The Leukemia and Lymphoma Society Co-pay Assistance Program

Provider/Pharmacy Portals: Submitting an Expenditure

Please Note: The Expenditure requirements and process have not changed, however the portals have a new and improved look. This tutorial is designed to acquaint you with the new layout.
Provider/Pharmacy: Submitting an Expenditure

Login with User Name and Password

Welcome to the LLS Co-Pay Assistance Program online application process. Please login.

Provider Login

If this is your first time visiting the Leukemia & Lymphoma Society and you would like to register, please click Register.

If you forgot your password, click here to get new credentials.

Quick Tip
Bookmark this page for daily use, if you haven’t already
Quick Tip
Up to 50 patients will be listed on this screen. These are the most recent 50 patients with entries. Portal users have reported that a Last name search is quicker than scrolling through the patient list.
Provider/Pharmacy: Submitting an Expenditure

The landing page will display patients. Click down arrow for select patient details.

Provider Portal

Welcome to the Leukemia & Lymphoma Society Copay Assistance Program online portal. Below you will see the patients in which you have permission to see.

Create Application for new patient

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>Email Address</th>
<th>Patient Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>103037</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>103038</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>103039</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
Provider/Pharmacy: Submitting an Expenditure

Click down arrow next to the Application ID name for more patient detail. Click ‘Submit Expenditure’

Quick Tip
You can Print the Proof of Expenditure fax cover sheet here
Provider/Pharmacy: Submitting an Expenditure

Proof of Expenditure form – Displays the patient name, address, and award information with approval date & expiration date.

Proof of Expenditure Form

<table>
<thead>
<tr>
<th>Patient ID:</th>
<th>103039</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>OK</td>
</tr>
<tr>
<td>Suffix:</td>
<td>VA</td>
</tr>
<tr>
<td>State:</td>
<td>VA</td>
</tr>
<tr>
<td>SSN:</td>
<td>124-58-9632</td>
</tr>
</tbody>
</table>

| Guaranteed Award Amount | $0.00 | Unguaranteed Award Amount | $10,000.00 |
| Guaranteed Account Balance | $0.00 | Unguaranteed Account Balance | $10,000.00 |

Application’s Approval Date: 11/2/15
Application’s Expire Date: 10/31/16
To Start, select ‘Address Payment to the Remitted to’ field. (Payable to), if Provider is another provider other than your facility use ‘Other’, using ‘Provider’ will make expenditure payable to your facility.
Verification Log – Enter Date range, Type or Service, Description and amount. Selected provider information will pre-populate the payable field.

Quick Tip
Type of Service is a CPT Code. Description is the name of the service or medication name.
Quick Tip
Usually 3 to 5 characters are needed. Use up/down arrows to highlight auto-completed codes and select enter. Mouse use is not supported.
Provider/Pharmacy: Submitting an Expenditure

Verification Log – Click Save to Save details of expense.

Quick Tip
Delete will remove the entire expense entry, while discard will only blank out the fields.
Provider/Pharmacy: Submitting an Expenditure

Verification Log – Payee Address update, after selecting Update- fill in all fields. Then Select ‘OK’.

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Date From</th>
<th>Date To</th>
<th>Type Of Service</th>
<th>Description</th>
<th>Amount Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desert Springs Cancer Care, PLC</td>
<td>1/1/2015</td>
<td>1/1/2015</td>
<td>Treatment</td>
<td>$8.25</td>
<td></td>
</tr>
</tbody>
</table>

Payable to:

Mailing Address:

City:  
State:  
Zip Code:

Submit
Verification Log – additional codes/medications can be added using ‘+Add Item’ and repeating prior steps for entry. Once all codes/medications are entered click Submit.

Quick Tip
You can only pay on provider per expenditure. The only exception to this is when the claim is payable to the patient.
Upload supporting expenditure documents by selecting ‘Browse’.

**Attach POE documentation**

Proof of Expenditure Type: General

**Drag and Drop Files**

- Drag and drop attachments here

**Select a File**

- Description
- Category
- File

**Files**

<table>
<thead>
<tr>
<th>Description</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Upload Document**

**Attachments**

No items

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**Provider/Pharmacy: Submitting an Expenditure**
Select your supporting expenditure file in file upload window. Click ‘Open’.
Once you have selected your document, click ‘Upload Document’ to upload.
Provider/Pharmacy: Submitting an Expenditure

Your file is no attached, repeat for any additional documents to upload. Once all uploaded, click ‘Submit’.

Attach POE documentation

Proof of Expenditure Type: General

Drag and Drop Files

Select a File

Files

Description

Category

Upload Document

Attachments

Application Example (P-1106) Created by PHP Portal
11/21/2015 12:17 PM

Submit
Provider/Pharmacy: Submitting an Expenditure

Sign and Submit that expenditure is completed, accurate, and supporting documents have been uploaded.
Provider/Pharmacy: Submitting an Expenditure

Portal Landing Page – To check the status of an expenditure, search for patient, click arrow next to patient to select.

Quick Tip
Select the POE ID to open the expenditure to see additional POE details.