



Your Guide to Completing
**Electronic Benefits
Reverification (eBRV)**
For Your Patients Enrolled in BMS Access Support

> Visit the provider portal at www.MyBMSCases.com



Questions?

Call BMS Access Support at **1-800-861-0048**,
8 AM to 8 PM ET, Monday–Friday, or contact
your Access & Reimbursement Manager

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Welcome to Your eBRV Resource Guide

BMS Access Support® is committed to helping currently enrolled patients with continued access to their prescribed BMS medications and to providing financial assistance information to support continuity of therapy.

This resource guide contains the information you need to complete the eBRV process for your patients. We'll show you how to navigate the provider portal, offer tips on getting the most from the site, and outline specific patient scenarios you may encounter during the process.

The accurate completion of reimbursement or coverage-related documentation is the responsibility of the healthcare provider and patient. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement or coverage for any service or item.

Reverification (RV)

The BMS Access Support® annual benefits reverification service can help identify changes in your enrolled patients' coverage before they arrive at your office.

Changes to your patients' coverage may occur due to changes in insurance benefits, insurance carrier, or employment status.

If you choose not to reverify your patients' benefits for the upcoming year, you still have the option to **renew co-pay assistance** for your eligible patients. Choosing co-pay renewal only will confirm the patient's co-pay eligibility. A Benefits Review will not be sent for co-pay renewal only.

How to Participate:

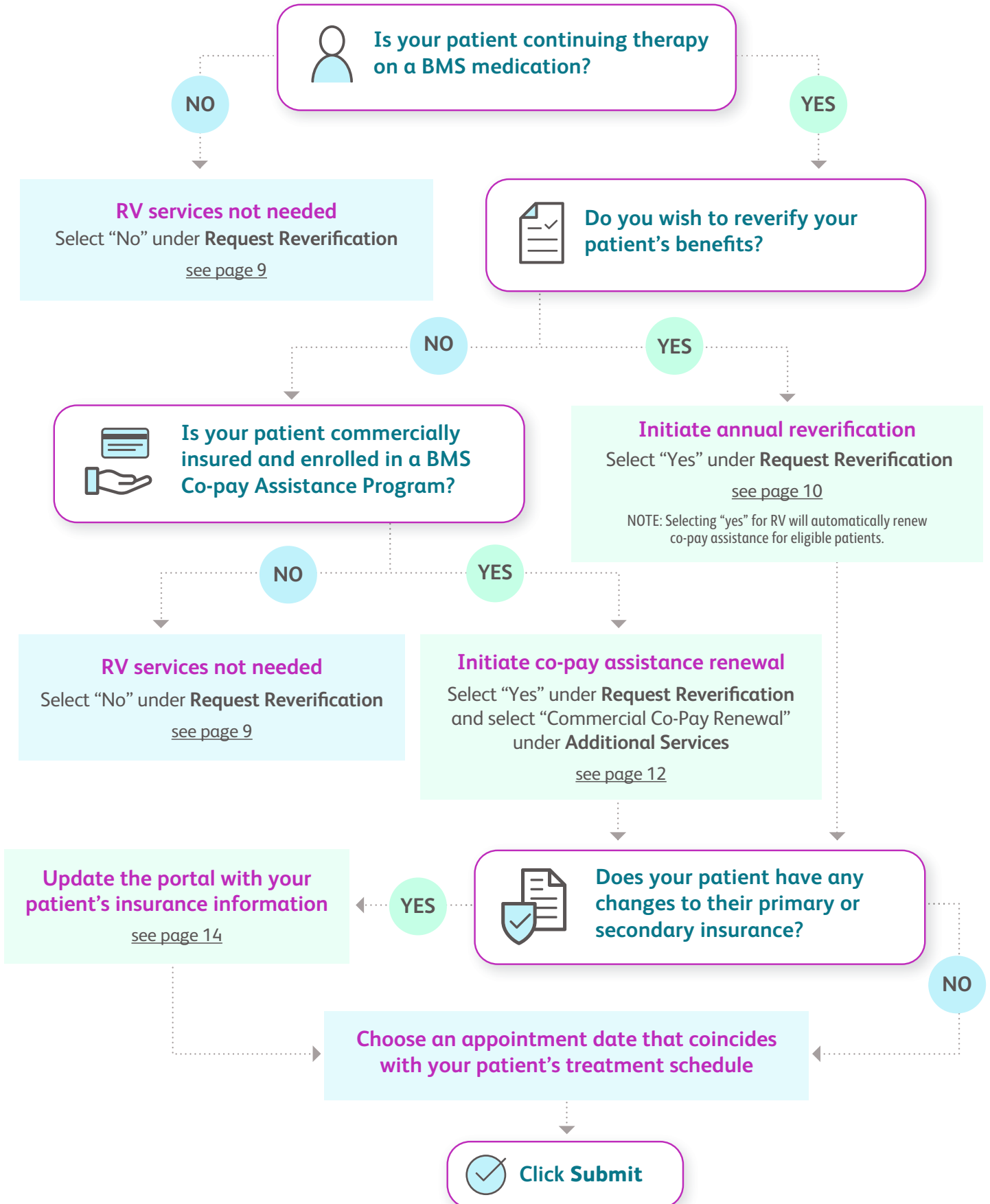
- ① If you have not already completed your BMS Access Support provider portal registration, please register at www.MyBMSCases.com.
- ② Confirm the following:
 - Your username and password are up to date
 - All appropriate staff members are registered
 - All physicians are properly affiliated
 - Any satellite offices are properly affiliated
- ③ Once you and your office are registered on the provider portal, you will have access to a list of your currently enrolled BMS Access Support patients who are eligible for RV in the upcoming year.
- ④ Please note each state has specific requirements related to Patient Authorization and Agreements (PAA). As a reminder, a signed PAA is required to be eligible for RV.

What to expect during RV:

- > We will provide you with a summary of benefits based on your patient's next treatment date.
- > A Benefits Review will confirm the patient's coverage, deductible, co-insurance, and maximum out-of-pocket costs.
- > Benefit reviews are typically returned 2 business days prior to treatment date.
- > If your patient's treatment date is not available*, please select the next available date.

**NOTE: Blackout dates typically include the first week in January and will be identified in the portal.*

RV Services Navigator



Let's Get Started!

You'll be able to reverify patient coverage in a few simple steps through the BMS Access Support® provider portal.

Getting Started



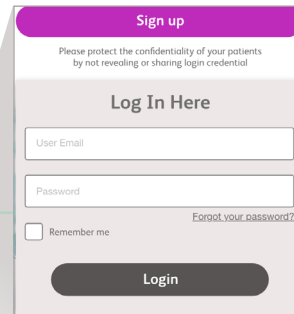
Visit www.MyBMSCases.com



Enter your email address and password to log in



Open the dashboard



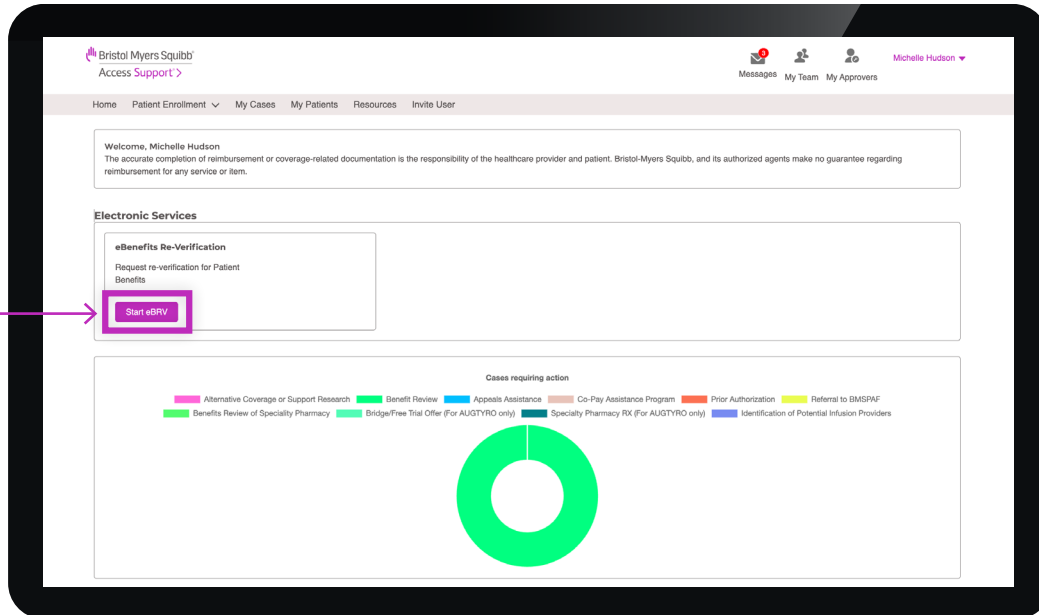
Password Assistance

Your password is valid for 90 days. You will be reminded to reset your password via your registered email address at 14 days before it expires and then again at 7 days. If you missed the email communication, you can reset your password by selecting **FORGOT YOUR PASSWORD?** in the **LOG IN HERE** section of the landing page. You will then be prompted to enter your email address. Once this is complete, an email will be sent with instructions on how to reset your password.

Using Your Dashboard


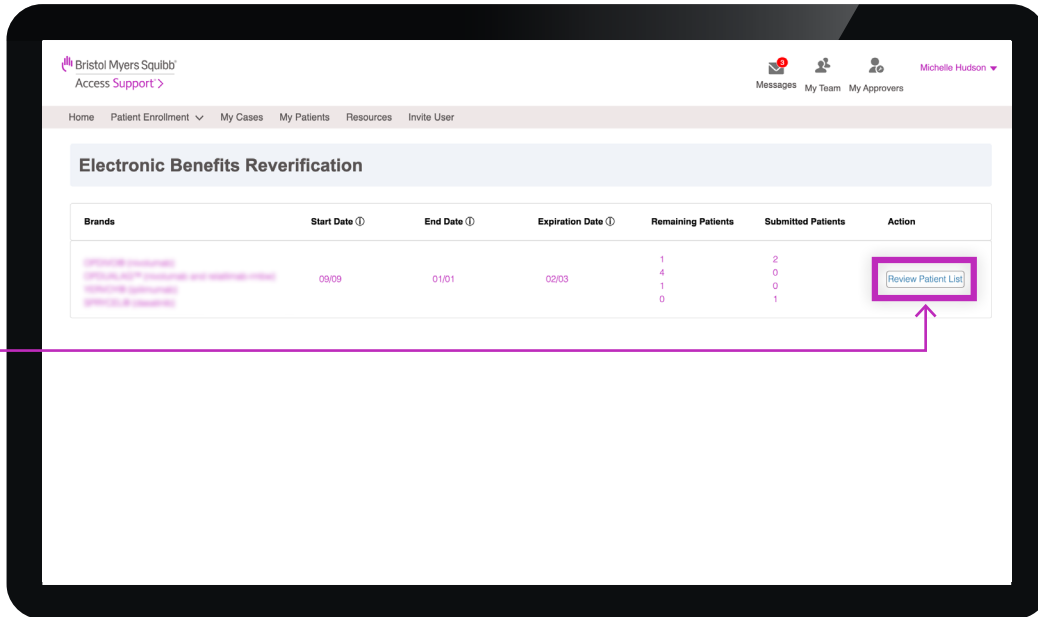
Your dashboard provides a menu of quick actions you can take to access reverification.

- ✓ Under **ELECTRONIC SERVICES**, click on **START eBRV** to request reverification for Patient Benefits.



Accessing Your Patient List

✓ On the Electronic Benefits Reverification screen, click **REVIEW PATIENT LIST**.

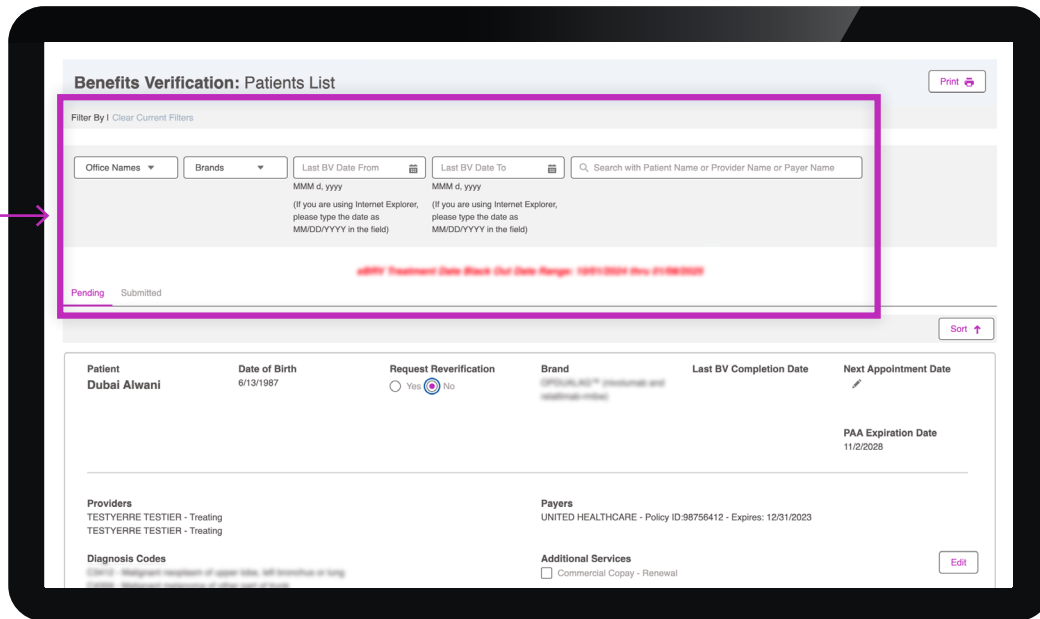


If you need assistance or would like a live or virtual demonstration of the provider portal, please reach out to your Access & Reimbursement Manager.

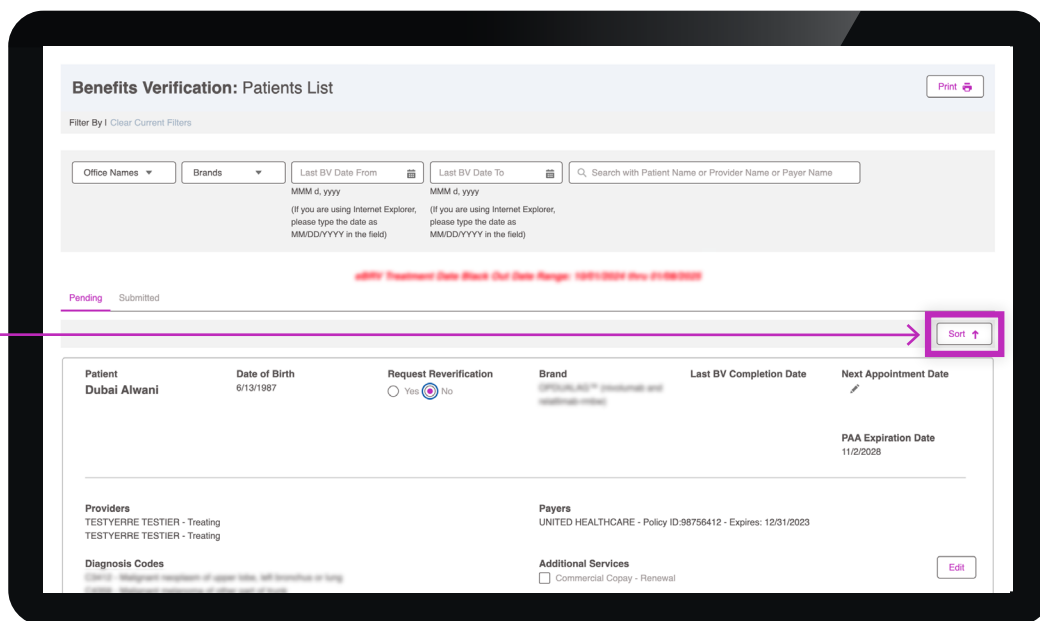
Managing Your Patient List

Viewing Preferences

✓ You can change how you view your patient list using the **FILTER**, **SORT**, and **SEARCH** options.



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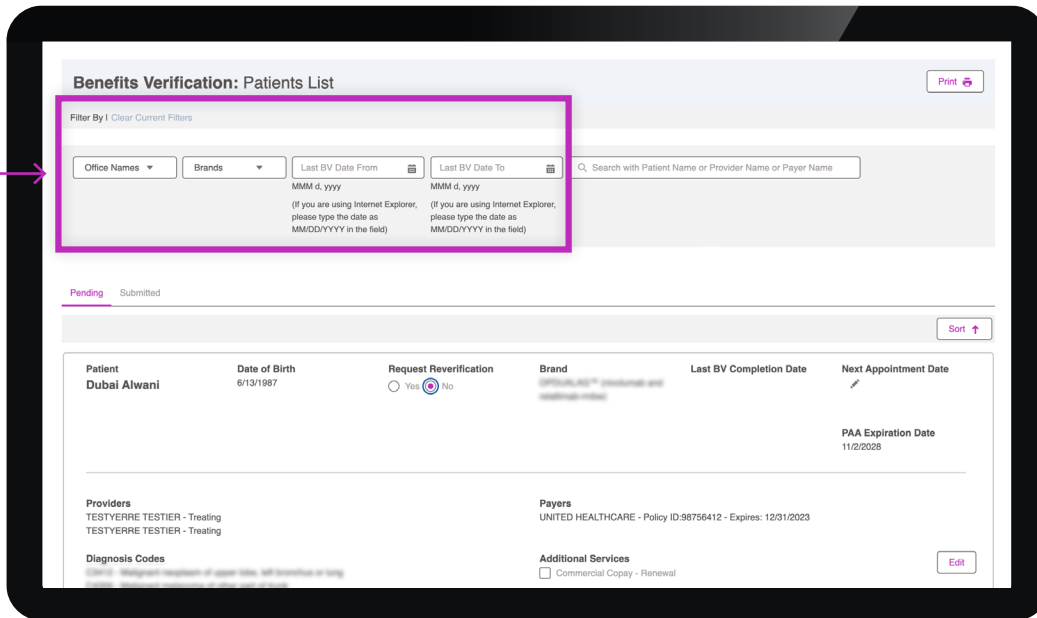
Information shown in the images on these pages is for example purposes only, not an actual patient's information.

Finding a Specific Patient

There are 2 ways to find a specific patient. You can use the filter option or the search bar.

✓ USING THE FILTER OPTION

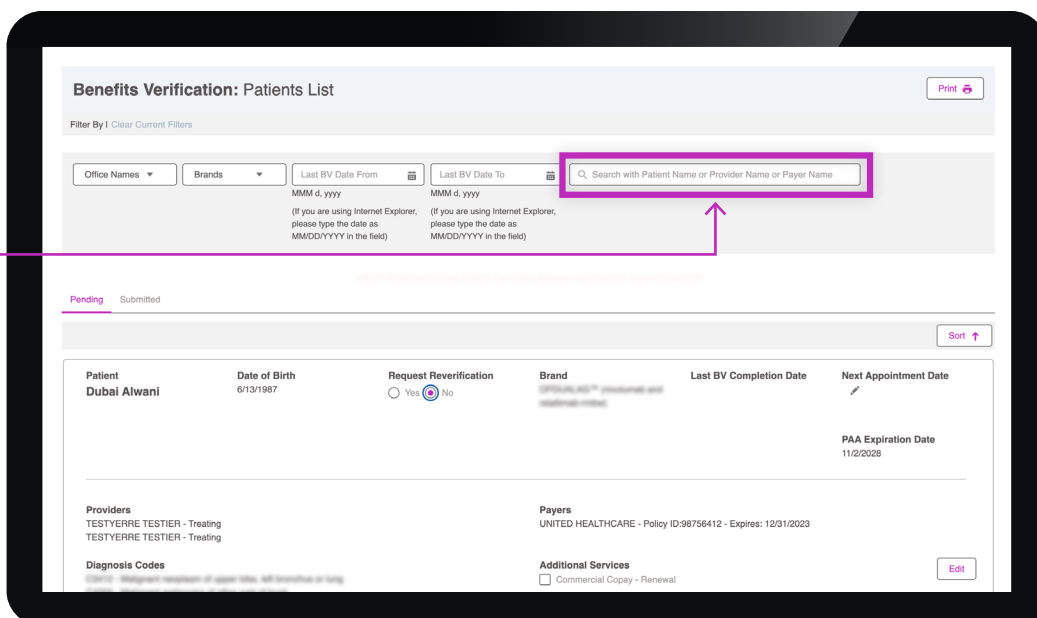
This option allows you to filter results by office name, brand name, and last BV date (From and To).



NOTE: Archived patients will show up on this list, and you will need to select **NO** to filter them out.

✓ USING THE SEARCH BAR

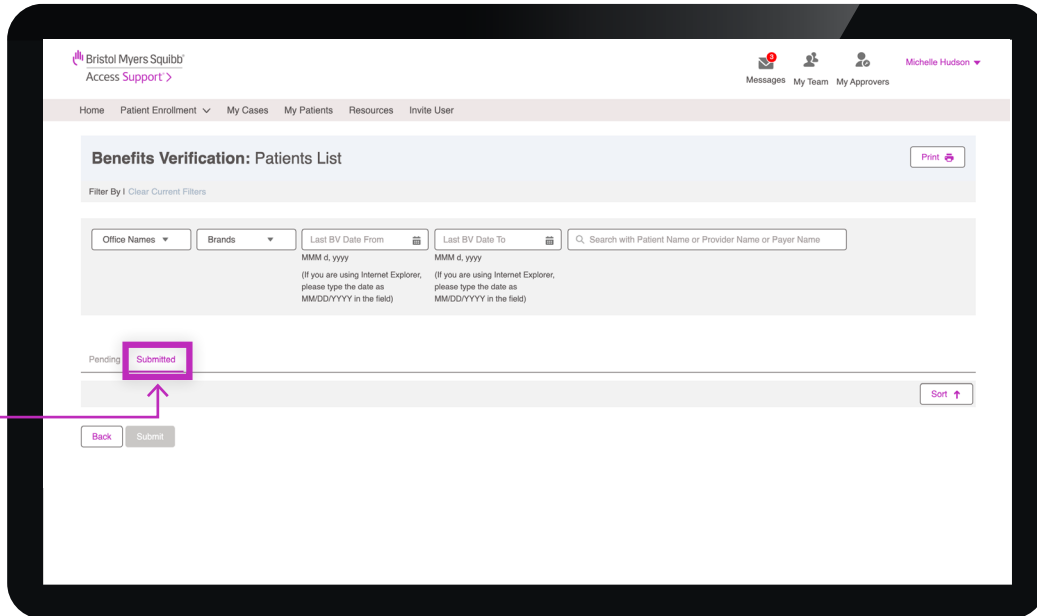
This option allows you to search by typing in a patient's name, a provider's name, or a payer's name.



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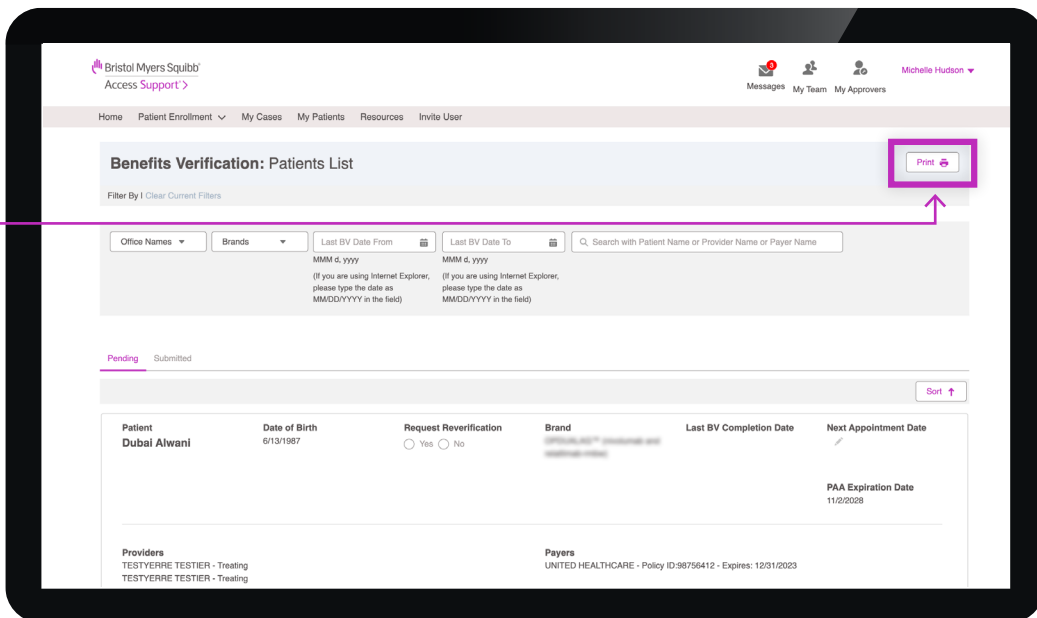
Keeping Track of Your Patient List

- ✓ To see how many patients on your list still need to be submitted, click **PENDING**. Keep in mind that this number may change if you have recently enrolled a new patient. To see how many patients you have already submitted, click **SUBMITTED**.



Printing Your Patient List

- ✓ Printing is easy—just click the **PRINT** button at the top right of your screen.



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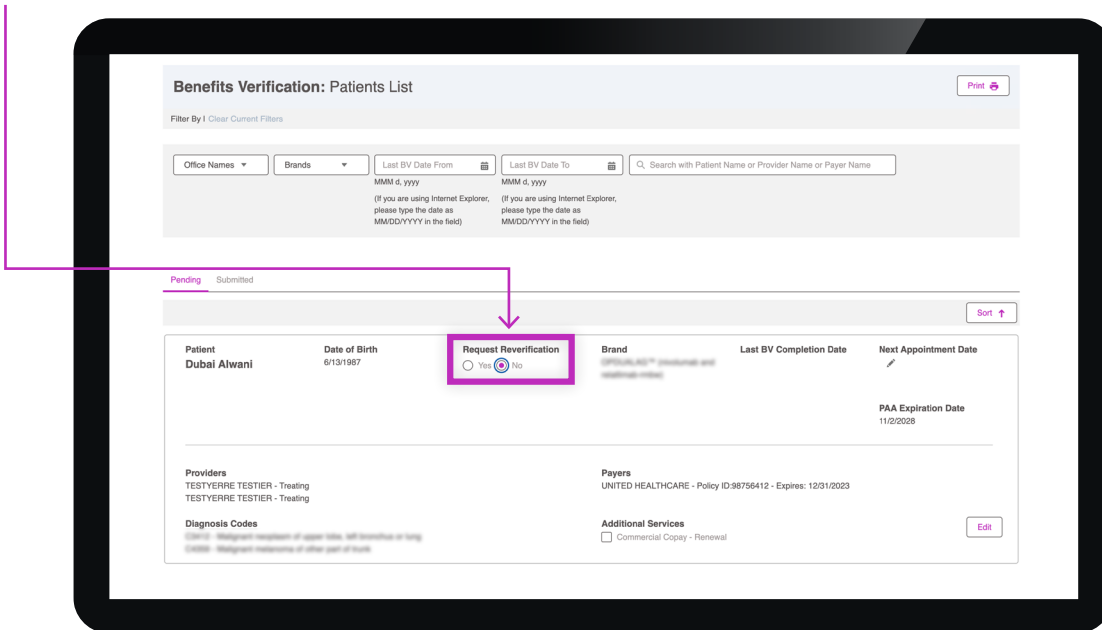
Patient Scenarios

When your list is ready, you can begin the reverification process. The patient scenarios outlined next provide guidance on what actions to take depending on the patient situation.

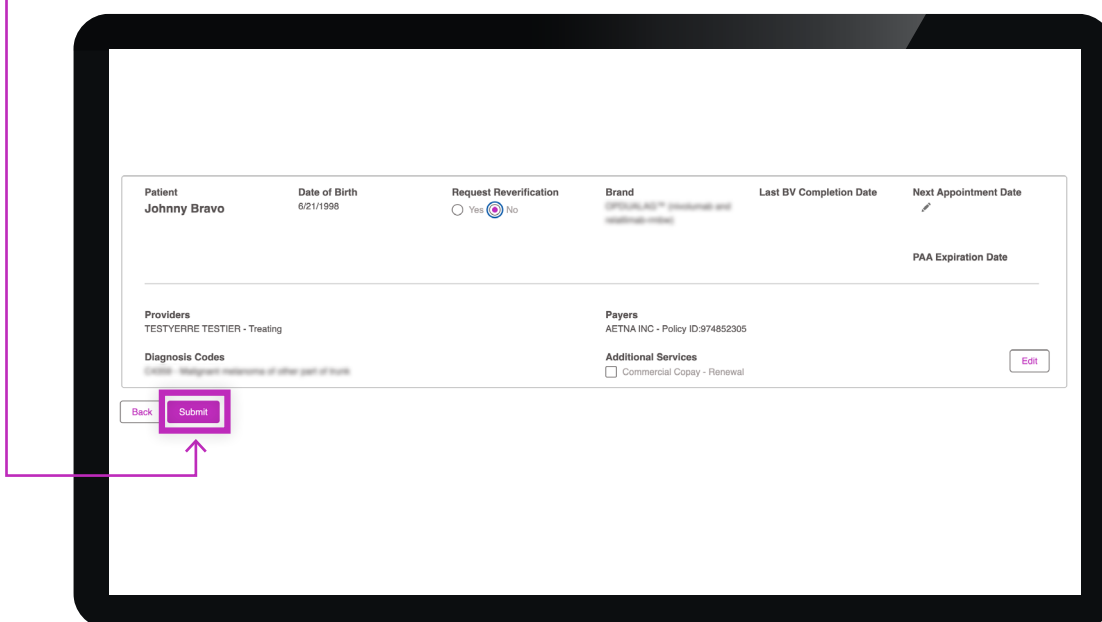
SCENARIO 1

Patient does not require RV services

- 1 Go to each individual patient tile and click **NO** in the **REQUEST REVERIFICATION** section.



- 2 Once you have confirmed all of the patients on your list who meet these criteria, simply click **SUBMIT** at the bottom left of your screen.

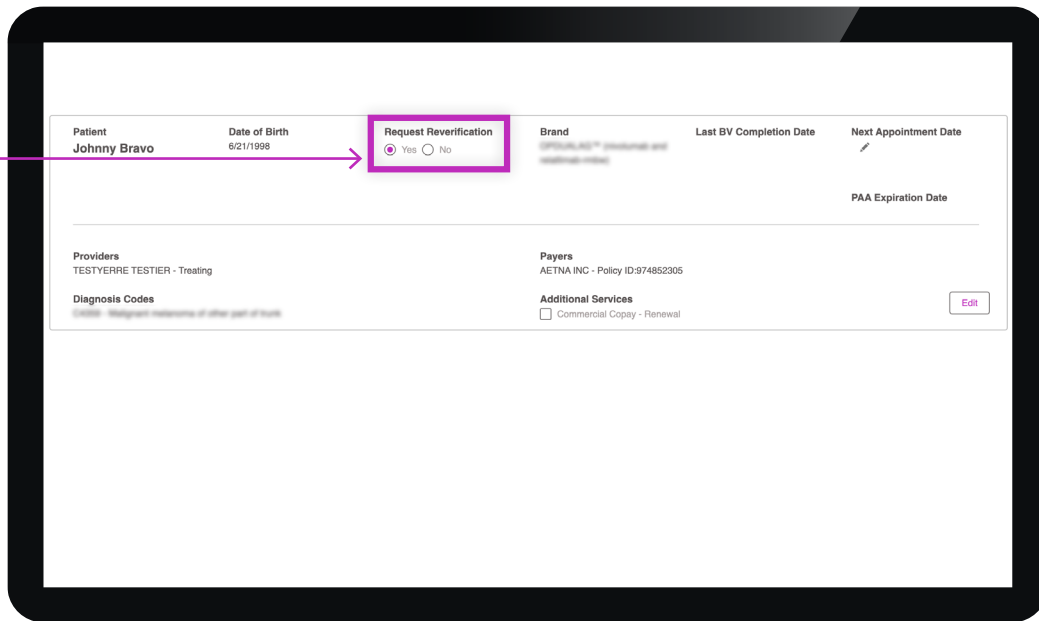


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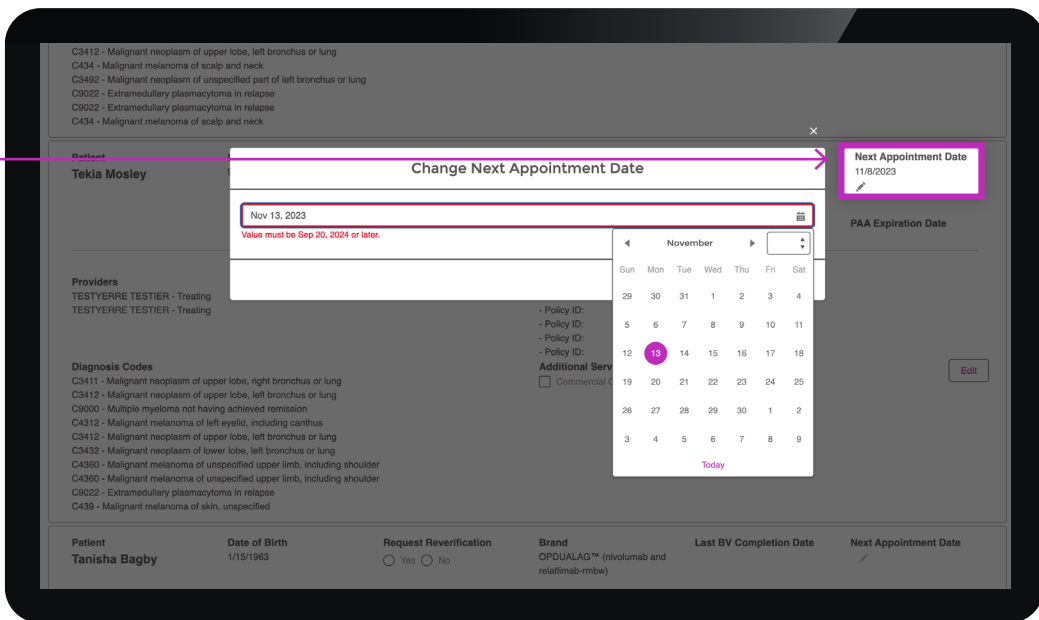
SCENARIO 2

Patient requires a benefits review

- 1 In the individual patient tile, click **YES** in the **REQUEST REVERIFICATION** section. Selecting “Yes” means that co-pay will be renewed for eligible, commercially insured patients. Selecting “Commercial Co-Pay – Renewal” under Additional Services isn’t needed.



- 2 Click the pencil icon in the **NEXT APPOINTMENT DATE** section. Choose a date that coincides with the patient’s treatment schedule. If a selected date is within the blackout time frame, a notice will appear.

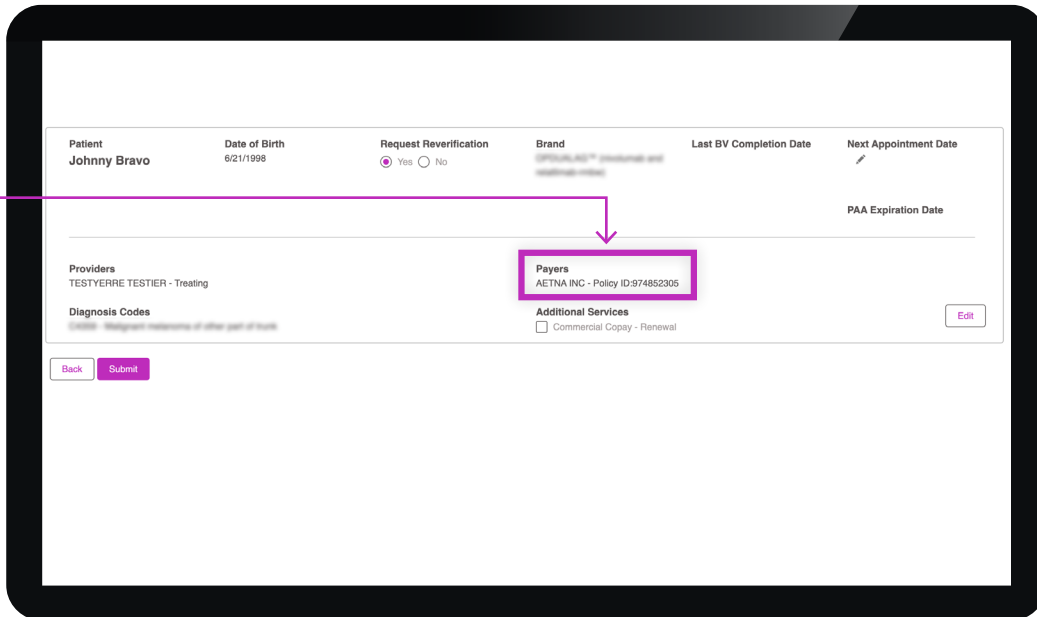


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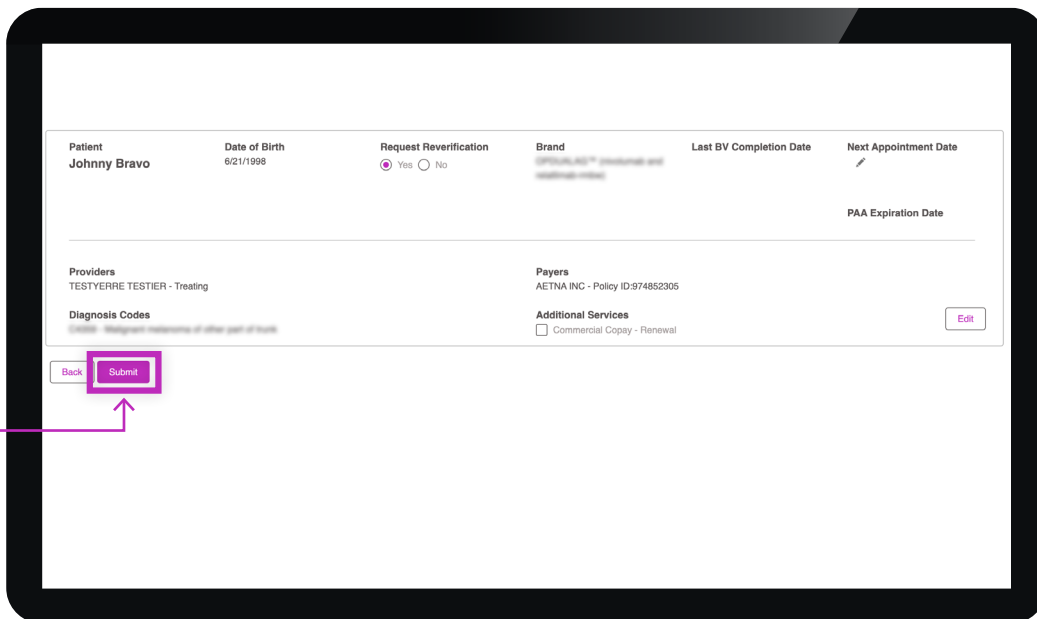
SCENARIO 2 (cont.)

Patient requires a benefits review

- 3 Review payer information in the individual patient tile, including policy number.



- 4 Click the **SUBMIT** button.



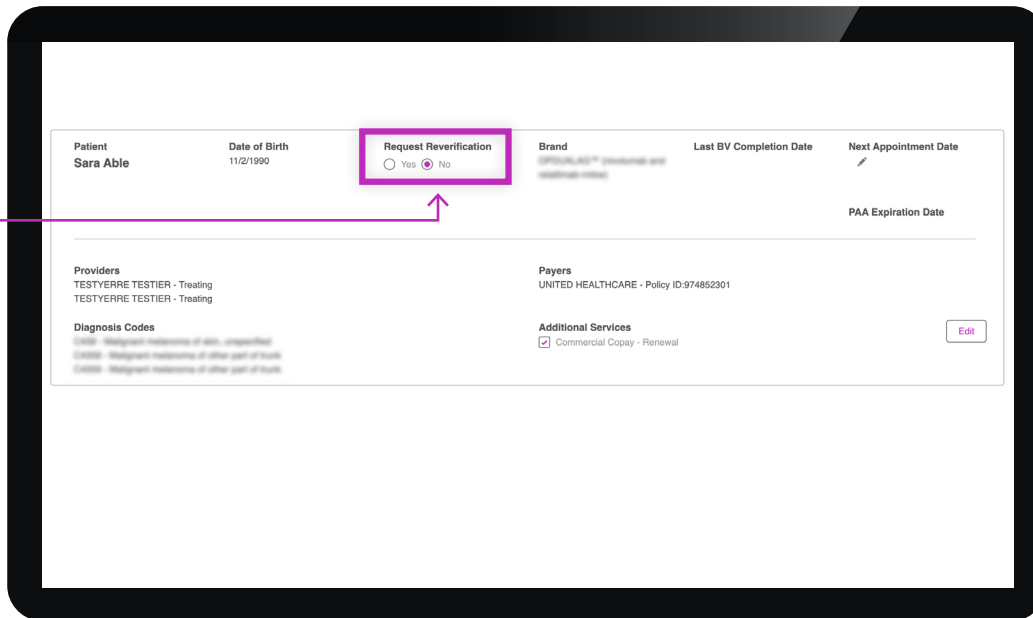
Information shown in the images on these pages is for example purposes only, not an actual patient's information.

SCENARIO 3

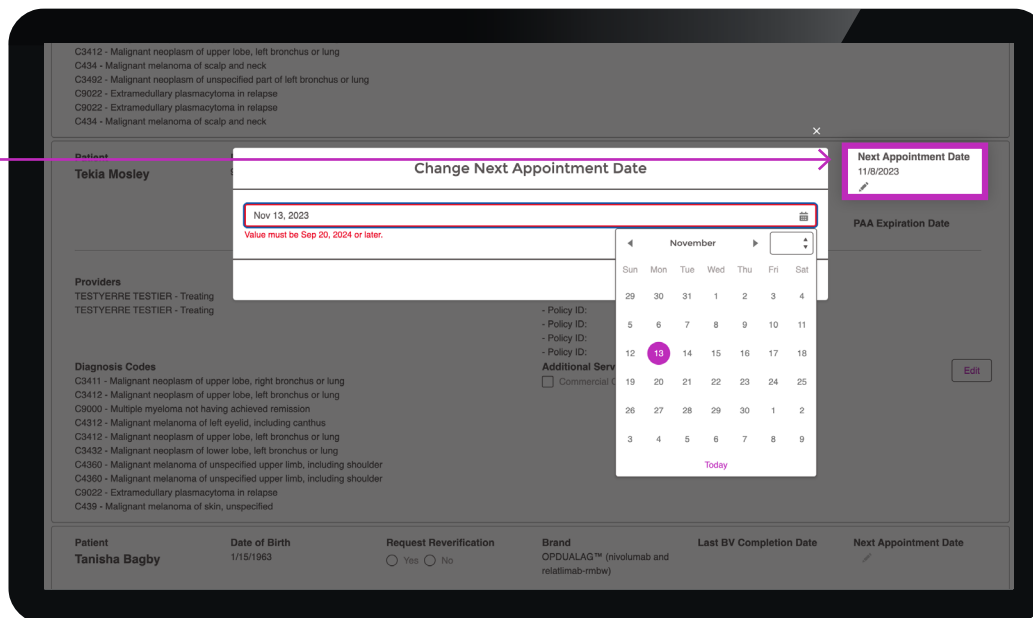
Patient requires co-pay renewal only

NOTE: Selecting “no” for benefit reverification and “yes” for commercial co-pay renewal will only check a patient’s co-pay eligibility. A full BV will not be performed.

- 1 In the individual patient tile, click **NO** in **REQUEST REVERIFICATION** and **COMMERCIAL CO-PAY-RENEWAL** under additional services.



- 2 Click the pencil icon in the **NEXT APPOINTMENT DATE** section. Choose a date that coincides with the patient’s treatment schedule. If a selected date is within the blackout time frame, a notice will appear.



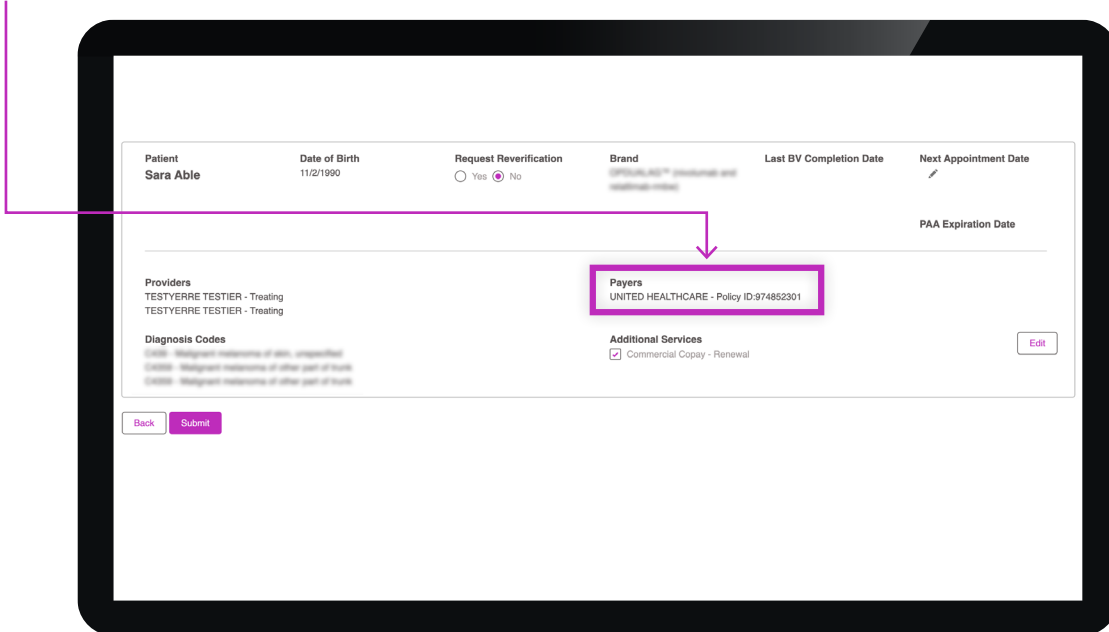
Information shown in the images on these pages is for example purposes only, not an actual patient’s information.

NOTE: If your patient’s treatment date is not available, please select the next available date.

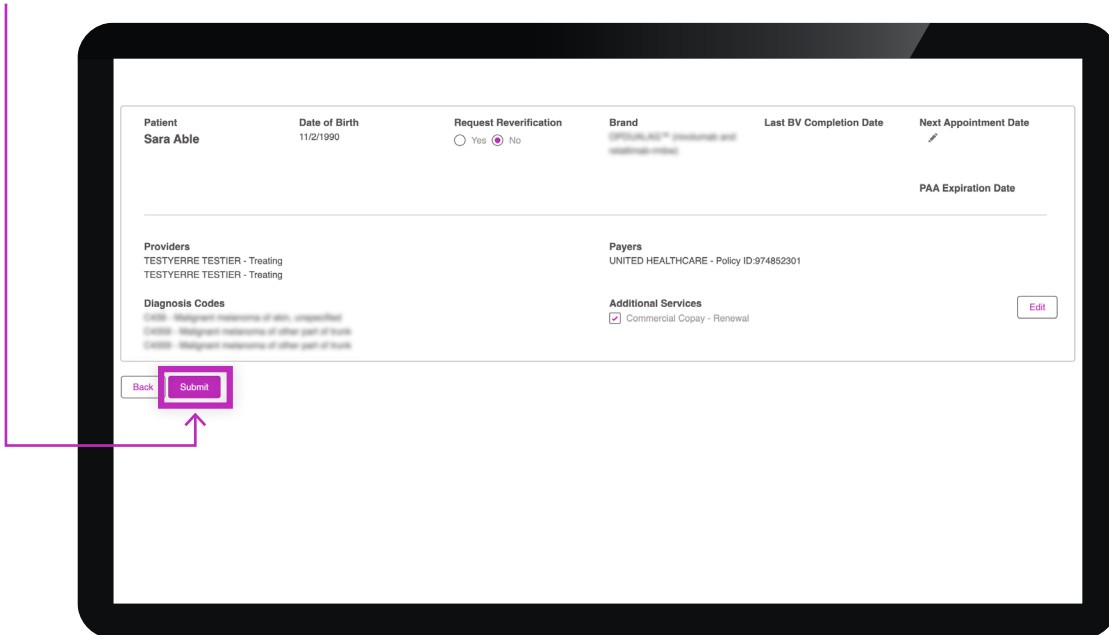
SCENARIO 3 (cont.)

Patient requires co-pay renewal only

3 Review payer information in the individual patient tile, including policy number.



4 If there are no changes to the patient's insurance, click the **SUBMIT** button.



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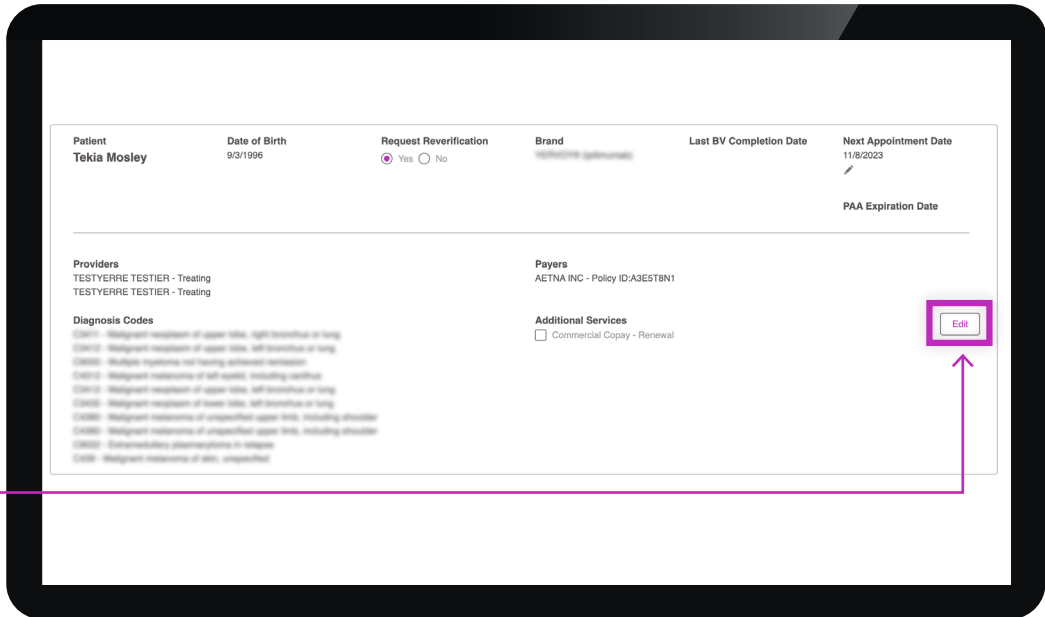
^

NOTE: Co-Pay renewal confirms patient copay eligibility. A benefits review will not be sent for co-pay renewal only.

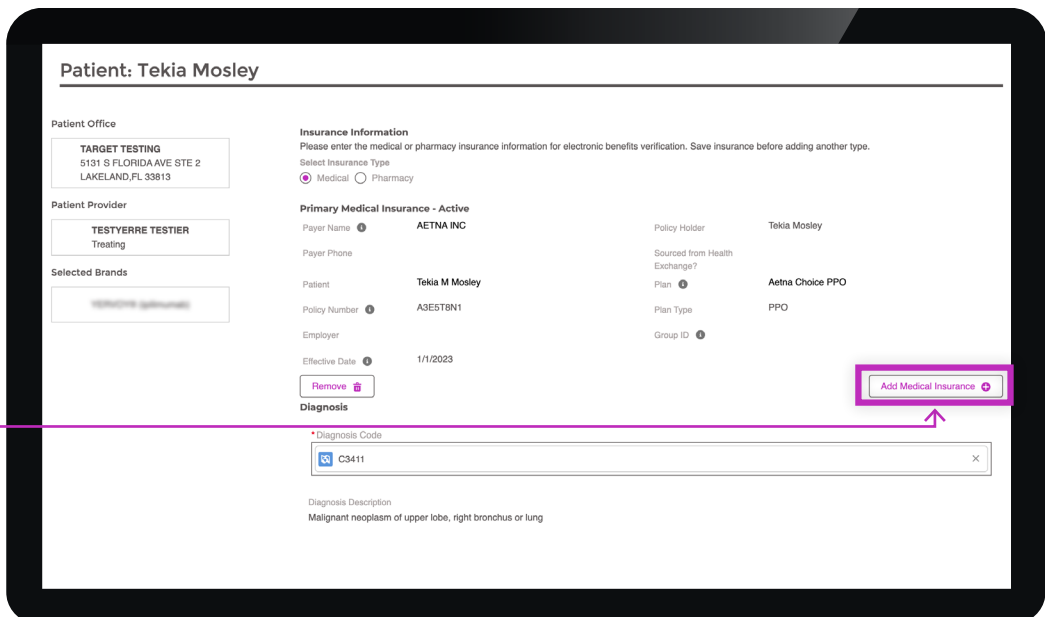
SCENARIO 4

Updating your patient's insurance information

- 1 Click the **EDIT** button to update the individual patient's tile.



- 2 Click the **ADD MEDICAL INSURANCE** button at the bottom right of your screen.



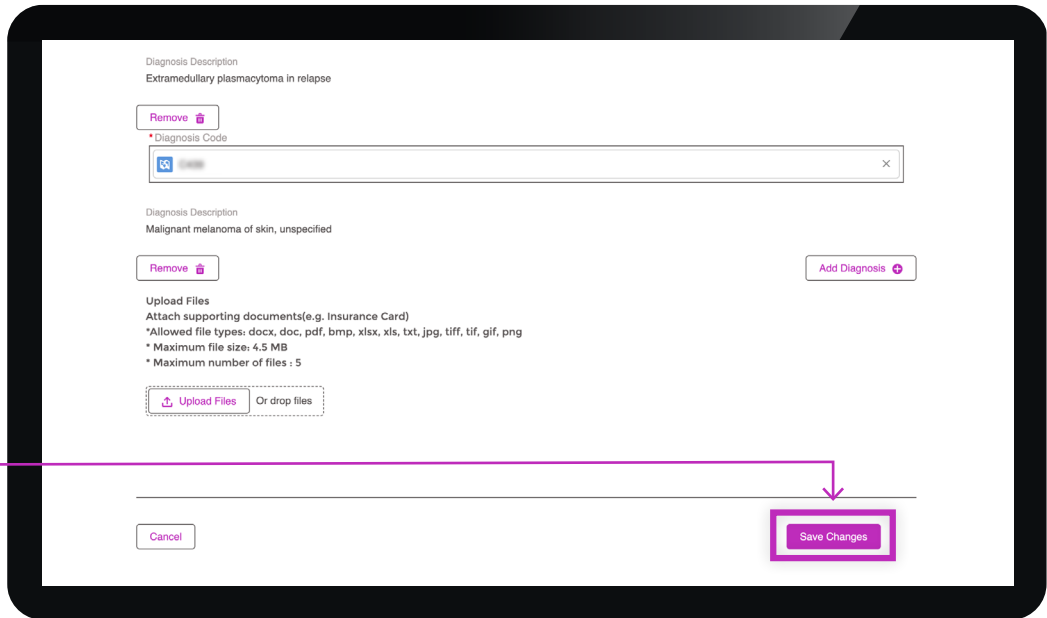
Information shown in the images on these pages is for example purposes only, not an actual patient's information.

NOTE: All fields marked with an asterisk (*) are required and must be completed.

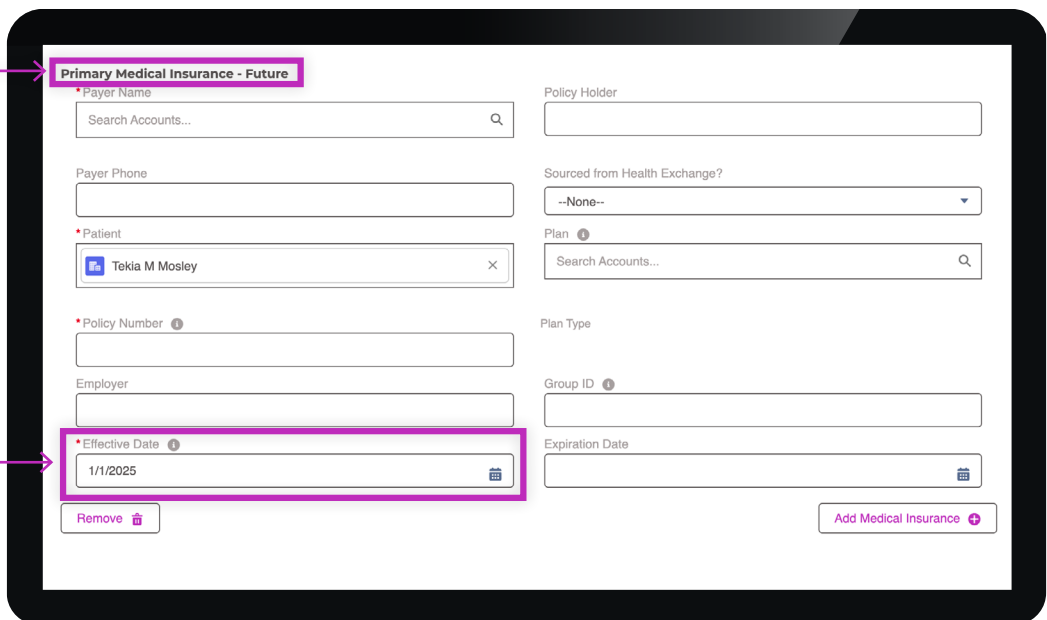
SCENARIO 4 (cont.)

Updating your patient's insurance information

- 3 Enter insurance information by selecting **MEDICAL** or **PHARMACY**, update insurance information as necessary, and click **SAVE CHANGES**.



- 4 Primary insurance will be listed as **FUTURE**, and the effective date will appear in the bottom field.



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SCENARIO 4 (cont.)

Updating your patient's insurance information

- 5 Click the **SAVE CHANGES** button to return to your patient list.

The screenshot shows a form for updating insurance information for a patient named Tokia M Mosley. The form is divided into several sections. On the left, there are fields for Payer Phone, Patient (Tokia M Mosley), Policy Number, Employer, and Effective Date (1/1/2025). On the right, there are dropdown menus for Sourced from Health Exchange? (set to --None--), Plan, Plan Type, Group ID, and Expiration Date. At the bottom left is a 'Cancel' button, and at the bottom right is a 'Save Changes' button, which is highlighted with a red box. A red arrow points from the left side of the page towards the 'Save Changes' button.

- 6 Click the **ADD MEDICAL INSURANCE** button to add/update Secondary Future Insurance.

The screenshot shows a form titled 'Primary Medical Insurance - Future' for a patient named Marcia Brady. The form has two columns of fields. The left column includes Payer Name (Search Accounts...), Payer Phone, Patient (Marcia Brady), Policy Number, Employer, and Effective Date (1/1/2024). The right column includes Policy Holder, Sourced from Health Exchange? (set to --None--), Plan (Search Accounts...), Plan Type, Group ID, and Expiration Date. At the bottom left is a 'Remove' button, and at the bottom right is an 'Add Medical Insurance' button, which is highlighted with a red box. A red arrow points from the left side of the page towards the 'Add Medical Insurance' button.

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NOTE: User needs to first add Primary Future Insurance information before changes can be made to Secondary Future Insurance information.

SCENARIO 4 (cont.)

Updating your patient's insurance information

- 7 Enter secondary insurance information by selecting **MEDICAL** or **PHARMACY**, update insurance information as necessary, and click **SAVE CHANGES**.

Secondary Medical Insurance - Future

* Payer Name: Search Accounts... [Q]

Policy Holder: []

Payer Phone: []

Sourced from Health Exchange?: --None-- [v]

* Patient: Tekia M Mosley [x]

Plan: Search Accounts... [Q]

* Policy Number: []

Plan Type: []

Employer: []

Group ID: []

* Effective Date: 1/1/2025 [calendar]

Expiration Date: [calendar]

[Remove] [Add Medical Insurance]

[Cancel] [Save Changes]

- 8 Click the **SUBMIT** button.

Patient
Tekia Mosley

Date of Birth
9/3/1996

Request Reverification
 Yes No

Brand
[REDACTED]

Last BV Completion Date
[REDACTED]

Next Appointment Date
11/8/2023

PAA Expiration Date
[REDACTED]

Providers
TESTYERRE TESTIER - Treating
TESTYERRE TESTIER - Treating

Payers
AETNA INC - Policy ID: A3EST8N1

Diagnosis Codes
[REDACTED]

Additional Services
 Commercial Copy - Renewal [Edit]

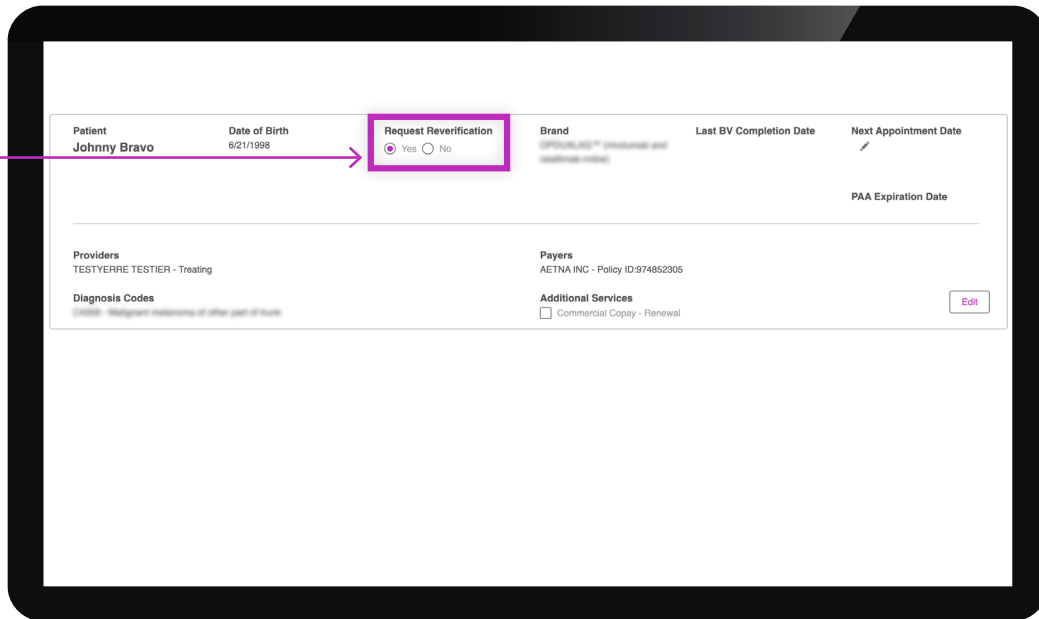
[Back] [Submit]

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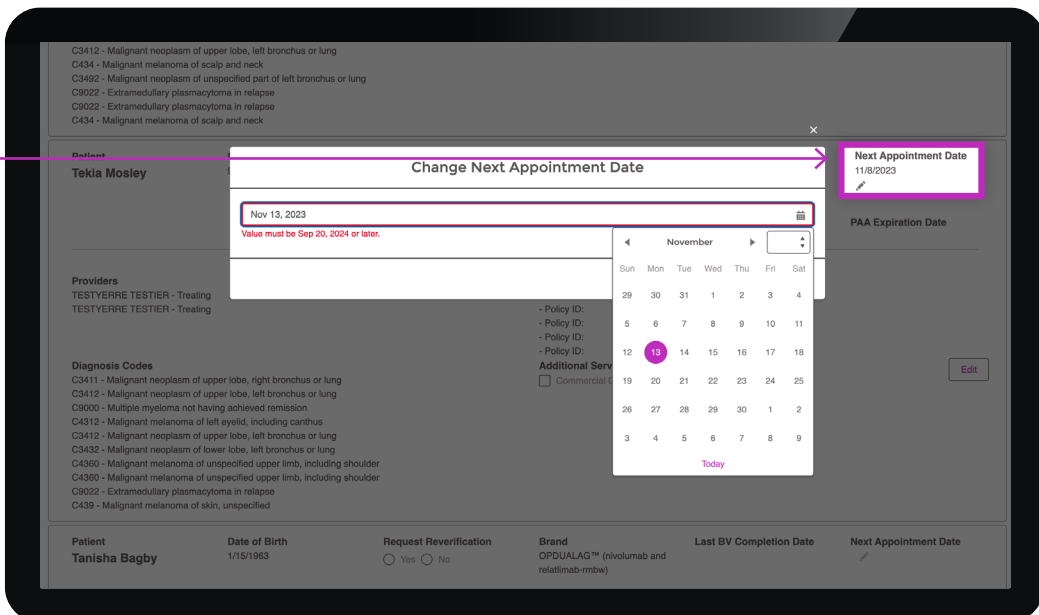
SCENARIO 5

Updating your patient's treatment information

- 1 In the individual patient tile, click **YES** in the **REQUEST REVERIFICATION** section. Selecting "Yes" means that co-pay assistance will be renewed for eligible, commercially insured patients. Selecting "Commercial Co-Pay – Renewal" under Additional Services isn't needed.



- 2 Click the pencil icon in the **NEXT APPOINTMENT DATE** section. Choose a date that coincides with the patient's treatment schedule. If a selected date is within the blackout time frame, a notice will appear.

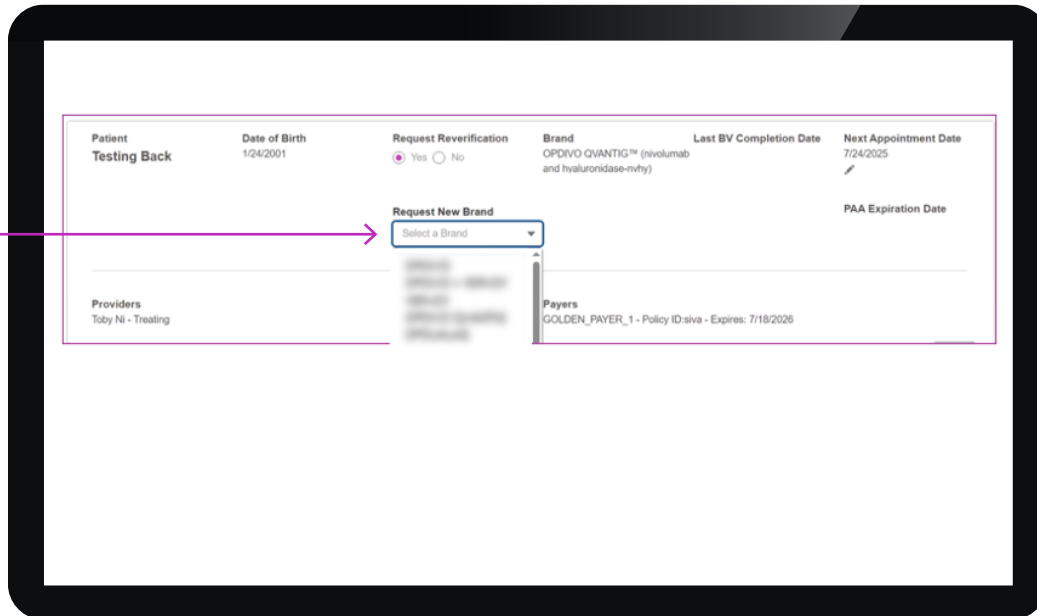


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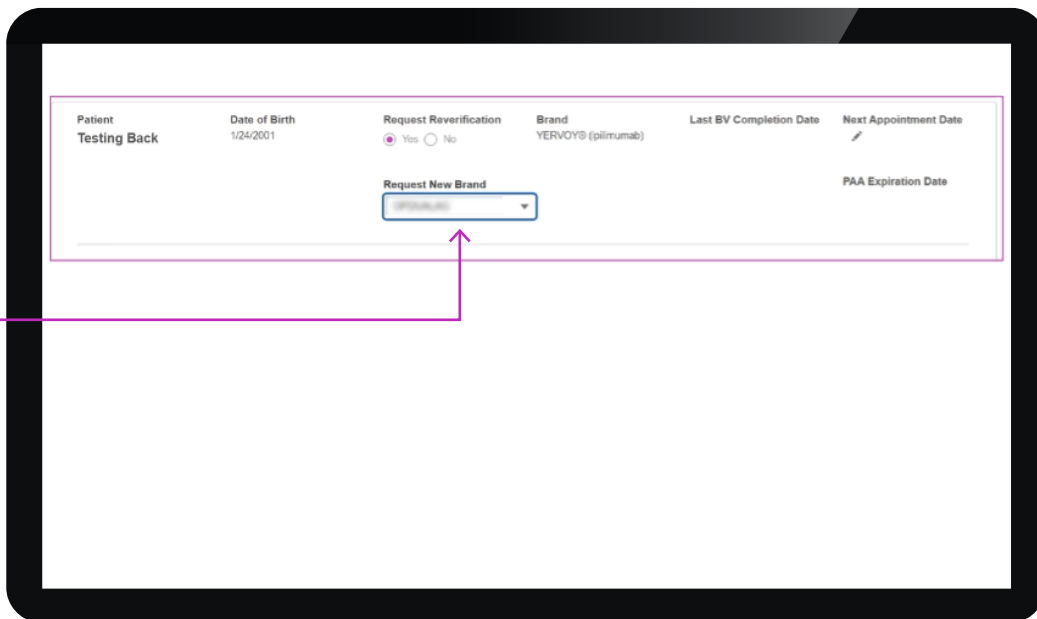
SCENARIO 5 (cont.)

Updating your patient's treatment information

- 3 In the **Request New Brand** section, click the down arrow to select the **New Brand** the patient will begin treatment with in January of the new year.



- 4 Once selected, the **New Brand** will remain visible in the window.

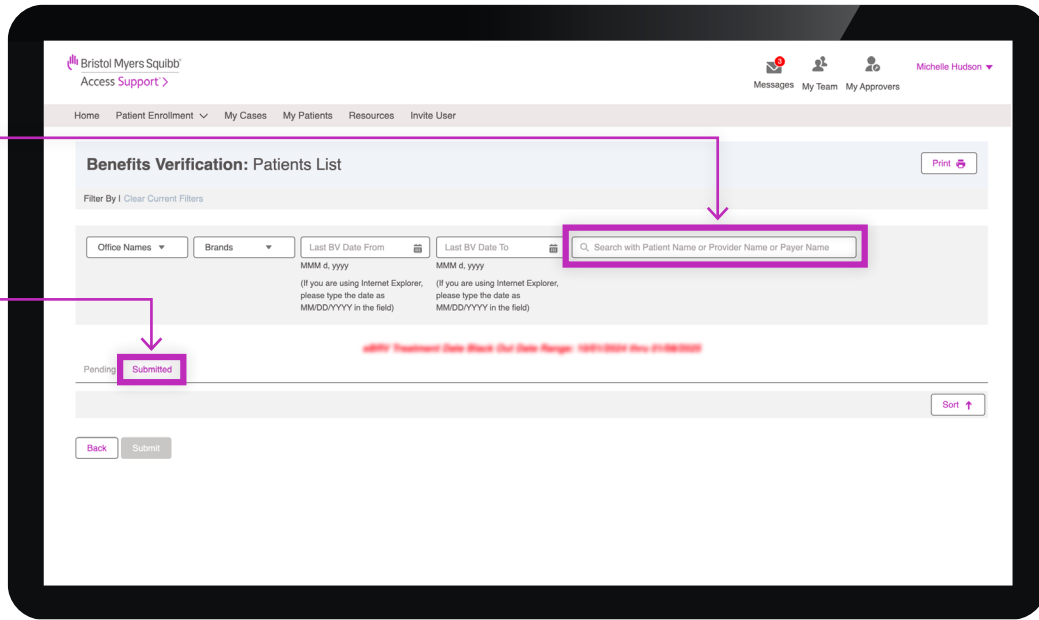


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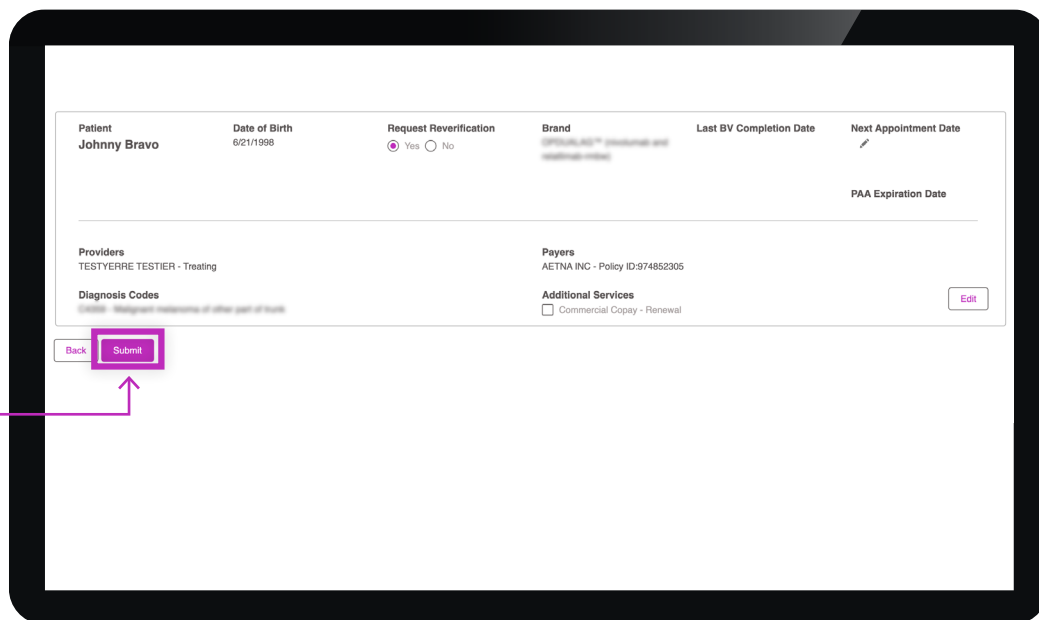
SCENARIO 6

Making changes after submission

- 1 Click on **SUBMITTED**. This will show you only the patients you have submitted. Then use the search bar to locate the correct patient.



- 2 To update the patient's information, choose the section you'd like to edit. You can select **PAYER INFORMATION**, **NEXT APPOINTMENT DATE**, or **REQUEST REVERIFICATION**. Then click the **SUBMIT** button.



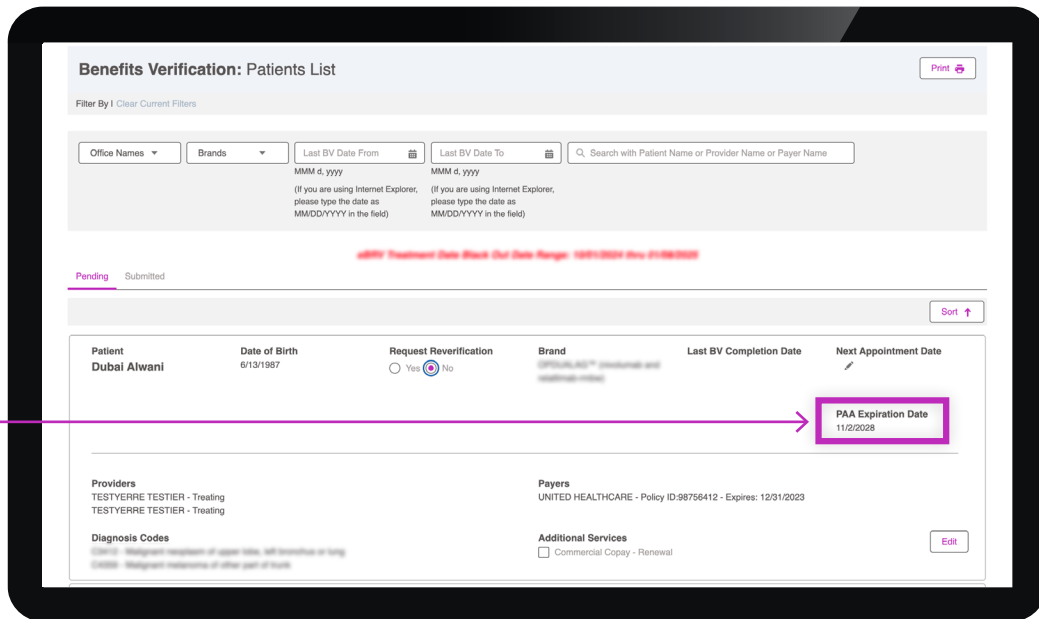
Information shown in the images on these pages is for example purposes only, not an actual patient's information.

NOTE: Patients submitted after the final day of reverification will be completed as time allows.

SCENARIO 7

Your patient requires reverification and you want to confirm if PAA is still valid

- 1 Go to patient tile and review the PAA expiration date on the right-hand side under NEXT APPOINTMENT DATE.



- 2 If PAA expires prior to treatment date:
 Have the patient complete a new PAA prior to the requested treatment date:
 - Download PAA from the Library under Resources and fax the completed form to **1-888-776-2370**
 - Have the patient complete an eSignature at www.bmsesign.com
- 3 If PAA does not expire prior to treatment date, no additional action is needed.

Information shown in the images on these pages is for example purposes only, not an actual patient's information.



Looking for support? We're here for you.

Patient access support, reimbursement resources, and financial support options may be available through **BMS Access Support**



Call a Patient Access Specialist
at **1-800-861-0048**,
8 AM to 8 PM ET,
Monday – Friday



Visit
www.BMSAccessSupport.com



Schedule a meeting
with a BMS Access and
Reimbursement Manager
on the BMS Access
Support website

The accurate completion of reimbursement or coverage-related documentation is the responsibility of the healthcare provider and patient. Bristol Myers Squibb and its agents make no guarantee regarding reimbursement or coverage for any service or item.

