



# CoverMyMeds User Guide: Cases

Training Resource for Health Care Providers and Provider Office Users

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## Introduction

The purpose of this guide is to assist you in understanding the capabilities and nuances of Cases available in your CoverMyMeds account.

CoverMyMeds gives providers the opportunity to electronically enroll patients into hub services or electronically initiate other medication access services like prior authorization. Several access steps that are typically manual within a traditional hub are available through a single location, Cases, and automated technology and pull through support, when needed. The result is a streamlined provider workflow and potential for improved speed to therapy for patients.

Throughout this guide, visuals are provided, accompanied by any actions required from the provider or provider office user, to illustrate the detailed user experience.

**The following annotations are used to designate actionable parties. The responsible party will vary depending on how the drug program has been set up.**



Represents a required action by the provider or provider office user in order to move the patient further in the process.



Represents an action that will be taken by the Patient Services team that is made up of case managers and patient account coordinators on-site at CoverMyMeds and RxCrossroads by McKesson. This team's actions will be reflected in your patient's case as they are finalized.

GETTING STARTED



# GETTING STARTED

## Account Access & Creation



If you do not have a CoverMyMeds account, follow the proceeding steps:

1. Visit [covermymeds.com](https://covermymeds.com) and click "Create Free Account"
2. Enter the required information in the form fields

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About Solutions News & Insights Support Careers Enter Key [CREATE A FREE ACCOUNT](#)

Welcome back!

Log into your CoverMyMeds account to create new, manage existing and access pharmacy-initiated prior authorization requests for all medications and plans.

Need help? [Visit our support page.](#)

Log in

Username

Password

[LOG IN](#)

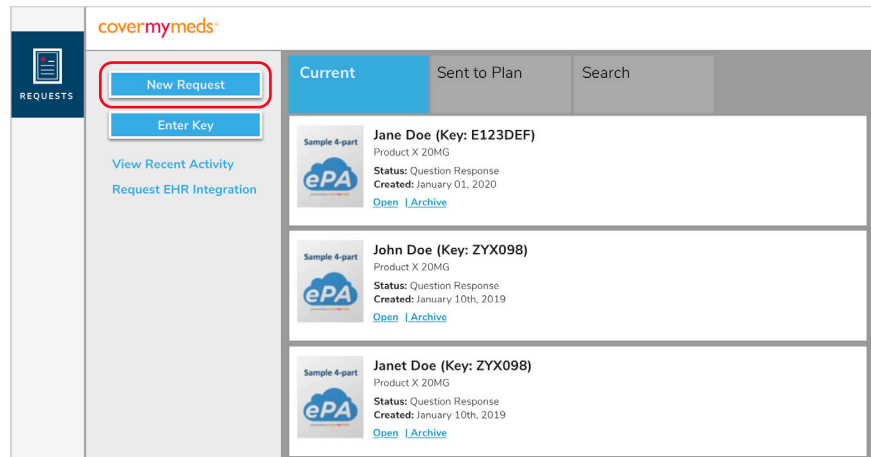
[FORGOT USERNAME OR PASSWORD?](#)

[Click to Chat with CoverMyMeds](#)

## Starting a Patient Case

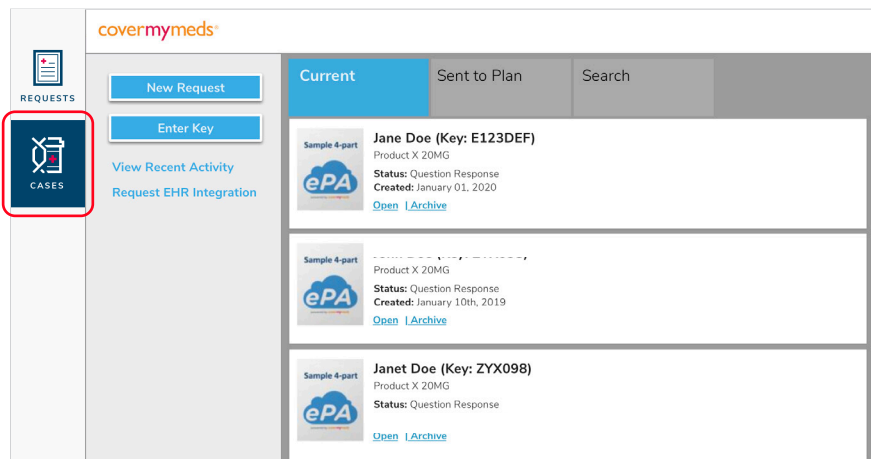


If you are accessing CoverMyMeds for the first time, you will select the “New Request” button in the top left corner of your screen. This will direct you to the form pick menu.



## Cases

If you have previously accessed Cases, you can navigate to it now with the navigation tabs on the left side of the page.



Starting a Patient Case



From there, select “Start New” which will take you to the Find the Request You Need page where you can enter the medication name.

REQUESTS

CASES

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START NEW

ENTER KEY

Search by patient name or date of birth (ex: 12/31/1980)

Sort By: Most Recent

Expand All | Collapse All

<div>Jane Doe</div> <div>CASE KEY E-123DEF</div> <div>DOB 01/01/1981 RX BRAND X</div>	<div>ENROLLMENT</div> <div>Complete</div>	<div>PRIOR AUTH.</div> <div>New (Not Sent to Plan)</div>	<div>ACTION REQUIRED</div> <div>Prior Authorization</div>
---	---	--	---

## Starting a Patient Case: Form Pick



Once the medication name is selected, you can choose to start a patient case any of the following ways from the menu that populates:

- Enrollment into hub services
- Initiating a prior authorization request
- Beginning a patient benefits verification

These actions can be taken at any time, as is the opportunity to go back and complete any of the incomplete actions.

Please review the proceeding pages for guidance on how to complete your selected option(s).

The screenshot displays the CoverMyMeds user interface. At the top, there is a navigation bar with the logo, 'Your Preferences', 'Help', 'Privacy & Terms', 'Logged in as Joyce Doe', and a 'Logout' link. Below this is a header section titled 'Find the request you need'. The main content area features a 'Find Your Medication' search bar with the text 'Name of Medication' and 'Brand X 20MG' entered. Below the search bar, there is a section titled 'Patient Services Available for Brand X' with the instruction 'Please select the action you would like to take.' This section contains three options, each with a description and a corresponding button: 'Enrollment Form' (Enroll your patient in hub assistance, START ENROLLMENT button), 'Prior Authorization' (Initiate a prior authorization for your patient, START PA button), and 'Benefits Verification' (Instantly learn more about your patient's coverage details, CHECK BENEFITS button). At the bottom of the page, a disclaimer states: 'CoverMyMeds provides forms to users of this service regardless of drug, brand, plan or other relationship (business or otherwise). If a form is unavailable, incorrect, or if you have questions, please contact us.'

*Find the Request You Need menu options will vary depending on the patient support or hub services available for the medication. Some programs are mandatory hubs, while others are not and the program can be set up with varying self-service patient support services.*

# PATIENT ENROLLMENT

## Enrolling a Patient in Hub Services



If you are opting to enroll the patient in hub services, you will select the “Start Enrollment” option. From there, the appropriate enrollment form will open for you to begin completing.

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Your PreferencesHelpPrivacy & TermsLogged in as Joyce Doe | Logout

Find the request you need

Find Your Medication

Name of Medication

Brand X 20MG

Q

Patient Services Available for Brand X

Please select the action you would like to take.

Enrollment Form

Enroll your patient in hub assistance.

START ENROLLMENT

Prior Authorization

Initiate a prior authorization for your patient.

START PA

Benefits Verification

Instantly learn more about your patient's coverage details.

CHECK BENEFITS

CoverMyMeds provides forms to users of this service regardless of drug, brand, plan or other relationship (business or otherwise). If a form is unavailable, incorrect, or if you have questions, please contact us.



Completing the Enrollment Form



Once the enrollment form is open, all fields within the form should be completed. The enrollment form also includes the opportunity to capture patient preferences for additional services like copay assistance and clinical support. These service offerings will vary depending on the program.

**NOTE:** Please check that all information for the patient and medication are correct.

REQUESTS

CASES

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DOWNLOAD/PRINTSAVE

SUBMIT ENROLLMENT FORM

ENROLLMENT ⓘ

Medication: Brand X

Form: Hub Enrollment

Description: Enrollment form for Brand X

FORM STATUS ⓘ

New (Not Sent to Plan)

Patient Information

First Name

Jane

Last Name

Doe

Date of Birth

01/01/1981

MM/DD/YYYY

Gender

Female

▼

Street Address

1234 West Main Street Columbus Ohio, 43214

Home Phone

(123) 456-7890

Cell Phone

(098) 765-4321

PREFERRED METHOD OF CONTACT

☐ Home Phone

☒ Cell Phone

# Enrollment Prescribing Feature



The enrollment form within CoverMyMeds can also be configured with our enrollment prescribing feature, which gives the option to prescribe the therapy directly from the enrollment form.

Selecting to prescribe via the enrollment form allows the provider to simultaneously prescribe therapy while enrolling the patient into the support program.

Prescribing Authorization

Prescribers may authorize you to transmit prescriptions on their behalf. Choose an authorizing prescriber to autofill prescriber information, including prescriber signature.

Prescriptions created using an authorized prescriber are valid prescriptions and will not require confirmation phone calls from CoverMyMeds Specialty Pharmacy.

Authorizing Prescriber  
Not set

Prescriber Information

Name: First

Required

Name: Last

Required

NPI # Must be 10 Digits  
#####

Required

Tax ID #

Important

State Medical License #

Important

Office Name:

Address: Street

Important

## Prescriber Authorization



If the provider is not already an authorized prescriber they can become authorized by following these simple steps:

**Select Account** (on the lower left), then **Account Preferences** › **Account Management** › **Manage Prescribing Authority**

From there they will answer a few questions to verify their credentials and authorize them as a prescriber within CoverMyMeds.

Name: Last  
Patientn

Date of Birth:  
mm/dd/yyyy

### Complete Prescriber Authorization

Your enrollment form has been submitted.

CoverMyMeds Specialty Pharmacy will be calling your office to confirm the prescription(s) on this form because your Prescriber Authorization is not complete. CoverMyMeds provides the ability for the prescriber to authorize users who are completing enrollments to transmit prescriptions on their behalf.

To avoid these confirmation calls in the future, please complete your authorization for this NPI. Once authorized, CoverMyMeds will prepopulate your prescriber's information on enrollment forms and completed enrollments will include valid prescriptions.

[GO TO CASES](#) [COMPLETE AUTHORIZATION](#)

Address: City  
CBus

Address: State  
Ohio

Once authorized, they can choose to approve authorized delegates within their office to send a prescription on their behalf. Office delegates will follow the same simple steps detailed above to verify their credentials, as well as the NPI they are requesting approval on behalf of to transmit prescriptions.

**NOTE:** Office delegates may be authorized prescribers for multiple NPIs they support.

This process streamlines the prescribing process which can help reduce pharmacy call backs to the office to validate the prescription, aiding in a quicker speed to therapy.

## Capturing Patient Authorization



The top of the enrollment form includes an area for the patient's and/or caregiver's signature, allowing you to quickly capture patient authorization while the patient is still in the office. By signing, the patient is acknowledging their information and preferences outlined in the enrollment form, along with authorizing (or choosing to not authorize) TCPA consent and consent to participate in financial assistance programs like co-pay assistance or PAP programs.

If patient authorization is not captured in the office, CoverMyMeds will reach out on your behalf to capture the patient or caregiver's signature.

- » You will need to include the patient's email address in the enrollment form if you intend to have authorization captured via email.
- » Additionally, a tear sheet containing the patient's signature can be faxed to CoverMyMeds or electronically uploaded to the enrollment form. Tear sheets will either be provided to you from the manufacturer or are also typically available for download on the drug-specific patient support services website. The program fax number can be found on the enrollment form and tear sheet.

**NOTE:** No new technology is needed for e-signature capture.

ACCOUNT

LOGOUT

### Patient Signature

Patient Name  
Jane Doe

Legal Guardian Name

Legal Guardian Email

SELECT SUPPORT OPTIONS

☒ Authorization to share PII and Patient Services Authorization:  
I have read and understand the Authorization

☒ Additional Educational Communications and Marketing Authorization:  
I have read and understand the authorization terms and conditions.

☒ Enroll in Clinical Adherence Program:  
I would like to enroll in Nursing Services for Brand X.

Patient Signature (not care partner):


CLEAR

SUBMIT ENROLLMENT FORM


Submitting Enrollment Form to Patient Services



Upon clicking “Submit Enrollment Form,” Cases opens to your case list, where all your patient cases live.



ACCOUNT



LOGOUT

Patient Signature

Patient Name

Jane Doe

Legal Guardian Name

Legal Guardian Email

SELECT SUPPORT OPTIONS

☒ Authorization to share PHI and Patient Services Authorization:  
I have read and understand the Authorization

☒ Additional Educational Communications and Marketing Authorization:  
I have read and understand the authorization terms and conditions.

☒ Enroll in Clinical Adherence Program:  
I would like to enroll in Nursing Services for Brand X.

Patient Signature (not care partner):

Jane J. Doe

CLEAR

SUBMIT ENROLLMENT FORM

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# SELF-SERVICE PATIENT SUPPORT SERVICES

## Initiating Self-Service Patient Support Services



If you're not enrolling a patient into hub services, and the drug program enables self-service options like initiating a PA request or checking patient benefits, those options will appear in the Find the Request You Need page menu for the drug.

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[Your Preferences](#) [Help](#) [Privacy & Terms](#) [Logged in as Joyce Doe](#) | [Logout](#)

Find the request you need

Find Your Medication

Name of Medication

Brand X 20MG

Q

Patient Services Available for Brand X

Please select the action you would like to take.

Enrollment Form

Enroll your patient in hub assistance.

START ENROLLMENT

Prior Authorization

Initiate a prior authorization for your patient.

START PA

Benefits Verification

Instantly learn more about your patient's coverage details.

CHECK BENEFITS

CoverMyMeds provides forms to users of this service regardless of drug, brand, plan or other relationship (business or otherwise). If a form is unavailable, incorrect, or if you have questions, please contact us.

Initiating a  
PA Request



To initiate a prior authorization request, select the “Start PA” option on the Find the Request You Need page, which will take you to the prior authorization form to complete.

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[Your Preferences](#) [Help](#) [Privacy & Terms](#) [Logged in as Joyce Doe](#) | [Logout](#)

Find the request you need

Find Your Medication

Name of Medication

Brand X 20MG

Q

Patient Services Available for Brand X

Please select the action you would like to take.

Enrollment Form

Enroll your patient in hub assistance.

START ENROLLMENT

Prior Authorization

Initiate a prior authorization for your patient.

START PA

Benefits Verification

Instantly learn more about your patient's coverage details.

CHECK BENEFITS

CoverMyMeds provides forms to users of this service regardless of drug, brand, plan or other relationship (business or otherwise). If a form is unavailable, incorrect, or if you have questions, please contact us.

## Completing Prior Authorization



Complete all patient, prescription and diagnosis information.

The screenshot shows the 'Cases' page for Jane Doe. The header includes the CoverMyMeds logo, navigation links (Help, Privacy & Terms, Logged in as Test, Logout), and a 'GO TO CASE' button. The patient information section includes fields for First Name (Jane), Last Name (Doe), Date of Birth (01/01/1981), and Gender (Female). The medication section shows 'Medication: Brand X', 'Form: Brand X', and 'Description: PA form for Brand X'. The form status is 'New (Not Sent to Plan)'. Buttons for 'DOWNLOAD/PRINT', 'SAVE', and 'NEXT' are visible.

Once all information on the prior authorization form is complete, select "Submit PA Form."

The screenshot shows the 'Cases' page for Jane Doe, with the 'Additional Questions' section expanded. The questions are: 'WOULD THE PRESCRIBER LIKE TO REQUEST AN OVERRIDE TO PA?' (Yes/No), 'HAS THE PATIENT RECEIVED PHARMACY BENEFIT IN THE PAST 180 DAYS?' (Yes/No), and 'IS THIS A REAUTHORIZATION REQUEST?' (Yes/No). The 'SUBMIT PA FORM' button is highlighted with a red box. The 'FORM STATUS' remains 'New (Not Sent to Plan)'.

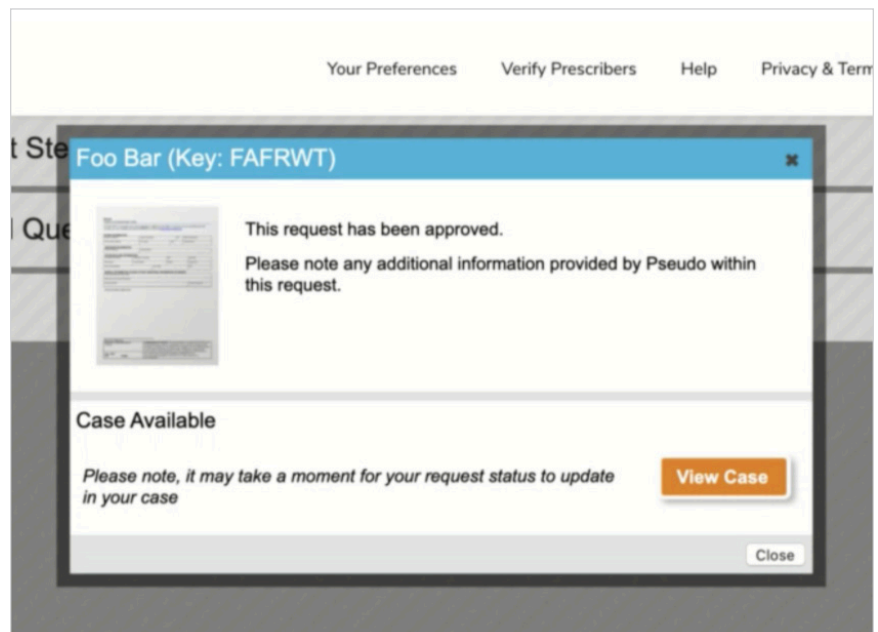


## ePA Submission Confirmation



Upon submitting the prior authorization request, a confirmation will pop-up in screen that the request has been sent to the plan. If no response is received CoverMyMeds will follow up.

NOTE: The status of the prior authorization can be found in the patient's case.



Performing a  
Benefits Verification



To perform a benefits verification, select the “Check Benefits” option on the Find the Request You Need page, which will take you to the Benefits Verification (BV) form to complete.

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Your PreferencesHelpPrivacy & TermsLogged in as Joyce DoeLogout

Find the request you need

Find Your Medication

Name of Medication

Brand X 20MG

Q

Patient Services Available for Brand X

Please select the action you would like to take.

Enrollment Form

Enroll your patient in hub assistance.

START ENROLLMENT

Prior Authorization

Initiate a prior authorization for your patient.

START PA

Benefits Verification

Instantly learn more about your patient's coverage details.

CHECK BENEFITS

CoverMyMeds provides forms to users of this service regardless of drug, brand, plan or other relationship (business or otherwise). If a form is unavailable, incorrect, or if you have questions, please contact us.

## Completing the BV Form

Complete all the patient, insurance and medication information in the Benefits Verification form.

[illegible]

**Completing  
the BV Form**



Once all information on the Benefits Verification form is complete, select “Run Benefits Check”. You can also optionally choose to opt in to run a Benefits Investigation by selecting the check box at the end of the form

PCN

**Prescriber Information**

Prescriber NPI (Required)

**Additional Services**

☐ I acknowledge by selecting this option I am agreeing to have CoverMyMeds perform eligibility and benefits verification, when necessary, for this patient on my behalf.

RUN BENEFITS CHECK

## BV Confirmation



Upon running the benefits check, you will be taken to a new screen confirming coverage details.

If a PA request has not been completed to this point, this page will populate the appropriate form for you to complete. The PA request will be auto-populated with patient demographic information from the Benefits Verification form.

This page may also display estimated pharmacy costs to share with your patient.

REQUESTS

CASES

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Jane Doe

CASE KEY E-123DEF

D.O.B. 01/01/1981

Brand X 20MG

Pharmacy Coverage Details

Results Returned: 03/02/2020

Insurance

Humana Preferred  
Open Access Plan

Prescription Insurance ⓘ

Commercial

PA Requirement ⓘ

PA Required

We found the appropriate Prior Authorization form and started it on your behalf:

PHARMACY BENEFIT

**Humana General Prior Authorization Request Form**

Prior Authorization Request Form used for members who belong to a Humana pharmacy plan. Note: The member will usually have one ID card for both medical and pharmacy identified as Humana.

COMPLETE PA

Estimated Patient Cost (Optional)

ⓘ Request more information about out-of-pocket costs for your patient.

We'll call the plan and gather results for you. You will need to check back in one business day for details.

☐ I have a preferred pharmacy:

Search by Pharmacy Name and Zipcode, or Fax Number

Q

Your preferred pharmacy may not be used if it is out of network.

☐ I do not have a preferred pharmacy.

REQUEST COST INFORMATION

# CASES OVERVIEW

## Navigating Cases



Unlike Requests, Cases is organized by patient case. Each case in your list shows basic demographic information, such as name and date of birth.

The status of any task within the patient case is featured here, alongside the patient’s name and alerts for any actions needed.

REQUESTS

CASES

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START NEW

ENTER KEY

Search by patient name or date of birth (ex: 12/31/1980)

Sort By: Most Recent

EXPAND ALL | COLLAPSE ALL

<div>Jane Doe</div> <div>CASE KEY E-123DEF</div> <div>DOB 01/01/1981 RX BRAND X</div>	<div>ENROLLMENT</div> <div>Complete</div>	<div>PRIOR AUTH.</div> <div>New (Not Sent to Plan)</div>	<div>ACTION REQUIRED</div> <div>Prior Authorization</div>
<div>Jonathan Doe</div> <div>CASE KEY K-123VIG</div> <div>DOB 3/12/1976 RX BRAND X</div>	<div>ENROLLMENT</div> <div>Not Started</div>	<div>PRIOR AUTH.</div> <div>Sent to Plan</div>	<div>ACTION REQUIRED</div> <div>Enrollment Form</div>

## Case List Functionality



Within Cases, you can select a single patient case from your case list to expand to see additional details like prescription and pharmacy information without having to leave your list to view an individual case. To expand a single case, you can select the blue carrot function to the right in the patient case task line.

Additionally, you can directly action on the tasks under “Case History” within the expanded view without clicking into the case.

Each of the items under “Case History” will take you directly to that task, bypassing the patient case page. Hover over a task and when the arrow appears, you can select that option.

# Case List Functionality



It will also be an option for you to expand all your cases within your case list view. You will simply select the “Expand All” feature at the top right of your case list to expand all cases. To close all cases, you will select the “Collapse All” feature at the top of your case list.

REQUESTS

CASES

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START NEW

ENTER KEY

Search by patient name or date of birth (ex: 12/31/1980)

EXPAND ALL

COLLAPSE ALL

Jane Doe

CASE KEY E-123DEF

DOB 01/01/1981 RX BRAND X

ENROLLMENT  
Complete

PRIOR AUTH.  
New (Not Sent to Plan)

ACTION REQUIRED

Prior Authorization

Prescription Insurance Type: Commercial

Case History

Enrollment Form

COMPLETE

Prior Authorization

NEW (NOT SENT TO PLAN)

Rx Status

Program Pharmacy

Initial Dose

Specialty Pharmacy

Rx Transferred

OPEN CASE

You can access all other patient requests not associated with this drug via the Request list by using the navigation on the left side of the page.

REQUESTS

CASES

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START NEW

ENTER KEY

Search by patient name or date of birth (ex: 12/31/1980)

EXPAND ALL

COLLAPSE ALL

Jane Doe

CASE KEY E-123DEF

DOB 01/01/1981 RX BRAND X

ENROLLMENT  
Complete

PRIOR AUTH.  
New (Not Sent to Plan)

ACTION REQUIRED

Prior Authorization

Jonathan Doe

CASE KEY K-123VJG

DOB 3/12/1976 RX BRAND X

ENROLLMENT  
Not Started

PRIOR AUTH.  
Sent to Plan

ACTION REQUIRED

Enrollment Form

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# MANAGING A PATIENT CASE

## Accessing a Patient Case



Once inside Cases, you will select the desired patient case from your case list.

Your Case list is organized by patient case. Each case shows basic demographic information, such as name and date of birth, along with the patient's unique Case Key.

The status of any task within the patient case is featured here, alongside the patient's name and alerts for any actions needed.

If applicable to the therapy a patient is on, the status of their enrollment and PA will be shown here. If an action is required by your office, the Action Required tag along with the respective task will be shown on the far right. If a case does not require your attention, the most recent case status will be displayed here.

REQUESTS

CASES

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START NEW

ENTER KEY

Search by patient name or date of birth (ex: 12/31/1980)

↑ SORT BY: MOST RECENT

EXPAND ALL | COLLAPSE ALL

<div>Jane Doe</div> <div>CASE KEY E-123DEF</div> <div>DOB 01/01/1981 RX BRAND X</div>	<div>ENROLLMENT</div> <div>Complete</div>	<div>PRIOR AUTH.</div> <div>New (Not Sent to Plan)</div>	<div>ACTION REQUIRED</div> <div>Prior Authorization</div>
<div>Jonathan Doe</div> <div>CASE KEY K-123VIG</div> <div>DOB 3/12/1976 RX BRAND X</div>	<div>ENROLLMENT</div> <div>Not Started</div>	<div>PRIOR AUTH.</div> <div>Sent to Plan</div>	<div>ACTION REQUIRED</div> <div>Enrollment Form</div>

Accessing a Patient Case



To open a specific patient case, click the left side of the desired patient case.

Patient Name	Case Key	DOB	RX	Enrollment	Prior Auth.	Action Required
Jane Doe	CASE KEY E-123DEF	01/01/1981	RX BRAND X	Complete	New (Not Sent to Plan)	Prior Authorization
Jonathan Doe	CASE KEY K-123V/G	01/01/1981	RX BRAND X	Not Started	Sent to Plan	Enrollment Form

You will notice you also have the option to have an expanded “Quick View” of the patient case directly from your case list. To go directly into an individual patient case, select “Open Case” from the expanded view.

Additional details on Cases and your case list functionality are included in a later section.

**Jane Doe**  
CASE KEY E-123DEF  
DOB 01/01/1981 RX BRAND X

ENROLLMENT: Complete  
PRIOR AUTH.: New (Not Sent to Plan)  
ACTION REQUIRED: Prior Authorization

Prescription Insurance Type: Commercial

Case History

Case History	Status	Action
Enrollment Form	COMPLETE	>
Prior Authorization	NEW (NOT SENT TO PLAN)	>

Rx Status

- Program Pharmacy
- Initial Dose
- Specialty Pharmacy
- Rx Transferred

OPEN CASE

## Navigating a Patient Case



Once you've opened an individual patient case you will see your tasks available to manage or view. The status prompts on the right side of the task lines will indicate:

- If action is needed by displaying "START"
- If the task is in progress by displaying "CONTINUE"
- If the task is complete by displaying "VIEW"

If the drug program is full service, tasks will be organized into two lists to clearly indicate if action is required from you or the Patient Services team.

If the drug program is self-service, there will only be one list where all tasks are dependent on your action.

Tasks in the list(s) will vary depending on the specific drug program.

REQUESTS

CASES

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Jane Doe

CASE KEY E-123DEF

D.O.B. 01/01/1981

Brand X 20MG

SPECIALTY PHARMACY

**Dispensing Pharmacy**  
Dispensing pharmacy will be displayed upon transfer of prescription to the dispensing pharmacy.

ADDITIONAL SUPPORT ⓘ

[Brand X Website](#)  
[Diagnosis Foundation](#)

YOUR TASKS

Enrollment Form	Ⓢ K-678HAZ	Complete	VIEW
Prior Authorization		New (Not Sent to Plan)	START

PATIENT SERVICES TASKS

Benefit Verification/Investigation	● Complete	VIEW
Prior Authorization Support	○ Not Started	
Appeal Support	○ Not Started	
Financial Assistance Enrollment	○ Not Started	
Coordinate Order Fulfillment	○ Not Started	

Accessing Financial Assistance Options



If the drug program includes financial support assistance, like PAP and copay programs, you can initiate enrollment into these programs from within the patient case.

If the drug program is full service, the Patient Services team will facilitate enrolling the patient directly in these programs.

If the drug program is self-service, you can access links to financial support programs in the left side of the patient case.

REQUESTS

CASES

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Jane Doe

CASE KEY E-123DEF

D.O.B. 01/01/1981

Brand X 20MG

SPECIALTY PHARMACY

Dispensing Pharmacy

Dispensing pharmacy will be displayed upon transfer of prescription to the dispensing pharmacy.

ADDITIONAL SUPPORT ⓘ

Brand X Website

Diagnosis Foundation

YOUR TASKS

Enrollment Form	Ⓢ K-678HAZ	Complete	VIEW
Prior Authorization		New (Not Sent to Plan)	START

PATIENT SERVICES TASKS

Benefit Verification/Investigation	● Complete	VIEW
Prior Authorization Support	○ Not Started	
Appeal Support	○ Not Started	
Financial Assistance Enrollment	○ Not Started	
Coordinate Order Fulfillment	○ Not Started	

Fulfilling  
a Patient Case



Once all relevant tasks within a patient case have been successfully fulfilled to move your patient to beginning therapy, all steps within the patient case will display “View” next to the step, indicating that step is completed.

In some program instances, you will have visibility into the prescription triage and pharmacy dispense date.

REQUESTS

CASES

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Jane Doe

CASE KEY E-123DEF

D.O.B. 01/01/1981

Brand X 20MG

SPECIALTY PHARMACY

**Dispensing Pharmacy**

Dispensing pharmacy will be displayed upon transfer of prescription to the dispensing pharmacy.

ADDITIONAL SUPPORT ⓘ

[Brand X Website](#)

[Diagnosis Foundation](#)

YOUR TASKS

Enrollment Form	Ⓢ K-678HAZ	Complete	<a href="#">VIEW</a>
Benefit Summary	Ⓢ L-122VNG	Complete	<a href="#">VIEW</a>
Prior Authorization	Ⓢ A-456KKW	Complete	<a href="#">VIEW</a>
Financial Assistance	Ⓢ L-122VNG	Complete	<a href="#">VIEW</a>
Patient Support	Ⓢ A-456KKW	Complete	<a href="#">VIEW</a>

PATIENT SERVICES TASKS

Benefit Investigation	Complete
PA Support	Complete

## Patient Cases Requiring Labs, Baseline Assessments and First Dose Observation (FDO)



For more complex therapies requiring additional clinical steps, like scheduling labs, baseline assessments and FDO, those steps will appear in the Patient Services team task list and will be coordinated by that team.

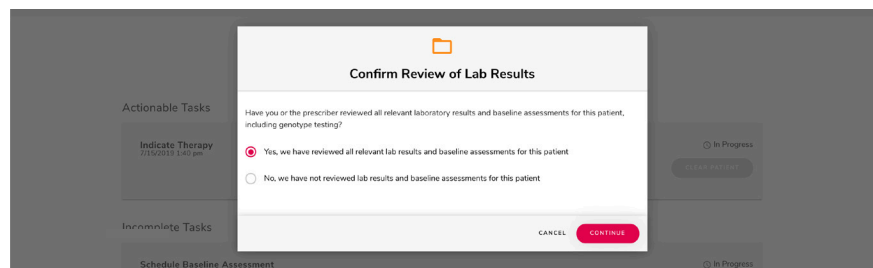
Labs and baseline assessments will be available in your list to review prior to clearing the patient for therapy.

## Patient Cases Requiring Clear for Therapy Action

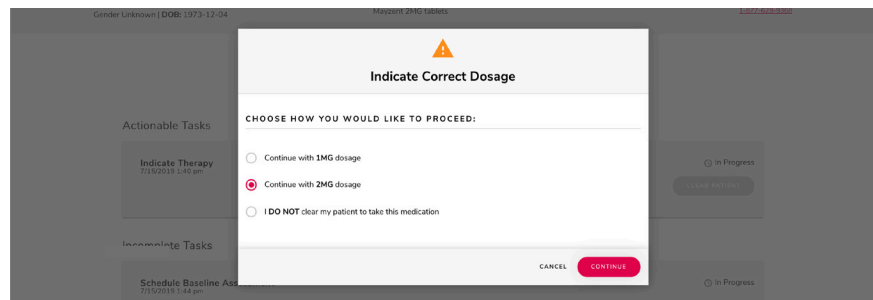


Only more complex therapies that include labs and FDO will require you to formally clear your patient for therapy within the patient case.

In order to clear a patient for therapy, **FDA guidelines may require review of lab results in order to clear the patient for therapy.** An in-screen modal will pop up alerting you to confirm your review of the patient's lab results.



After your confirmed review of the patient's labs, you can select "Clear for Therapy" from your list. Upon doing this, another in-screen modal will pop up requesting you confirm the dosage. At this point, you can change the dosage if it differs from what you initially indicated on the enrollment form. This confirmation will then be communicated to the appropriate dispensing pharmacy.



## FAQs

> **Do I need any new technology, like an iPad, to capture patient consent on the enrollment form?**

No new technology is needed. You can use a PC or laptop mouse to complete the signature.

> **If I e-prescribe through the EHR, is it possible for patient information to populate into the enrollment form?**

Yes, if you e-prescribe to CoverMyMeds Specialty Pharmacy, our non-dispensing pharmacy, approximately 70% of the patient demographic information will auto-populate into the enrollment form as it's pulled from the e-prescription.

> **Can the provider's information be populated in the enrollment/start form?**

Yes, the provider's information can be stored after initial entry into the enrollment/start form and will then auto-populate in future instances.

> **Are you able to save the provider's signature in the account?**

Yes, you are able to save the provider's signature tied to the account for future use.

> **Can I choose to not electronically enroll a patient and instead use a paper start form?**

You may also submit a paper enrollment form via fax. Paper enrollment forms are typically available via the drug or patient support program website for download.

Once CoverMyMeds receives the paper enrollment form, a patient access coordinator enters the information into the appropriate enrollment form which you can complete within Cases inside your CoverMyMeds account. If necessary, they will reach out to you for any missing information. The form is then available for you to access within the specific patient's case in your cases list.

> **When using CoverMyMeds to enroll patients in support services, what other methods are available to capture patient signature aside from electronically?**

**IN-OFFICE via tear sheets:** Completed sheets can be uploaded to the enrollment/start form or faxed into CoverMyMeds. Please see the enrollment form for the program fax number.

**EMAIL:** The provider will need to ensure they capture the patient's email address on the enrollment/start form to capture the patient's signature. Upon submitting the enrollment/start form, the system will recognize that patient signature was not captured and will automatically email the patient to obtain the patient's signature.

**MAIL:** If the patient does not sign the enrollment form after receiving the email, CoverMyMeds will mail the patient a paper enrollment/start form and request the patient to mail or fax the signed copy back. Please see the enrollment form for the program fax number and/or mailing address.

## FAQs

### > Can I set email/fax preferences on my account?

Not at this time.

### > Is Cases HIPAA compliant?

Yes. Cases, located within your CoverMyMeds account, has established technical, physical and administrative safeguards to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). CoverMyMeds takes the privacy and security of Protected Health Information ("PHI") very seriously.

You can learn more about what patient information we collect and how we use and protect that information by reviewing our Privacy Policy.

### > How can I view all my patient cases listed within Cases?

You must have a CoverMyMeds account to see a complete list of your patient cases. Once you have created an account you will have access to Cases and will see all your patient cases in your case list.

### > Can patient information be pre-populated in the PA form?

Yes. Patient information can be pre-populated in the PA form if an enrollment/start form has been completed for the patient.

### > Can I enable multiple users to view or work on the patient cases I've created?

Yes. You can set up a group that will allow others in your office to access your case list. In order to create a group, simply log-in to your CoverMyMeds account and use the chat feature to connect with a CoverMyMeds representative who will help you setup your group. The creation of this group does not give full access to your account, but allows you to share cases with your office support team as you see fit.

### > How can I get support if I have a question about Cases, a patient case or an issue with my account?

Our dedicated case managers are ready to take your call or live chat Monday – Friday, 8 a.m. – 11 p.m. ET and Saturday 8 a.m. – 6 p.m.

**PHONE:** 1.866.452.5017