

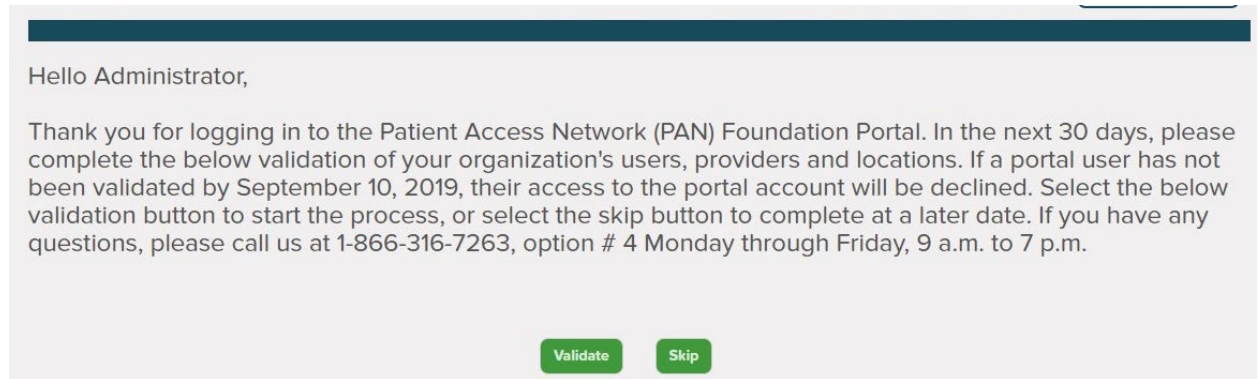
PAN Provider Portal: How to Validate Accounts

As part of PAN's annual portal validation requirement, portal administrators must validate their organization's information to maintain portal access for their entire organization.

Portal administrators must follow the steps below to complete the validation process:

1. Log in to the [PAN Provider Portal](#).

Once logged in, you will see a message about the portal validation requirement and have the option to select **Validate** to begin the process or **Skip** to postpone validation for a later time.



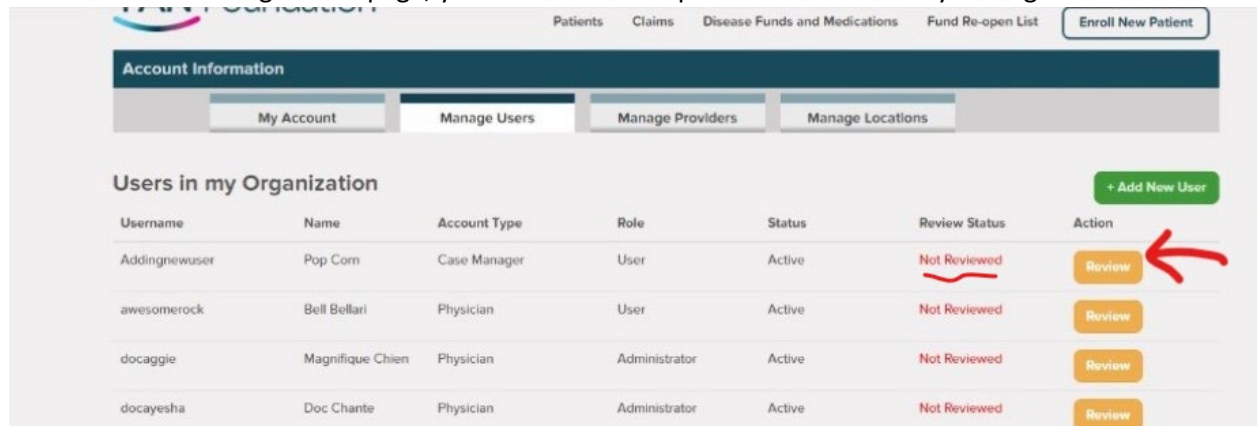
Hello Administrator,

Thank you for logging in to the Patient Access Network (PAN) Foundation Portal. In the next 30 days, please complete the below validation of your organization's users, providers and locations. If a portal user has not been validated by September 10, 2019, their access to the portal account will be declined. Select the below validation button to start the process, or select the skip button to complete at a later date. If you have any questions, please call us at 1-866-316-7263, option # 4 Monday through Friday, 9 a.m. to 7 p.m.

[Validate](#) [Skip](#)

2. Select **Validate** to begin the process. You will be directed to the Manage Users page.

3. Within the Manage Users page, you will see a list of portal users linked to your organization.



Account Information

My Account **Manage Users** Manage Providers Manage Locations

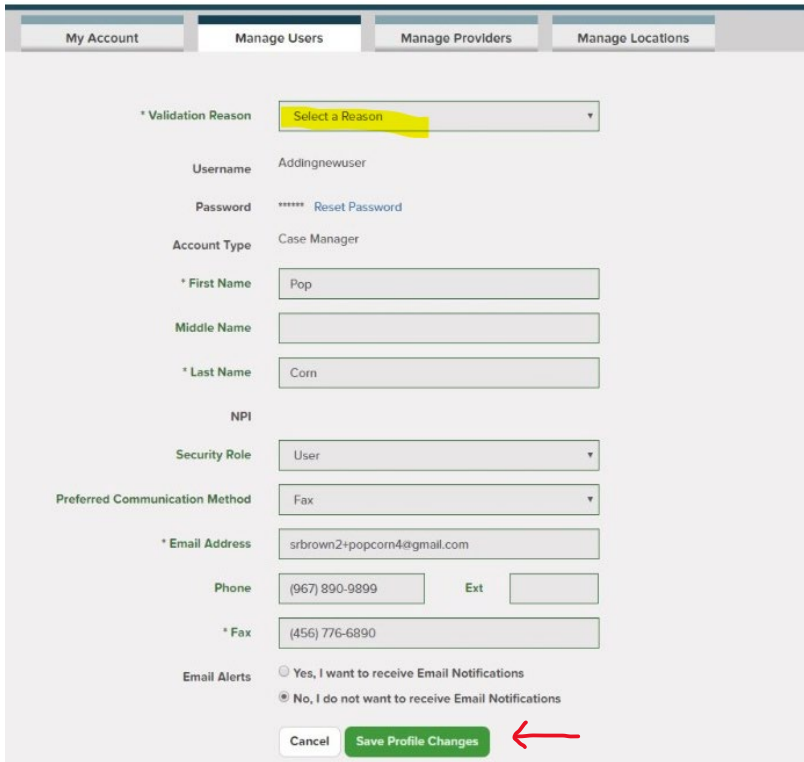
Users in my Organization [+ Add New User](#)

Username	Name	Account Type	Role	Status	Review Status	Action
Addingnewuser	Pop Corn	Case Manager	User	Active	Not Reviewed	Review
awesomerock	Bell Bellari	Physician	User	Active	Not Reviewed	Review
docaggie	Magnifique Chien	Physician	Administrator	Active	Not Reviewed	Review
docayesha	Doc Chante	Physician	Administrator	Active	Not Reviewed	Review

4. Select **Review** to verify the user's information.

5. Within the **Validation Reason** drop down menu, select the appropriate category. For an explanation of each validation reason, please review our [Portal Validation FAQs](#).

Once a category is selected, click **Save Profile Changes**.




The screenshot shows the 'Manage Users' form with the following fields and values:

- * Validation Reason: Select a Reason (highlighted in yellow)
- Username: Addingnewuser
- Password: ***** Reset Password
- Account Type: Case Manager
- * First Name: Pop
- Middle Name: (empty)
- * Last Name: Corn
- NPI: (empty)
- Security Role: User
- Preferred Communication Method: Fax
- * Email Address: srbrown2+popcorn4@gmail.com
- Phone: (967) 890-9899 Ext: (empty)
- * Fax: (456) 776-6890
- Email Alerts:
 - Yes, I want to receive Email Notifications
 - No, I do not want to receive Email Notifications

Buttons: Cancel, Save Profile Changes (with a red arrow pointing to it)

- a. If the portal user is still with your organization, you will be directed back to the Manage Users page where the user will be marked as **Reviewed**.

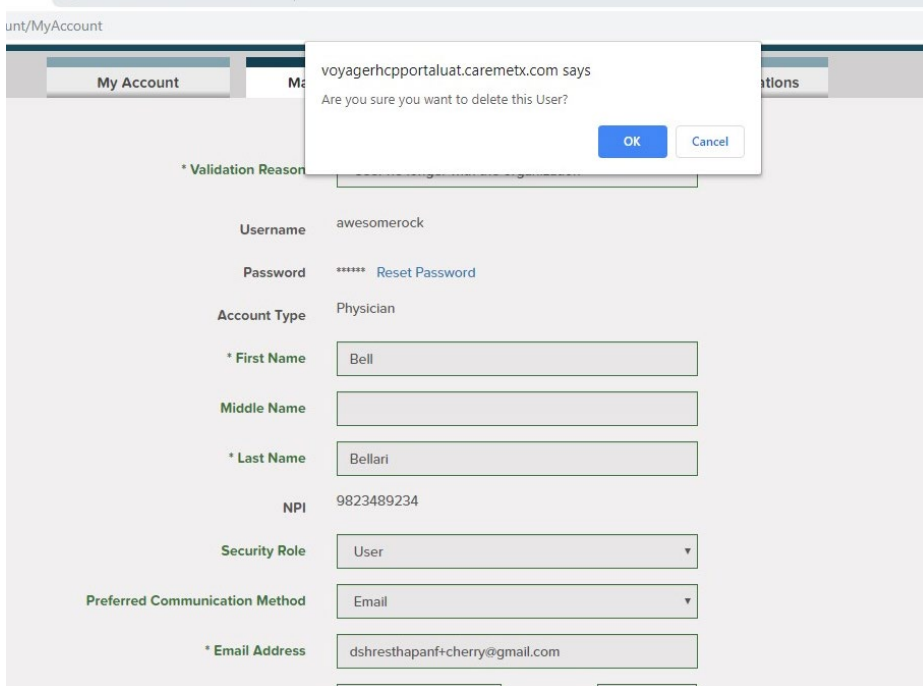


The screenshot shows the 'Manage Users' page with the following table:

Username	Name	Account Type	Role	Status	Review Status	Action
Addingnewuser	Pop Corn	Case Manager	User	Active	Reviewed (highlighted in yellow)	Edit

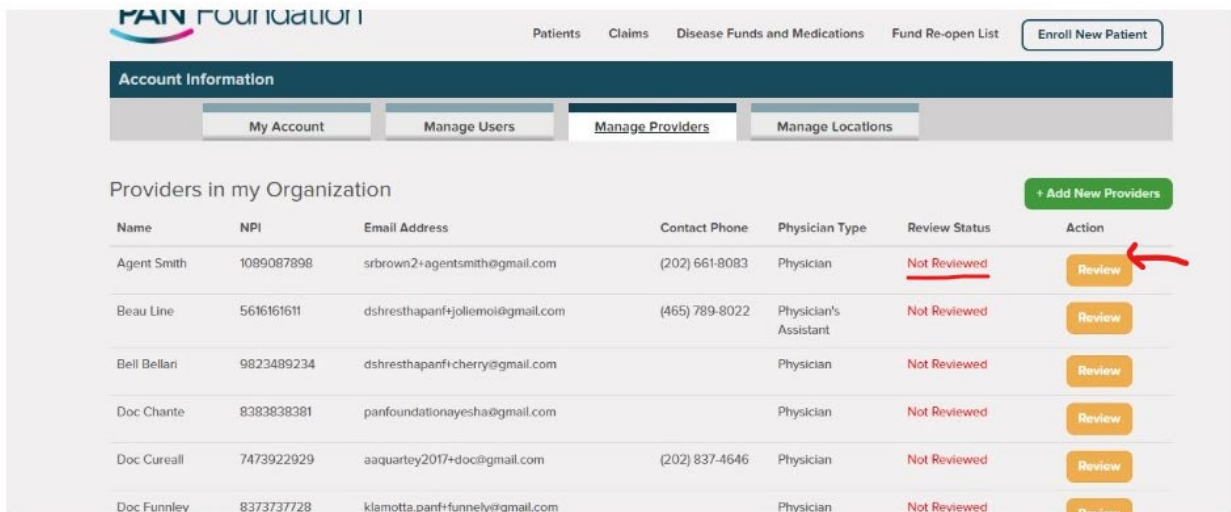
Buttons: + Add New User

- b. If the portal user is no longer with your organization or no longer needs portal access, you will be asked to confirm user deletion by selecting **OK** when prompted.



The screenshot shows a user profile page titled "My Account" with a confirmation dialog box overlaid. The dialog box contains the text: "voyagerhcportaluat.caremetx.com says Are you sure you want to delete this User?" with "OK" and "Cancel" buttons. The background form includes fields for Username (awesomerock), Password (masked), Account Type (Physician), First Name (Bell), Middle Name, Last Name (Bellari), NPI (9823489234), Security Role (User), Preferred Communication Method (Email), and Email Address (dshresthapanf+cherry@gmail.com).

6. Once you have saved the profile changes, you will be directed back to the Manage Users page where you must repeat steps 3-5 for each remaining user.
7. After reviewing all users, please click the **Manage Providers** tab to review the providers linked to your organization.



The screenshot shows the "Manage Providers" tab selected in the "Account Information" section. A table titled "Providers in my Organization" lists several providers with their details and a "Review" button for each. A red arrow points to the "Review" button for "Agent Smith".

Name	NPI	Email Address	Contact Phone	Physician Type	Review Status	Action
Agent Smith	1089087898	srbrown2+agentsmith@gmail.com	(202) 661-8083	Physician	Not Reviewed	Review
Beau Line	5616161611	dshresthapanf+joliemoi@gmail.com	(465) 789-8022	Physician's Assistant	Not Reviewed	Review
Bell Bellari	9823489234	dshresthapanf+cherry@gmail.com		Physician	Not Reviewed	Review
Doc Chante	8383838381	panfoundationayeshah@gmail.com		Physician	Not Reviewed	Review
Doc Cureall	7473922929	aaquartey2017+doc@gmail.com	(202) 837-4646	Physician	Not Reviewed	Review
Doc Funnley	8373737728	klamotta.panf+funnelly@gmail.com		Physician	Not Reviewed	Review

8. Select **Review** to verify the provider's information.
9. Within the **Validation Reason** drop down menu, select the appropriate category. For an explanation of each validation reason, please review our [Portal Validation FAQs](#).

Once a category is selected, click **Save Profile Changes**.

Account Information

My Account Manage Users **Manage Providers** Manage Locations

* Validation Reason Select a Reason

* First Name

Middle Name

* Last Name

NPI

Provider Type

* Email Address

* Contact Phone

Phone Ext.

Fax

- a. If the provider is still with your organization, you will be directed back to the Manage Providers page where the provider will be marked as **Reviewed**.

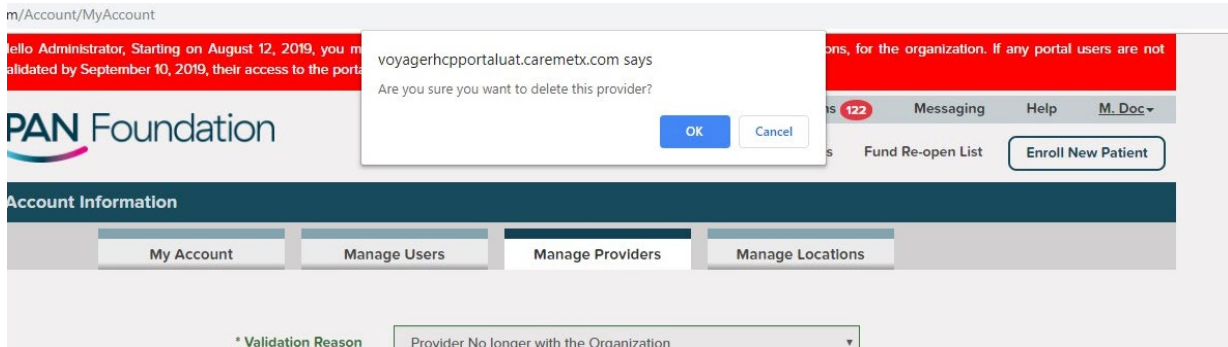
Account Information

My Account Manage Users **Manage Providers** Manage Locations

Providers in my Organization

Name	NPI	Email Address	Contact Phone	Physician Type	Review Status	Action
Agent Smith	1089087898	srbrown2+agentsmith@gmail.com	(202) 661-8083	Physician	<u>Reviewed</u>	Edit

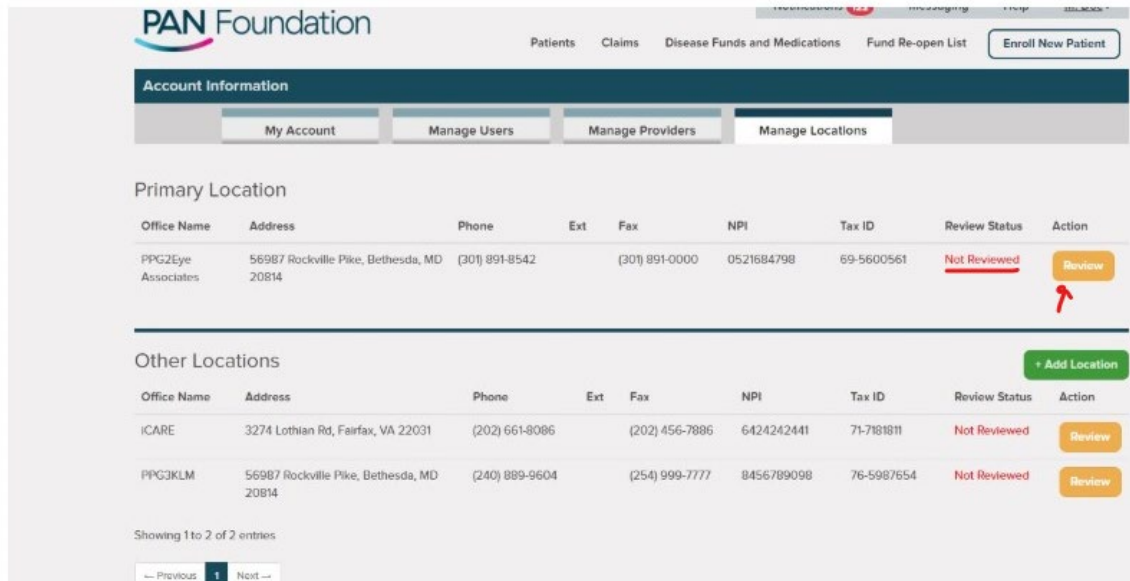
- b. If the provider is no longer with your organization or no longer needs portal access, you will be asked to confirm provider deletion by selecting **OK** when prompted.



- 10. Once you have saved the profile changes, you will be directed back to the Manage Providers tab where you must repeat steps 8-9 for each remaining provider.

- 11. Once you have reviewed each provider, please click the **Manage Locations** tab.

- 12. Select **Review** to verify the location's information.



13. Within the **Validation Reason** drop down menu, select the appropriate category. For an explanation of each validation reason, please review our [Portal Validation FAQs](#).

Once a category is selected, click **Save Profile Changes**.

Account Information

My Account | Manage Users | Manage Providers | **Manage Locations**

* Validation Reason: Select a Reason

* Location Name: PPG2Eye Associates

* Street Address: 56987 Rockville Pike

Suite / Bldg #:

* City: Bethesda

* State: Maryland

* ZIP: 20814

* Phone Number: (301) 891-8542

Phone Ext:

* Fax Number: (301) 891-0000

* NPI: 0521684798

* TIN: 69-5600561

Make Primary Location

- a. If the location is still affiliated with your organization, you will be directed back to the Manage Locations page where the location will be marked as **Reviewed**.

PAN Foundation

Patients | Claims | Disease Funds and Medications | Fund Re-open List |

Account Information

My Account | Manage Users | Manage Providers | **Manage Locations**

Primary Location

Office Name	Address	Phone	Ext	Fax	NPI	Tax ID	Review Status	Action
PPG2Eye Associates	56987 Rockville Pike, Bethesda, MD 20814	(301) 891-8542		(301) 891-0000	0521684798	69-5600561	<u>Reviewed</u>	Edit

Other Locations

Office Name	Address	Phone	Ext	Fax	NPI	Tax ID	Review Status	Action
ICARE	3274 Lothian Rd, Fairfax, VA 22031	(202) 661-8086		(202) 456-7886	6424242441	71-7181811	Not Reviewed	<input type="button" value="Review"/>

- b. If the location is no longer affiliated with your organization or never was, you will be asked to confirm location deletion by selecting **OK** when prompted.

The screenshot shows a web form titled "Account Information" with a "My Account" tab. A modal dialog box is open, displaying a message from "voyagerhcportaluat.caremetx.com" asking "Are you sure you want to delete this Location?". The dialog has "OK" and "Cancel" buttons. The form below contains the following fields:

- * Validation Reason: Location no longer affiliated with the organization
- * Location Name: JCARE
- * Street Address: 3274 Lohian Rd
- Suite / Bldg #: (empty)
- * City: Fairfax
- * State: Virginia
- * ZIP: 22031
- * Phone Number: (202) 661-8086
- Phone Ext: (empty)
- * Fax Number: (202) 456-7886
- * NPI: 6424242441
- * TIN: 71-7181811

At the bottom of the form, there is a checkbox for "Make Primary Location" and two buttons: "Cancel" and "Save Profile Changes".

- 14. Once you have saved the profile changes, you will be directed back to the Manage Locations tab where you must repeat steps 12-13 for each remaining location.

- 15. When all locations have been reviewed, your completion of the portal validation process will be confirmed. Select **OK** to be directed to the Patient Dashboard.

