORTAL

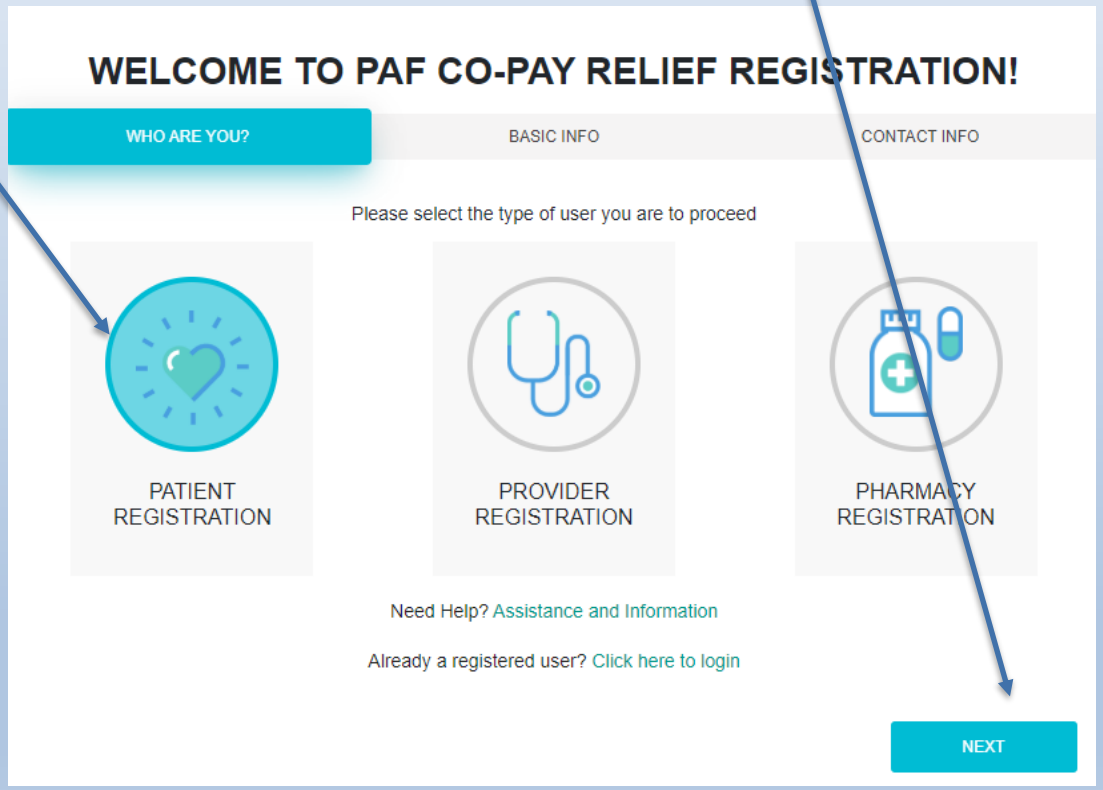
If you are a first-time user, you will be required to register prior to starting the application process.

Note: *If you are already a registered user you do not need to register again, For* ***Sign IN*** *Instructions and next steps, proceed to page 14.*



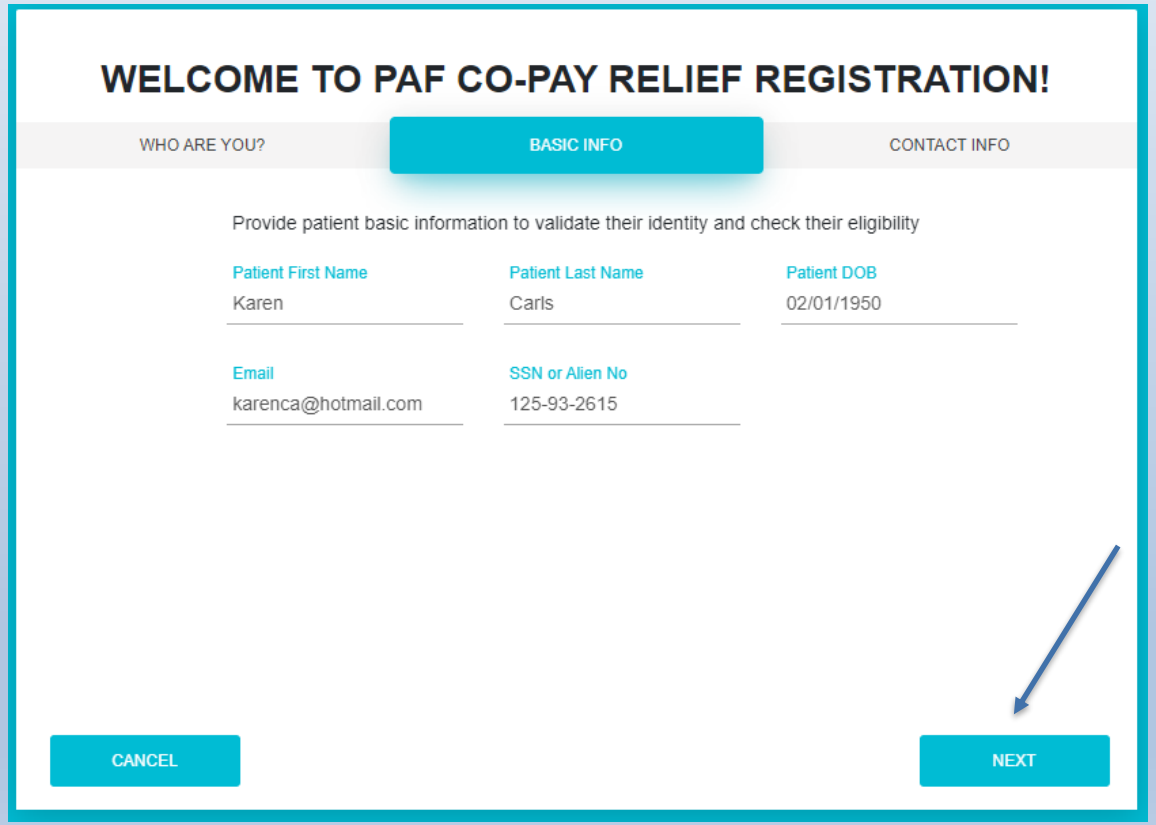
Registration: Welcome Screen

Who Are You: Select **Patient Registration** and click **Next** to proceed



Registration: Welcome Screen *(continued)*

Basic Information- Complete the following required fields, then select **Next**

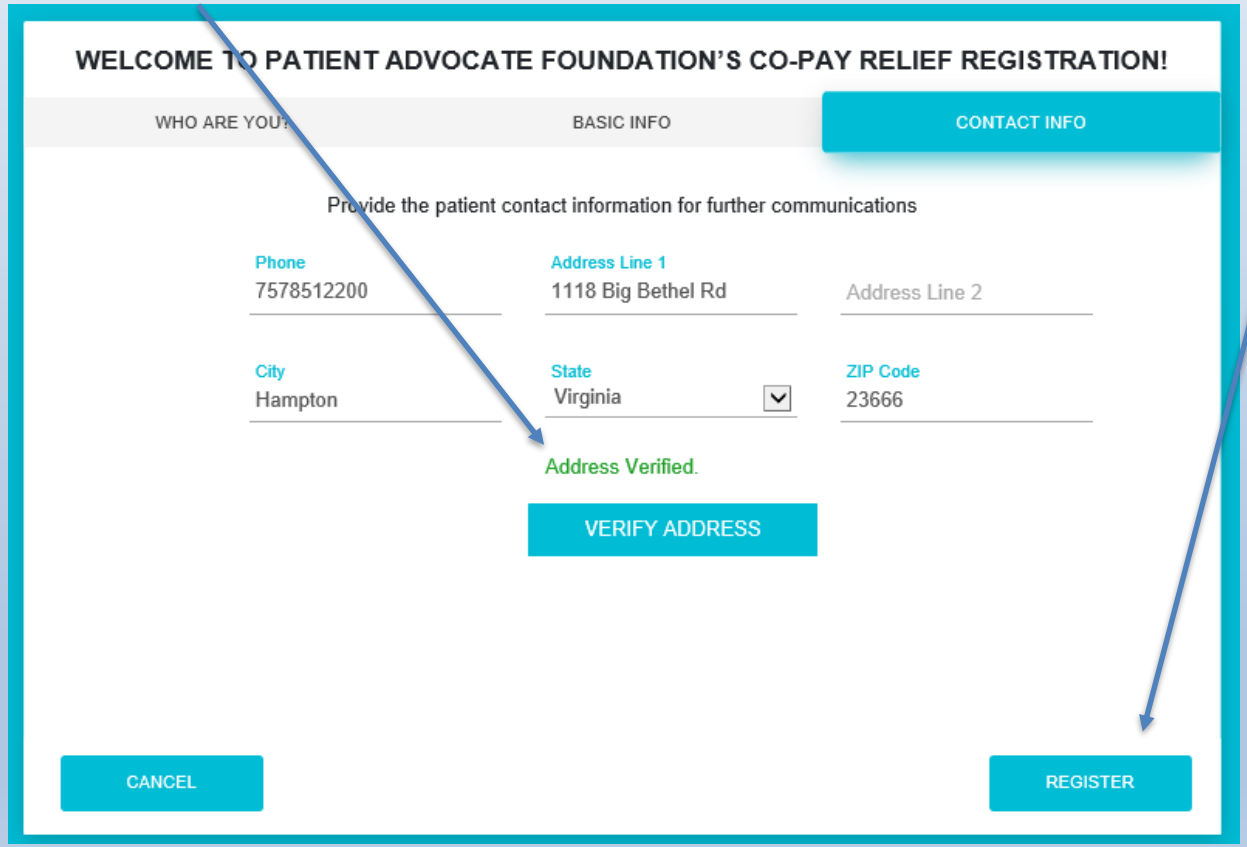


QUICK TIPS

1. Format for Patient DOB MM/DD/YYYY
2. Format for Alien Number A1234567

Registration: Welcome Screen *(continued)*

Contact Information- Complete the following required address fields, then select **Verify Address**. If "Address Verified" appears, select **Register**!

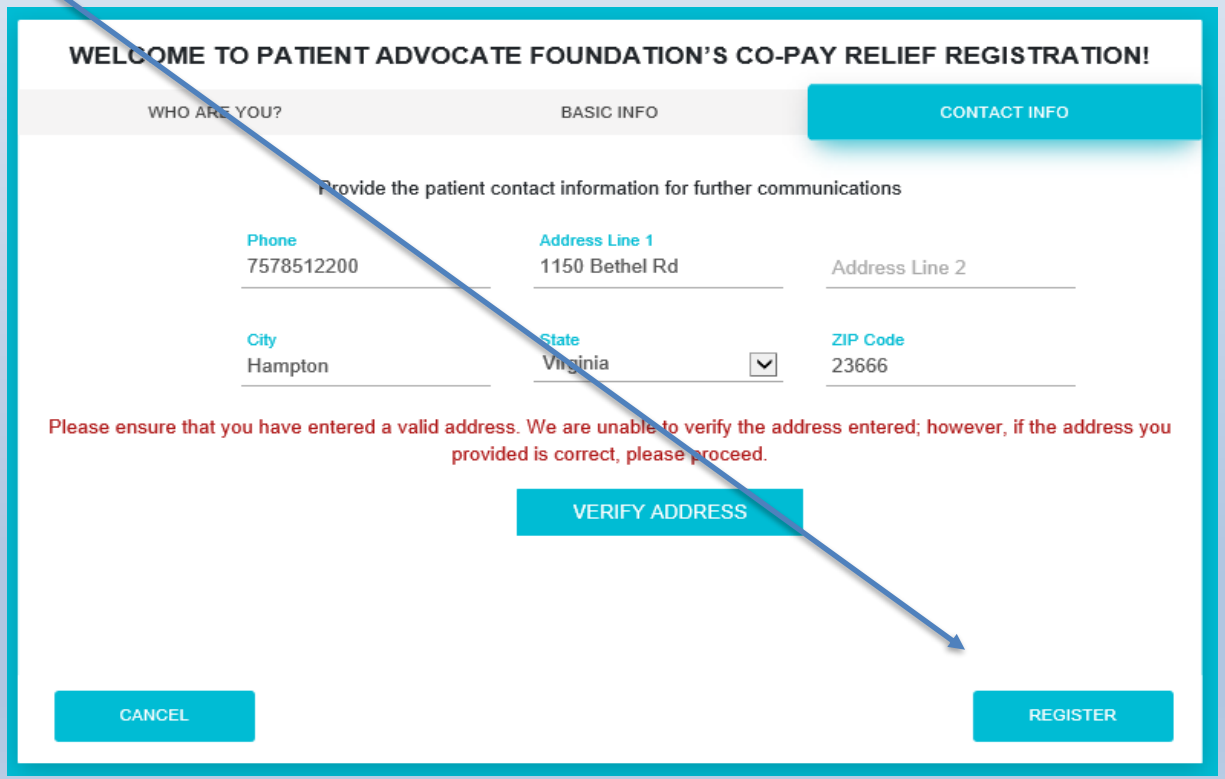


QUICK TIPS

1. Format for Patient DOB MM/DDYYY
2. Format for Alien Number A1234567

Registration: Welcome Screen *(continued)*

Contact Information - If the system is unable to verify the address entered, please review and make necessary correction. If the address provided is correct, select **Register**!



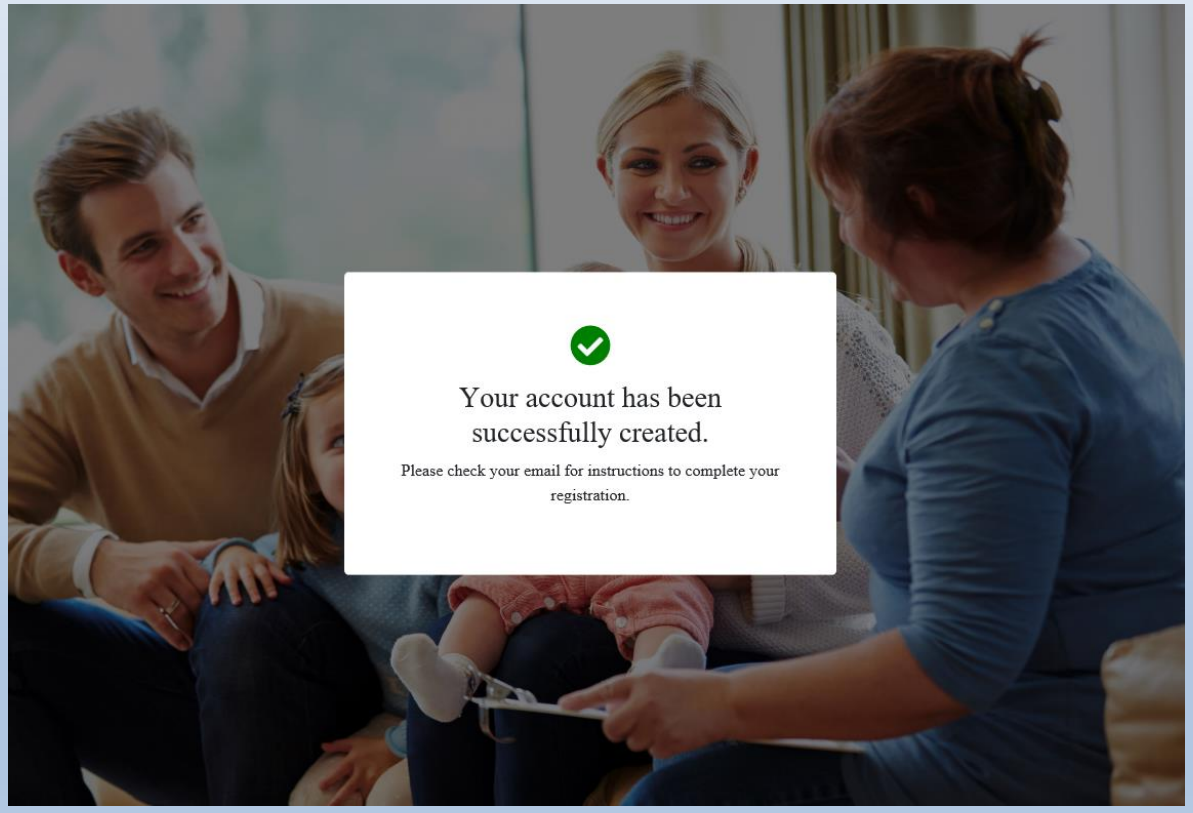
QUICK TIPS

1. Format for Patient DOBMM/DDY
2. Format forAlien Number A1234567

NEW REGISTRATION FOR PATIENT PORTAL

Registration (continued)

Successful Submission: Upon successful registration, you will receive an email with instructions to create a password.



QUICK TIP

If you do not receive an email confirmation, please check your spam/junk mail.

NEW REGISTRATION FOR PATIENT PORTAL

Registration (continued)

Once you receive your email confirmation, click **Confirm Password.**

Dear Program User,

Thank you for registering to use Patient Advocate Foundation's Co-Pay Relief Program (CPR) online Patient Portal. The portal offers you many features and is available 24/7, allowing you to interact with the CPR program whenever it is most convenient for you. Now that you have established a secure portal account, you can utilize it to complete your applications for assistance from the program. As well, if you are eligible for assistance, you will be able to utilize your portal account to submit patient claims for payment, check the status of your grant, including account balance and expiration dates, and reapply for assistance next year if needed.

Please remember that this site is for the exclusive use of patients in our program. Login credentials should not be shared with anyone.

To confirm your CPR portal account registration, and create a password, please click the link below:

Confirm Password

Click Confirm Password

If you have any questions about your portal account, or encounter any difficulties, please do not hesitate to contact us at 866-512-3861, select the option for portal inquires&technical issues. We look forward to serving you.

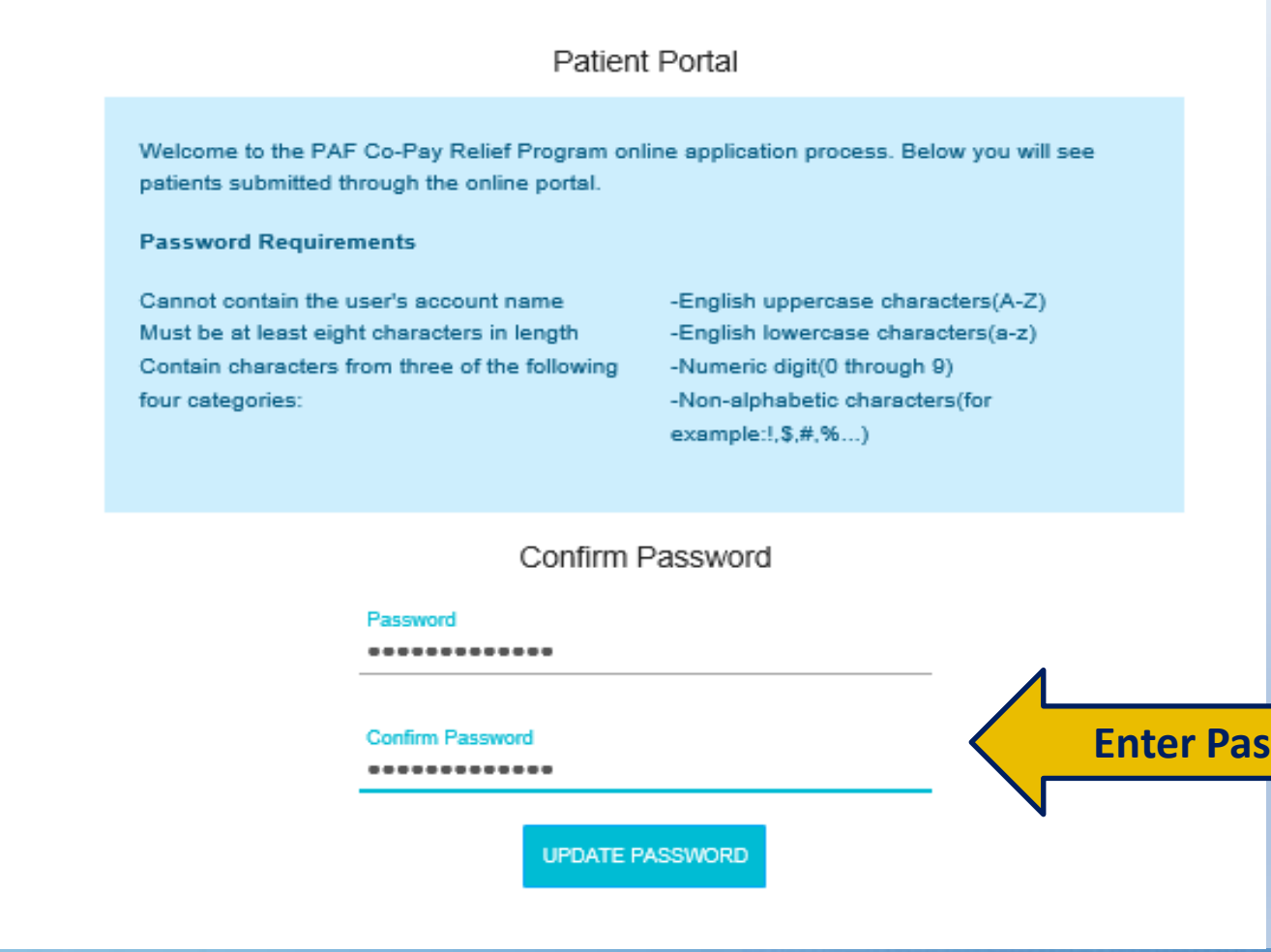
Regards,
PAF Co-Pay Relief Program Team

QUICK TIP
Confirm Your Password within 2 hours

NEW REGISTRATION FOR PATIENT PORTAL

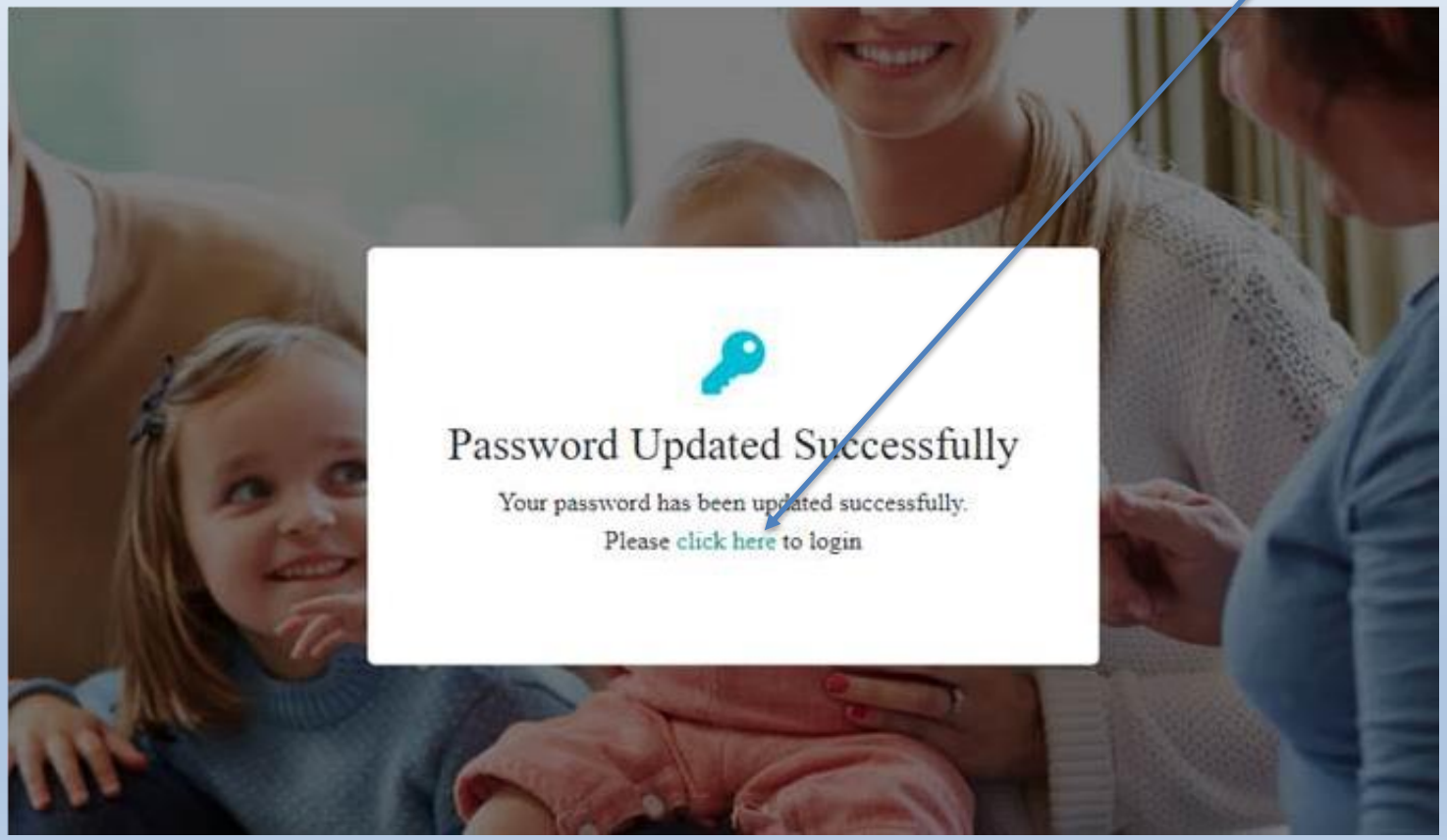
Registration (continued)

Enter and confirm your password using the following requirements



Registration (continued)

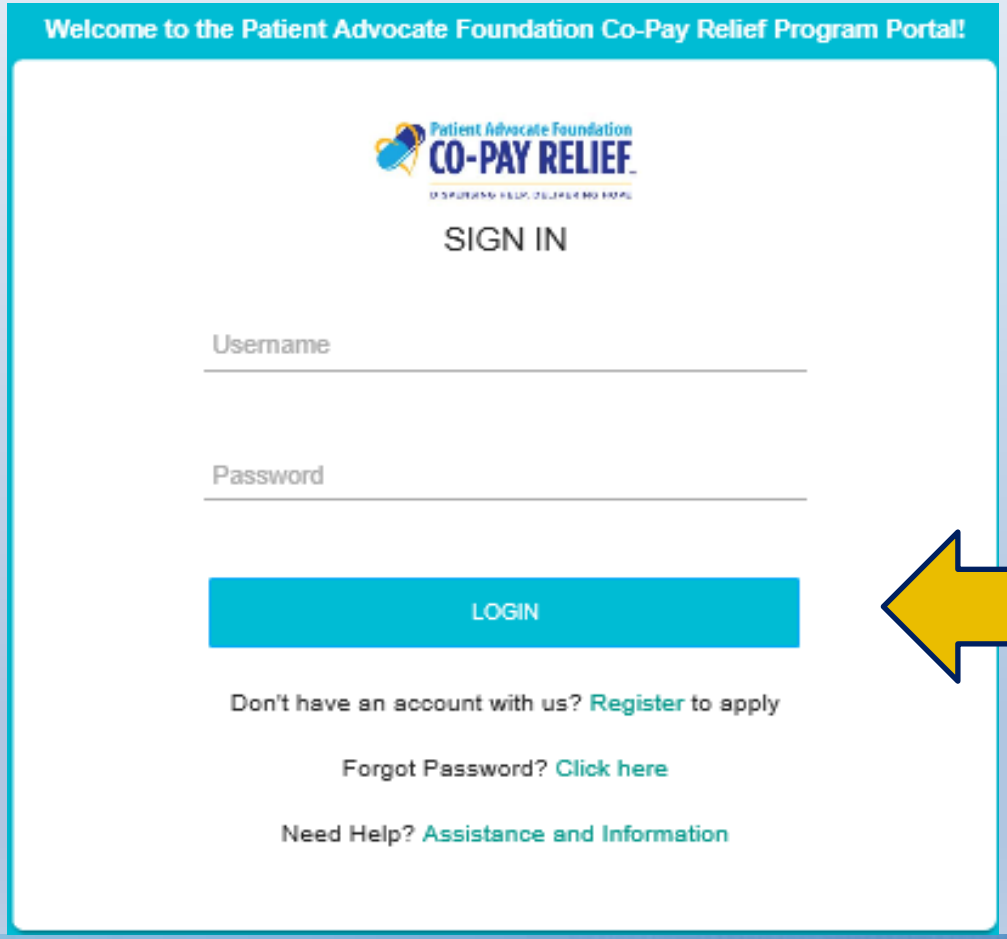
Once you have successfully created a password, please select **Click Here** to sign into the portal



SIGN IN ON PATIENT PORTAL

Existing User Login

For existing users, sign in with your username (email address) and password, then select **Log In**.

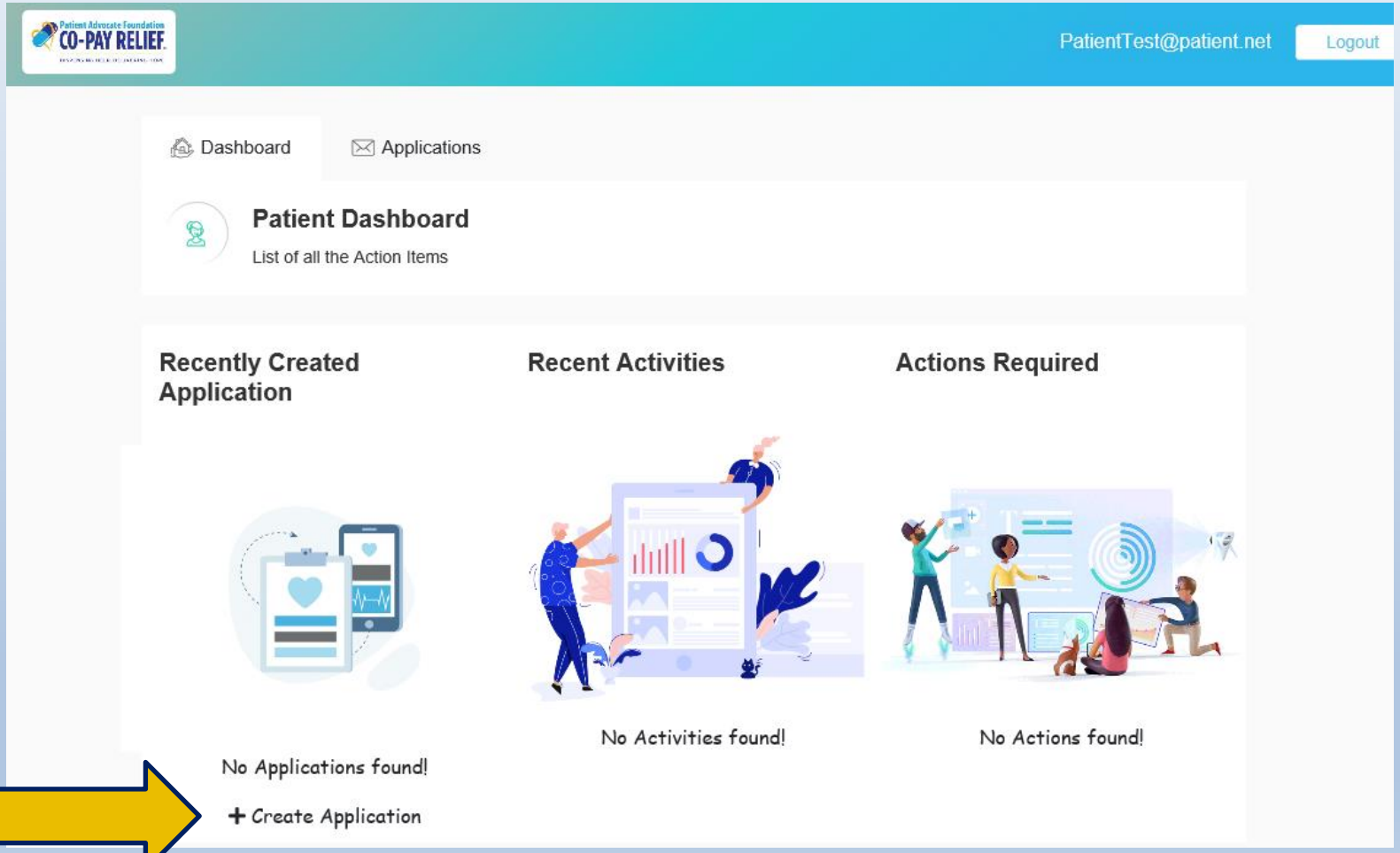


Login

CREATE NEW APPLICATION
PATIENT PORTAL

Welcome to the Patient Dashboard!

To begin a new application, select **+Create Application**

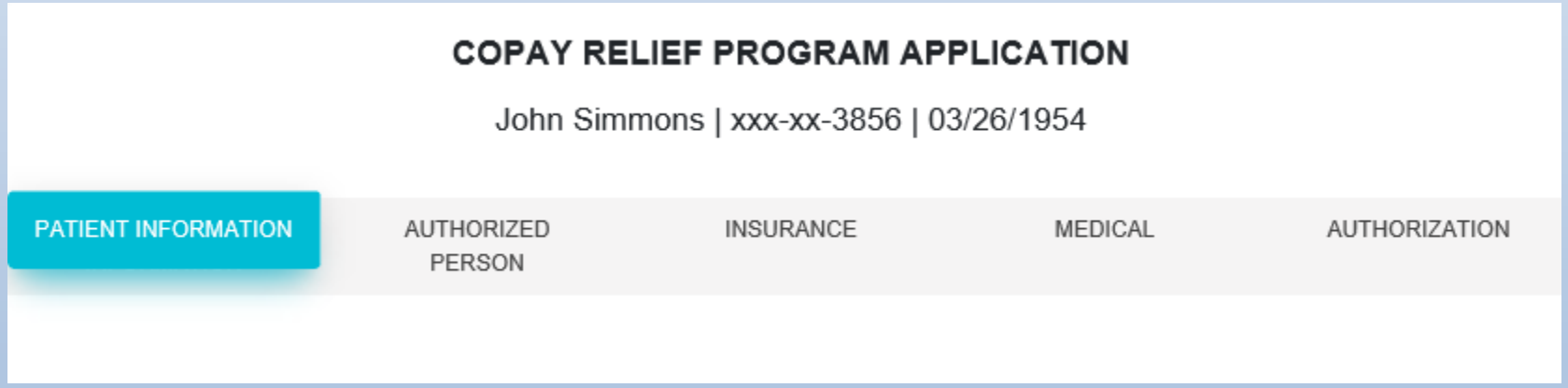


CREATE NEW APPLICATION
PATIENT PORTAL

Application:

The Application process consists of 5 sections:

- Patient Information
- Authorized Person(s)
- Insurance Information
- Medical
- Authorization

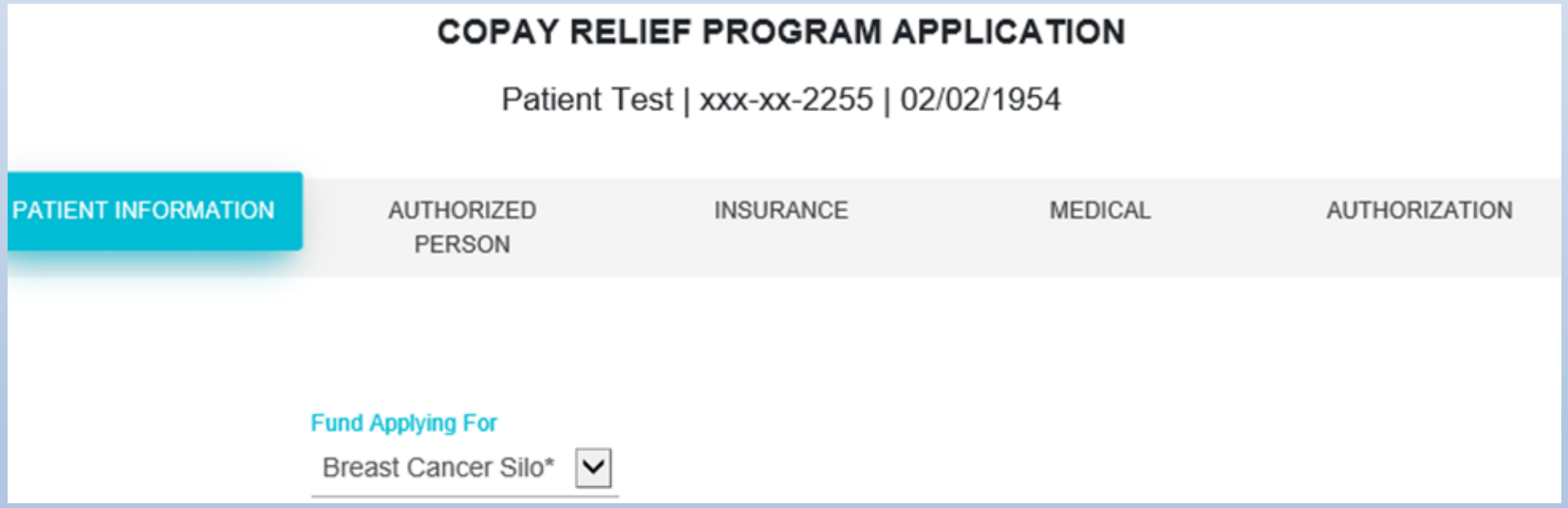


CREATE NEW APPLICATION
PATIENT PORTAL

Application:

Patient Information Tab

- Select Fund Name from drop-down menu. Once the Fund has been selected you will be automatically directed to the Prequalification screen

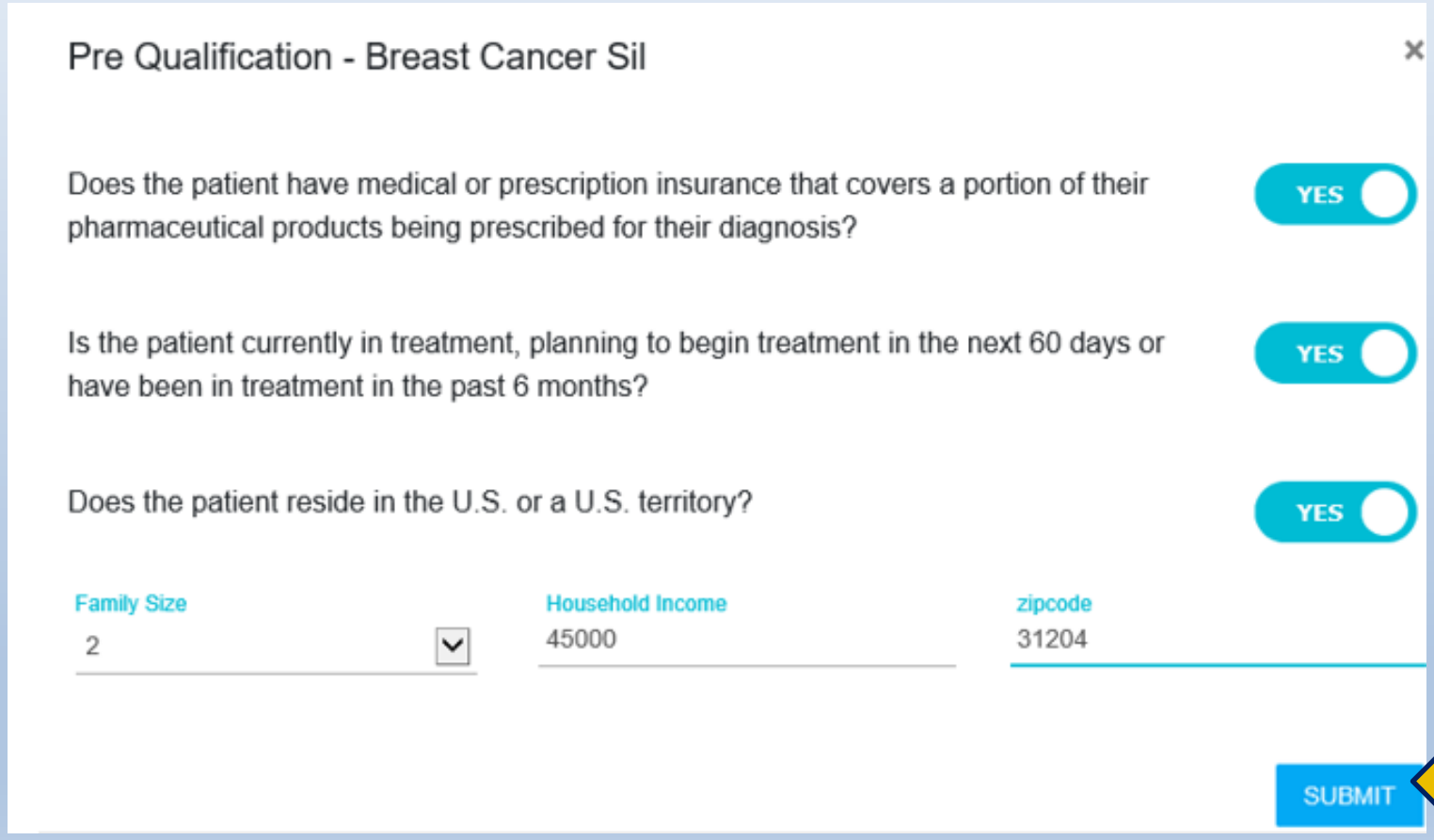


CREATE NEW APPLICATION
PATIENT PORTAL

Application

Patient Information Tab

- Complete the Prequalification questions that will appear based on the fund selected
- Select **Submit**

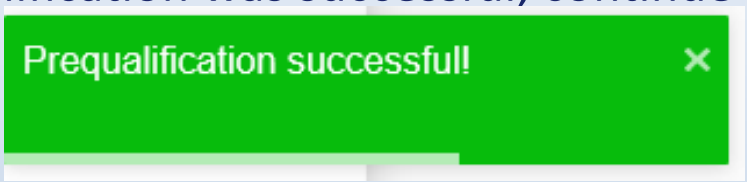


CREATE NEW APPLICATION
PATIENT PORTAL

Application: Patient Information Tab

Prequalification questions –Successful

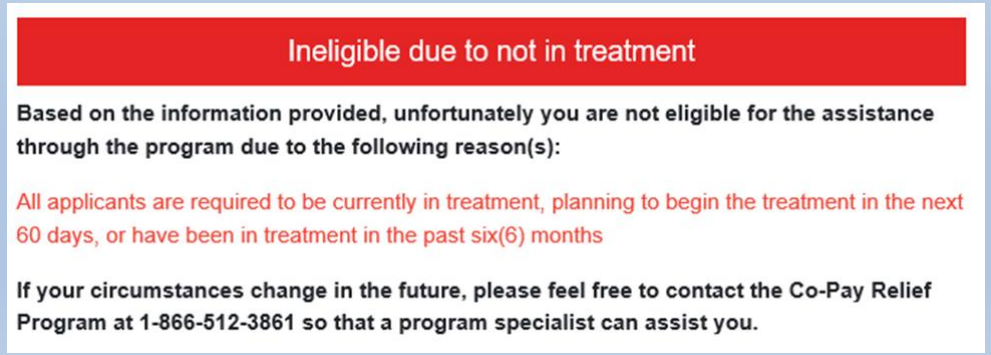
-If Prequalification was successful, continue with the application process



Prequalification questions –Failed

-If Prequalification was not successful, you will receive a message explaining the reason it was not successful. Please retain this information for your records.

Sample Denial Message



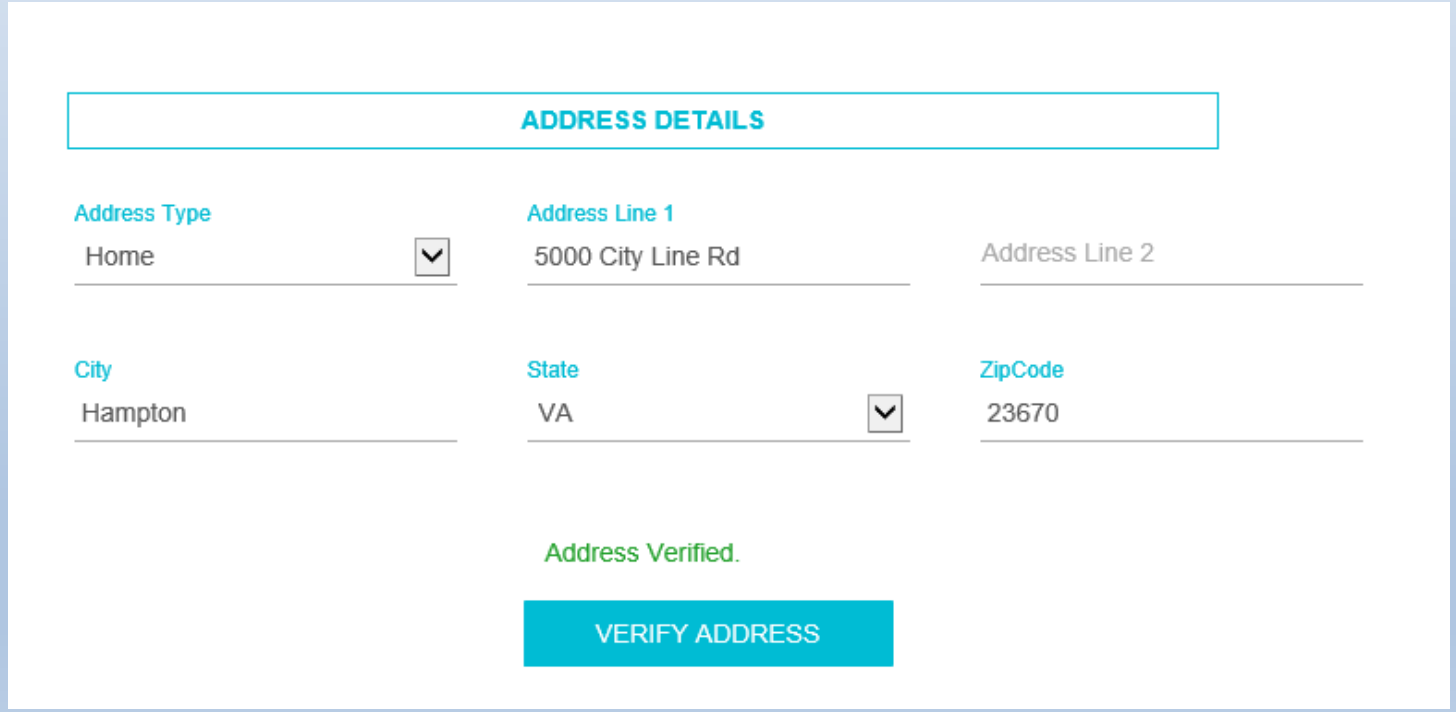
CREATE NEW APPLICATION

PATIENT PORTAL

Application:

Patient Information Tab: Address Details

Complete the required address fields, then select **Verify Address**. If "Address Verified" appears, proceed to the next step.



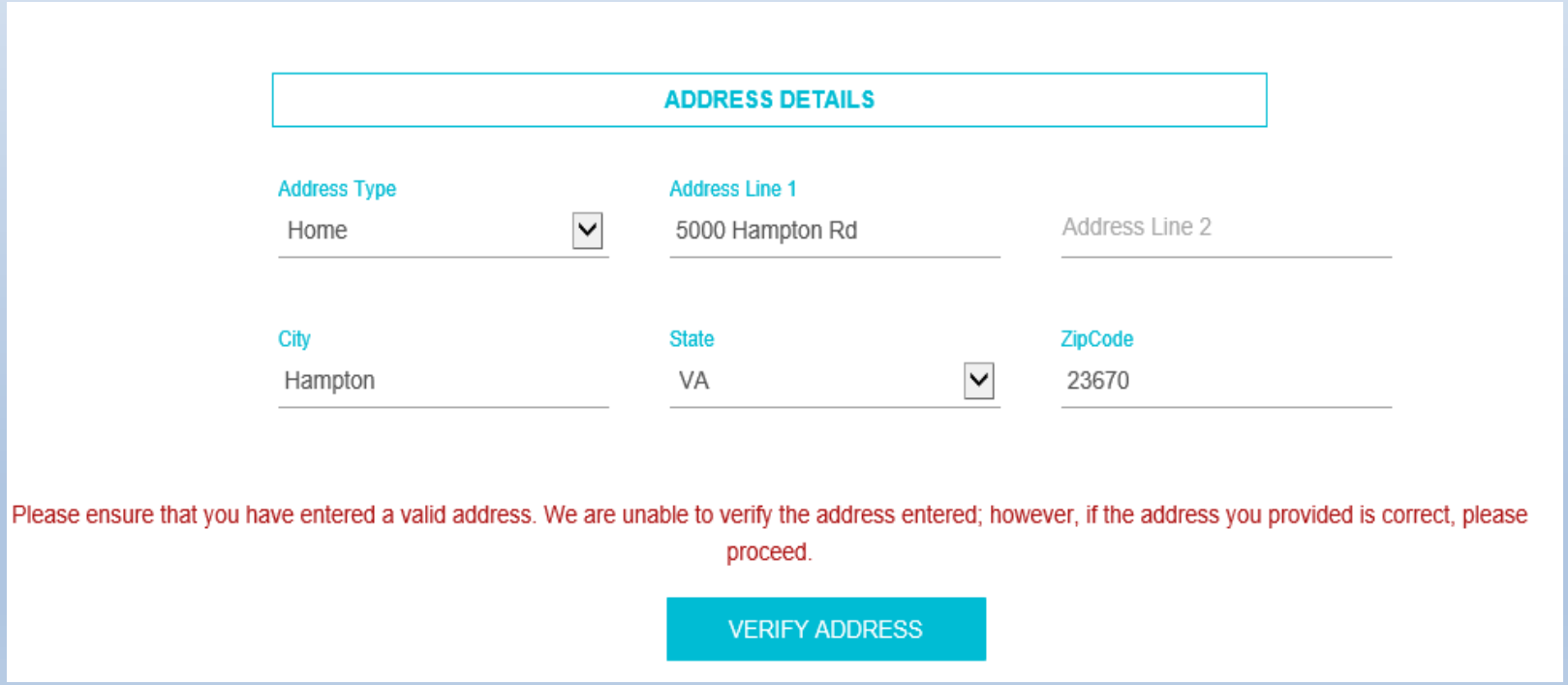
CREATE NEW APPLICATION

PATIENT PORTAL

Application:

Patient Information Tab: Address Details

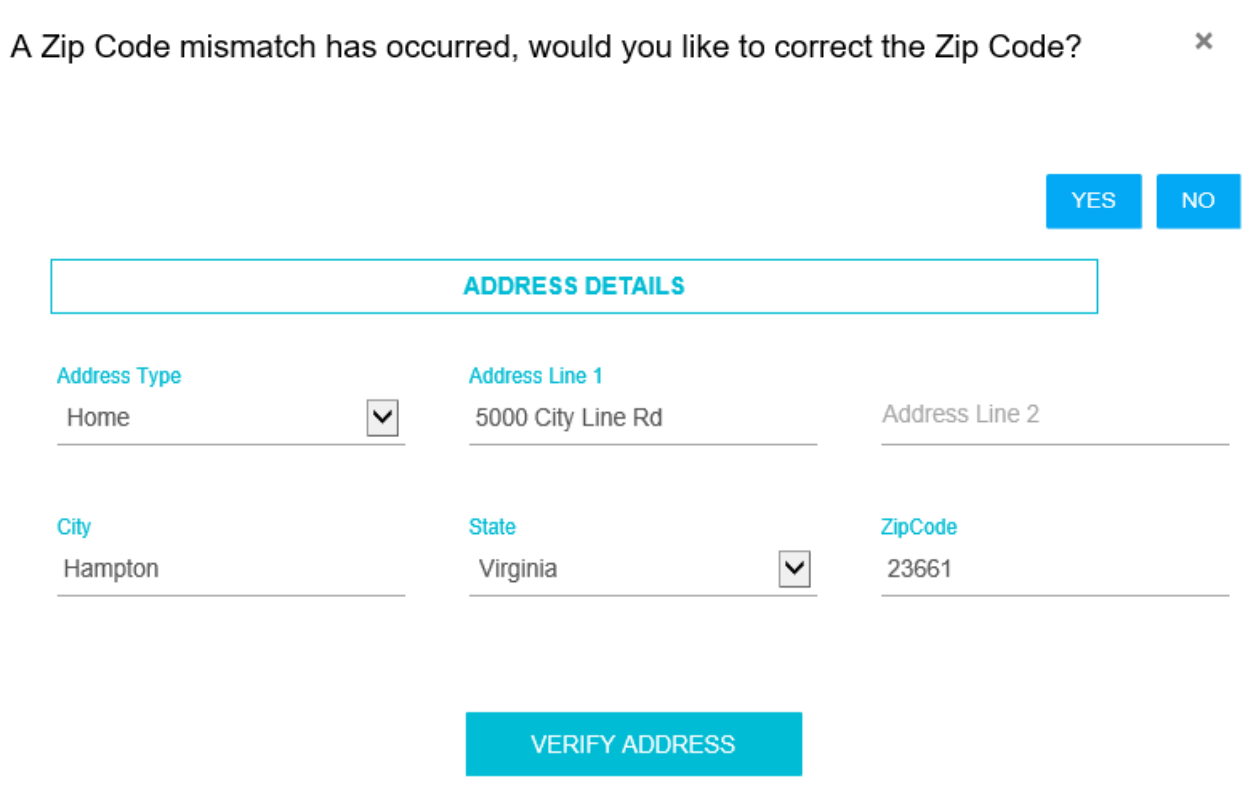
If the system is unable to verify the address entered, please review and make necessary corrections. If the address provided is correct, you may proceed to the next step.



Application:

Patient Information Tab: Address Details

If the system identifies a zip code mismatch, the system will prompt you to correct the zip code. Select **YES** and make necessary corrections if needed and proceed to the next step.



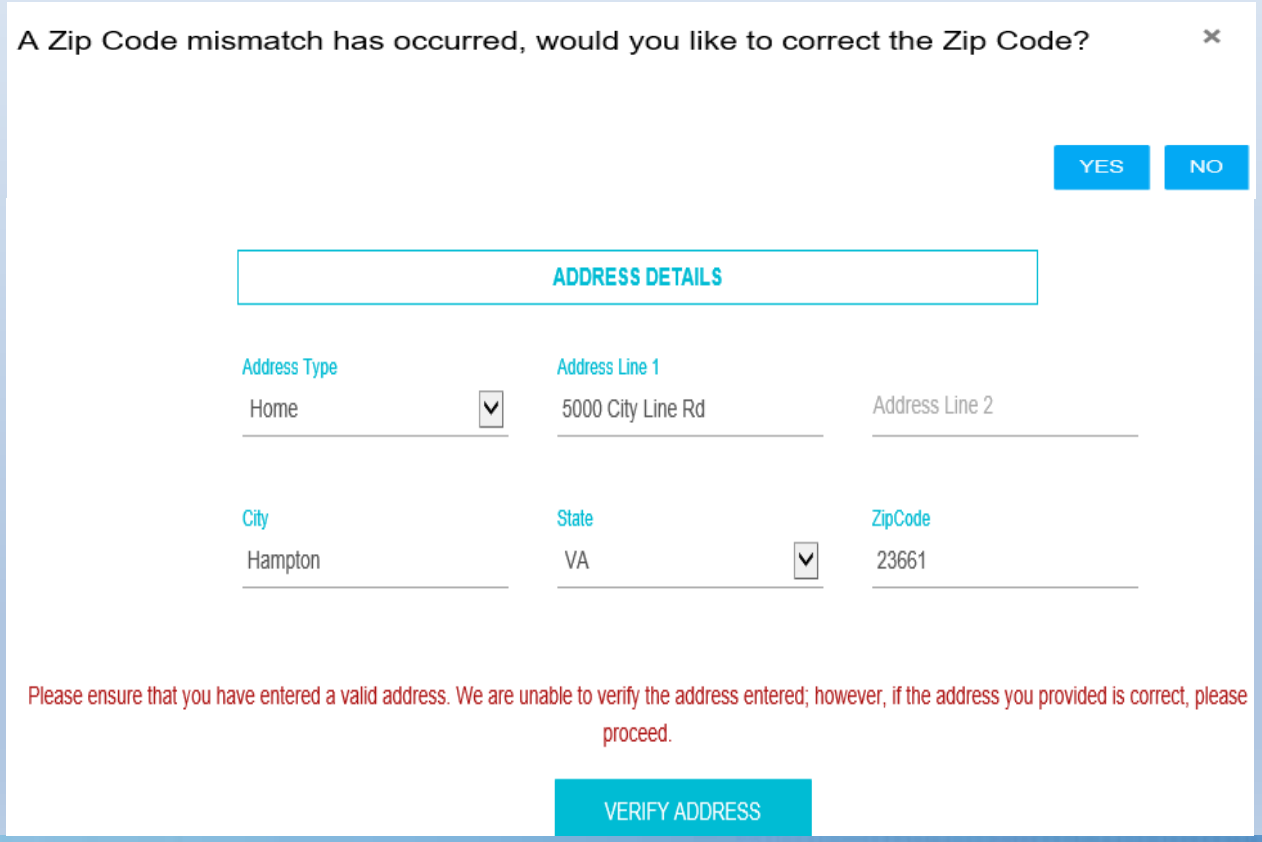
CREATE NEW APPLICATION

PATIENT PORTAL

Application:

Patient Information Tab: Address Details

If no corrections need to be made to the zip code, select **NO** and proceed to the next step.



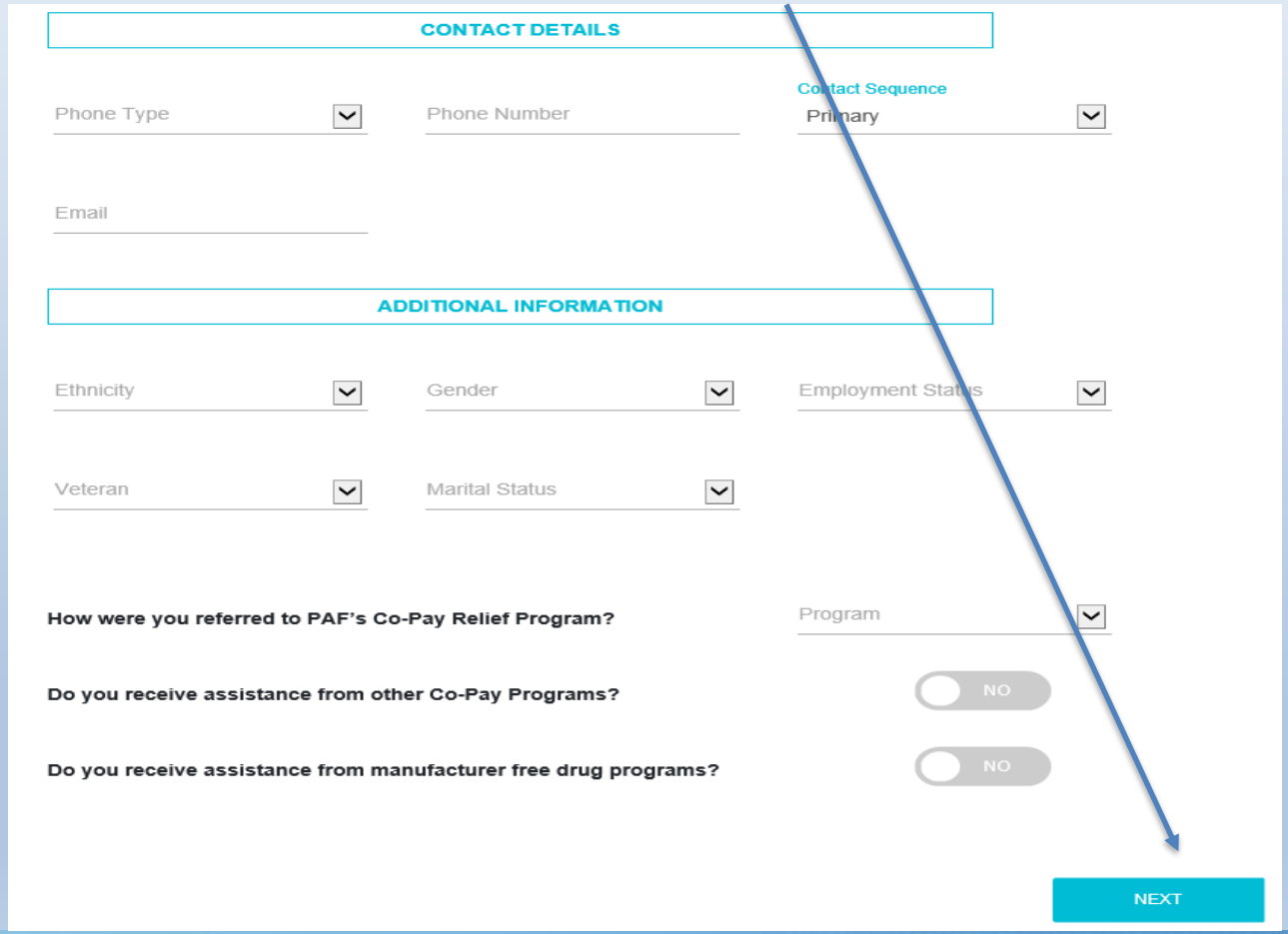
CREATE NEW APPLICATION

PATIENT PORTAL

Application:

Patient Information Tab:

Complete the required fields, then select **NEXT**

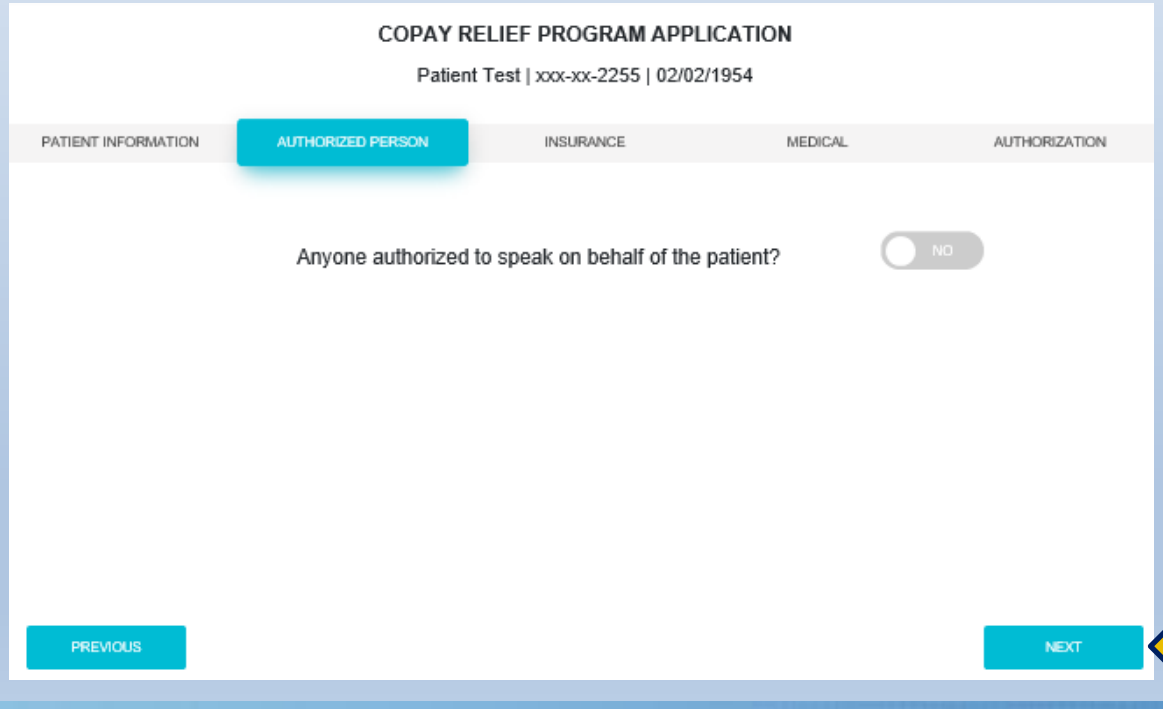


CREATE NEW APPLICATION
PATIENT PORTAL

Application:

Authorized Person(s) Tab

-If the patient **does not** wish to authorize someone to speak on their behalf, click **Next** to proceed to the next section

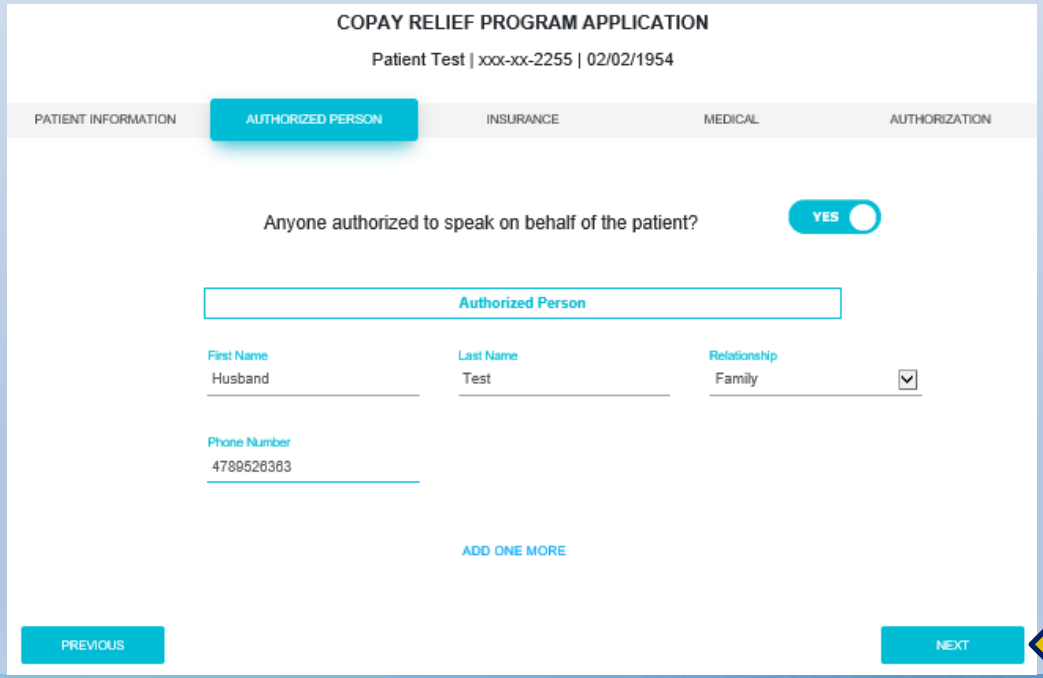


Application:

Authorized Person Tab *(continued)*

If the patient would like to authorize someone to speak on their behalf:

- Select Yes
- Complete the required fields for each authorized person
- To authorize additional people, click **Add One More**
- Select **Next** to Continue

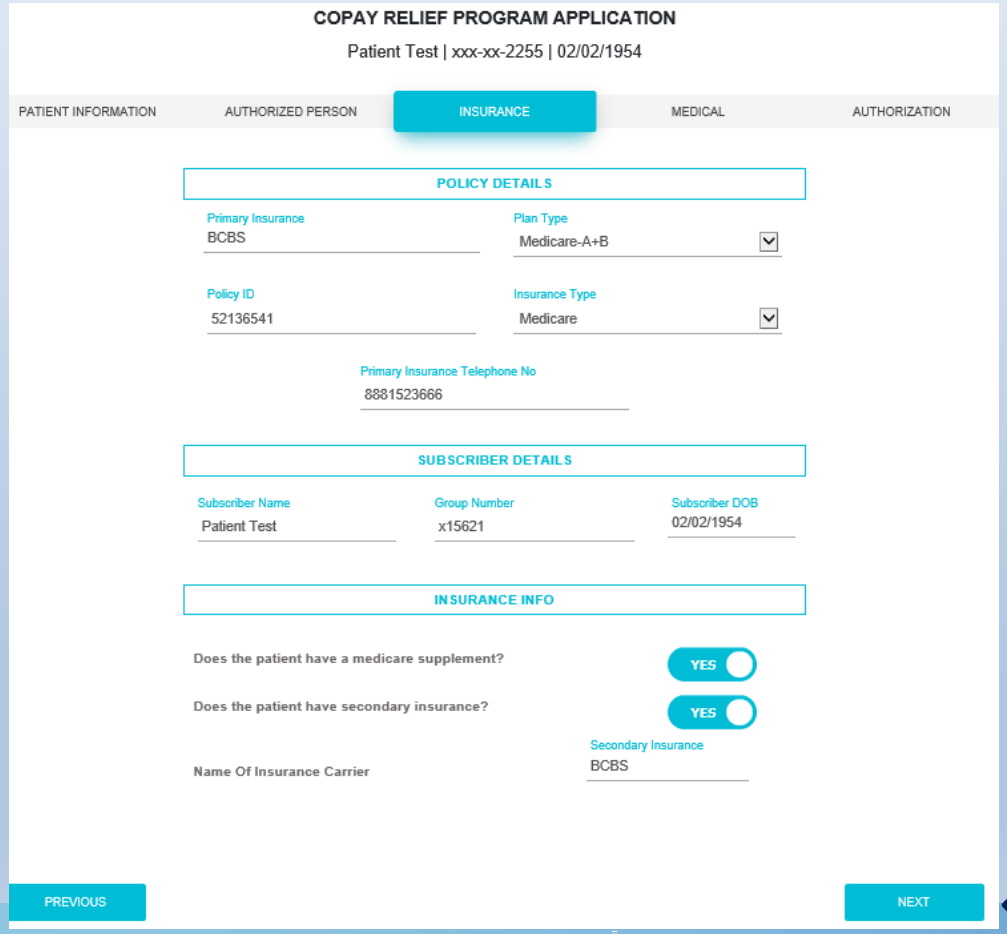


CREATE NEW APPLICATION
PATIENT PORTAL

Application: Insurance Information

Complete all required fields, then select **Next** to continue.

Note: If the name of your insurance does not appear in the drop-down menu, you may manually input the name in the Primary insurance field



QUICK TIP

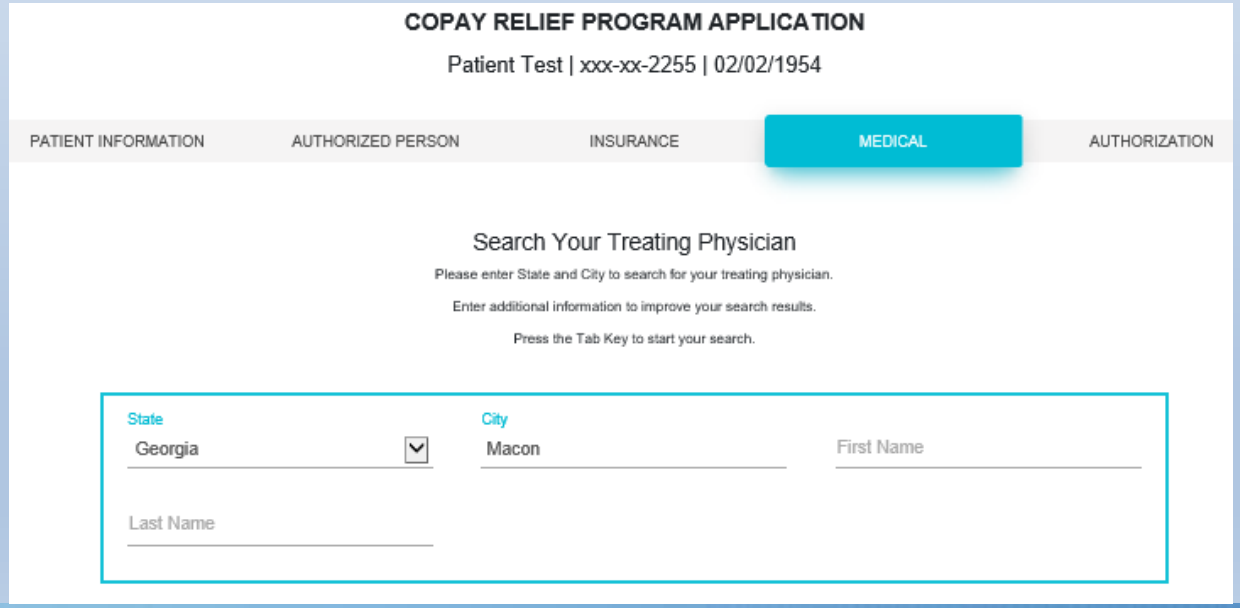
1. If the name of your insurance does not appear in the drop-down menu, you may manually input the name in the Primary insurance field
2. If the patient's insurance does not consist of a group number,enter "NA"

Application: Medical Information

Treating Physician

Searching for your Treating Physician:

- Select the state from the drop-down menu, then enter the city
- To improve your search results, enter your treating physician's First and Last name
- Press the **Tab** key on your keyboard to start your search



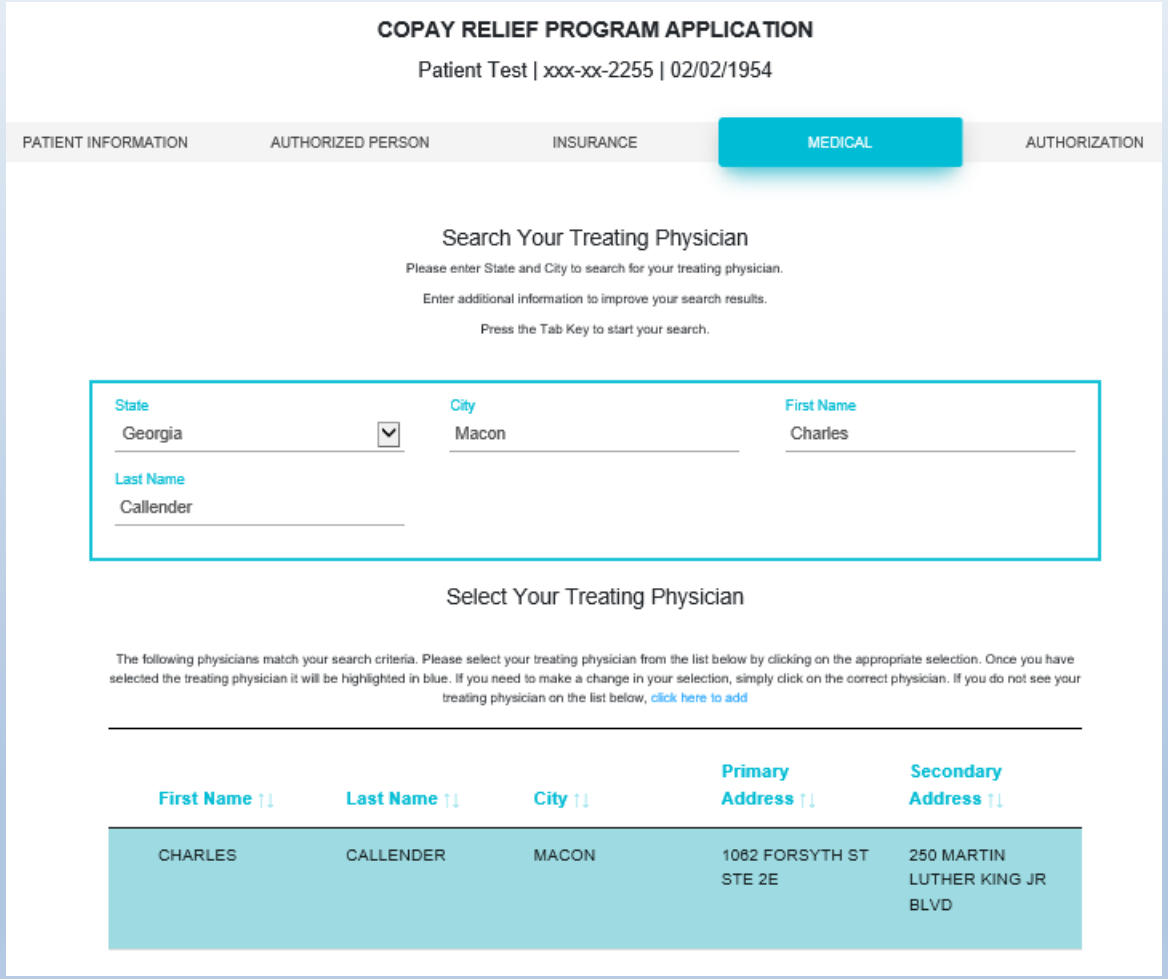
CREATE NEW APPLICATION
PATIENT PORTAL

Application: Medical Information

Treating Physician *(continued)*

If your treating physician appears in the list below, click on the appropriate selection

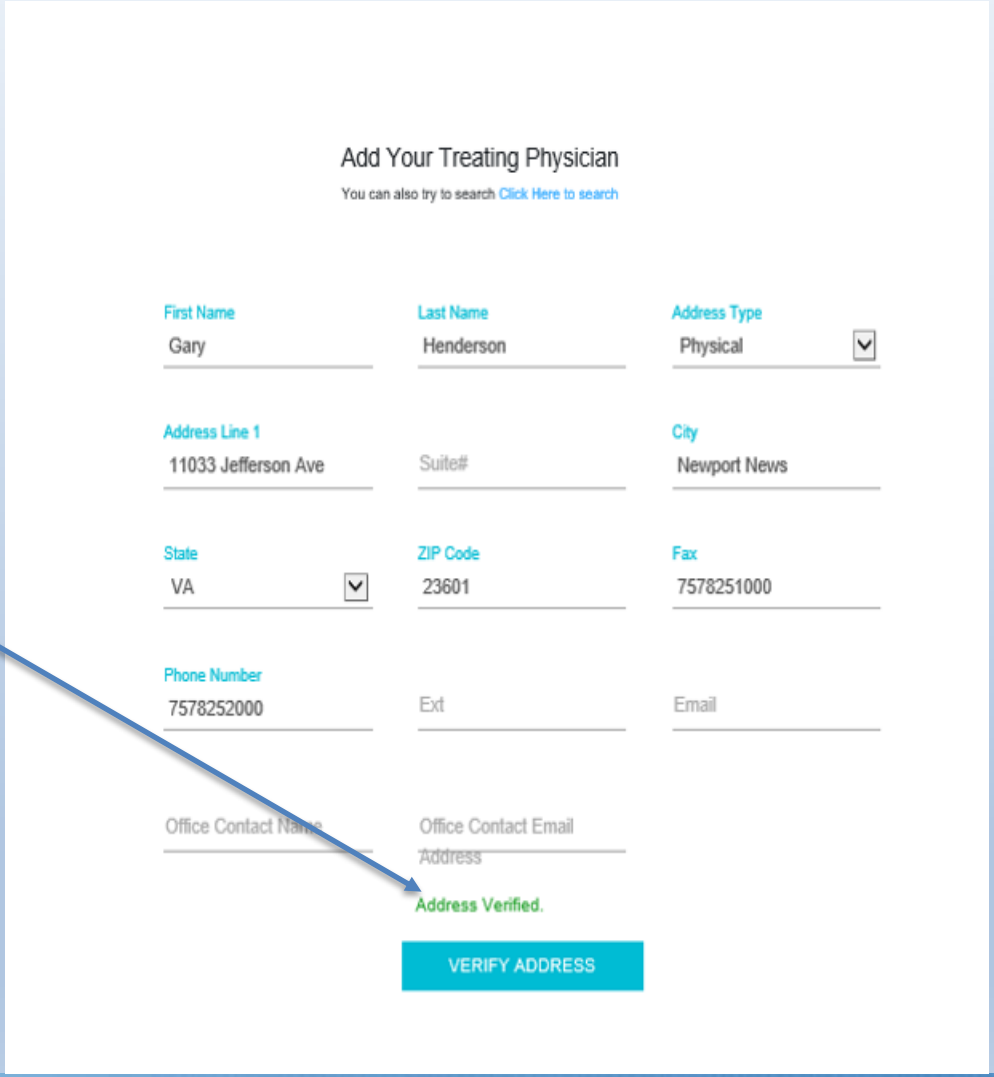
- Your selection will be highlighted in **blue**
- If you need to make a change in your selection, simply click on the correct physician
- If your treating physician does not appear in the list, you can select the **Click Here to Add** hyperlink to manually enter your treating physician



Application: Medical Information

Treating Physician *(continued)*

- If your treating physician does not appear in the list, enter all required fields to add your treating physician and select Verify Address.
- If **Address Verified** appears, proceed to Diagnosis and Treatment Information

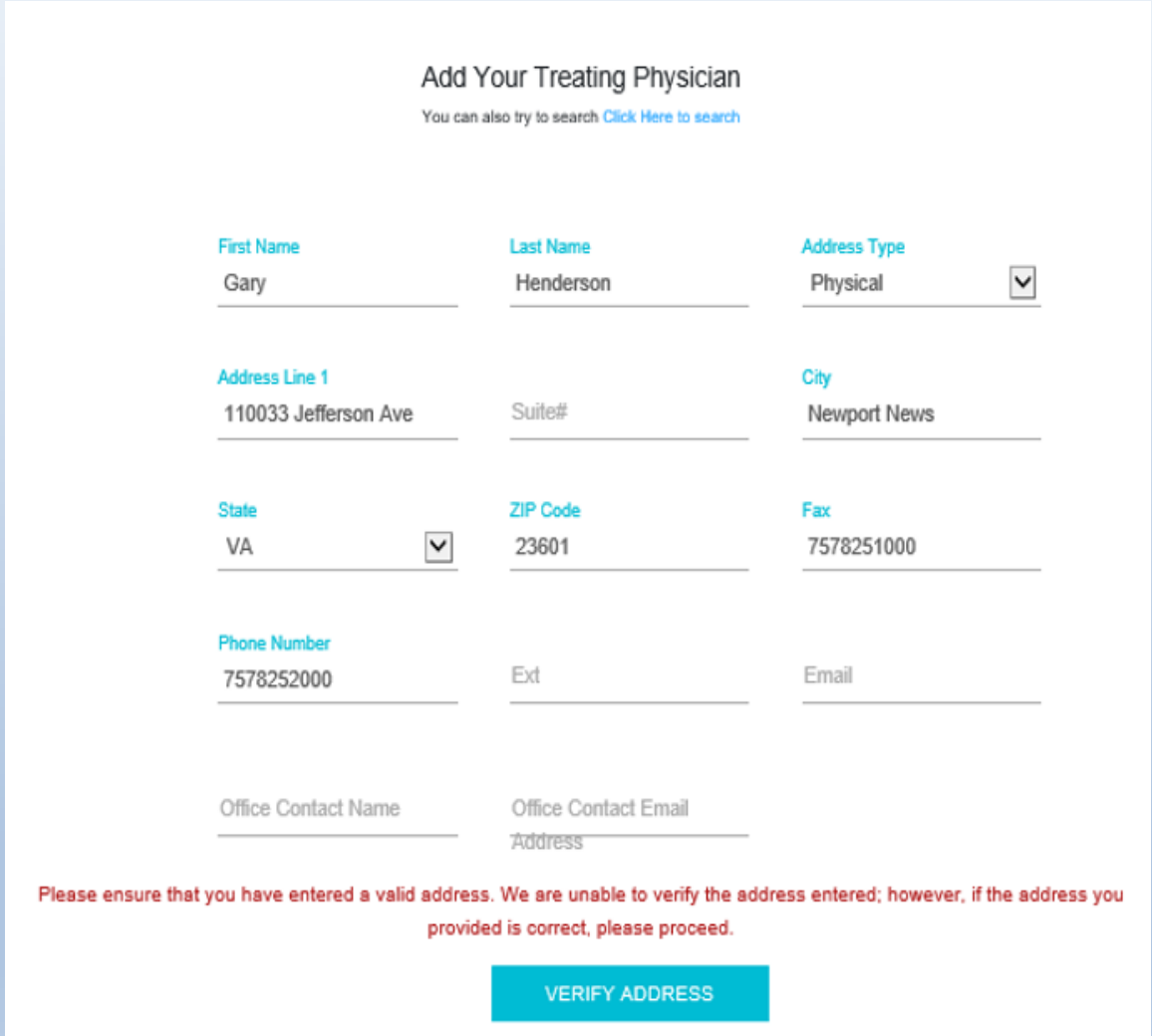


CREATE NEW APPLICATION
PATIENT PORTAL

Application:

Medical Information- Adding a new treating physician *(continued)*

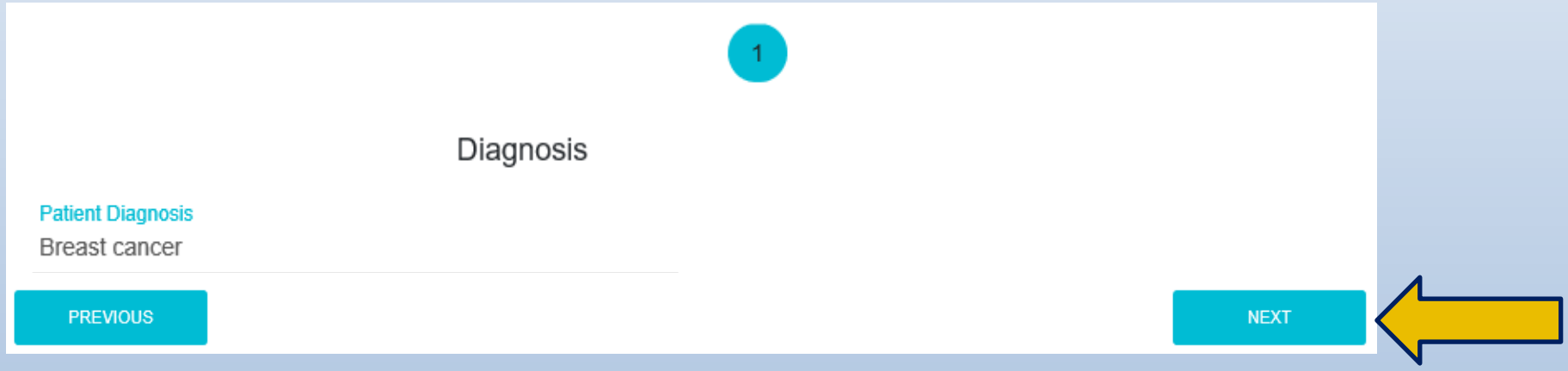
- If the system is unable to verify the address entered, please review and make necessary corrections.
- If the address provided is correct, proceed to the Diagnosis and Treatment Information.



Application: Medical Information

Diagnosis

Start typing your diagnosis and select the diagnosis from the drop-down menu then click **Next** to proceed

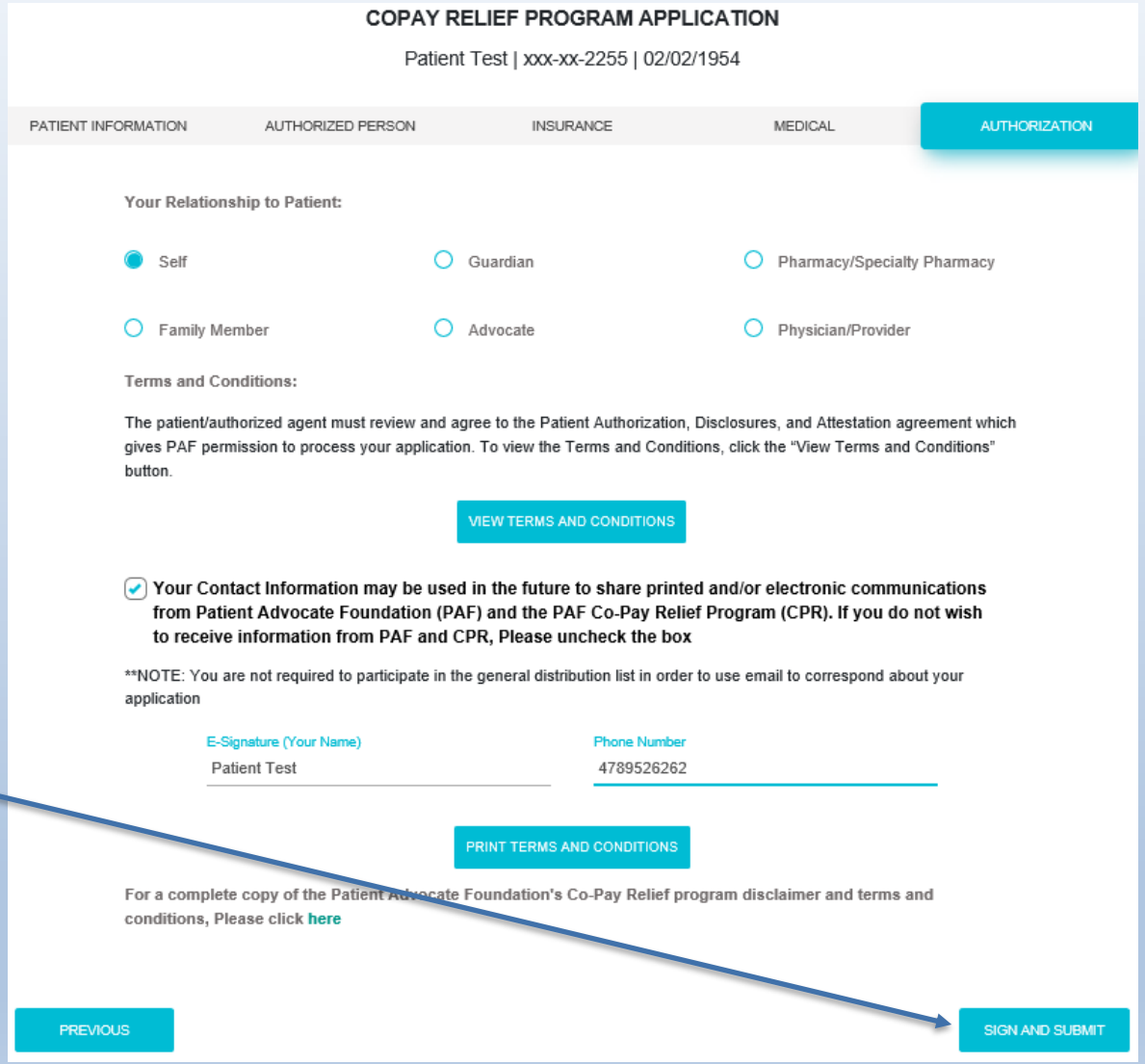


CREATE NEW APPLICATION
PATIENT PORTAL

Application: Authorization

Select your relationship to the patient

- Click **View Terms and Conditions** to review the Patient Agreement and Rate the Program's Impact
- Review the Opt-Out Agreement
- Enter your electronic signature and phone number
- Click **Sign and Submit**

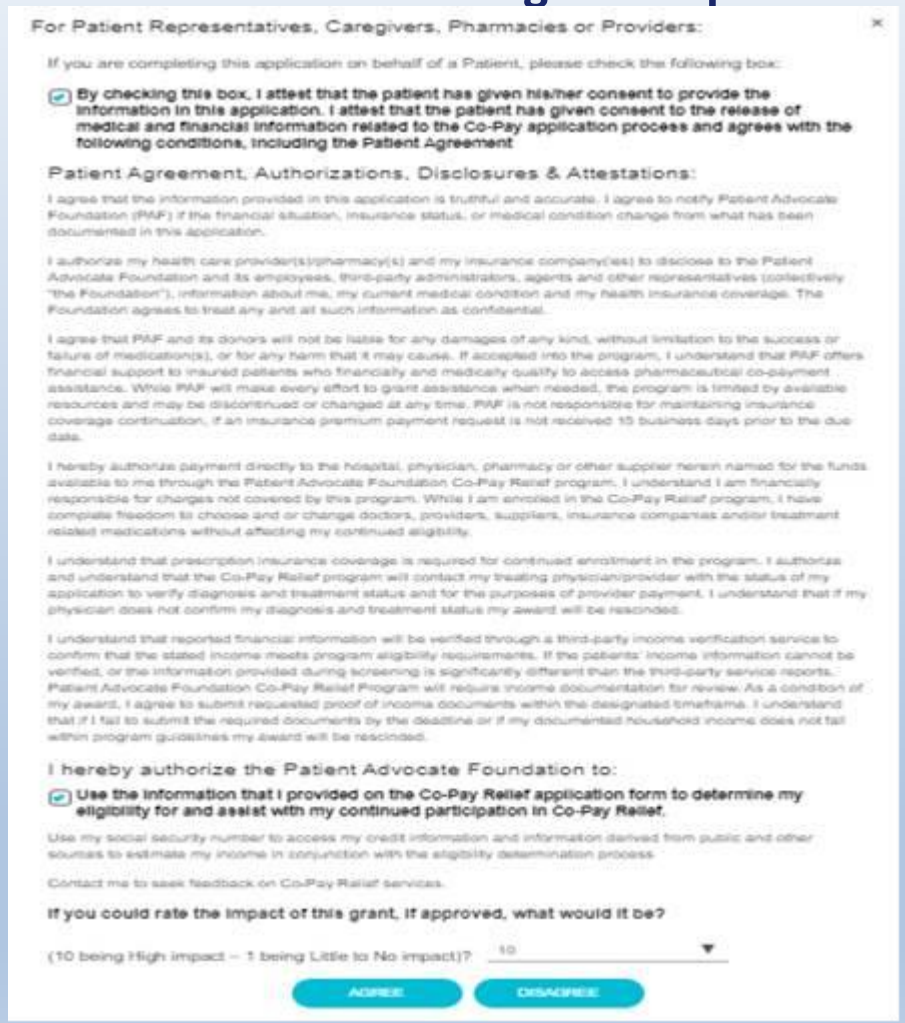


CREATE NEW APPLICATION

PATIENT PORTAL

Applications:

Terms and Conditions and Rate the Program Impact



For Patient Representatives, Caregivers, Pharmacies or Providers:

If you are completing this application on behalf of a Patient, please check the following box:

☑ **By checking this box, I attest that the patient has given his/her consent to provide the information in this application. I attest that the patient has given consent to the release of medical and financial information related to the Co-Pay application process and agrees with the following conditions, including the Patient Agreement**

Patient Agreement, Authorizations, Disclosures & Attestations:

I agree that the information provided in this application is truthful and accurate. I agree to notify Patient Advocate Foundation (PAF) if the financial situation, insurance status, or medical condition change from what has been documented in this application.

I authorize my health care provider(s)/pharmacy(s) and my insurance company(ies) to disclose to the Patient Advocate Foundation and its employees, third-party administrators, agents and other representatives (collectively "the Foundation"), information about me, my current medical condition and my health insurance coverage. The Foundation agrees to treat any and all such information as confidential.

I agree that PAF and its donors will not be liable for any damages of any kind, without limitation to the success or failure of medication(s), or for any harm that it may cause. If accepted into the program, I understand that PAF offers financial support to insured patients who financially and medically qualify to access pharmaceutical co-payment assistance. While PAF will make every effort to grant assistance when needed, the program is limited by available resources and may be discontinued or changed at any time. PAF is not responsible for maintaining insurance coverage continuation, if an insurance premium payment request is not received 15 business days prior to the due date.

I hereby authorize payment directly to the hospital, physician, pharmacy or other supplier herein named for the funds available to me through the Patient Advocate Foundation Co-Pay Relief program. I understand I am financially responsible for charges not covered by this program. While I am enrolled in the Co-Pay Relief program, I have complete freedom to choose and or change doctors, providers, suppliers, insurance companies and/or treatment related medications without affecting my continued eligibility.

I understand that prescription insurance coverage is required for continued enrollment in the program. I authorize and understand that the Co-Pay Relief program will contact my treating physician/provider with the status of my application to verify diagnosis and treatment status and for the purposes of provider payment. I understand that if my physician does not confirm my diagnosis and treatment status my award will be rescinded.

I understand that reported financial information will be verified through a third-party income verification service to confirm that the stated income meets program eligibility requirements. If the patients' income information cannot be verified, or the information provided during screening is significantly different than the third-party service reports, Patient Advocate Foundation Co-Pay Relief Program will require income documentation for review. As a condition of my award, I agree to submit requested proof of income documents within the designated timeframe. I understand that if I fail to submit the required documents by the deadline or if my documented household income does not fall within program guidelines my award will be rescinded.

I hereby authorize the Patient Advocate Foundation to:

☑ **Use the information that I provided on the Co-Pay Relief application form to determine my eligibility for and assist with my continued participation in Co-Pay Relief.**

Use my social security number to access my credit information and information derived from public and other sources to estimate my income in conjunction with the eligibility determination process.

Contact me to seek feedback on Co-Pay Relief services.

If you could rate the impact of this grant, if approved, what would it be?

(10 being High impact – 1 being Little to No impact)? 10

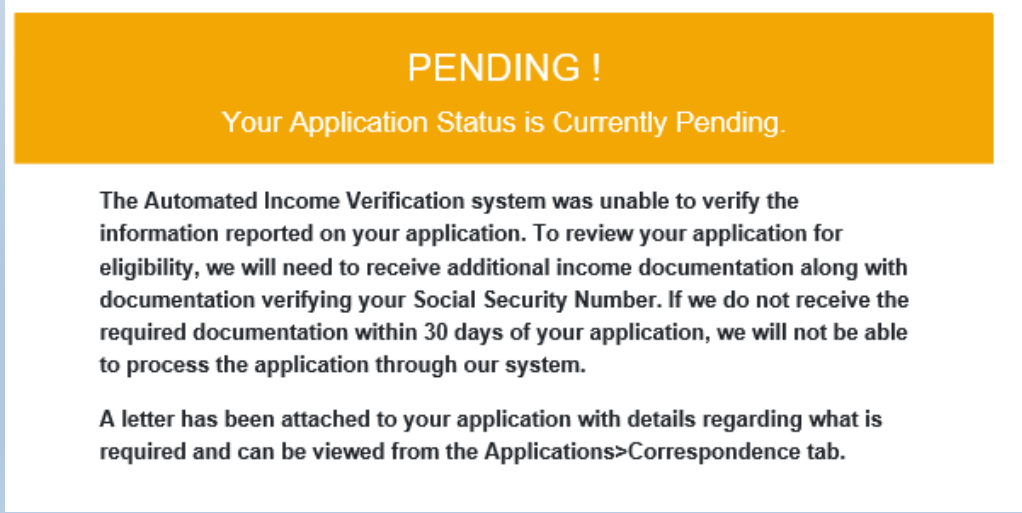
AGREE DISAGREE

APPLICATION STATUS
PATIENT PORTAL

Application:

Application Status

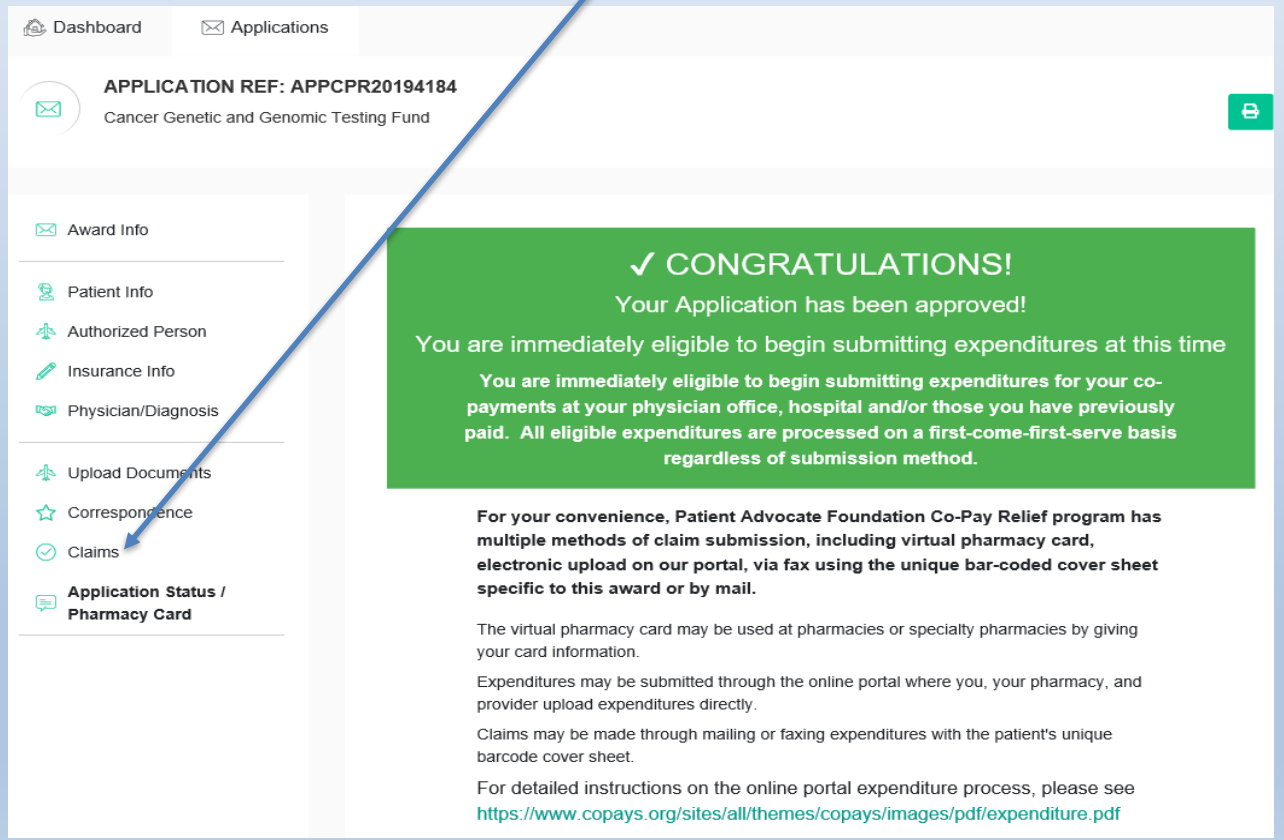
- The appropriate status will appear based on the information provided during the application process
- If additional documentation is needed, you may upload the documents on the dashboard for further review
- Please see the **Patient Portal Enhancement Guide** for further instructions on uploading documents



CLAIM SUBMISSION
PATIENT PORTAL

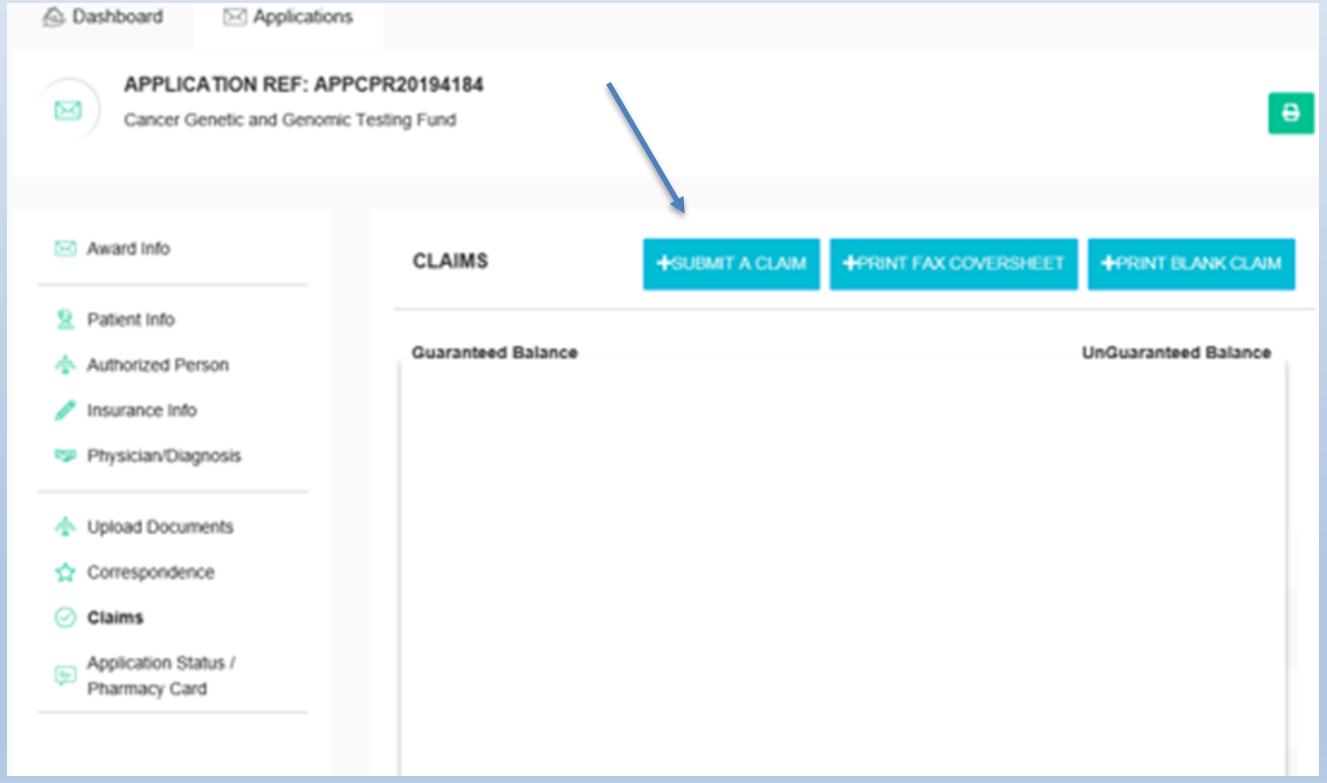
Submitting a Claim

- To immediately submit a claim on an Approved application, select **Claims** from the Application Summary screen
- For detailed instructions on the online portal expenditure process, please visit https://www.copays.org/sites/all/themes/copays/images/pdf/expenditure.pdf



Submitting a Claim *(continued)*

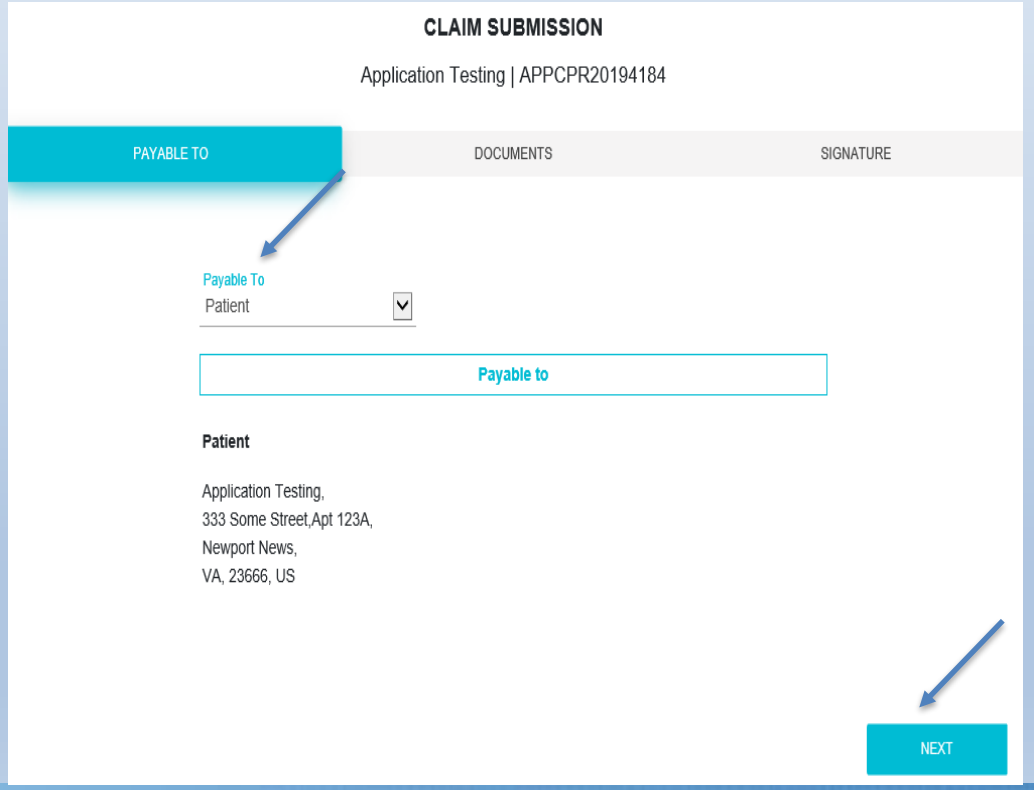
- To submit a claim online click **+ Submit A Claim** to be automatically taken to the Claim Submission Screen
- From this screen, you can print a blank Proof of Expenditure Form and a uniquely barcoded fax cover sheet specific to the award



Submitting a Claim(continued)

Payable To

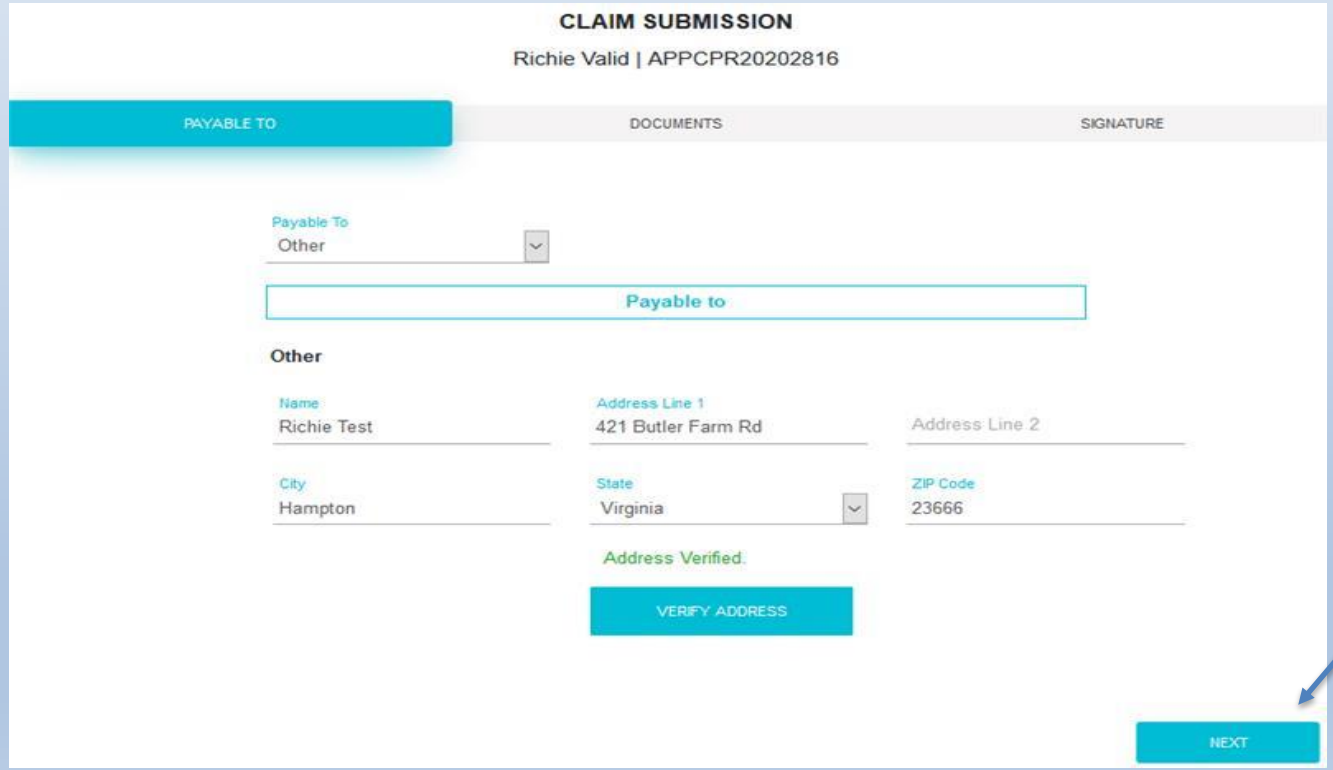
- Select the desired payee under the “Payable To” drop down menu for reimbursement
- If “Patient” is selected as the payee from the drop-menu for patient reimbursement ; the patient’s address will automatically populate
- Click **Next** to proceed



Submitting a Claim *(continued)*

Payable To

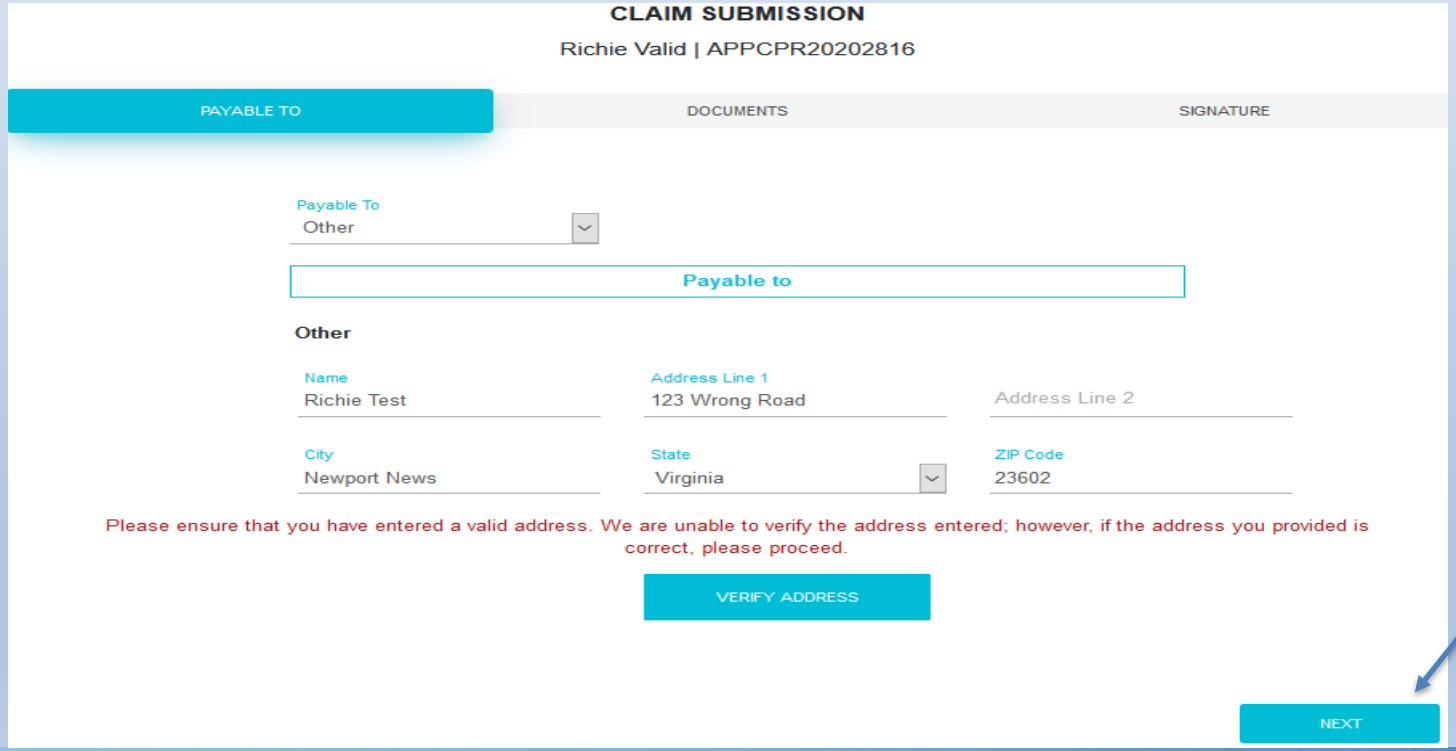
- If your address needs to be updated, select “Other” and complete the required fields, then select **Verify Address**.
- If “Address Verified” appears, click **Next** to proceed



Submitting a Claim *(continued)*

Payable To

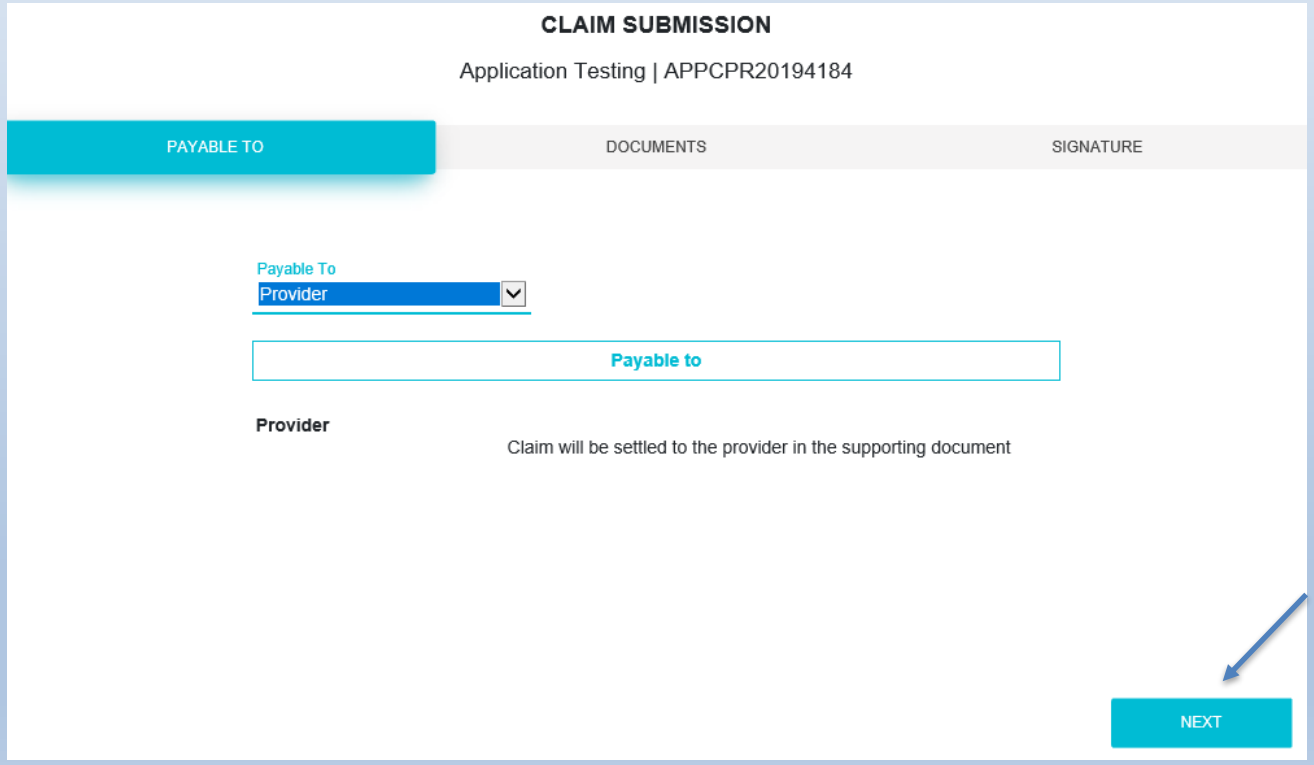
- If the system is unable to verify the address entered, please review and make necessary corrections. If the address provided is correct, click **Next** to proceed.



Submitting a Claim*(continued)*

Payable To

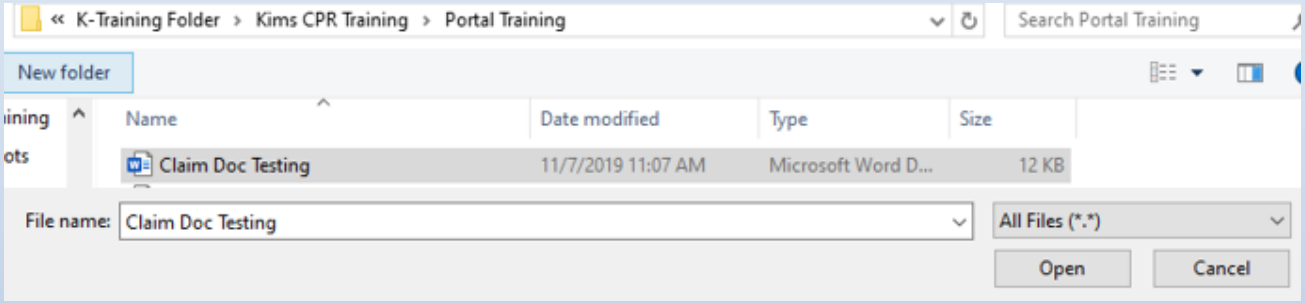
- If **Provider** is selected as the payee from the drop-menu for provider reimbursement, the payment will be issued to the provider listed on the supporting documents
- Click **Next** to proceed

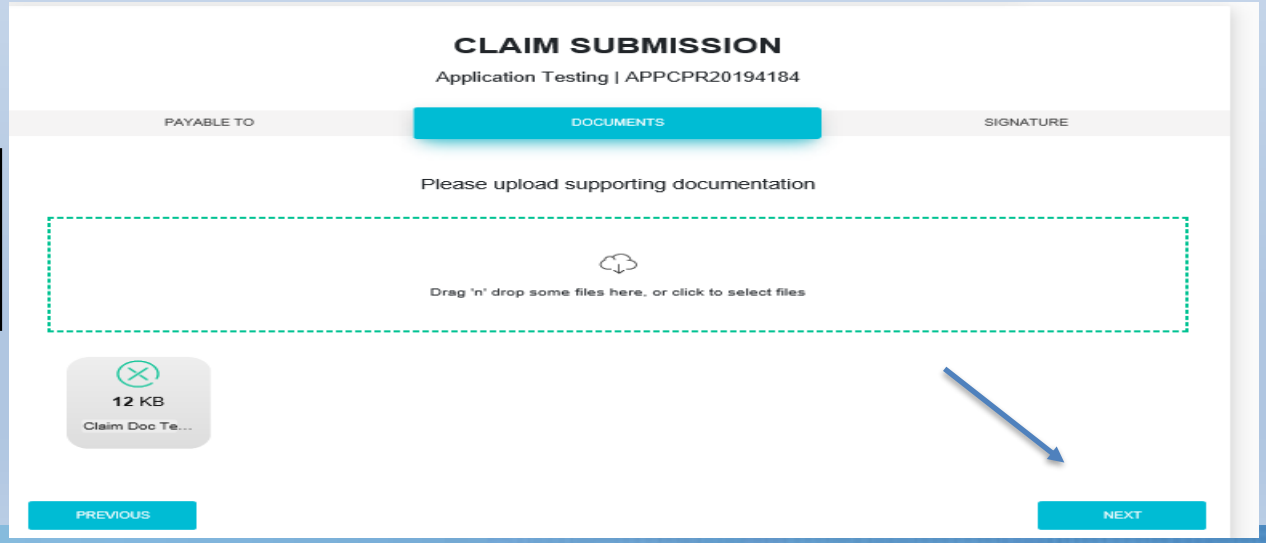


CLAIMS SUBMISSION
PATIENT PORTAL

Submitting a claim
Uploading supporting documents

- To submit supporting documentation, simply drag and drop the file or click the box to upload required documents
- Your document(s) will appear on this screen once they have been successfully uploaded
- Once complete, click **Next** to proceed to the **Signature** tab



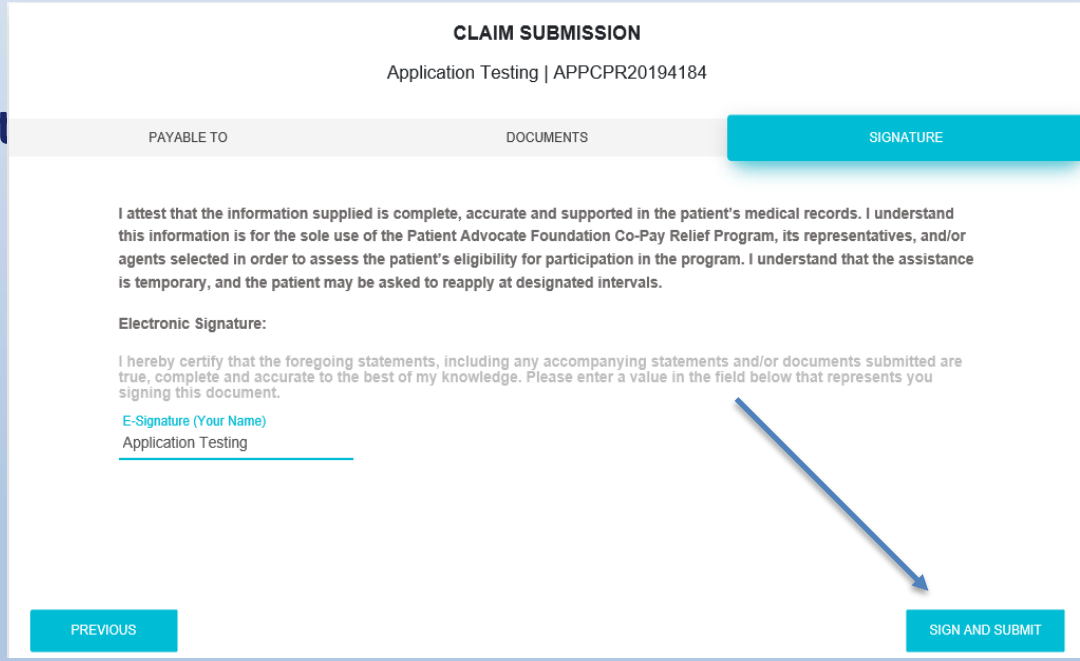


QUICK TIP
For patient reimbursement, proof of payment is required

Claims Submission
Patient Portal

Submitting a Claim

- Review the Claim Attestation
- Enter your electronic signature
- Click Sign and Submit
- You will be redirected to the Dashboard
- To learn about the new Dashboard and its features, view the **Patient Enhancement User Guide**



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Contact Information

421 Butler Farm Road

Hampton, VA 23666

Have Questions about using the Portals? Call us!

Phone: (866) 512-3861, **Option 5**

(Portal Inquiries/Technical Issues)

Fax: (757) 952-0119

Website: www.copays.org

E-Mail: cpr@patientadvocate.org

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Patient Portal Dashboard User Guide

Welcome to the Patient Dashboard!

Our goal with the patient dashboard is to deliver an improved online experience that is more efficient, provides more actionable information to you based on your needs and is in a format that is customizable and takes less of your valuable time to use!

TABLE OF CONTENTS
PATIENT PORTAL DASHBOARD

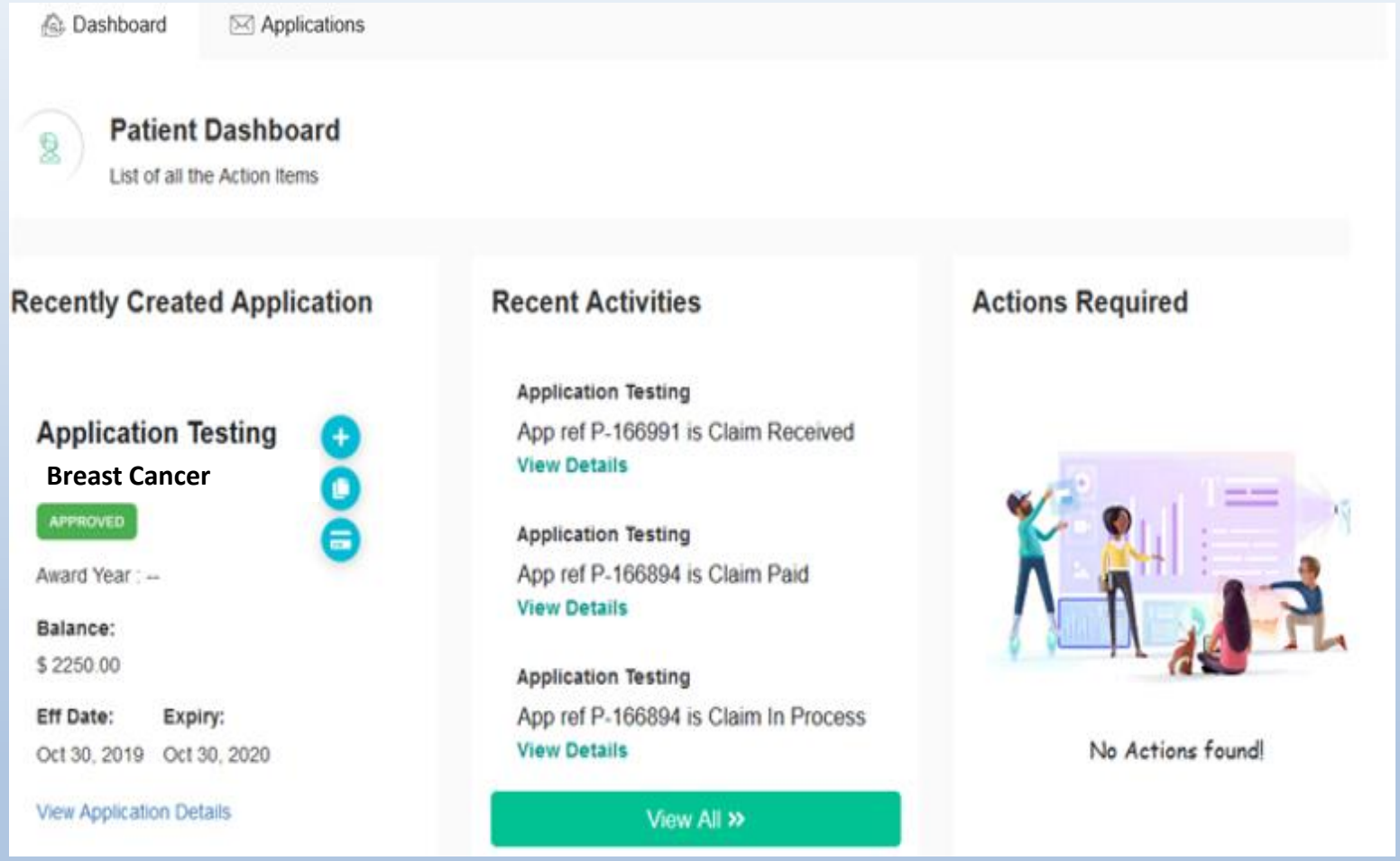
This guide will walk you through the enhanced features of your dashboard, to include:

- **Dashboard Features (pages 4-7)**
- **Applications Tab (pages 8-13)**
- **Contact Information (page 14)**

LANDING PAGE
PATIENT PORTAL DASHBOARD

The landing page consists of two parts:

- **Dashboard**
  - Your Recently Created Application
  - Recent Activities
  - Actions Required by you
- **Applications**
  - List of all the applications in your account
  - Create New Applications



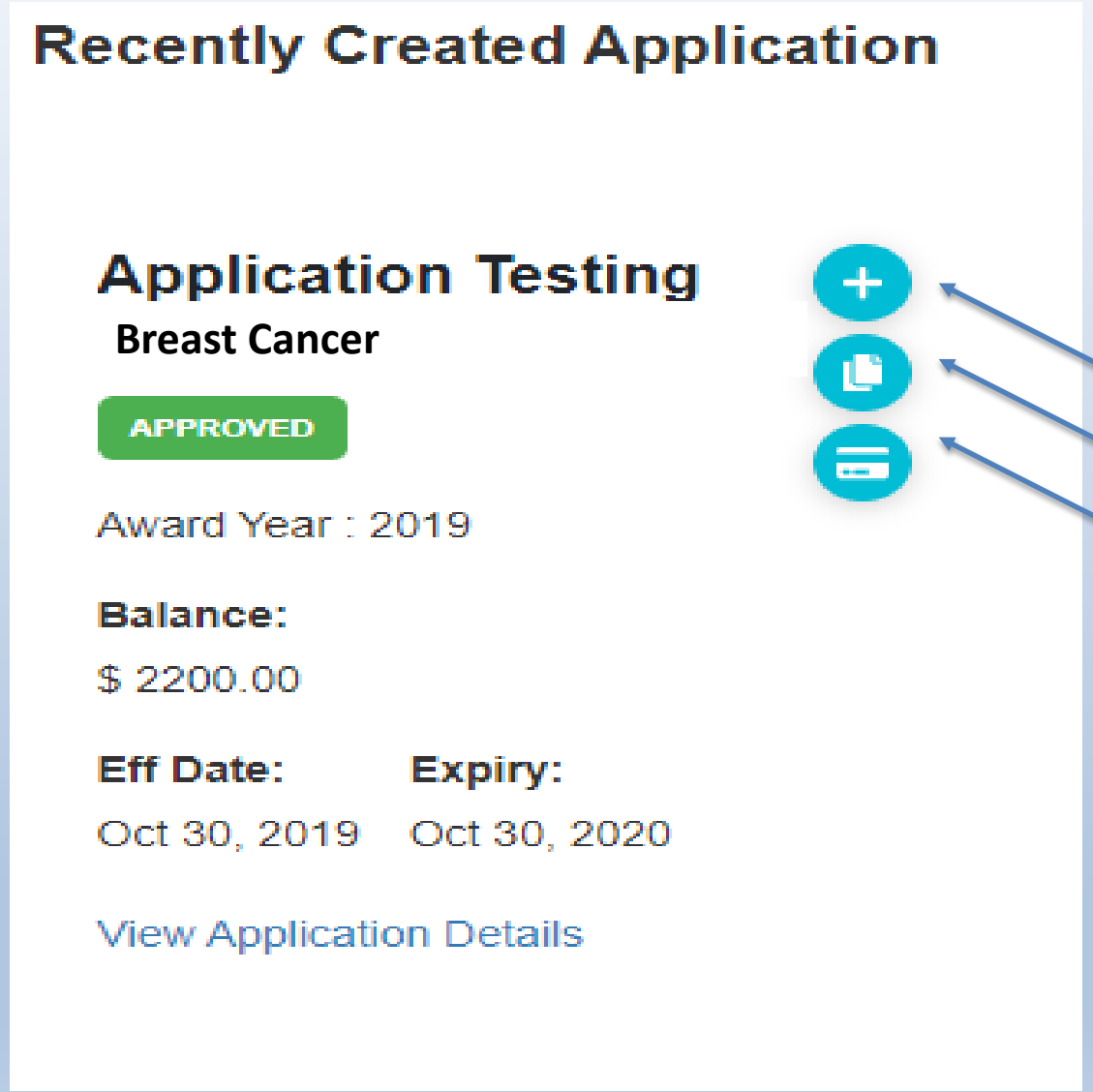
DASHBOARD FEATURES
PATIENT PORTAL

Dashboard:

Recently Created Application

The Recently Created Application section will display the following information:

- Patient's Name
- Selected Diagnosis
- Application Status (Approved, Pending or Denied)
- Account Balance
- Approval (Eff)/Expiration(Expiry) Dates
- Action Buttons
- View Application Details
  - ➢ Allows the user to view specific details of the application



QUICK TIP
Select the Action Button to:

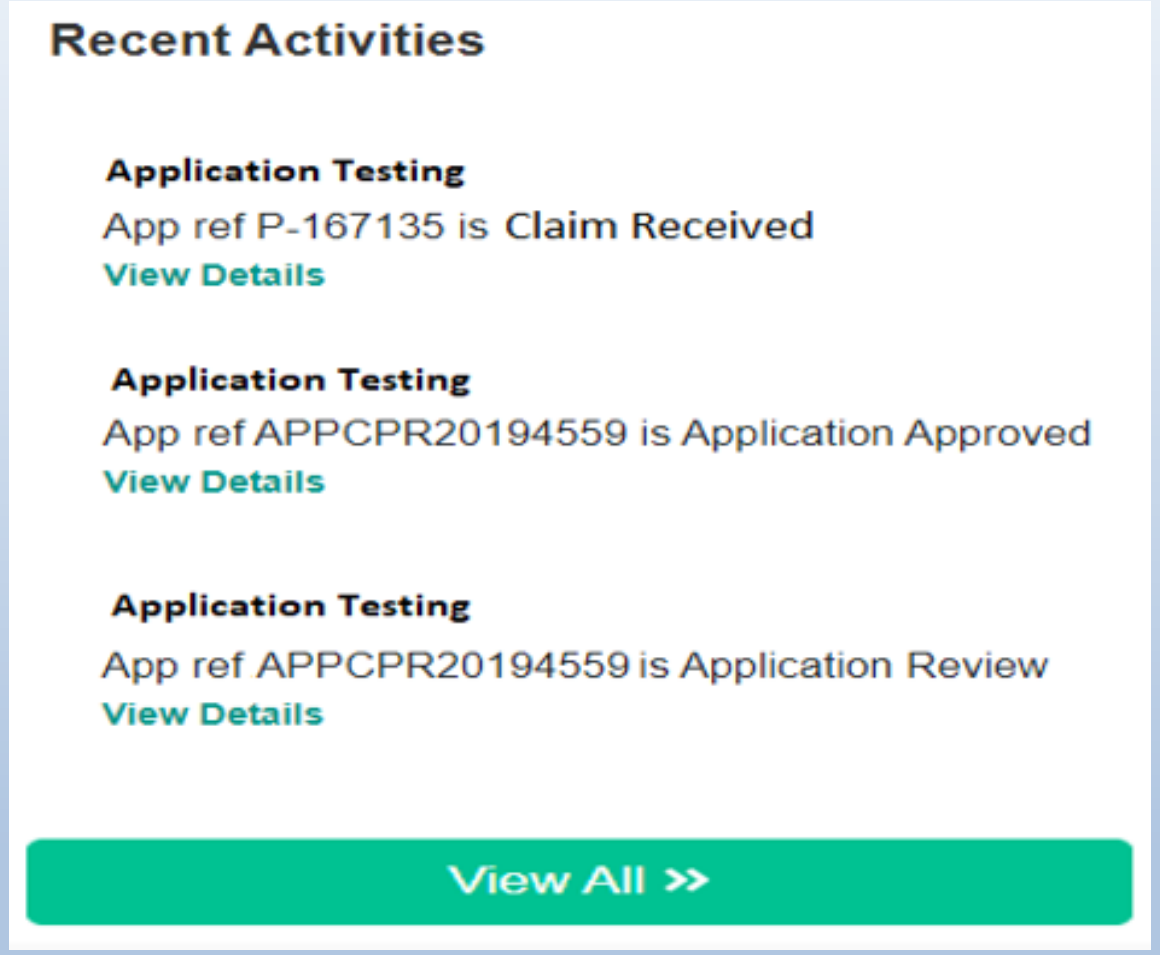
- View Claims
- View Documents
- View Virtual Pharmacy Card

DASHBOARD FEATURES
PATIENT PORTAL

Dashboard:

Recent Activities

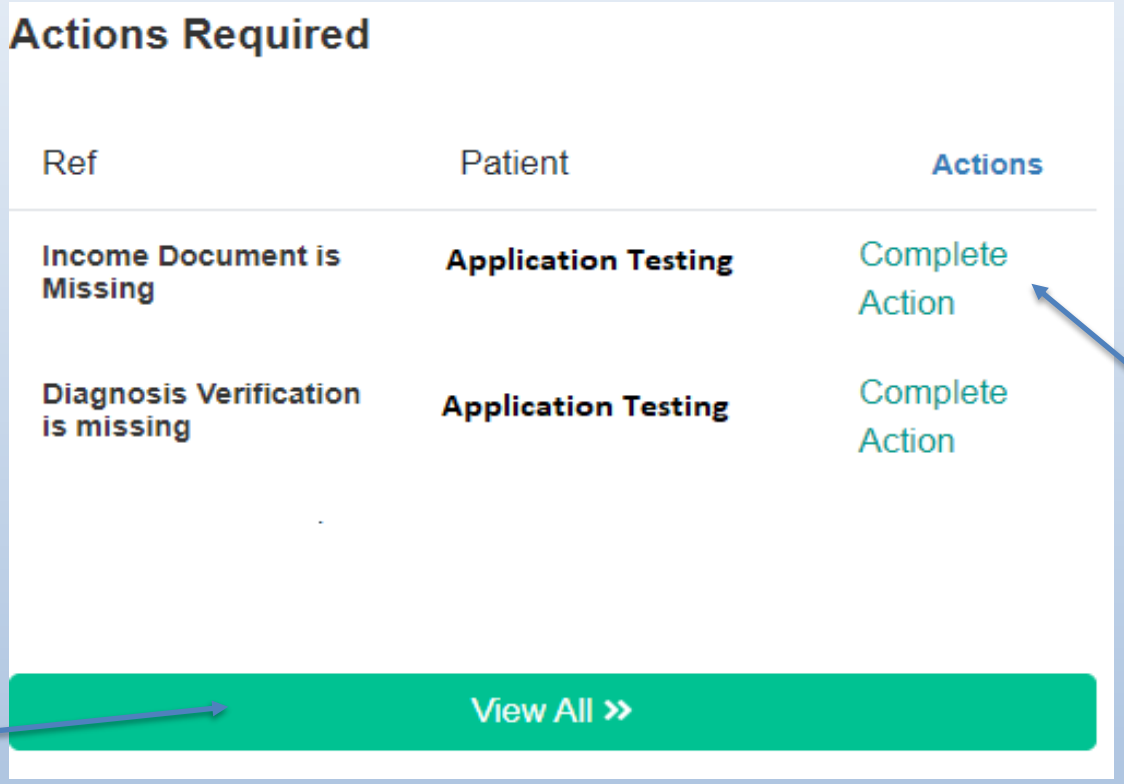
- The Recent Activities section will show the three most recent activities on the patient's account
- To view additional activities, click **View All**
- View Details
  - ➢ Allows the user to view specific details of the selected activity



Dashboard:

Actions Required

- The Actions Required section will provide the user with information on the most current time-sensitive actions that are necessary for:
  - Pending accounts that are missing information/documentation
  - Reminders about award utilization requirements for approved accounts
  - Reminders to reapply, if needed, at the end of the award period
- To view additional actions required, click **View All**



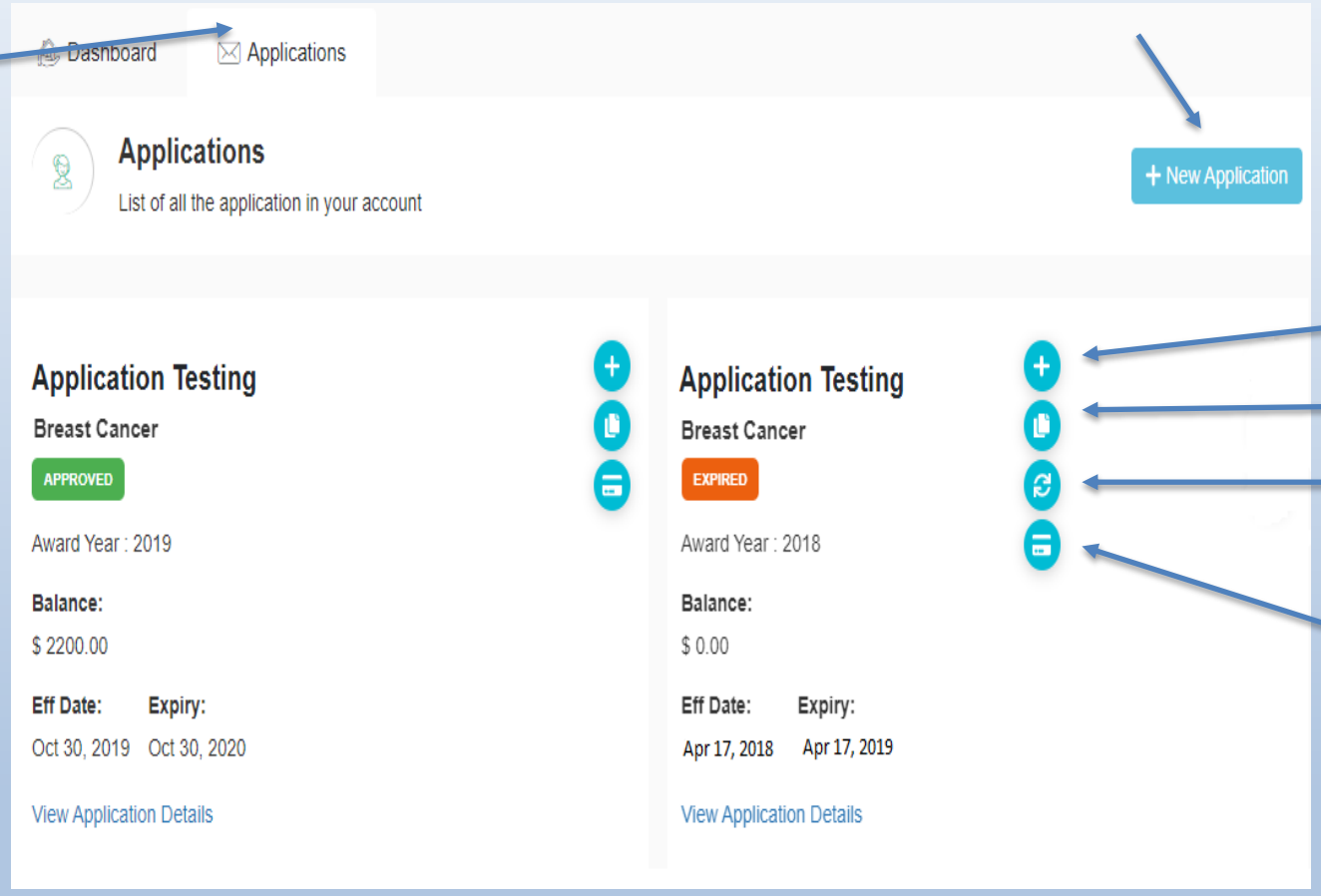
QUICK TIP
Select the **Complete Action** Button to upload the required document(s)

DASHBOARD FEATURES
PATIENT PORTAL

Applications:

Landing Page

- From the landing page, click the **Applications** tab to view details of all the applications in your account
- First-time applicants will need to click **+New Application** to create an application
- User will be able to complete actions within a specific application by selecting an action button
- View Application Details
  - ➢ Allows the user to view specific details of the selected application



QUICK TIP
Select the Action Button to:

- View Claims
- View Documents
- Reapply (Existing Patients)
- View Virtual Pharmacy Card

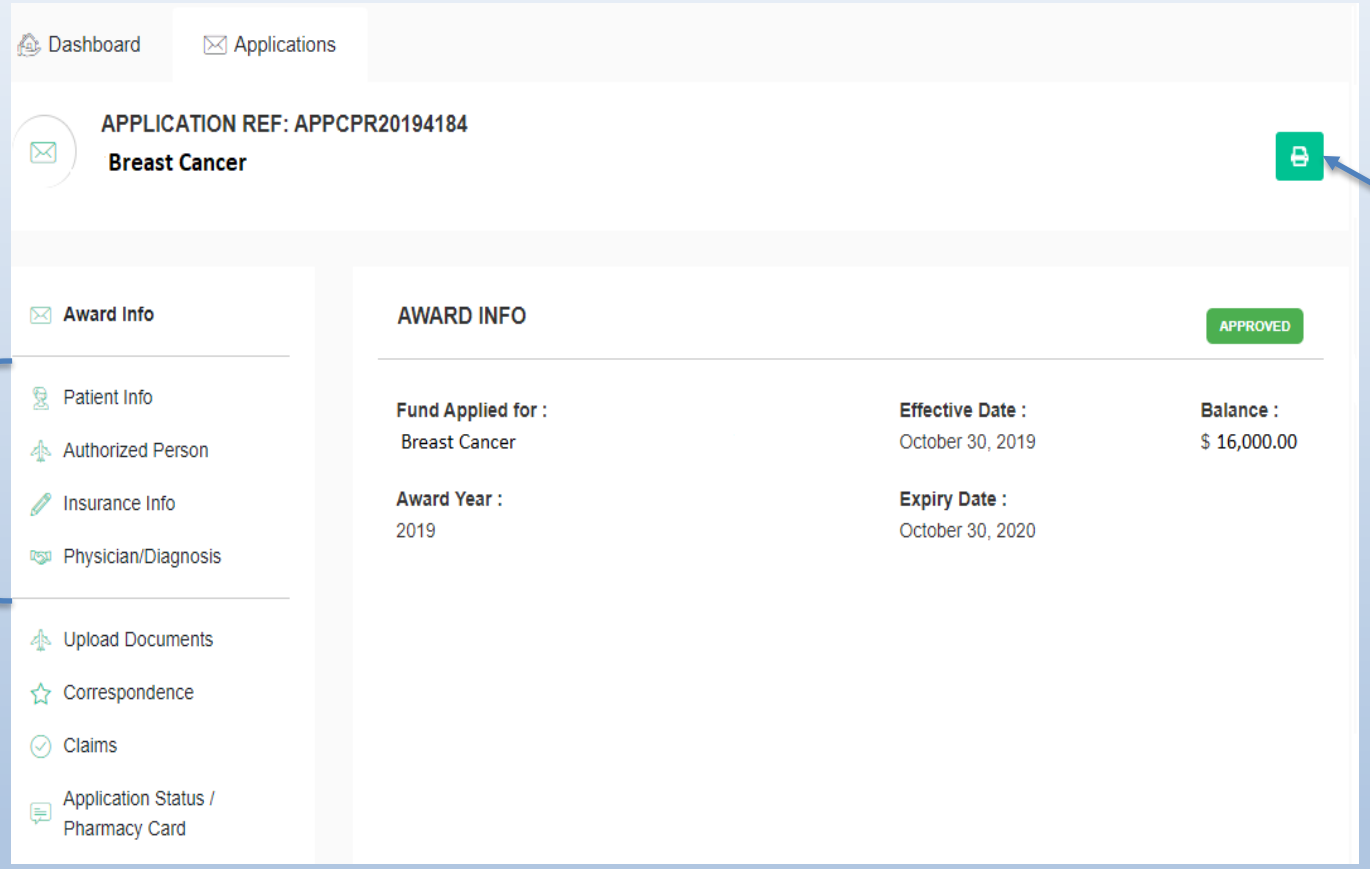
DASHBOARD FEATURES
PATIENT PORTAL

Applications:

Award Info

- The **Award Info** section provides details about the award
  - Fund Name
  - Application Status
  - Effective/Expiry Dates
  - Balance

- The **Application Summary** section provides detailed information captured during the application process



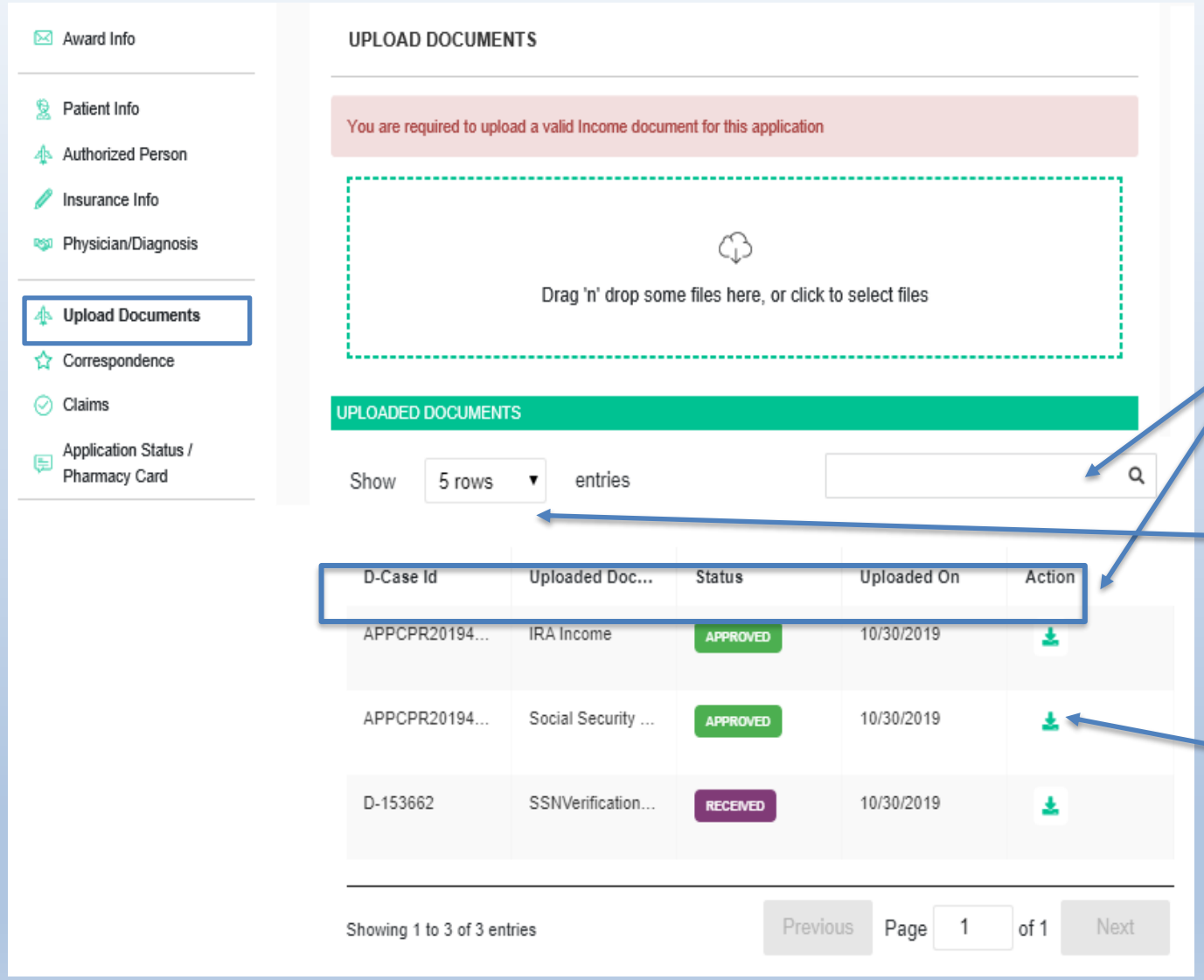
QUICK TIP
Click the **Print** button to print a copy of the completed application

DASHBOARD FEATURES
PATIENT PORTAL

Applications:

Upload Documents

- The **Upload Documents** section will allow the user to upload required documents for pending and approved applications
- The user can also search and filter to review their uploaded documents by using several search methods



QUICK TIPS

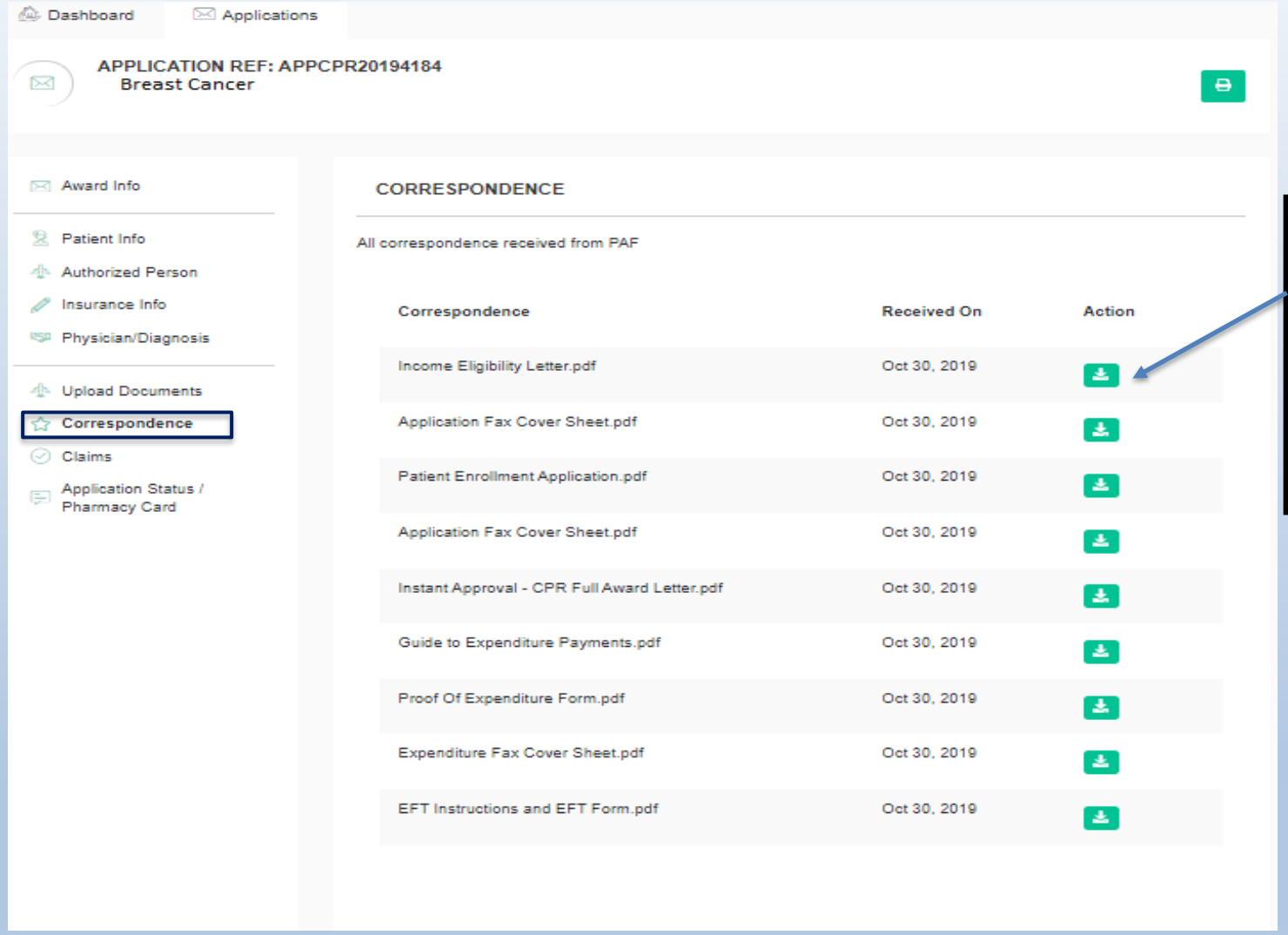
1. To narrow your search results, enter specific document identifiers or click the column header to sort
2. You can also show additional rows to expand your search
3. Select the Action Button to:
   - View your uploaded document(s)

DASHBOARD FEATURES
PATIENT PORTAL

Applications:

Correspondence

- The **Correspondence** section allows the user to view all correspondence received from PAF



QUICK TIP
Select the Action Button to:

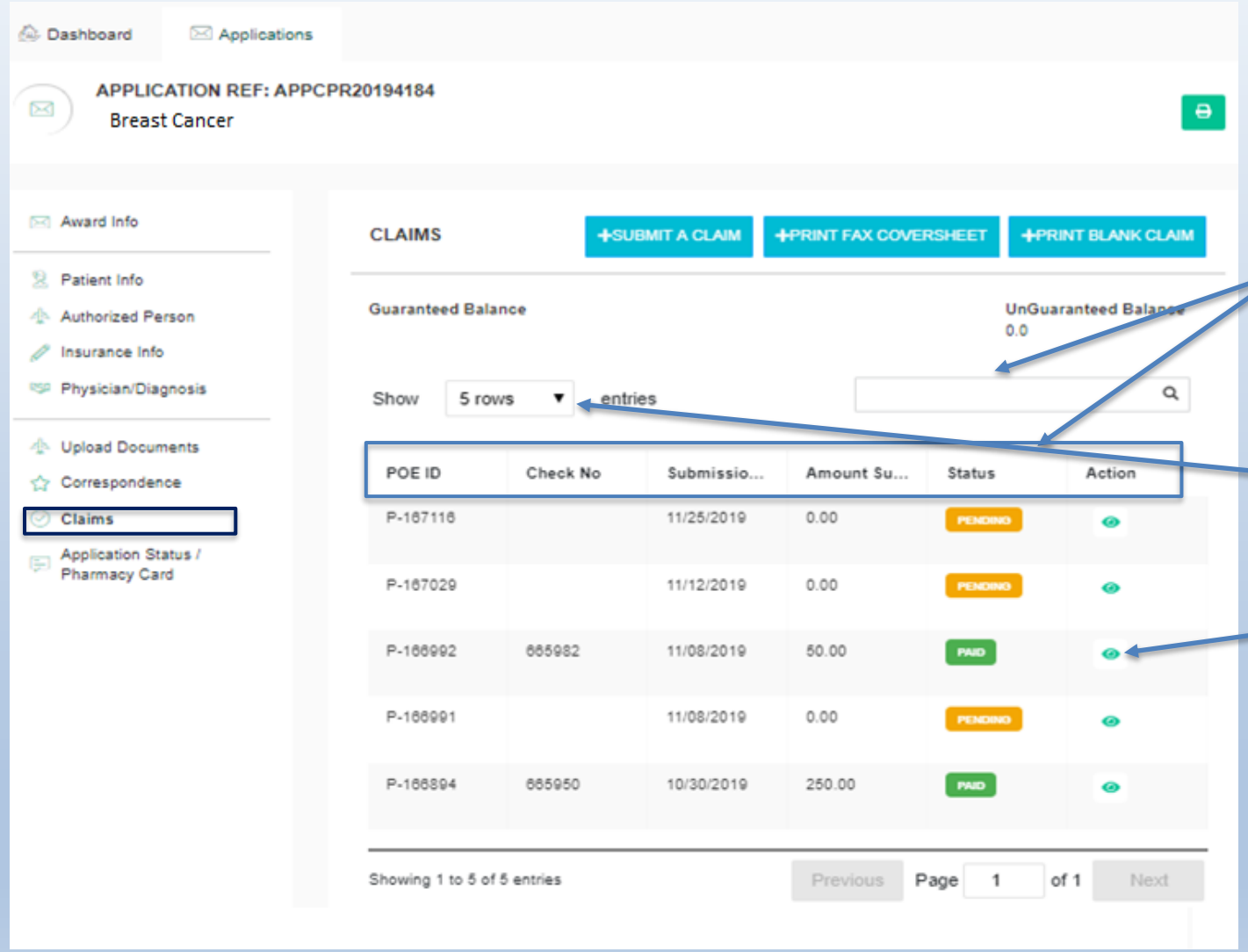
- Download Correspondence

DASHBOARD FEATURES
PATIENT PORTAL

Applications:

Claims

- The **Claim** section allows the user to view all claims associated with the application
- To enter a claim from this screen, select **+Submit A Claim**
- From this screen, you can also print a blank Proof of Expenditure Form and a uniquely barcoded fax cover sheet specific to the award



QUICK TIPS

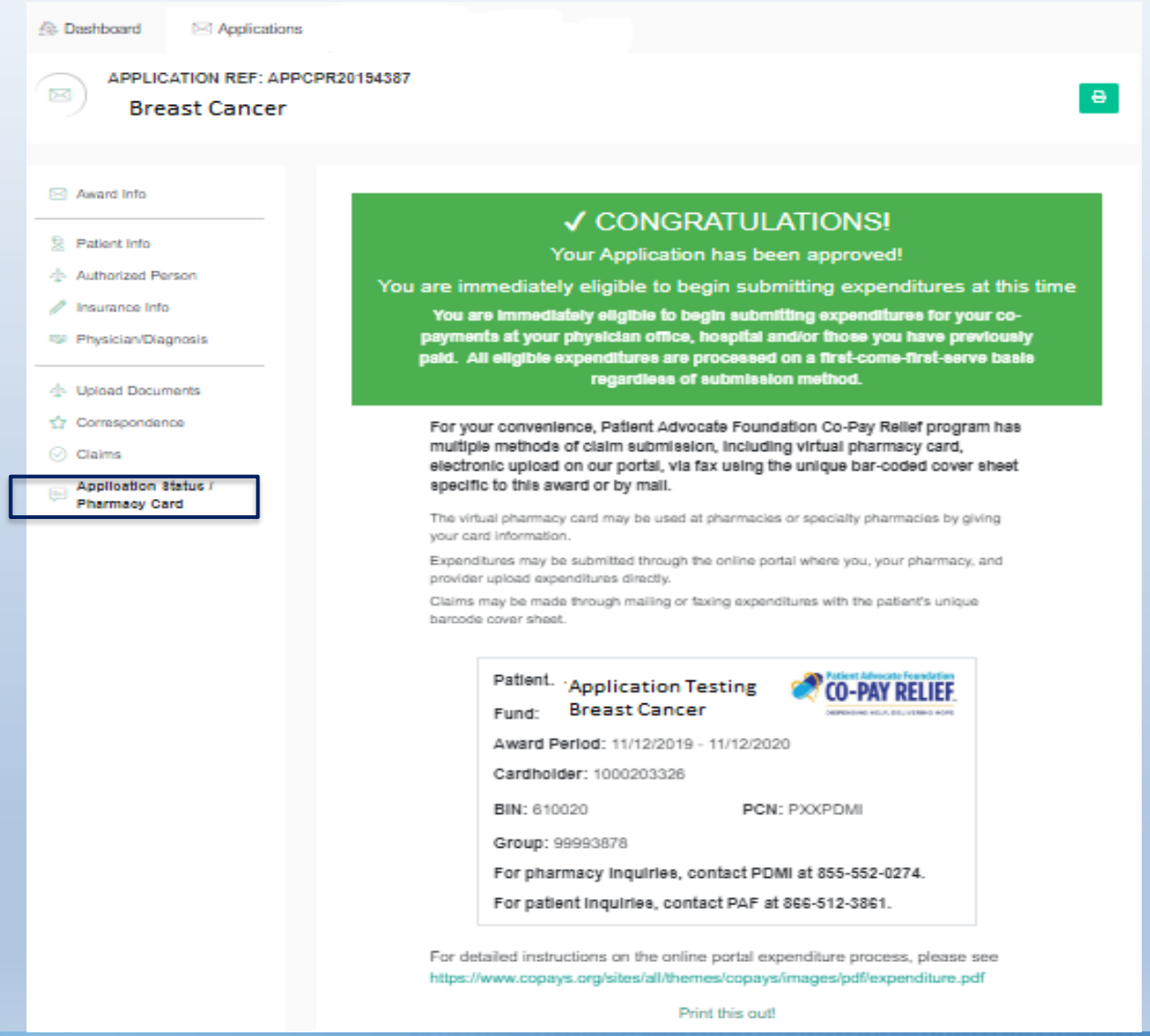
1. To narrow your search results, enter specific claim details or click the column header to sort
2. You can also show additional rows to expand your search
3. Select the Action Button to:
   - View uploaded document(s)

DASHBOARD FEATURES
PATIENT PORTAL

Applications:

Application Status/Pharmacy Card

- The **Application Status/Pharmacy Card** section provides you with the current account status
- Approved patients can also view and print their Virtual Pharmacy Card



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