

# ANNUAL REPORT

## 2012-2013



*“helping one patient at a time”*



Solving Insurance and Healthcare Access Problems | since 1996

## MISSION STATEMENT

Patient Advocate Foundation was established in 1996 as a national 501(c)3 organization with a mission of “safeguarding patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability.” PAF serves as an active liaison between patients and their insurer, employer and/or creditors to resolve insurance, job retention, and/or debt crisis matters relative to their diagnosis through case managers, doctors and health care attorneys.

Patient Advocate Foundation has been helping patients solve their insurance and health access problems through our Direct Patient Services Division for over 17 years. During its first year of operations, PAF assisted 157 patients in a 10x10 foot warehouse space. In FY 2012/2013, PAF assisted 93,786 patients in an over 37,000 square foot national headquarters located in Hampton, Virginia and by staff located in Iowa, Florida, California and Texas. Services are provided by our professional case management staff, the Co-Pay Relief (CPR) staff and the MedCareLine staff. Case management was and continues to be PAF's main core competency with Co-Pay Relief emerging as a second core competency in 2004.





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# Greetings From



**Nancy Davenport-Ennis, Founder**  
**Chief Executive Officer**  
**Chairman of the Executive Board of Directors**

## A STORY OF THE STAR FISH....

One day as a man walked the beach, he noticed hundreds of starfish littering the sandy shore. He quickly began to pick them up one at a time and return them to the ocean. A passerby stopped to ask "Do you think what you are doing will make a difference. You certainly can't save all of them." The good Samaritan picked up a starfish and threw it into the water and replied "it will make a difference to that one."

2

Each day at Patient Advocate Foundation, our dedicated staff of professionals extend hope to the patients they serve one at a time finding solutions to their complex issues. They make a difference. They exhibit endless compassion as they resolve complex issues of access, coverage, medical debt crisis and job retention. The data they collect and the stories they document contributes to changing laws and public policies that improve the lives of millions of Americans.

One patient at a time, PAF since 1996 has made a difference to more than 650,000 patients and their family members who received direct patient support services and to millions of Americans who benefit from having insurance that has no restrictions based on pre-existing conditions and no lifetime caps. The PAF professionals made these improvements possible serving one patient at a time and documenting that experience across patients from each of the fifty states in our nation. They delivered on a premise promoted by Nelson Mandela that "Our human compassion binds us one to the other-not in pity or patronizingly, but as human beings who have learnt how to turn our common suffering into hope for the future."

The issues PAF handled for patients are universal and each one, if left unresolved, would lead to personal insolvency present and likely future if left. The fact that 44% of the patients served in 2013 had household incomes of \$11,000. to \$23,000. annually and that 16.6% had household incomes of \$24,000. to \$36,000. illustrates their need for assistance. Most of these families had lost the income of one wage earner due to illness. More than 36% of our patients were male, higher than the national average. The single largest age group served was 46 to 55 years old, representing 29.89% of our population, with 27.7% of our patients between the ages of 56 and 65 years of age. Eight percent of our patients were between the ages of 26 to 35 years of age, illustrating that disease respects no boundaries...not age, gender, social or financial status. Many of our patients were just like you and me until disease interrupted their lives, destroyed their financial security and threatened their future.

The PAF 2012/2013 Annual Report highlights this year's programs and services with the financial reports illustrating the generosity of donors and commitment to fiscal management of those gifts by the PAF Mission and Operations divisions. In fiscal year 2012/2013, countless individuals, corporations, foundations and governments officials, elected and appointed, state and federal, reached out to help PAF serve those most at risk of being lost in our healthcare delivery system by providing more than forty eight million dollars to support direct patient services through case management and co-pay relief programs. PAF's Co-Pay Relief program expended \$29,485,119. serving 18,101 patients while providing 55,029 expenditures to their healthcare providers. Patient Advocate Foundation's Co-pay Relief program, established in 2004 as the nation's second oldest program, was cited as the number one preferred co-pay program by Practice Managers for the fourth consecutive year by Kantar Health's Oncology Market Access 2013. Thank you for your generosity and for your commitment to improving the lives of patients facing devastating diseases. The Executive Board of Directors, Scientific Committee Members, Honorary Board of Directors, leadership and Executive Roundtable leaders of Patient Advocate Foundation share a common belief that "We have always held to the hope, the belief, the conviction that there is a better life, a better world, beyond the horizon" (Franklin D. Roosevelt).

As Founder, having completed my tenure as the CEO of Patient Advocate Foundation June 30, 2013 and having transitioned to my role as Chairman of the Board of both PAF and National Patient Advocate Foundation, where I shall continue to serve as Executive Policy Counsel, I thank you for your support and leadership in the development of Patient Advocate Foundation across the years. You made a difference in the lives of 650,000 patients who received direct patient services and countless others who benefitted from our on-line services. Our new CEO, Alan Balch, PhD, is a remarkable leader with boundless energy, intellectual excellence, advocacy experience in the non-profit patient arena and a history of compassionate commitment to improve the lives of patients. We share a common belief that life does not stand still and that, with the passage of time, things indeed change embracing John F. Kennedy's belief that "...time and the world do not stand still. Change is the law of life. And those who look only to the past or the present are certain to miss the future." Welcome to our future with Dr. Balch as our CEO leading us to new successes one patient at a time.

With gratitude for your support in the past, present and future, one donation at a time, I remain...



Nancy Davenport-Ennis, Founder  
Chief Executive Officer  
Chairman of the Executive Board of Directors

# Greetings From



Dennis A. Gastineau, MD  
Board President

When I agreed to serve as President of the Boards for Patient Advocate Foundation and National Patient Advocate Foundation, I had seen the growth of these organizations effecting change for individuals with cancer and other chronic diseases and change at the national level in policy affecting the delivery of health care in this nation. Each point of starlight has been nurtured, and each constellation and galaxy has been nudged in the direction of bettering everyone.

In FY 2012/2013, almost 86% of the patients PAF assisted had a cancer diagnosis and almost 30% of the patients were uninsured. Other patient advocacy groups provided 71% of the patient referrals to PAF and PAF case managers were able to obtain over \$35 million in debt relief for the patients we served.

As remarkable as these achievements have been, a daunting challenge awaited us as Nancy Davenport-Ennis, Founder and CEO of these organizations determined that it was time to seek a transition from a founder-led entity to an organization that would fulfill the missions far beyond the tenure of the current boards and CEO. This transition has historically been fraught with risk, with the need for a new CEO to establish leadership while maintaining the growth of the organization and the vitality of the mission.

As we pondered a search process and the description of a desirable CEO, the economy plunged, and reform of healthcare payment structures raised uncertainty for all participants, providers, consumers, and suppliers. The risks for a donation-centered organization also soared.

With great fortune, the foundation for a successful transition was laid many years ago in the membership of the boards of these organizations, and as we deliberated, a candidate from within the organization emerged, and we have watched a remarkable transition with Dr. Alan Balch assuming the leadership as CEO with Nancy Davenport-Ennis taking on a role in leading continued policy development. Each one brings particular skills and expertise to these roles, with Patient Advocate Foundation pursuing numerous new programs, and National Patient Advocate Foundation continuing the vector of positive influence on the thinking about healthcare delivery.

I could not have written a better script for PAF and NPAF to evolve from an incredible founder-led structure to one that both cements the present benefits to patients and national policy, and expands the programs and approaches to the future challenges to be met. We are fortunate to have uniquely talented individuals contributing to these organizations, and I thank both Alan and Nancy for their partnership in this past year.

A handwritten signature in black ink, appearing to read "Dennis A. Gastineau". The signature is fluid and cursive.

Sincerely,  
Dennis A. Gastineau

# Board of Directors

## Executive Board

### **Nancy Davenport-Ennis**

Founder, Chairman of the Board  
Patient Advocate Foundation

### **Dennis A. Gastineau, MD**

Board President  
Chair, Division of Hematology  
Director, Human Cell Therapy Laboratory  
Divisions of Transfusion Medicine & Hematology  
Mayo Clinic

### **Alan J. Balch, PhD**

CEO  
Patient Advocate Foundation

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Immediate Past President  
Executive Director  
Association of Community Cancer Centers

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Board Secretary  
Executive Director  
North Carolina State University Student Health  
Center

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Saguenay Strathmore Capital

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Hematology-Oncology Knoxville

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Associate Administrator for HIV/AIDS  
Health Resources and Services Administration  
U.S. Department of Health and Human Services

### **Lovell A. Jones, PhD**

Director, Center for Research on Minority Health  
Department of Health Disparities Research  
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M.D. Anderson Cancer Center

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Software Architects, LLC

### **Otis Maynard, Esq.**

Associate General Counsel  
United Health Group

### **Pearl Moore, RN, MN, FAAN**

### **Robert M. Rifkin, MD, FACP**

Attending Physician  
Rocky Mountain Cancer Centers

### **Lori Williams, PhD, MSN, RN**

Assistant Professor  
Department of Symptom Research  
University of Texas  
M.D. Anderson Cancer Center

### **John H. “Jack” Ennis, Co-Founder**

Chief Development Officer  
Patient Advocate Foundation

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Chair, Scientific Advisory Committee  
Professor of Medicine  
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Professor of Surgery  
Division of Surgical Oncology  
University of Texas Southwestern Medical Center

# Board of Directors

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Institute for Stem Cell and Regenerative Medicine  
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Northwestern University – Feinberg School of  
Medicine

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Radiation Oncology  
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Helen F. Graham Cancer Center

## **Pamela S. Douglas, MD, MACC**

Ursula Geller Professor of Research  
in Cardiovascular Diseases  
Director of Imaging Program at DCRI  
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Chair, Department of Medicine  
The Brooklyn Hospital Center

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Richard D. Carter, PLLC

## **Sheldon Weinhaus, Esquire**

Weinhaus & Potashnick

## **Edward G. Connette, Esquire**

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## **William T. “Bill” McGivney, PhD**

Chief Executive Officer  
National Comprehensive Cancer Network  
(Retired)

## **Jonathan B. Perlin, MD, PhD, MSHA, FACP, FACMI**

President, Clinical Services and  
Chief Medical Officer  
HCA, Inc. (Hospital Corporation of America)

## **Martha E. “Meg” Gaines, JD, LLM**

Clinical Professor of Law  
University of Wisconsin

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Chief Executive Officer  
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### **Leo Sands**

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### **The Honorable Mary T. Christian**

Virginia House of Delegates (Retired)

### **Doris Simonson**

Mother of Cheryl Grimmel

# Direct Patient Services Division



Solving Insurance and Healthcare Access Problems | since 1996

In April of 1996, Nancy Davenport-Ennis opened the doors of Patient Advocate Foundation (PAF) and National Patient Advocate Foundation (NPAF). Patient Advocate Foundation's mission was and is to help patients who have been diagnosed with a chronic, life-threatening or debilitating disease and who are facing access to healthcare obstacles. National Patient Advocate Foundation's mission was and is to take the patient experience and to influence legislative reform that will have an impact on patients across America. Seventeen years later, those missions remain the same.

Arguably the country's leading patient assistance foundation for those faced with obstacles to accessing care, PAF was founded in honor and memory of Cheryl Grimmel, a breast-cancer patient who was denied coverage for her treatment. Under Davenport-Ennis' vision, leadership and guidance, to date the Patient Advocate Foundation has provided direct patient assistance to hundreds of thousands of patients.

PAF and NPAF were first defined in business plans drafted by Davenport-Ennis the evening of Cheryl Grimmel's passing on December 31, 1994. After nearly two years of extensive research and planning, PAF and NPAF were incorporated and opened their doors.

Patient Advocate Foundation's core competency is its case management services. In 1996, PAF served 157 patients. In FY 2012/2013, PAF provided sustained assistance to 93,786 patients through case management, Co-Pay Relief (CPR) and our contracted vendor services division. There were over one million contacts on behalf of those patients to the various stakeholders necessary to resolve their issues.

PAF is headquartered in Hampton, VA with additional offices in Iowa, Florida, California, Georgia and Texas.

As we look back over FY 2012/2013, we would be remiss not to announce some exciting news that will shape PAF and NPAF for years to come.

After founding and leading Patient Advocate Foundation and National Patient Advocate Foundation for more than 17 years, Nancy Davenport-Ennis announced her decision to step away from the day-to-day management position of Chief Executive Officer to focus on broader healthcare initiatives. The Executive Board of Directors for PAF and NPAF, chaired by Davenport-Ennis, named Dr. Alan Balch as successor. This unanimous decision between leadership of both organizations comes after an extensive, multi-year search by the boards' search committees. Davenport-Ennis has chosen to remain as

## FY 2012/2013 Patient Services Division Summary

### Summary of Patient Cases and Contacts

Case Count:	65,230
Total Email Contacts:	28,556
Total Patient Case Count:	93,786
Case Contacts:	1,087,953

# Direct Patient Services Division

Chairman of the Board of Directors and focus her efforts on national policy initiatives and broad strategic direction of both Foundations.

Dr. Balch began his role as CEO in July 2013 and brings a decade of executive-level leadership in the non-profit sector with an emphasis on consensus-building and collaboration. From 2006 to July 2013, he was the Vice President of the Preventive Health Partnership — a nationwide health promotion collaboration among the American Cancer Society, American Diabetes Association, and American Heart Association.

“Alan Balch is a man of great passion for patients and the complexities they must endure to access quality care,” said Davenport-Ennis. “His collaborative leadership style in both policy and programmatic successes are assets to our staff, those whom we serve and national healthcare stakeholders with whom we work. I am personally pleased and honored to have Alan accept our CEO position.”

Dr. Balch also has extensive experience working with boards and senior executive staff to identify strategic priorities and coordinating implementation of mission-critical activities across multiple staff and departments including advocacy, policy, finance, development, legal, health promotions, science, and field operations. Dr. Balch has led numerous federal advocacy efforts on a range of issues both at the legislative and regulatory level over the years. For example, he helped to organize and lead a coalition that successfully fought for improvements in the regulatory process for the review of cancer drugs at the Food and Drug Administration (FDA). He also contributed key concepts and statutory language to important provisions in the Affordable Care Act.

“As a member of the Executive Board of Directors of PAF and NPAF since 2007, I have developed a deep understanding and passion for the incredible work conducted by both organizations on behalf

of patients across the country,” said Dr. Balch. “As CEO, I will work closely with the board and staff to continue expanding PAF as the nation’s leading provider of co-pay assistance and case management services to patients struggling with financial or other issues while also expanding NPAF’s complimentary role in promoting federal and state policies that improve the lives of patients.”

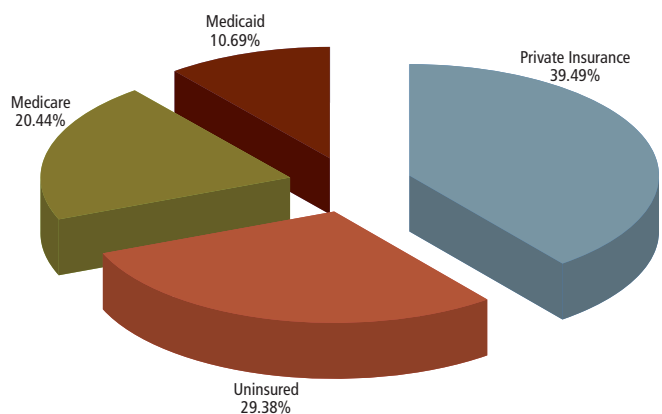
Congressman Rob Whitman, who represents the first district of Virginia, recently submitted the following statement for the Congressional Record:

“As a cancer survivor herself, Davenport-Ennis has openly discussed how this experience aided her in establishing a body of work that will continue to help millions of patients long past her retirement. Throughout her exemplary career as a leader in health care policy she has embodied the dignity and integrity of a true patient advocate. I join with my distinguished colleagues in expressing our utmost respect and admiration for her service to Virginians and all Americans.”

## AFFORDABLE CARE ACT

FY2012/2013 saw continued implementation of the Affordable Care Act (ACA), particularly in light of the Supreme Court Ruling at the end of June 2012 upholding the individual mandate but declaring the Medicaid expansion provision unconstitutional. By upholding the individual mandate, consumers

## Insurance Coverage Reported by PAF Patients in FY 12/13



# Direct Patient Services Division

will be required by 2014 to maintain a minimum level of health insurance coverage for them and their dependents. Many of these consumers will be able to purchase health insurance through the Health Insurance Marketplaces/Exchanges that will become operational in October 2013.

PAF case managers each year provide input to National Patient Advocate Foundation (NPAF), our companion organization, on issues that are being faced by patients. This year, with implementation of ACA looming, that input became more critical, and with NPAF's expertise, five main goals were established as Policy Priorities, many with direct impact on ACA:

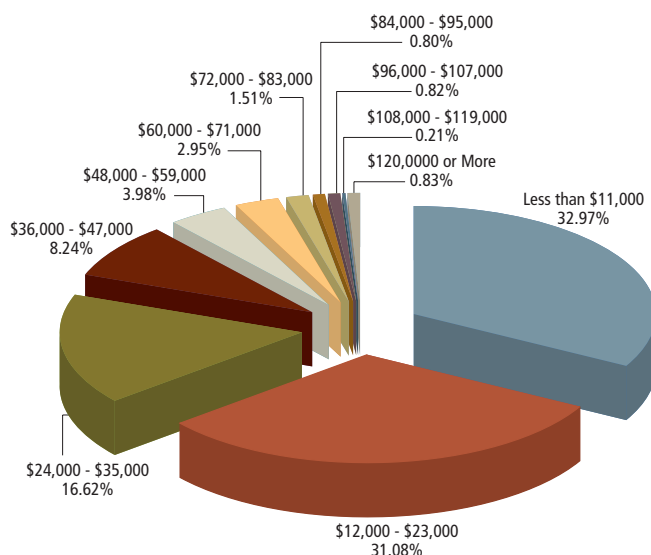
- Eliminate barriers to health care coverage
- Ensure access to essential medications and therapies
- Ease economic constraints on health providers
- Raise awareness of patient needs
- Improve patient outcomes

In anticipation of the Health Insurance Marketplaces/Exchanges opening in October 2014, PAF began training its staff on how to educate consumers/patients on plan selection that would

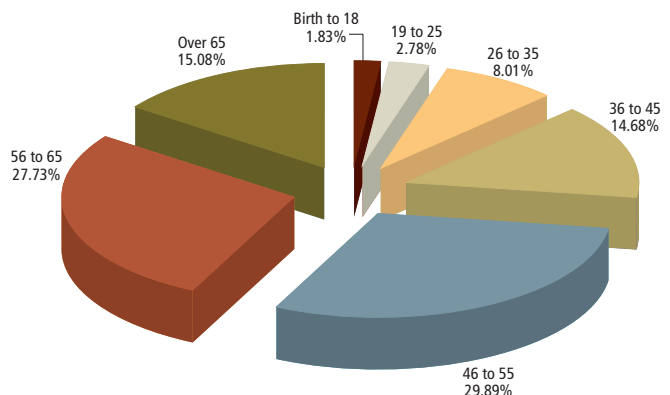
best cover their health care needs, and not to purchase solely on price. Additionally, staff began training on the enrollment process so that PAF will be available to assist consumers/patients with actual enrollment into a health insurance plan.

Additionally, PAF created the **Uninsured Medication Access Program (UMAP)** which is a customizable, full service program that facilitates the identification of, screening for and enrollment into appropriate alternate insurance coverage options for uninsured, underinsured and in select cases, insured patients. This program is offered in collaboration with manufacturers, serving specific populations that are often being provided with free product due to lack of insurance coverage and provided a precursor to enrolling patients into the Marketplace/Exchanges which will become one of the alternate insurance coverage options in October, 2013.

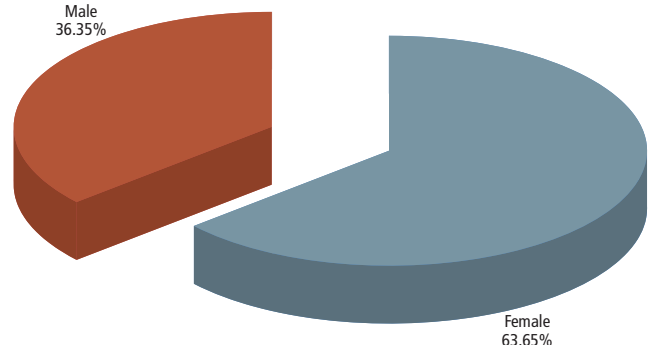
## Income of PAF Patients in FY 12/13



## Age Groups of PAF Patients in FY 12/13



## Gender of PAF Patients in FY 12/13



# Direct Patient Services Division

The Uninsured Medication Access Program Scope of Services includes:

- Screening uninsured patients for Medicaid eligibility/assisting with enrollment
- Screening uninsured patients for Medicare Part A/B eligibility/assisting with enrollment and re-enrollment
- Screening Medicare Part A/B patients for Part D eligibility/assisting with plan selection and enrollment
- Screening Medicare patients for Low Income Subsidy (LIS) eligibility/assisting with enrollment and qualification
- Screening uninsured patients for Pre-existing Condition Insurance Plan (PCIP)/assisting with enrollment
- Screening uninsured patients for available commercial insurance plans/assisting with enrollment
- Connecting patients in jeopardy of losing insurance coverage due to inability to afford premiums to available premium assistance program/ assisting with enrollment
- Screening and enrollment into available state, local and/or charity programs that provide drug payment assistance
- Screening patients for SSDI and SSI eligibility/ assisting with applications and qualifications
- Screening, educating and enrolling patients into an appropriate insurance product offered through the Health Insurance Marketplace/ Exchange at the Federal and state levels



PAF has been an active contributor to the education of patients, their families and caregivers over the past 17 years. Our team of professionals has authored 28 patient educational publications that now collectively make up our Patient Educational Resource Library. In 2013, PAF has authored and

published two new, easy to understand consumer guides designed to educate the public on health insurance options through both Medicare and the soon to be implemented Health Insurance Marketplaces. The new titles include:

- *"2013 Health Reform and You: A User's Guide to Health Insurance Marketplaces"*
- *"A Clear View to Medicare: Making the Most of Your Benefits"*



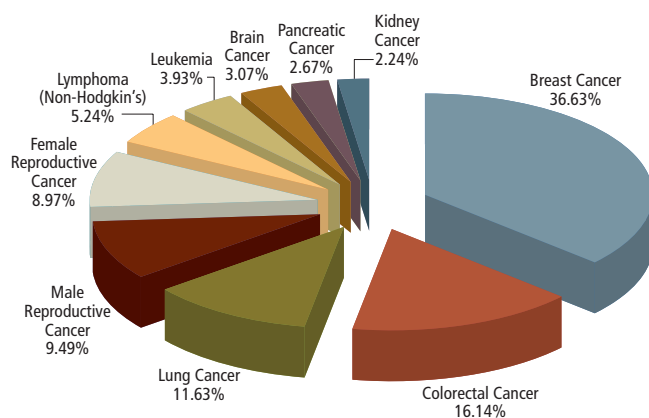
## DIRECT PATIENT SERVICES PROGRAMS

# MEDCAREline

ACCESS TO EMERGING MEDICATION THERAPIES

In addition to case management, Patient Advocate Foundation has other programs that have been created as a result of patient need. **The PAF MedCareLine Division** offers disease-specific, customizable services to disease-specific patient populations. It is staffed by an advanced clinical team committed to assisting with access to emerging therapies and treatment for specific defined diseases. Members of this team are knowledgeable in reimbursement issues and are available to help patients navigate through the

## Top Ten Cancer Diagnoses of PAF Patients in FY 12/13



# Direct Patient Services Division

reimbursement system. Expert case managers provide direct case management services to help patients access emerging drugs and other needed healthcare. MedCareLine programs can also include a Financial Aid Fund (FAF) component with the purpose of providing small grants for patient needs such as transportation, parking, food, housing and child care.

The MedCareLine was launched in 2006 with the **Colorectal CareLine (CCL)** which provides case management services similar to those offered through the general case management group but with an increased focus on and competency with clinical appeals for colorectal cancer therapies. In FY 2012/2013, CCL assisted over 1,500 patients. The Colorectal CareLine is sponsored by and in partnership with Amgen, Inc. and Genentech. Other MedCareLines include:

**The Aetna Appeals CareLine** was launched in June 2012 and is dedicated to providing Aetna members who may benefit from the PAF services a direct referral to PAF as part of Aetna's appeals process. This program is staffed by professional case managers who use their knowledge of coverage issues, health care resources and clinical experience to independently find solutions when members face challenges. Their patient-focused approach assists members with:

- Research and resolution of claims pending coverage
- Screening and enrollment for Medicare, Medicaid and Disability
- Referrals to local, state or federal resources

In FY 2012/2013, PAF launched three new MedCareLines. They include:

The **Narcolepsy CareLine** which launched in July, 2012 is staffed by a team who provide case management services to people living with Narcolepsy. Through the Narcolepsy CareLine, narcolepsy patients, their caregivers and healthcare providers receive individualized support services including assistance with insurance appeals, guidance with insurance benefit reimbursement and benefit programs, assistance with Medicare, Medicaid and Disability screening and enrollment, as well as referrals to local, state or federal resources. The Narcolepsy CareLine is sponsored by and in partnership with Jazz Pharmaceuticals and assisted 1,049 patients in FY 2012/2013.

The **Heart Valve CareLine** launched in March, 2013 and is a national, toll-free patient and provider hotline, staffed by professional case management team members, designed to provide free healthcare information and crucial case management assistance for patients who have been diagnosed with heart valve conditions. The CareLine provides customized assistance to support people diagnosed with valvular conditions who are facing challenges with accessing the healthcare they need. The individualized support services include assistance with insurance appeals, insurance benefits and reimbursement, Medicare, Medicaid and Disability screenings, enrollments and/or denials, options for addressing medical debt crisis, as well as referrals to local, state or federal financial resources. The Heart Valve CareLine is

In May, 2013, Patient Advocate Foundation's professional case managers were honored by Dorland Health, a division of Access Intelligence with a "**Case In Point Platinum Award**" recognizing outstanding case management organizations making a difference in today's complex healthcare system by ensuring the system is patient- and family-centric, safe and effective. The Fourth Annual Awards program was held at the Gaylord National Resort in National Harbor, MD and highlighted the innovative and creative work across the healthcare system that is improving access, promoting wellness and ensuring safe transitions of care through effective care coordination across the care continuum. The "Case in Point Platinum Awards Program" provides a public platform to recognize the work being done in the area of care coordination and case management.

# Direct Patient Services Division

sponsored by and in partnership with The Edwards Life Sciences Fund.

The **FoundationOne CareLine** launched in July, 2013 and is staffed by dedicated case managers who provide case management services that are focused on providing assistance to patients who are seeking education, access and reimbursement to Genomic Testing in order to aid them and their physicians in choosing the most appropriate treatment options. The FoundationOne CareLine is sponsored by and in partnership with Foundation Medicine.

PAF has also created programs targeting specific populations. The **National Hispanic/Latino Outreach Program (NHLOP)** was launched in 2001 with 1.24% of the patients served by PAF being of Hispanic/Latino descent. In FY 2012/2013, 13.91% of the patients served were Hispanic/Latino. The offices in California, Virginia and Texas are staffed by bilingual case managers and the PAF website is available in Spanish as are the majority of PAF authored publications. “Your Guide to a Healthier Hispanic/Latino Community” was created specifically for this program and is available in both English and Spanish.

A component of this program is dedicated outreach within the Hispanic/Latino community to educate on the services provided by PAF. Staff attended 38 outreach events including:

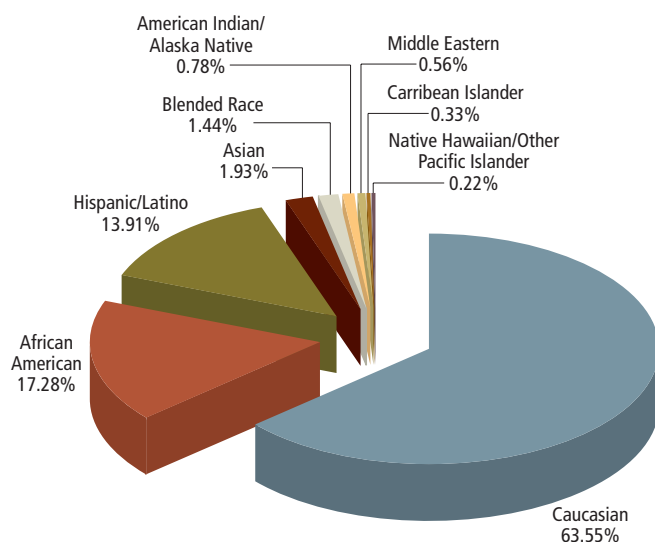
- National Council of La Raza Conference
- Cancer Rights Conference
- California Health Collaborative

The **National African American Outreach Program (NAAOP)** was patterned after NHLOP and was launched in 2004. When launched, approximately 13% of the PAF patients served were African American; in FY 2012/2013 that number was 17.28%. Staff assigned to the program attended 35 outreach events which included:

- National Black Nurses Association Annual Conference
- Southeast Musical King Lincoln Park
- Miracle Temple Health Fair
- African American Men’s Health Summit
- Sisters Network Northeast Florida Conference
- Delta Sorority Health Fair

Our **Senior Services Division** was created in 2004 in response to the Centers for Medicare & Medicare Services (CMS) implementing Medicare Part D for seniors. In FY 2012/2013, 15.08% of the patients assisted were over the age of 65. Senior Services staff facilitate education of and enrollment into Medicare Part D plans annually for thousands of Medicare beneficiaries. They also assist beneficiaries in navigating access issues that they may experience under Parts A, B and D as well as Medicare supplements.

## Ethnicity of PAF Patients in FY 12/13



# Direct Patient Services Division

## NATIONAL PARTNERSHIPS

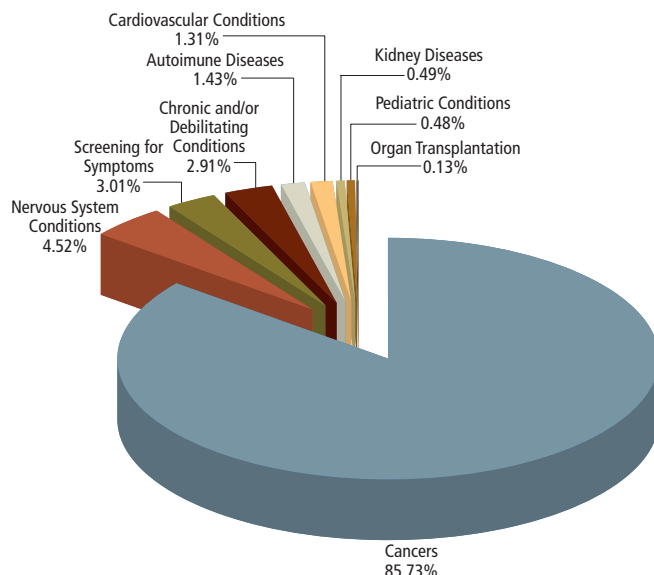


Patient Advocate Foundation has partnerships with other national non-profit organizations to provide case management

services to their patient populations. PAF competed its fifth year of partnership with the **American Cancer Society (ACS)**, serving as a tier 3 service provider. In FY 2012/2013, PAF received 18,119 referrals from ACS of which 7,678 were served through the partnership. The remaining 10,441 patient referrals were served by other PAF programs that were better suited to the patients' needs, including a MedCareLine or our CDC SCUP Grant.

Additionally, through the success of the ACS partnership, in December 2011 PAF expanded our services to the **ACS East Central Division**, providing case management services to breast cancer patients residing in Ohio and Pennsylvania. PAF, in FY 2012/2013, was able to assist 578 breast cancer patients through this partnership.

## Health Conditions of PAF Patients in FY 12/13



## Chronic or Debilitating Conditions

Achalasia	Histiocytosis
ALS (Lou Gehrig's Disease)	HIV/AIDS
Amputations ( any limb)	Huntington's Disease
Amyloidosis	Hyper/Hypothyroidism
Anemia	Hyperparathyroidism
Aplastic Anemia	Hypogammaglobulinemia
Asthma	Hypopituitarism
Bladder dysfunction	Immune Deficiency Disorder
Blindness	Infectious Disease
Blood Disorder	Liver Failure
Chemo-induced anemia	Lymphedema
Chemo-induced neutropenia	Macular Degeneration
Cirrhosis	Meningitis
Clotting Disorder	Myelofibrosis
Connective Tissue Disorders	Neuropathy
COPD (Lung disease)	Non-healing Chronic Ulcer
Cushing's Syndrome	Osteomyelitis
Degenerative Disc Disease	Osteoporosis
Degenerative Joint Disease	Pancreatitis
Devic's Disease	Paralysis
Diabetes Insipidus	Polycythemia Vera
Diabetes Type I	Pseudomyxoma Peritonei (PMP)
Diabetes Type II	Pulmonary Disease
Electrolyte Imbalance	Pulmonary Emboli
Emphysema	Pulmonary Fibrosis
Encephalopathy	Short Bowel Syndrome
FAP(Familial adenomatous polyposis)	Sickle Cell Anemia
Fasciitis	Thrombocytopenia
Fibromatosis	Thyroid Disorder
Fibromyalgia	Traumatic Injury
Glaucoma	Tuberculosis
Hemophagocytic Lymphohistiocytosis	Venous Occlusive Disease
Hemophilia	Vision impairment
Hepatitis	

# Direct Patient Services Division



**Susan G. Komen for the Cure** continued its financial support of the Breast Cancer fund in PAF's Co-Pay Relief

program, having been a supporter since 2006. In March, 2013, PAF concluded its participation in the coordinated outreach program to African American and Hispanic/Latina women who have been newly diagnosed with breast cancer and might be in need of co-payment assistance for their medications. Outreach consisted of one-week-long visits to educate the targeted populations on PAF case management services and how to enroll in CPR. Targeted locations were:

- St. Louis, MO
- Miami/Ft. Lauderdale, FL
- Phoenix, AZ
- Mississippi Delta Region
- Detroit, MI

The Outreach Team was able to conduct 149 outreach events, distributing 1,827 publications to the African American and Hispanic/Latina population.

PAF responded to a competitive RFP issued by Susan G. Komen for the Cure for the administration of the Komen National Treatment Assistance Program in early 2013. PAF was selected as the recipient of the program funding in April 2013 with a program launch in July 2013 of the **PAF/Komen Treatment Assistance Financial Aid Program**.

The program is solely supported by Komen and is designed to provide direct financial assistance in the form of one-time grants in the amount of \$300 to help cover expenses including childcare and/or elder care, transportation costs associated with getting to and from treatment, lymphedema care, wigs/prosthesis and durable medical equipment for breast cancer patients. As an additional service, a dedicated social work case manager will be available for patients who are deemed non-eligible for financial aid as well as for issues related to access to treatment. The PAF case manager will



Roi James  
Austin, TX  
Case Management -  
LIVESTRONG  
Rectal Cancer

So grateful to have you on my side!

Having been dealt quite a blow in the diagnosis of my

cancer, I was already emotionally overwhelmed with the logistical and emotional demands of my treatment. I wanted to devote all my energy to my recovery and healing but was instead burdened with additional stress and distraction by the lack of support I was receiving by my insurance company. I found myself worrying if they were going to pay my mounting medical claims, and words such as "pre-existing condition" and "misrepresentation" were being used to label the investigation they were conducting. This language insulted me and created an atmosphere of fear and an adversarial relationship between me and my insurance company. Through the Livestrong foundation, I was directed to the Patient Advocate Foundation and was contacted by Brendan who helped me feel that I had people on my side that were going to fight on my behalf. People who understood the process more and could help me get results. I was able to let go of the stress the conflict had been causing and focus on the most important thing, beating the cancer. It wasn't long after Brendan began contacting my insurance company on my behalf that the investigation was resolved and my claims were paid. I can't express my sincere gratitude for their support and would recommend them in a heartbeat to anyone going through the challenge of navigating recovery and the healthcare system. Thank you so much!

# Direct Patient Services Division

provide sustained case management services including referrals and assisting patients with accessing appropriate services.



FOUNDATION

PAF is in its ninth year of partnership with the **LIVESTRONG**

**Foundation**, having been one of the original partners in the SurvivorCare program. Through the partnership, PAF dedicated case managers were able to provide sustained assistance to 4,767 patients. An additional component of the partnership with LIVESTRONG is the **PAF Austin, Texas-based Case Manager** in the LIVESTRONG Cancer Navigation Center. PAF was able to serve an additional 698 patients who walked into the Navigation Center for services. PAF and LIVESTRONG further strengthened their partnership when the **PAF/LIVESTRONG Foundation Emotional Health Benefit Verification Program** launched in February 2013. This program is solely supported by LIVESTRONG Foundation and serves as a companion service to the Emotional Health and Counseling services provided to patients by the LIVESTRONG Foundation Staff. PAF staff is engaged in conducting a Benefit Verification for patients being served by the LIVESTRONG

Emotional Health staff to determine which mental health benefits are available through the patient's insurance plan. Upon completion of the Benefit Verification, the PAF staff creates a customized Benefit Assessment document that is submitted to the LIVESTRONG Emotional Health counselors for use in counseling the patients on their ongoing mental health benefits.

PAF's President of Mission Delivery, Beth Patterson, continues to participate on the Navigation Software Advisory Committee and PAF staff members attended the LIVESTRONG Assembly in February, 2013. Additionally, a PAF bilingual staff member provided support for Univision and LIVESTRONG



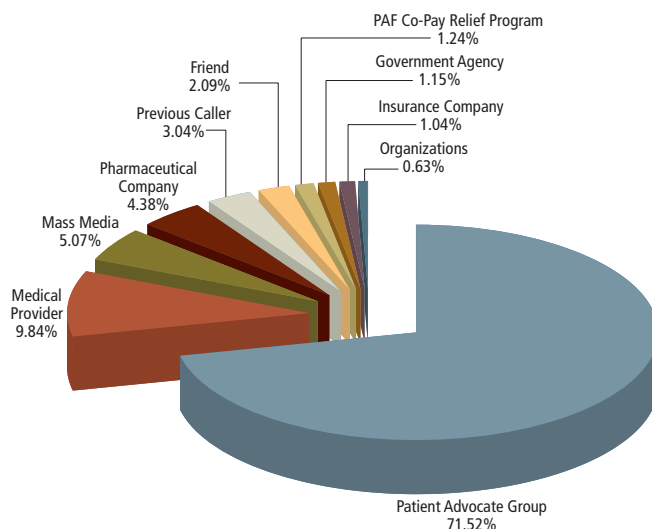
CANCER  
TREATMENT  
CENTERS  
OF AMERICA®

Telethons held in April and July, 2013.

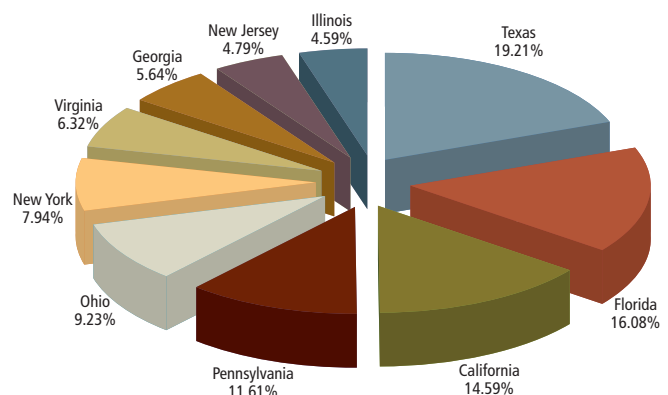
PAF completed a third year of partnership with the **Cancer Treatment Centers of America (CTCA)** assisting patients who were seeking care at a CTCA facility and were facing access to care issues. These were typically insurance issues and inability to afford out-of-pocket expenses. PAF case managers assisted 961 patients and were able to obtain \$693,545.24 in debt relief for those patients.

Patient Advocate Foundation entered into the final year of a five-year Cooperative Agreement with the Centers for Disease Control with an end date of August, 2013. **The Early Detection**

## Top Ten Referral Sources in FY 12/13



## Top Ten Referral States in FY 12/13



# Direct Patient Services Division

**and Survivorship of Cancer in Underserved Populations (SCUP)** had a goal of increasing survivorship of cancer and to enhance the quality of life in underserved populations by providing case management services to patients with breast, cervical, ovarian, colorectal, prostate and skin cancers. The program provided outreach and education to the uninsured, underinsured, minority and disparate populations. While this particular agreement was a five-year agreement, PAF had a prior five-year Cooperative Agreement, meaning that services had been provided to the targeted population for ten consecutive years. PAF was able to assist 3,961 patients in FY 2012/2013 and obtain over \$4.5 million dollars in debt relief on behalf of those patients. PAF met and/or exceeded all goals set forth in the project over the Cooperative Agreements lifespan.



**Breakaway from Cancer®** is a national initiative to increase awareness of the important resources

available to people affected by cancer from prevention to education and support to financial assistance and survivorship. Amgen is the title sponsor of the Amgen Tour of California (AToC) one of America's premier cycling events. *Breakaway from Cancer* is a component of the AToC, representing a partnership between Amgen and four non-profit organizations that assist cancer patients through the whole continuum of care. The four partners and their area of focus are:

- Prevent Cancer Foundation-Prevention
- Cancer Support Community-Fighting Cancer
- Patient Advocate Foundation-Financial Assistance
- National Coalition for Cancer Survivorship-Survivorship

This year the Tour was held from Sunday, May 12 to Sunday, May 19, 2013 and included:

- Stage 1: Escondido to Escondido
- Stage 2: Murrieta to Greater Palm Springs

- Stage 3: Palmdale to Santa Clarita
- Stage 4: Santa Clarita to Santa Barbara
- Stage 5: Santa Barbara to Avila Beach
- Stage 6: San Jose to San Jose
- Stage 7: Livermore to Mt. Diablo
- Stage 8 and Finish: San Francisco to Santa Rosa

The Amgen Tour of California was won by Tejay van Garderen with BMC Racing Team. Tejay was also the 2012 Tour de France Best Young Rider.

Breakaway from Cancer provides all four of the non-profit partners with the opportunity to educate consumers/patients who are in attendance at the Lifestyle Festival at each stage of the race. There are four Breakaway from Cancer stages, each of which is "owned" by one of the non-profit partners. The PAF stage was Escondido and featured the Breakaway Mile, a one-mile celebratory walk for cancer survivors, patients, caregivers and family members in leading the way in breaking away from cancer. The Breakaway Mile is lead by a Breakaway Champion. In Escondido that champion was Sue Martin who was diagnosed with stage III breast cancer in 2008 and believes that her positive attitude was one of the keys to surviving and thriving. Sue is writing a book about her successful journey to cancer freedom which will be called *I Shed Two Tears, Then Kicked It with Attitude*.

Created in 2009, the **Patient Action Council (PAC)** is designed to provide a forum for pharmaceutical / biotechnology industry patient advocacy leaders in order for them to collaborate with PAF leadership to address one major healthcare access issue. Since 2009, the PAC has delivered:

- The National Underinsured Resource Directory
- [www.insureUStoday.org](http://www.insureUStoday.org)
- The National Uninsured Resource Directory

# Direct Patient Services Division



In FY 2012/2013, building on the success of the consumer resource tools previously designed and delivered, PAF has expanded the reach of these resources by utilizing Facebook Apps and Segmented Tabs technology as well as launching the My Resource Search Mobile App.

Through the launch of the smart phone app, **My Resource Search**, consumers are able to build user friendly resource lists. It provides a one stop shop for 24/7 searching of Uninsured and Underinsured resources – Users can toggle back and forth for un/underinsured needs. It allows for integration with native phone features for easy connection to individual resources directly from tool (via phone call, web by browser). The My Resource

Search mobile app is available through the iTunes app library as well as the android/smart phone app library.

Members of the Patient Action Council include:

- Kathryn West, Advocacy Director, Oncology, Amgen
- Cara Thompson, Director, Advocacy, Celgene
- Tim Wert, Director, Oncology Payer Services East, Oncology, Eli Lilly
- Alissa Jaffe Nagler, Executive Director, Patient Advocacy and Access, Public Affairs and Communications, Novartis
- Patti Jewell, Director, Worldwide Alliance Development, Pfizer Oncology
- James Caro, Senior Director, Partners in Patient Health, Sanofi US



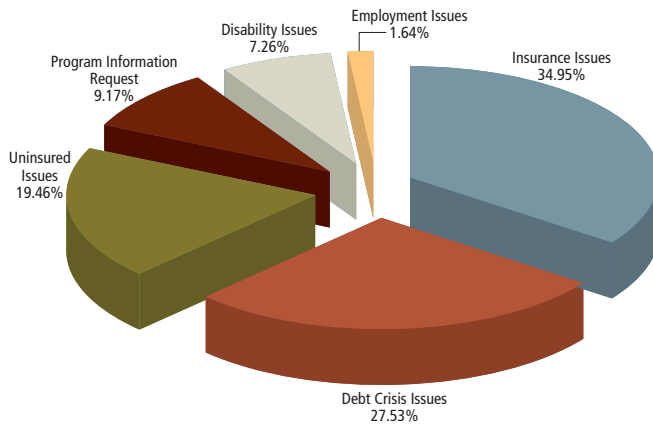
Tosha Lockwood  
Los Angeles, CA  
Co-Pay  
Osteo

After menopause, my health declined in a chain reaction starting with breast cancer. Chemotherapy triggered neuropathy and a side-effect seemed to worsen osteoporosis. Its treatment medication in turn gave rise to severe muscle and joint pain diagnosed as rheumatoid arthritis. Even with joint pain from rheumatoid arthritis and a numbing feeling in my feet and hands I remained active. Then I started to have severe muscle cramps and slowness of movement; thinking this was worsening of neuropathy, I was referred to a neurologist. He informed me that I have Parkinson's Disease. During this time, I realize my walking and balance also presented issues. After experiencing two falls, my

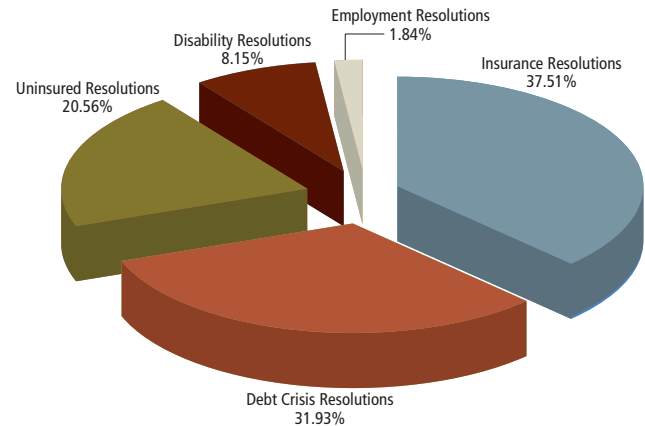
doctor strongly advised me to take a drug to treat osteoporosis, warning me that on my next fall I might not be so fortunate. Without knowing the cost of the medication I agreed to begin taking it. I mentioned to my rheumatologist that I was taking the drug, and she encouraged me to keep taking it as well as seek financial assistance. Fortunately, Co-Pay Relief was made known to me by my pharmacy. They not only let me know about CPR but also took care of the application process. I was informed that each time they fill the order they will send the invoice to CPR. While I have insurance, it is still very expensive for me to pay for the medication I need. My situation is such that I have fallen into the 'coverage gap' and would otherwise have to pay a significant amount of money if it was not for CPR. Thanks to CPR I won't have the added burden of this expense on top of my chronic disease. I can't help but feel grateful for the program, not just for the financial relief, but in the kindness I see behind this service.

# Direct Patient Services Division

## Issues of PAF Patients in FY 12/13



## Resolutions of PAF Patients in FY 12/13



### Insurance Issues Include:

- Co-pay, premium and/or deductible assistance
- General benefit questions
- Requesting assistance with facilitating a second opinion
- Necessary pharmaceutical prior authorization/approval not obtained
- Request for guidance with eligibility or enrollment in PCIP
- Guidance needed regarding the Affordable Care Act
- Inadequate coverage options/underinsured
- Benefit exclusion
- No coverage/lost coverage
- Inability to afford Medicaid share cost/spend down

### Insurance Resolutions Include:

- Facilitated/obtained co-pay, premium and/or deductible assistance
- Educated on general benefit questions
- Facilitated/obtained charity care for underinsured
- Negotiation of payment plan/discount for patient
- Enrolled into pharmaceutical indigent drug program
- Provided guidance regarding Affordable Care Act
- Facilitated/identified supplemental insurance options/enrolled
- Interpreted second opinion via plan language
- Reconciled coding and billing errors
- Enrolled into Medicare extra help/closing share of cost

### Debt Crisis Issues Include:

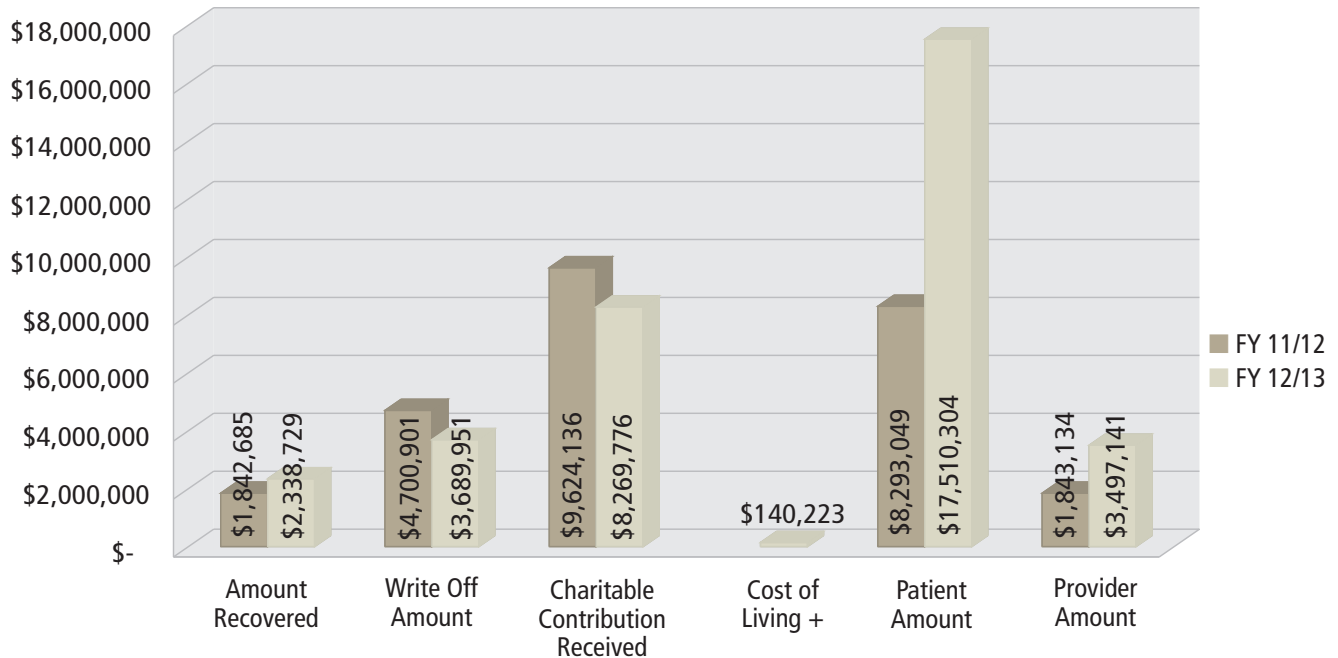
- Inability to afford transportation
- Inability to afford rent/mortgage
- Inability to afford utility/shut off notice
- Inability to afford food/nutritional needs
- Inability to afford non-covered supplies
- Inability to afford lodging expenses
- Inability to afford commodities/home adaptation
- Inability to afford care note/car insurance/car repair
- Facing eviction/foreclosure
- Inability to afford burial/funeral expenses

### Debt Crisis Resolutions Include:

- Facilitated/secured free or charity for transportation assistance
- Facilitated rental/mortgage payment relief
- Facilitated utility/phone relief
- Facilitated/located food assistance
- Offset cost through alternative assistance
- Facilitated/located needed supplies
- Facilitated/negotiated free, reduced rate, or charity for lodging assistance
- Facilitated/located commodities/home adaptation
- Facilitated car note/car repair relief
- Facilitated eviction/foreclosure agreement relief

# Direct Patient Services Division

## Debt Relief Obtained for PAF Patients in FY 12/13



**Total Debt Relief\* Obtained in FY12/13: \$35,446,125**

\*Case managers can only document financial relief that is reported and/or recovered during the course of our work with an open case. Any long term/future financial benefit resulting from resolutions are not captured.

+Beginning in May 2013 PAF case managers record debt relief obtained categorized as Cost of Living.

- Amount Recovered: the amount PAF recovered from third party payers such as commercial insurance plans and Medicaid or Medicare programs
- Charitable Contributions: the amount PAF secured on behalf of patients through utilization of national and/or local charitable resources such as hospital charity care programs, non-profit financial aid programs and/or local faith or disease based programs
- Cost of Living: the amount recovered by PAF case managers to directly offset living expenses such as: rent/mortgage assistance, eviction/foreclosure assistance, utility assistance, food/nutritional assistance, or car payment/repair expenses among others.
- Patient Amount: the amount directly returned to patients as a result of PAF negotiating reimbursement for out-of-pocket medical expenses
- Provider Amount: the amount directly returned to providers as a result of PAF negotiating reimbursement for medical debt that had previously been written off or logged by the facility as "uncollected"
- Write Off Amount: The amount of patient debt relief obtained by PAF through negotiations with facilities and/or medical providers.

# Direct Patient Services Division

## PATIENT ADVOCATE FOUNDATION CO-PAY RELIEF

### *A Patient Assistance Program*

Patient Advocate Foundation created the **Co-Pay Relief (CPR)** program in 2004 as a result of patients reaching out to PAF for co-payment assistance. The CPR program is the second oldest co-pay assistance program in America and has provided over \$190 million in assistance to over 95,000 patients. The PAF Co-Pay Relief Program was cited as the top preferred co-pay program by Practice Managers for the 4th straight year in Kantar Health's *Oncology Market Access 2013*. Practice Managers selected CPR as the best co-pay program for helping their patients.

In FY 2012/2013, the CPR program processed 55,029 individual expenditures, totaling \$29,485,119.54, serving 18,101 patients. There were several program enhancements in FY 2012/2013 including:

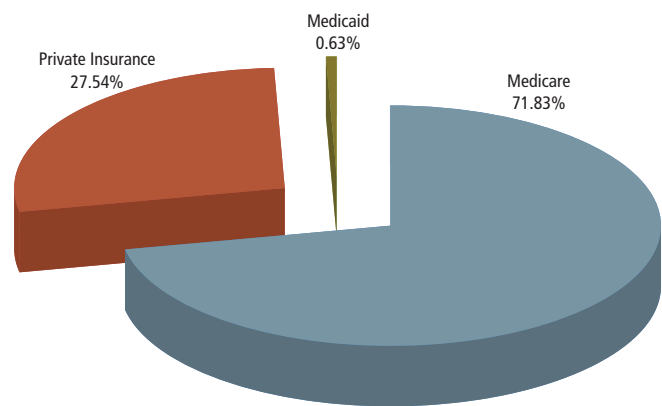
- Improved patient and provider experience due to the redesign of the CPR website.
- Enhanced portal messaging allowing real-time communication of funding availability by disease, through the CPR Provider, Patient and Pharmacy portals
- Expanded reporting capabilities as a result of new technological back-end features.

- Enhanced quality assurance guidelines and processes, ensuring consistent auditing and staff evaluation procedures.

In October of 2012, the CPR program transitioned from a completely open, unlimited program model to a new improved program model which improved service and increased satisfaction to our patients/providers. New services included:

- Approved patients will receive a guaranteed allocation of 33% of the total annual award amount.

### Insurance Coverage Reported by PAF Co-Pay Relief Patients in FY 12/13



Eduardo Moreno  
Miami, FL  
Co-Pay  
CIN

Hello, my name is Eduardo Jose Moreno and I'm writing this letter to personally thank your organization for its services. Co-Pay Relief offered me much needed help during times of great stress. The members of your organization made the process much easier to handle and were extremely helpful and understanding of my dilemma. It was them who clarified what exactly your program was and who

helped me understand what I needed to do not only that, but they provided assistance with the application process. They made sure my application was processed in time. If it wasn't for this organization or its members, I am scared to think of what position I would be in now.

# Direct Patient Services Division

- Patients will have the ability to utilize the remaining 67% of their annual award based on fund availability on a first-come, first-served basis.
- Automatic e-mail communication feature provides account related notifications to patients and their providers simultaneously while “auto posting” a note to the patient’s account. Auto communications include:
  - ◆ 30 and 60 day expenditure solicitations
  - ◆ Advanced notice for patient awards at risk of being revoked
  - ◆ Official revocation notification
  - ◆ Fund closure due to funds exhaustion
- **Benefits of new program model:**
  - ◆ Improved service to approved patients
  - ◆ Increased patient/provider satisfaction
  - ◆ Maximize utilization of the new database, incorporating additional technology solutions that will benefit both internal and external stakeholders
  - ◆ Annual donations are released in total into the fund immediately upon receipt. An application threshold has been established for each disease fund based on entire fund balance. CPR will accept all qualified new and renewal applications on a first come, first serve basis.

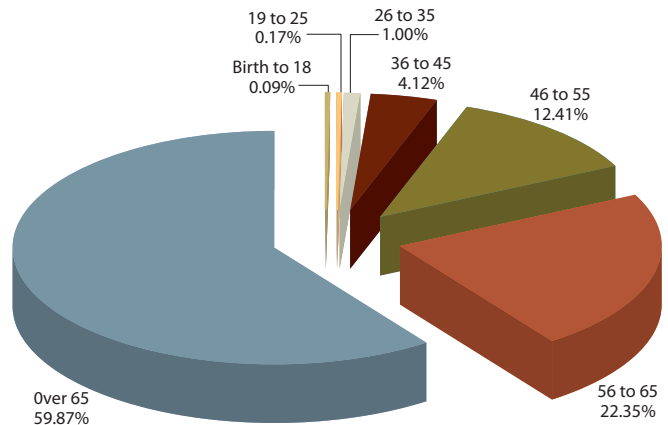
## Upcoming Operational Enhancements:

- Implementation of a live Spanish queue option for CPR callers, scheduled to launch September 3, 2013.

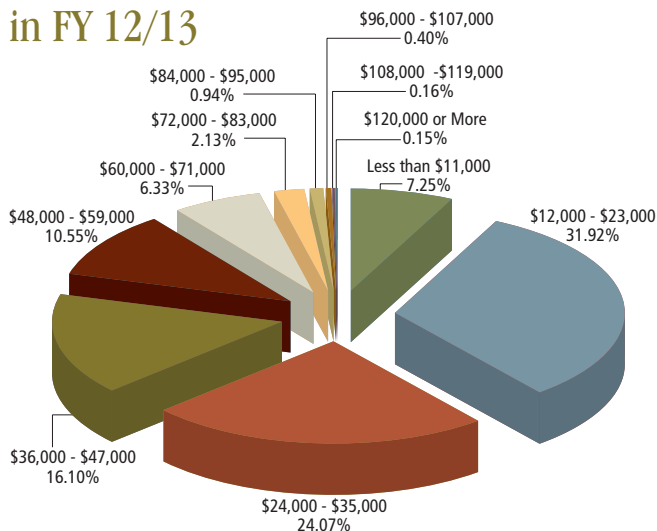
## Funding Summary:

- PAF was successful in securing \$34,177,188 in support for the Co-Pay Relief Program in FY 2012/2013

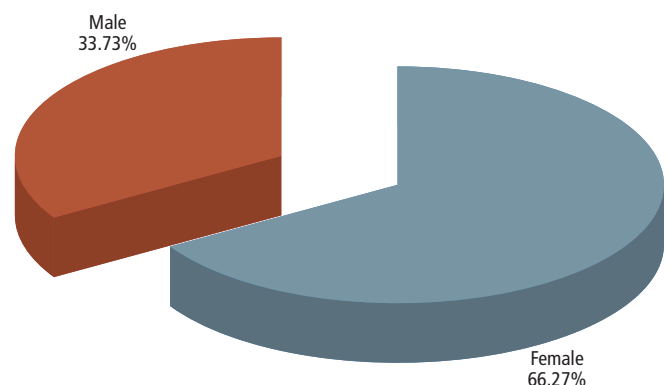
## Age Groups of PAF Co-Pay Relief Patients in FY 12/13



## Income of PAF Co-Pay Relief Patients in FY 12/13

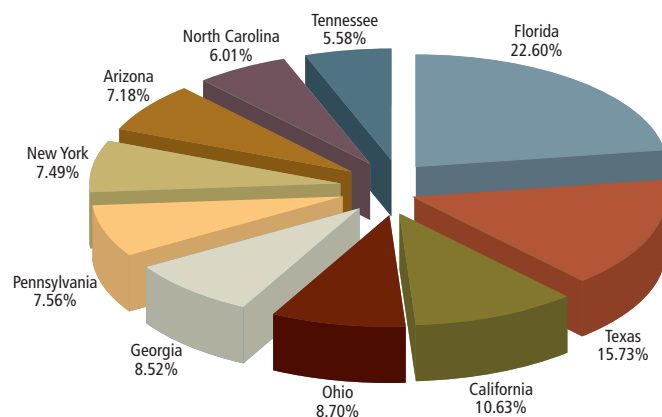


## Gender of PAF Co-Pay Relief Patients in FY 12/13

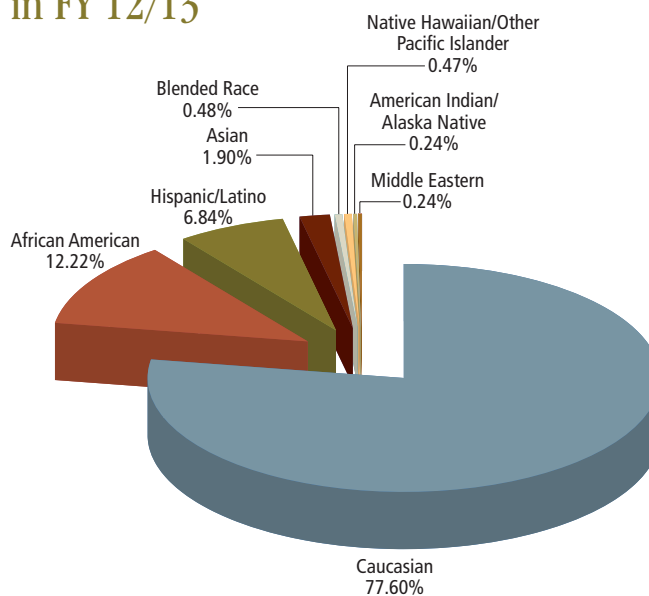


# Direct Patient Services Division

Top Ten Referral States for PAF Co-Pay Relief Patients in FY 12/13



Ethnicity of PAF Co-Pay Relief Patients in FY 12/13



Patient Advocate Foundation would like to thank the following companies for their financial support of the Co-Pay Relief Program:

**AMGEN**

Oncology



## 23



Denise Wilson  
Murfreesboro, TN  
Co-Pay  
Breast Cancer

Copays for medicine can be expensive. I am on a limited income so this program is a true blessing.



Rosemary (Roe) Smith, patient and husband, Don Smith  
Sarasota, FL  
Case Management  
Stage IV Lung Cancer

Into our fog of confusion and fear after hearing Rosemary's diagnosis of Stage IV lung cancer, Gayle Petrick with Patient Advocate Foundation shined a light of clarity, reality and possibility into our darkness. Thank you for your magnificent service and dedication.



# 14th Annual Patient Congress



*Nancy Davenport-Ennis, CEO of PAF/NPAF welcomes the attendees to the 14th annual Patient Congress*



*US Congressman John Dingell (D-MI-12th) addressed the attendees during the Hill Briefing on Wednesday*

PAF convened its 14th Annual Patient Congress in Washington, D.C. on June 19-20, 2013 at The Washington Court Hotel. Attendees included patients, caregivers, nurses, physicians, pharmaceutical representatives, insurance executives, advocacy group representatives and National Patient Advocate Foundation's President Council Members and Patients Voice Network volunteers with a total of 128 attendees from 50 states. These attendees completed 162 Hill visits that included 100 in the U.S. Senate and 62 in the U.S. House of Representatives. Their visits included 98 with Democrats, 63 with Republicans, and 1 with an Independent member.

PC participants brought two key issues to their discussions on Capitol Hill:

- Preserve Patient Access to Community Care
- H.R. 460 "Patients' Access to Treatments Act"

Our attendees participated in a Capitol Hill Briefing, hearing from Representative John Dingell (D-MI) on the importance of patient advocacy and were also engaged in panel discussions with various speakers from the Hill who provided them with additional information on the topics to discuss during their Hill visits. Those panels included:

- State Advocacy Update, led by Larry Lanier, Chief of Staff/Executive Vice President of State Government Affairs, NPAF and Donna Adkins,



*Larry Lanier, President of NPAF, making a point during the State Advocacy Update*

Manager of Grassroots, State Government Relations, NPAF

- Specialty Tiers Discussion, moderated by Nancy Davenport Ennis, CEO, President, Co-Founder, PAF and NPAF with panelists Adriane Casalotti, Legislative Assistant, Office of Representative Lois Capps (D-CA) and Nick Bath, Senior Health Policy Advisor, Senate Committee on Health, Education, Labor and Pensions
- Preserving Patient Access to Community Care, moderated by Brad Tallamy, Director of Federal Government Relations, NPAF with speaker Taylor Booth, Senior Legislative Assistant, Office of Representative Ed Whitfield (R-KY)

# 14th Annual Patient Congress

The speaker during the Hill Briefing was Ida Kelley, Director, Partner Relations Group, Office of Communications, Centers for Medicare & Medicaid Services who spoke on Insuring America; Health Insurance Marketplace Outreach and Education.

After the Capitol Hill Briefing, attendees participated in a Welcome Reception and Educational Expo and were able to mingle amongst themselves as well as visit with other non-profit patient groups.



*Attendees participating in the Hill Briefing*



*Panelist Taylor Booth, Senior Legislative Assistant, Office of Representative Ed Whitfield (R-KY-1st) discussing the preservation of patient access to community care*



*Kathleen LeBeau and Peg Ford, members of the President's Council participate in a mock session with Larry Lanier, President of NPAF and Nancy Davenport-Ennis, NPAF CEO*



*Nancy Davenport-Ennis and Ida Kelley, Director, Partner Relations Group, Office of Communications, Centers for Medicare & Medicaid Services addressing our attendees during the Hill Briefing*



*Adriane Casalotti, Legislative Assistant, Office of Representative Lois Capps (D-CA-24th) and Nick Bath, Senior Health Policy Advisor, Senate Committee on Health, Education, Labor and Pensions discuss Specialty Tiers*

# 14th Annual Patient Congress

Exhibitors included:

- American Society for Radiation Oncology (ASTRO)
- Arthritis Foundation
- Breakaway From Cancer
- Cancer Support Community
- Cancer Treatment Centers of America
- Colon Cancer Alliance
- Co-Pay Relief (CPR)
- FORCE: Facing Our Risk of Cancer Empowered
- Imerman Angels
- Leukemia & Lymphoma Society
- Lung Cancer Alliance
- National Coalition for Cancer Survivorship
- National Lung Cancer Partnership
- Patient Advocate Foundation
- Us TOO International Prostate Cancer Education and Support Network
- Young Survival Coalition
- Zero: The End of Prostate Cancer



*Patient Congress Attendees during the Welcome Reception and Educational Expo*



*ZERO: The Project to End Prostate Cancer during the Expo*



*ASTRO Representative Beth Bukata discussing her organization with an attendee*



*Sierra Smith and Pamela Browner White with Cancer Treatment Centers of America and the Welcome Reception sponsor flank Fran Castellow, PAF President of Operations*

# 14th Annual Patient Congress

On June 20, PAF and its PC attendees were welcomed to Washington by Mrs. Mary McKinley, wife of Representative David McKinley (R-WV-1st) and honored Senator Max Baucus (D-MT) at a luncheon in the Indian Affairs Committee Room, where Senator Baucus received the Patient Advocate Foundation 2013 National



*Nancy Davenport-Ennis presenting Chairman and Senator Max Baucus (D-MT) with the 2013 National Humanitarian Healthcare Award*



*Mary McKinley, wife of Congressman David McKinley (R-WV-1st) welcomes our attendees to Washington during the Thursday morning breakfast*



*Representative Steve Coben (D-TN-9th) and Patient Congress attendees*



*Chairman and Senator Max Baucus (D-MT) addressing our attendees during the Hill Luncheon in the Indian Affairs Room in the Dirksen Senate Building*



*US Senator Mike Crapo (R-ID) with Patient Congress attendees*



*US Senator Dean Heller (R-NV) with Patient Congress attendees Thomas McCoy and Shelby Adams*

# 14th Annual Patient Congress

Humanitarian Healthcare Award. After a day of Hill Visits attendees participated in a Dinner Symposium, where they were honored to have Louis Jacques, M.D., Director, Coverage and Analysis Group Centers for Medicare & Medicaid Services address the group and share his insights about preserving patient access to care. We were also privileged to have Dr. Cary Presant, M.D., Wilshire Oncology Medical Group and author of “Surviving American Medicine” share the podium and talk about challenges and obstacles, paths and problems, and prevention as it relates to cancer and life-threatening illnesses and surviving American medicine.

Attendees had this to say about the Patient Congress experience:

***“Thank you PAF for ensuring that we are empowered to care for and be the voice for those who can’t be heard.”***

***“The passion of this organization is contagious. The entire staff enhanced our purpose and most noble human effort of service.”***



*Dinner Speaker Dr. Louis Jacques, Director, Coverage and Analysis Group, Centers for Medicare and Medicaid Services*



*Our Keynote Speaker, Dr. Cary Presant, Wilshire Oncology Medical Group*

***“I learned that most of my representatives are truly interested in hearing from us! I enjoy teaming up with the staff from PAF!!!”***

***“My experience in Patient Congress was an empowering one. It was humbling to be a part of the democratic process and to advocate for patient issues that are near and dear to my heart.”***

***“Two days of learning, sharing and advocating for those who can’t get answers themselves and achieving awareness by nation’s congressional leaders.”***



*Dr. Cary Presant signing his book “Surviving American Medicine” for our attendees*



*Nancy Davenport-Ennis and incoming CEO Dr. Alan Balch bringing the 14th Annual Patient Congress to an end*

# Scholarship for Survivors Program

During PAF's daily interactions with patients, PAF staff often interface with patients who either themselves or through a loved one have experienced the impact of a chronic illness or life threatening disease on one's post secondary education.

In 2000, Founder, CEO and Chairman of the Board, Nancy Davenport-Ennis established the Scholarship for Survivors program to honor these individuals by offering educational scholarships to those who have suffered (or are suffering) a life-threatening disease or chronic condition. These students have, despite their disease/condition, excelled academically, served the community, and desire to pursue a secondary education.

## **THE CHERYL GRIMMEL AWARD**

Sheralyn Beck  
Benton, AK  
School: University of Little Rock Arkansas

## **THE MARK STEPHENS AWARD**

Yosef Glaser  
Baltimore, MD  
School: Bais Hamedrash & Mesivta of Baltimore

## **THE MONICA BAILES AWARD**

Katrina Polivak  
Georgetown, TX  
School: The University of Texas School of Public Health

## **THE U.S. REPRESENTATIVE JO ANN DAVIS AWARD**

Nathan Hertz  
San Marcos, TX  
School: University of Texas at San Antonio

## **THE ROBIN PRACHEL AWARD**

Marquis Martin  
North Augusta, SC  
School: University of Alabama in Huntsville

## **THE KAREN L. REEDER AWARD**

Jacob Silberg  
Maplewood, NJ  
School: Harvard College

Each Scholarship recipient receives a \$3,000 annual award for each year that he/she is enrolled in a higher education program. They must commit to completing 20 hours of community service work, must maintain a GPA of 3.0 or higher and be a full time student.

To date, PAF (along with other gracious funders) has awarded 53 scholarships totaling over \$368,000. The 2013/2014 academic year Scholarship for Survivors recipients are:

## **THE UNITED HEALTHCARE FOUNDATION AWARD**

Jasmina Beslagic  
Montpellier, VT  
School: DeSales University

## **THE UNITED HEALTHCARE FOUNDATION AWARD**

Hanna Hughes  
Rochester, MN  
School: University of Minnesota-Duluth

## **THE UNITED HEALTHCARE FOUNDATION AWARD**

Kimberly Santo  
Gainesville, FL  
School: University of Florida

## **THE UNITED HEALTHCARE FOUNDATION AWARD**

Joshua Weinstein  
Berkeley, CA  
School: University of California-Berkley

## **SCHOLARSHIP FOR SURVIVORS RECIPIENTS**

Richard Suarez  
Glassboro, NJ  
School: Rowan University

Coreyonna Welch  
Carrollton, GA  
School: University of West Georgia

# Charity Navigator

Patient Advocate Foundation received Charity Navigator's fourth consecutive 4-star rating for its commitment to accountability and transparency and efficient financial performance. Charity Navigator, America's leading independent charity evaluator, works to advance a more efficient and responsive philanthropic marketplace by evaluating the Financial Health and Accountability and Transparency of 6,000 of America's largest charities. Receiving a perfect 4-star rating indicates that PAF is among the best of America's efficient charities and demonstrates a strong commitment to good governance, best practices and openness with information.

Only 6 percent of the charities rated by Charity Navigator receive four consecutive 4-star



evaluations, indicating that PAF outperforms most charities in America. For the complete rating review and specific evaluation metrics, which includes details of PAF's 66.08 out of 70 overall score and perfect 70 out of 70 score for Accountability & Transparency, please visit **PAF's Charity Navigator Profile** at [www.charitynavigator.org](http://www.charitynavigator.org).

"We are proud to announce Patient Advocate Foundation has earned our fourth consecutive 4-star rating," said Ken Berger, President/Chief Executive Officer of Charity Navigator, in a letter to PAF. "Receiving four out of a possible four stars indicates that your organization adheres to good governance and other best practices that minimize the chance of unethical activities and consistently executes its mission in a fiscally responsible way."



Jeanne Upton  
Phoenix, AZ  
Co-Pay  
Breast Cancer

I want to express my sincere gratitude for the financial assistance I received from your organization. I have always been determined to pay all my bills and remain current. After a long career in banking I was laid off in 2009 and was unemployed for almost two years. During that time I kept up on my bills but seriously depleted my savings. This past year has been difficult for me in so many ways. The house I was living in last July was lost to foreclosure and I had to re-home my three beloved dogs. On August 14, 2012, I was diagnosed with invasive ductal carcinoma in my left breast after finding a lump during a self exam. I also tested positive for the BRCA2 gene mutation. I had a bilateral mastectomy and six chemotherapy treatments to prevent recurrence. I am working part-time for the Transportation Security Administration as I continue to recover from my treatments. I can now focus on my life and not be obsessed with how to pay all my bills. I truly feel blessed.



Marsha Wright

Columbia, KY

Case Management SCUP (Survivorship of Cancer in Underserved Populations - CDC grant)

Breast Cancer

September 2012, I discovered a lump in my left breast that turned out to be cancerous. the lump was removed and most of my lymph nodes under my armpit which leaves me with lymphedema and lots of neuropathy. I went through 8 sessions of chemotherapy and was then told by my oncologist that the cancer would return and that I would need a mastectomy. I was devastated. I contacted PAF after I realized I couldn't even get an appointment with the surgeon without insurance or the ability to pay for it. I have neither. All I know is that I have to be able to do everything possible to live for my children. David has been talking with me on the phone and helping me anyway he can with resources and doing his best to find me any kind of help. I really appreciate him and this foundation. God bless you all.

# A Promise of Hope Affair

12th Annual

## A PROMISE OF HOPE AFFAIR



*Nancy Davenport-Ennis, CEO welcoming our guests to A Promise of Hope Affair*

Patient Advocate Foundation held the 12th Annual A Promise of Hope Affair on February 23, 2013 at the Newport News Marriott at City Center. Our theme this year was A Night at Casino Royale®...Dinner, Dancing, Games. There were 350 guests in attendance who had the opportunity to bid on over 200 silent auction items. The Silent Auction was sponsored by Novartis and Jazz Pharmaceuticals.

Our VIP Reception was sponsored by Cancer Treatment Centers of America and included members

of the PAF Board of Directors, A Promise of Hope Affair sponsors and members of the Hampton and Newport News City Councils as well as Congressman Rob Wittman (R-VA-1st) and Congressman Robert C. "Bobby" Scott (D-VA-3rd).

During the Welcome Reception, sponsored by Amgen Oncology, our guests were entertained by 2 Days Sun: Becca Fifelski and Donnie Kepley, providing acoustical guitar and vocal entertainment. Upon entering the ballroom, our guests were greeted by table decorations that provided a casino



*Our Mistress of Ceremonies Barbara Ciara from local CBS affiliate WTKR-Channel 3*



*PAF Chief Development Office and Co-Founder Jack Ennis, Nancy Davenport-Ennis, Founder and CEO, Stephen Bonner with Cancer Treatment Centers of America, US Congressman Rob Wittman (R-VA-1st) and his wife Kathryn Wittman during the VIP Reception*

# A Promise of Hope Affair



*Virginia Delegate Brenda Pogge's (R-96th) Legislative Aide Debbie Belcher presenting Senate Resolution #36 to Nancy Davenport-Ennis*



*2 Days Sun: Donnie Kepley and Becca Fifelski entertain our guests during the Welcome Reception*



*PAF Chief Development Operations Officer and Event Chair Alan Richardson and US Congressman Rob Wittman (R-VA-1st)*



*Fran Castellon, PAF President, Operations with Pfizer representative Mike Zincone*



*Bill Nason, PAF Chief Operating Officer and Jeff Clemons with sponsor BB&T*



*Stephen Bonner with event sponsor Cancer Treatment Centers of America and Beth Patterson, PAF President, Mission Delivery*



*PAF Chief of Mission Delivery Erin Moaratty with sponsor Sanofi representative Jim Caro*



*Pam Cleck, PAF Chief of Financial Aid Programs and Pamela Bennett with event sponsor Purdue Pharma*

# A Promise of Hope Affair



*Dinner is served!*

feel as well as several roulette tables and card game tables. During dinner, with Barbara Ciara, managing editor and news reporter from PAF's local CBS affiliate WTKR-Channel 3 serving as our Mistress of Ceremonies, we recognized the sponsors for the event. Nancy Davenport-Ennis, PAF/NPAF CEO recognized members of the Board of Directors as well as PAF Executive Round Table members and members of the NPAF Staff. Virginia Delegate Brenda Pogge's (R-96th) Legislative Aide Debbie Belcher presented Nancy with Senate Resolution #36 which commended Nancy on the 17th anniversary of PAF and NPAF and on her becoming one of the nation's prominent leaders and experts in health care policy.

Our guests also had the pleasure of meeting Drew Fisher, a past recipient of a scholarship through the PAF Scholarship for Survivors program. Drew

and his wife Katie live in New Mexico and Drew was able to complete his degree in Architecture at the University of New Mexico. Drew spoke on how having the scholarship from PAF enabled him to continue his education.



*Past Scholarship for Survivors recipient Drew Fisher*

Unbeknownst to our guests, while dinner was taking place, the Ballroom Foyer was being transformed, with more gaming tables being placed so our guests could enjoy playing blackjack and poker! Prior to Slapwater beginning their first set, Alan Richardson, Chief Development Operations Officer and Chair of *A Promise of Hope Affair* declared that the Casino Royale® was open and the ballroom doors were opened to surprise our guests with the additional casino games.



*Fran Castellow with sponsor Millennium representative Tom Sellers*



*Tim Wert with event sponsor Eli Lilly and Beth Patterson*



*Give me a seven!*

# A Promise of Hope Affair



*A roll of the dice!*

PAF also unveiled a new feature this year during our silent auction. Our guests were able to place their auction bids through their smart phone or iPhone. They were notified via text when they had been outbid and could continue bidding without having to physically be in the auction area. They could also track which items they were bidding on and how much they had bid. When the auction closed, they received a text letting them know for which items they had the final winning bid!



*I just need an Ace!*



*Our guests bidding on auction items on their smart phone using the Text2Bid technology*



*Guests in the Silent Auction area*

# *A Promise of Hope Affair*

Through the support of our sponsors, auction item donors, guests, PAF/NPAF Board of Directors and PAF/NPAF staff, we were able to raise more than \$318,000 inclusive of sponsorships, donations, auction bids and in-kind donations. These funds enable PAF to continue our day-to-day work of helping patients resolve their insurance, job retention and/or debt crisis matters relative to their diagnosis of a chronic, life threatening or debilitating disease.

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Congressman Gerald E. "Gerry" Connolly  
(D-11th-VA)



*PAF and NPAF Staff*

# A Promise of Hope Affair

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Jack Ennis, Chief Development Officer,  
Anchor Committee Chair

Alan Richardson, Chief Development Operations  
Officer, Event Chair

Shawn Nason, Corporate Development Event  
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Tracy Andrus, Application Specialist, Co-Pay Relief



*The Silent Auction*

# A Promise of Hope Affair

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*Our tables added to the Casino feel*

# *A Promise of Hope Affair*

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# *A Promise of Hope Affair*

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*Our guests enjoying a game of roulette*

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PAF is a participant in the Combined Federal Campaign (CFC) which was established by the United States government as a way to provide Federal civilian, postal and military personnel the opportunity to support eligible non-profit organizations providing health and human service programs. The mission of the CFC is "to promote and support philanthropy through a program that is employee focused, cost-efficient, and effective in providing all federal employees the opportunity to improve the quality of life for all." PAF's CFC number is 10681. You are also able to designate Patient Advocate Foundation with your local United Way Campaign. Ask your United Way representative on the correct procedure to designate PAF as it may vary from United Way to United Way. PAF's FEIN number is 54-1806317.

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Elizabeth Fox

In Memory of Boris Gelfand  
Svetlana Gelfand

In Memory of Marshall Howland  
Karen Howland

In Memory of Edward David  
Mr. & Mrs. William Devane

In Memory of Julian Fowler  
Terri Williams

In Memory of Albert Kim  
Pearl Kim

In Memory of Carrie Lee Hughes  
Shyrl Hefner Exley  
Paul Atkinson

In Memory of Cynthia Moody  
Emily Frampton  
Stephen Bancroft  
Matt Wargel  
Amanda Roland-Baumgarten  
Sheryl Lacy  
Lydia Grace

In Memory of Helen Kichak  
Carole Altman

In Memory of Jill Pilar Mullins  
Anthony Volgare, Jr.

In Memory of Albert G. Walter  
Yvonne E. Walter  
George F. Braden  
Gloria I. Deeser  
Susan B. Ford  
Mr. & Mrs. David J. Waltz

In Memory of Yung Tao  
and Jing Tao  
Andy Tao

In Memory of Leonard Bakowski  
Daniel Meldrim  
Mr. & Mrs. Timothy Giras

In Memory of Marion Adkins  
Linda H. Adkins  
Karen E. Forbis  
Beth Zamorski  
Wayne and Debbie Smith  
Lynne H. Bates  
James Boyd  
Kathryne W. Holmes  
Michael Bryd  
Ginger Cannon  
Carol A. Boulware  
Karen P. Cook  
Kelly C. Gray  
Cardinal Rubber  
Gateway Supply Company  
Burkett, Burkett & Burkett, CPA  
Michael and Alisha Byrd

In Memory of  
Barbara E. Rumsey  
Mr. & Mrs. John Lucas  
Kelley A. Cichy  
Shae Taylor  
Julie Bock  
Jill Zeigler  
Julie E. Ross  
Shirley Whitten  
Janet M. Rumsey

In Memory of  
Wanda Landry Conley  
Joane Spann  
Dawn Jacobi  
Mr. & Mrs. Arthur Pattison

In Memory of Mary Georges  
Anita Hayward

In Memory of Margaret Gempka  
Mary Helming

In Memory of the Patty Shoaf  
Memorial Fund for Crohn's  
Disease  
April Silva

# PAF Financial Supporters

In Memory of Donna L. Ellison  
Donna L. Ellison Trust  
Arianne Ellison  
Jerry Nichols

In Memory of Julie Ross' Mother  
Intermediate School District

In Honor of Al Ingram  
James McMullan

Honor of Henry H. Ingram  
James McMullan

In Honor of Kathy Milward  
John Milward

In Honor of Rebecca Pulongbarit  
Helen Pulongbarit

In Honor of Deb Landphere  
Bettina Larsen

In Honor of Myrna M. Ferguson  
Dr. Edward S. Williams

In Honor of Marcia Pennington  
Paul Tickerhoof

In Honor of Linda Bernstein  
Marion Stahl

## In Honor Of

In Honor of Elizabeth Sandoval  
Kimberlee McLaughlin

In Honor of Marc Ringel  
Jack Ringel

In Honor of Melissa Wardlaw  
Donna Wyrick

In Honor of Trent Sorter  
Sandra Murphy

In Honor of the Wedding of  
Marcia Kunkel and Will Frankli  
Tiffany Thornton

Naomi Hagans  
Cherino, TX  
Case Management  
Narcolepsy-Cataplexy

Having dealt with the symptoms of narcolepsy/cataplexy mostly all of my life; I was so excited when my physician told me about a new and very costly medication that should be able to eventually keep me from falling asleep (or should I say help me stay awake daytime hours) and also help me with not falling down (cataplexy) when my emotions were taxed. I tried every avenue I knew to find help paying for the medication. None could help me. I became very depressed that there was medication out there but I could not afford it. Then a case worker gave me the PAF number. From the minute Amber answered the phone, she stayed with me until she was able to find me some help. Now I have been taking the medication a week and a half and already am experiencing relief and I am feeling more human. Thank you PAF for all your help, especially Amber.

# PAF Financial Statements

## Statements of Financial Position

June 30,	2013	2012
<b>Assets</b>		
<b>Current assets</b>		
General operating cash and cash equivalents	\$ 3,143,521	\$ 1,415,140
Restricted CPR cash and cash equivalents	30,812,296	26,031,769
Unconditional promises to give	453,417	149,943
Interest receivable	—	48,790
Related party receivable	391	4,078
Service contract receivable	402,722	446,074
Employee travel advances	672	920
Inventories	104,461	94,500
Prepaid expenses	226,540	171,200
Investments and cash equivalents	1,846,290	1,920,717
<b>Total current assets</b>	<b>36,990,310</b>	<b>30,283,131</b>
<b>Property and equipment - net</b>	<b>1,225,238</b>	<b>1,400,184</b>
<b>Other assets</b>		
Refundable deposits	103,631	103,631
	<b>\$ 38,319,179</b>	<b>\$ 31,786,946</b>
<b>Liabilities and Net Assets</b>		
<b>Current liabilities</b>		
Current portion of obligation under capital lease	\$ 37,866	\$ 54,951
Accounts payable and accrued expenses	681,349	453,431
Deferred revenue	2,882,010	1,261,366
Accrued vacation leave	380,199	357,156
<b>Total current liabilities</b>	<b>3,981,424</b>	<b>2,126,904</b>
<b>Long-term liabilities</b>		
Obligation under capital lease - less current portion	144,579	—
<b>Total liabilities</b>	<b>4,126,003</b>	<b>2,126,904</b>
Unrestricted	1,534,590	1,707,558
Unrestricted - board designated	1,846,290	1,920,715
<b>Total unrestricted net assets</b>	<b>3,380,880</b>	<b>3,628,273</b>
Temporarily restricted	30,812,296	26,031,769
<b>Total net assets</b>	<b>34,193,176</b>	<b>29,660,042</b>
	<b>\$ 38,319,179</b>	<b>\$ 31,786,946</b>

*The accompanying notes are an integral part of these financial statements.*

**Patient Advocate Foundation**  
**Statements of Activities**

Years ended June 30,	2013					2012				
	Unrestricted	Unrestricted - Board Designated	Total	Temporarily Restricted	Total	Unrestricted	Unrestricted - Board Designated	Total	Temporarily Restricted	Total
<b>Revenues, gains and other support</b>										
Contributions:										
Grants	\$ 4,578,357	\$ -	\$ 4,578,357	\$ 34,177,188	\$ 38,755,545	\$ 4,610,445	\$ -	\$ 4,610,445	\$ 27,124,500	\$ 31,734,945
Private and public donations	74,109	-	74,109	-	74,109	96,676	-	96,676	-	96,676
Donated services and materials	75,832	-	75,832	-	75,832	105,943	-	105,943	-	105,943
Program Administration	8,670,194	-	8,670,194	-	8,670,194	10,389,380	-	10,389,380	-	10,389,380
Patient Congress	199,860	-	199,860	-	199,860	285,689	-	285,689	-	285,689
Promise of Hope	309,801	-	309,801	-	309,801	290,048	-	290,048	-	290,048
Miscellaneous income	210,958	-	210,958	-	210,958	338,084	-	338,084	-	338,084
Investment income (loss)	196,564	(74,425)	122,139	-	122,139	295,330	(23,035)	272,295	-	272,295
Net assets released from restrictions										
Satisfaction of program restrictions										
Financial Aid Awards	29,396,661	-	29,396,661	(29,396,661)	-	39,424,078	-	39,424,078	(39,424,078)	-
<b>Total revenues, gains and other support</b>	43,712,336	(74,425)	43,637,911	4,780,527	48,418,438	55,835,673	(23,035)	55,812,638	(12,299,578)	43,513,060
<b>Expenses and losses</b>										
Program services										
Patient/educational services	5,671,565	-	5,671,565	-	5,671,565	6,719,227	-	6,719,227	-	6,719,227
Co-Pay Relief	32,614,888	-	32,614,888	-	32,614,888	43,800,408	-	43,800,408	-	43,800,408
Service contracts	2,630,444	-	2,630,444	-	2,630,444	2,900,039	-	2,900,039	-	2,900,039
Supporting services:										
Management and general	1,662,222	-	1,662,222	-	1,662,222	1,884,242	-	1,884,242	-	1,884,242
Fundraising	964,185	-	964,185	-	964,185	1,146,465	-	1,146,465	-	1,146,465
<b>Total expenses</b>	43,543,304	-	43,543,304	-	43,543,304	56,450,381	-	56,450,381	-	56,450,381
Loss on abandonment of fixed assets	342,000	-	342,000	-	342,000	37,989	-	37,989	-	37,989
<b>Total expenses and losses</b>	43,885,304	-	43,885,304	-	43,885,304	56,488,370	-	56,488,370	-	56,488,370
<b>Change in net assets</b>	(172,968)	(74,425)	(247,393)	4,780,527	4,533,134	(652,697)	(23,035)	(675,732)	(12,299,578)	(12,975,310)
<b>Net assets - beginning of year</b>	1,707,558	1,920,715	3,628,273	26,031,769	29,660,042	2,360,255	1,943,750	4,304,005	38,331,347	42,635,352
<b>Net assets - end of year</b>	\$ 1,534,590	\$ 1,846,290	\$ 3,380,880	\$ 30,812,296	\$ 34,193,176	\$ 1,707,558	\$ 1,920,715	\$ 3,628,273	\$ 26,031,769	\$ 29,660,042

*The accompanying notes are an integral part of these financial statements.*

# FY 2012/2013

## COMBINED FUNCTIONAL EXPENSES FY12/13

Program Services	\$40,916,897	94.0%
Management & General	\$1,662,222	3.8%
Fundraising	\$964,185	2.2%
Total	\$43,543,304	

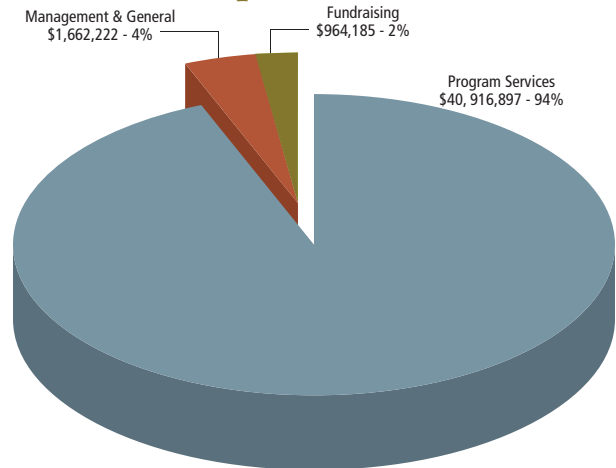
## COMBINED REVENUE AND EARNINGS FY12/13

Program Grants	\$38,755,545	80.0%
Program Administration	\$8,670,194	17.9%
Gifts & Contributions	\$285,067	0.6%
Event Revenue	\$509,661	1.0%
Interest	\$122,139	0.3%
In-Kind Service	\$75,832	0.2%
Total	\$48,418,438	

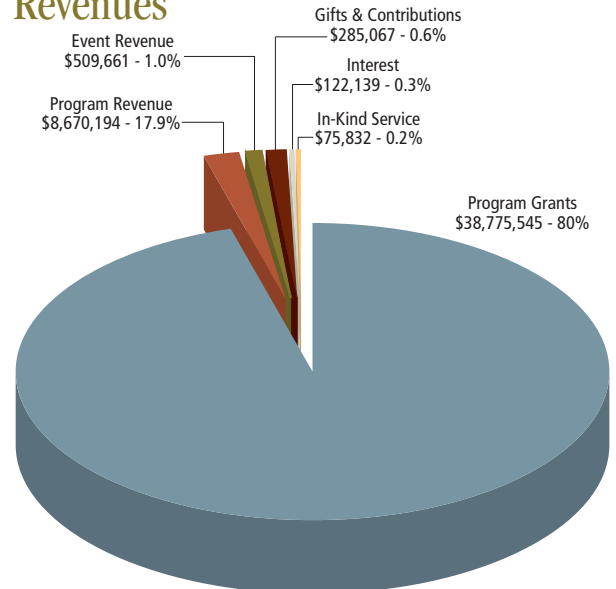
## COMBINED PROGRAM ACTIVITIES FY12/13

Case Management, Outreach & Education Programs	\$5,388,975	13.2%
Financial Aid Grants & Administration	\$32,449,438	79.3%
Advocacy and Government Relations	\$448,040	1.1%
Service Contracts	\$2,630,444	6.4%
Total	\$40,916,897	

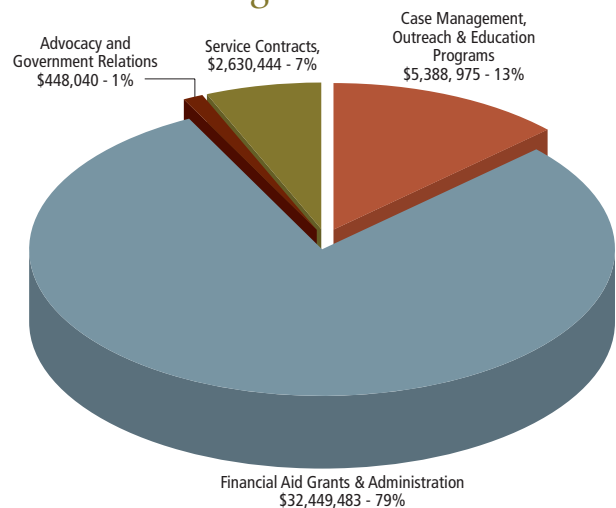
## Functional Expenses



## Revenues



## Combined Program Activities



# PAF Staff • FY 2012/2013

## Executive Leadership

Nancy Davenport-Ennis, Founder, Chairman,  
Board of Directors  
Alan Balch, PhD, Chief Executive Officer  
Fran Castellow, MEd, President Operations  
Beth Patterson, President, Mission Delivery  
William "Bill" Nason, MBA, Chief Operating Officer

## Administrative Support Staff

Kelly Alvord  
Debbie Andrus  
Karen Carruth  
Chanda Cox  
Sandy Venezuela

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Michael Jordan, Communications Coordinator  
Tony Smith

## Corporate Development

John H. "Jack" Ennis, Chief Development Officer  
Alan Richardson, Chief Development  
Operations Officer  
Alan Wood, Development Director-  
Industry Relations  
Beth Hoer, Grants Administrator  
Shawn Nason, Event Coordinator  
Carey Waldrip, Director, Rx Access Point

## Finance

Mary Kay Villa, Controller  
Cindy Carrow, Assistant Controller  
Erica Coleman  
Tyra Chisolm  
Christina Hardy  
Vicki Huxford  
Katherine Morgan, Travel Coordinator  
Diane Pfeifer  
Sheena Shakeel

## Human Resources

Angela Walker, Chief Human Resources Officer

Jennifer Dow, Director of Human Resources  
Kim Campbell

## Information Technology

Kevin Cox, Chief Information Officer  
Renee Bell, Director of IT  
Tina Rudolph-Smith, Development Manager  
Alberta Hobbs  
Jim Kitzmiller  
Lewis Shivers  
Paul Sowash  
Russ Stewart

## Mission Delivery

Erin Moaratty, Chief of Mission Delivery  
Pam Cleck, Chief of Financial Aid Programs  
Pat Jolley, RN, Clinical Director, Research & Reporting  
Donna Haraburda, Case Management Director  
Tonja Cobb, Case Management Assistant Director  
Jamilla Williams, Office Supervisor  
& Case Manager  
Michelle Herbert, Quality Assurance Coordinator  
Carolyn Andrews, LPN, National African American  
Outreach Program Director  
Shauna Hatfield, LIVESTRONG Director  
Lisa Kelley, Susan G. Komen for the  
Cure Outreach Program Director  
Gayle Petrick, American Cancer Society  
Partnership Program Director  
Anita Abilez  
Aileen Arrambide  
Fredna Bailey, RN  
Jacqueline Beard  
Brendan Bietry  
April Bre-Hemmendinger  
Shontae Burton  
Terri Cane, RN  
Deidre Cappe  
Ronald Carreon  
Violeta Cleary  
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Melissa Fairbanks  
Tracy Fairbanks  
Massiel Fares  
Yeni Garcia  
Jane Garfield  
Norma Garza  
Brandy Gilliam  
Lakendra Green  
Judy Harris  
Carlette Hattett  
Sharon Hicks  
Kenneth Jacobs  
Patricia Jones  
Vonya Journiette  
Elaine Martinez  
Sandra McAllister

# PAF Staff • FY 2012/2013

TaNae McMillan  
Danna Mobley  
Cheryl Morris  
Tammy Neice, RN  
Ray Neri  
Cheryl Nowell  
Jennifer Obenchain  
David Ortiz  
Amber Padron  
Helena Reid  
Rita Robinson  
Damaris Santana  
Jennifer Saulman  
Michelle Shanks  
Martha Smith  
Trish Turner  
Hector Vazquez  
Tanya Walker, RN  
Pat Witherspoon  
Lisa Wright

## Data Management Division

Liz Vitola, Director of  
Analytics and Data  
Management  
Andy Ramlatchan,  
Technical Quality  
Analyst

## Co-Pay Relief Program

Beverly McNearly-  
DeRavalliere, Director  
Carly Coleman,  
Assistant Director  
Donna Crouse,  
Floor Supervisor  
Tracy Andrus  
Arlene Avallone  
Angela Brown  
Jackie Bruckheimer  
Janese Cherry  
Jacqueline Costen  
Cynthia Edwards  
Laura Evans  
Chaela Exum  
Ellen Gillard  
Ashley Gilliam  
Kristin Goforth  
Shaybrean Henson  
Danielle Jackson  
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Rocquel Robinson  
Tina Santiago  
Sandra Scott  
Jennifer Spivey  
Monica Stokes  
Moirra Sutherland  
Brenda Tinner  
Milagros Wallen  
Leahjoy Wanzer  
Letitia Ward  
Tiffany Williams  
Robin Wilson  
Janay Wynn

## Contract Vendor Services

Courtney Jones,  
Director  
Jennifer Brewster,  
Assistant Director  
Stacy Harden,  
Floor Supervisor  
Lisa Shaw,  
Floor Supervisor  
Rashod Bolden  
Nichole Bowen  
Cyneca Davis

Rebecca Edmondson  
Kimiko Eugene  
Amy Firth  
Tracie Gilchrist  
Amanda Hooten  
Danielle Howard  
Tamara Jeffers  
Antoinette Jones  
Nancy Jung  
Tracie Karafa  
Kristal Lee  
Larnet Lee  
Wanda Lovett  
Maya Matthews  
Amy Means  
Katrina Mendenhall  
Deborah Monelly  
Sarah Oliver  
Dana Parker  
Jessica Perez  
Erica Rosenthal  
Shequeta Sanford  
Linda Shird  
Laticia Toliver  
Vanessa Toro  
Rochelle Yarborough



**Shawn P. Billings**  
Philadelphia, PA  
Case Management -ACS  
Kidney Cancer

My name is Shawn Patrick Billings. I am 40 years old. I was diagnosed with kidney cancer in October, 2012. The Doctors were very nice to me and made me feel great when they told me they got all the cancer out. At that time, my fiancé was out of work fighting for disability and I had to take care of our son and all the bills. I am a small business owner I could not afford Health Insurance and

bills. Since the surgery I keep getting thoughts that my cancer is back. I kept calling for my follow up appointment but no one would get back to me because of not having insurance. Then Gayle Petrick called me she was able to get all my appointments set up in one hour. She was wonderful. I can't thank her enough. She eased my mind so much. I wish that anybody that has to go through cancer has a family like I have and a person like Gayle to help them. I tried to get health insurance for years but I cannot afford it, my family comes first.

# Acknowledgements

## Editor in Chief

Nancy Davenport-Ennis, Founder and Chairman of the Board

## Editors/Writers

Alan Richardson, Chief Development Operations Officer

Fran Castellow, MEd, President, Operations

## Contributors

Beth Patterson, President, Mission Delivery

Bill Nason, Chief Operating Officer

Angela Walker, Chief Human Resources Officer

Pat Jolley, RN, Clinical Director, Research and Reporting

Beverly McNearly-DeRavaille, Director, Co-Pay Relief Program

Liz Vitola, Director of Analytics and Data Management

Shawn Nason, Special Events Coordinator

Carey Waldrip, Director, Special Projects

Patient Advocate Foundation  
421 Butler Farm Road Hampton, Virginia 23666  
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1-800-532-5274

Suzanne Nickerson  
Paris, AR  
Co-Pay  
Breast Cancer

Being diagnosed with cancer is a very scary and stressful situation. You're dealing with upcoming surgeries, decisions that must be made, treatments and the fear of the unknown. Then the medical bills come from every direction. And of course, they all want payment in full, as well they should. But most people are like me in that they are middle or lower class and are not prepared for a medical emergency financially. We were blessed with private insurance through my husband's employer. But even with that, there were more bills than we had money for. So, not only was I struggling with trying to beat this horrible disease, I was also carrying a very heavy burden of trying to stay above water while the bills kept rolling in. That's when the financial advisor at my chemo oncologist's office told me there were programs available to help pay what the insurance hadn't. I had already been turned over to collections by one of the facilities where I had received part of my treatment. So you can imagine what a blessing this was to me. To have even just part of what I owed paid, brought me to tears. This was the best news that I could have heard. A little calm in my storm. I'm so thankful there are programs available to help lift at least some of the burdens. My sincere gratitude goes out to all those involved in making this foundation what it is.



Valerie D. Harris  
Nashville, TN  
Co-Pay  
Breast Cancer

I was not aware of this program and the case manager explained what it was all about. I filled out the paper work and she took care of the rest. Just to be able to get some help is such a relief and I'm very thankful. At a time when the unexpected happens and you try to live on a budget, help of this kind is very much appreciated.

*Save the Date*

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A Promise of Hope Affair**

February 22, 2014

Newport News Marriott at City Center  
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Scholarship for Survivors**

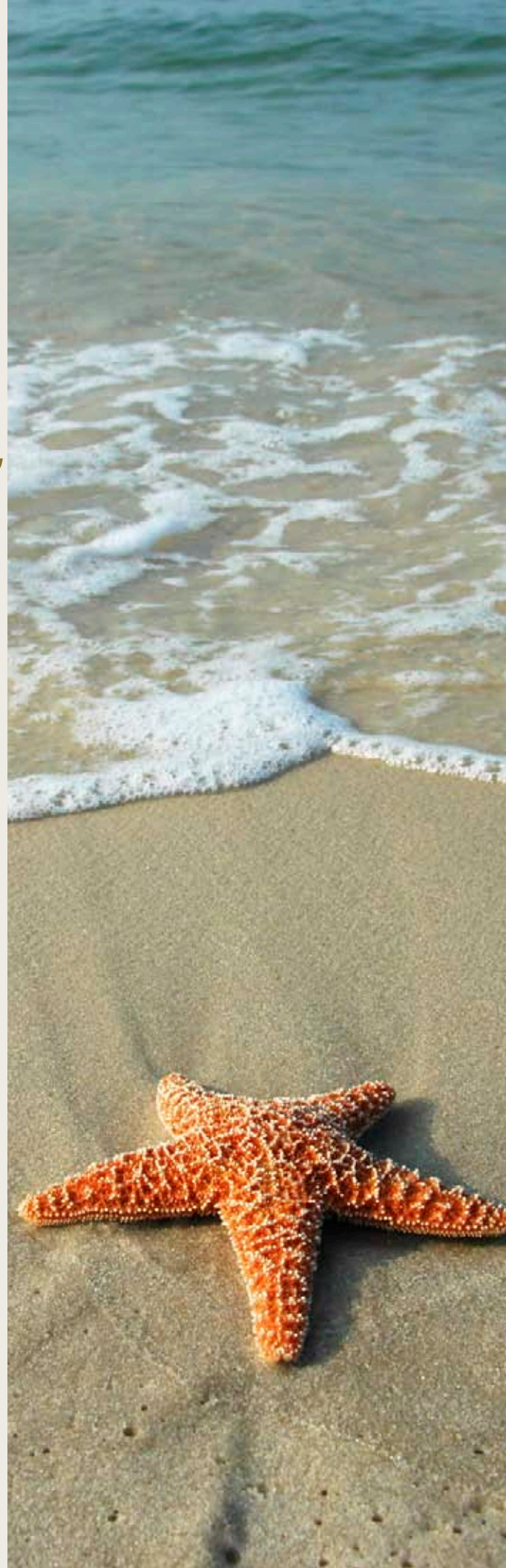
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*March 14, 2014*

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Listed Under “Get Help”

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