



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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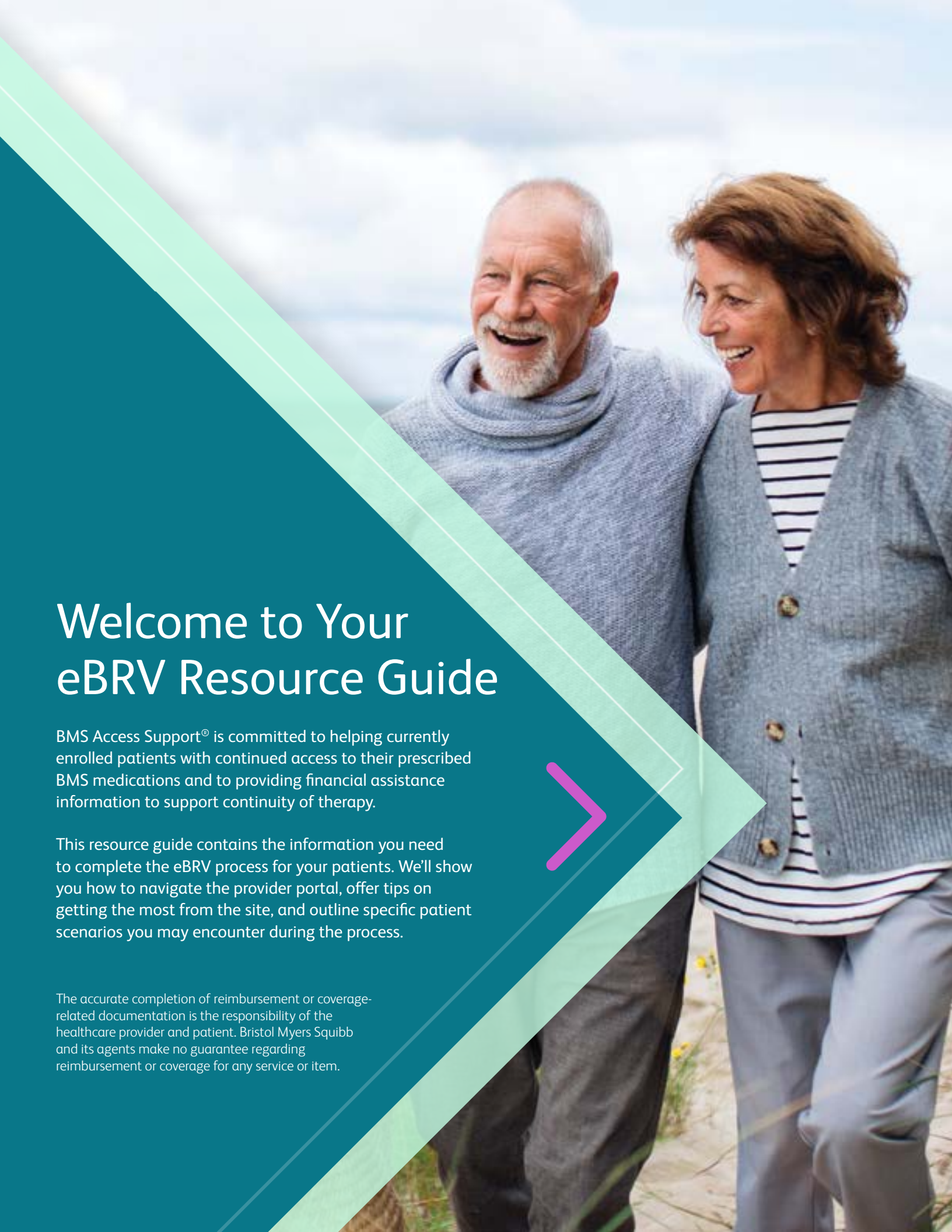
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Welcome to Your eBRV Resource Guide

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:

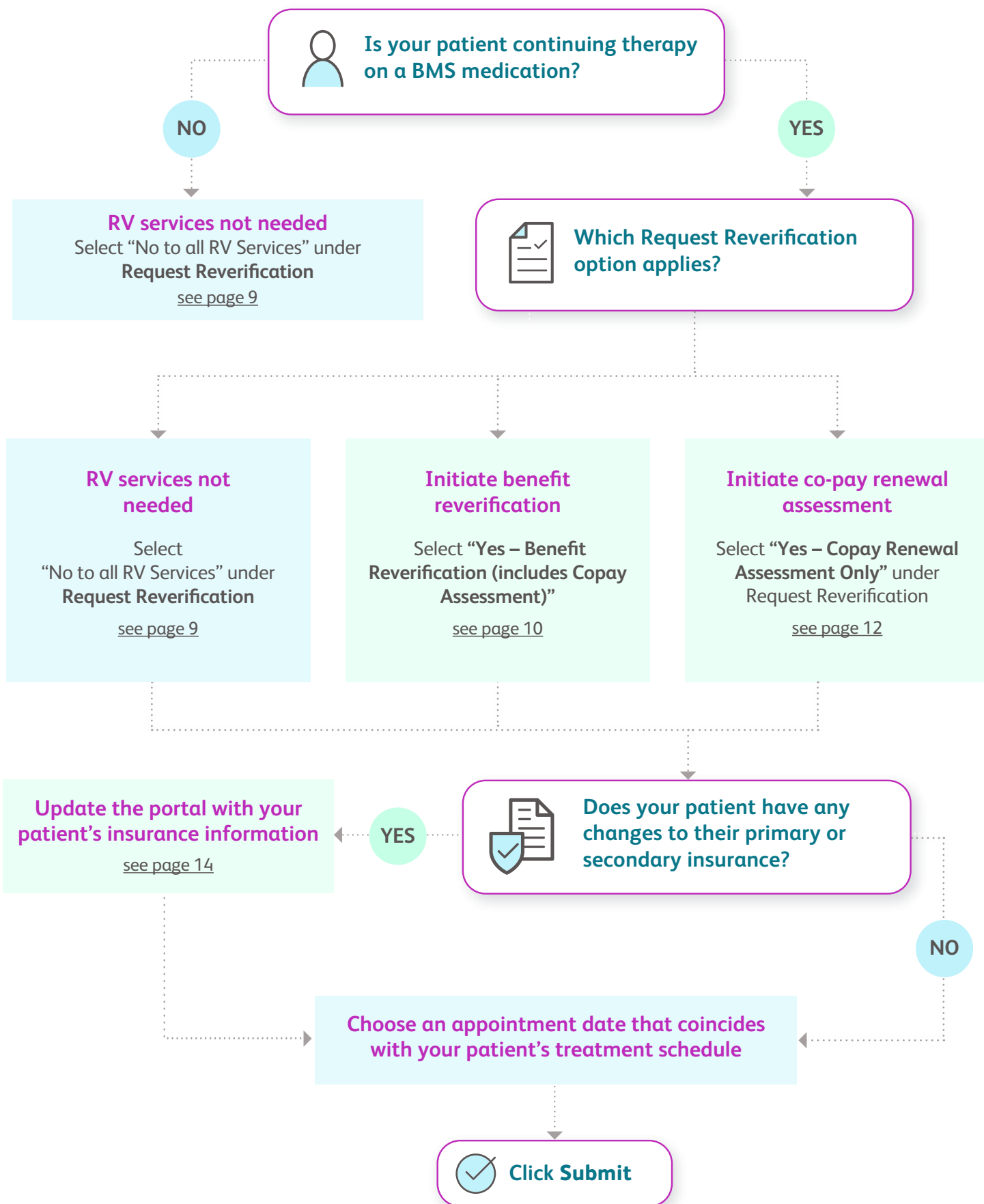
- ① If you have not already completed your BMS Access Support provider portal registration, please register at www.MyBMSCases.com.
- ② Confirm the following:
 - Your username and password are up to date
 - All appropriate staff members are registered
 - All physicians are properly affiliated
 - Any satellite 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. All appointments will need to be scheduled after the blackout period.*

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



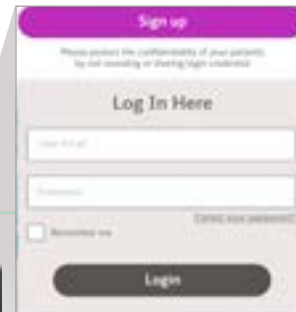
Visit www.MyBMSCases.com



Enter your email address and password to log in



Open the dashboard



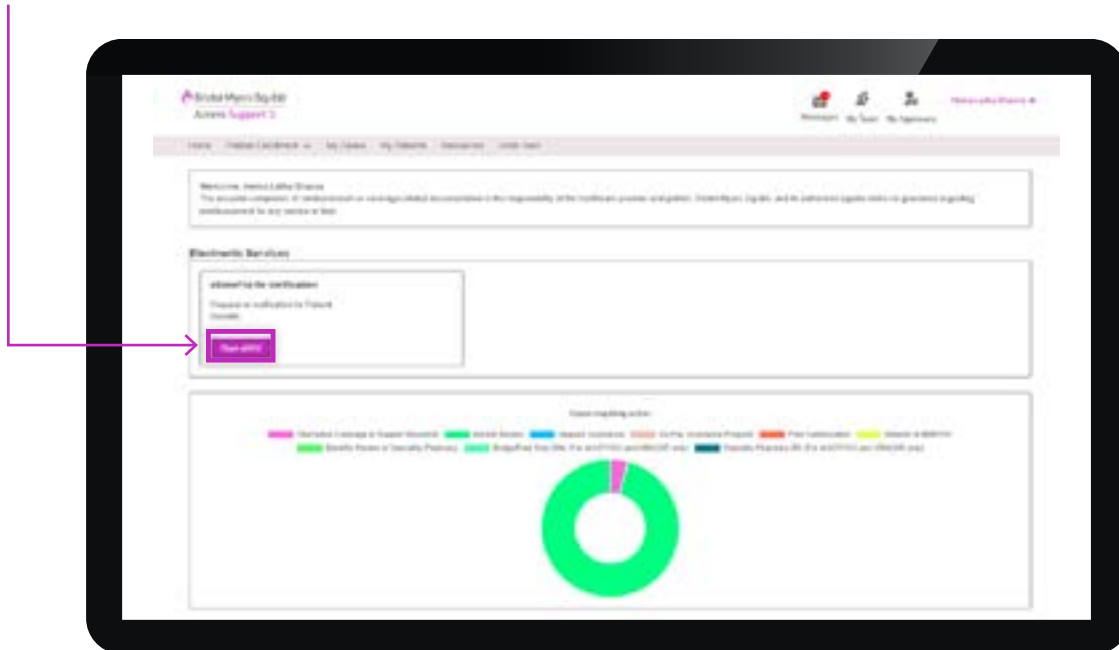
Password Assistance

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

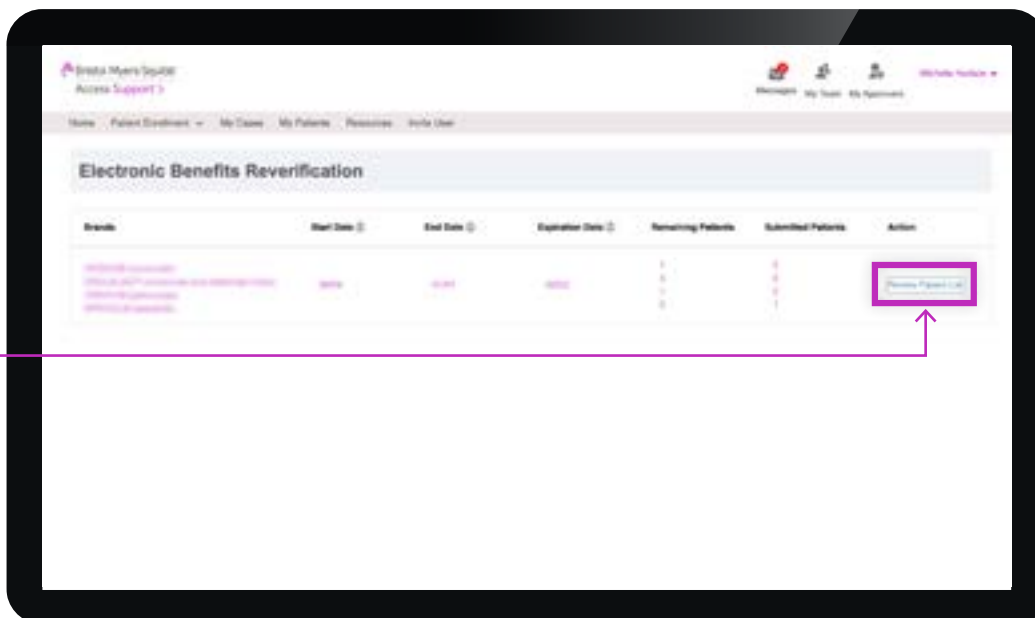
Your dashboard provides a menu of quick actions you can take to access reverification.

- ✓ 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**.

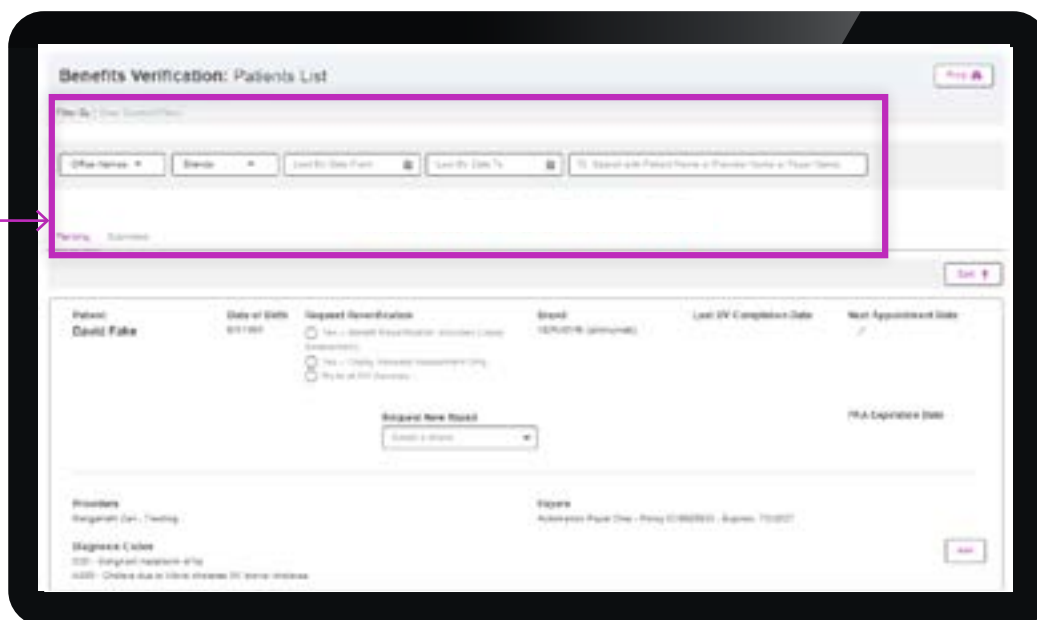


If you need assistance or would like a live or virtual demonstration of the provider portal, please reach out to your Access & Reimbursement Manager.

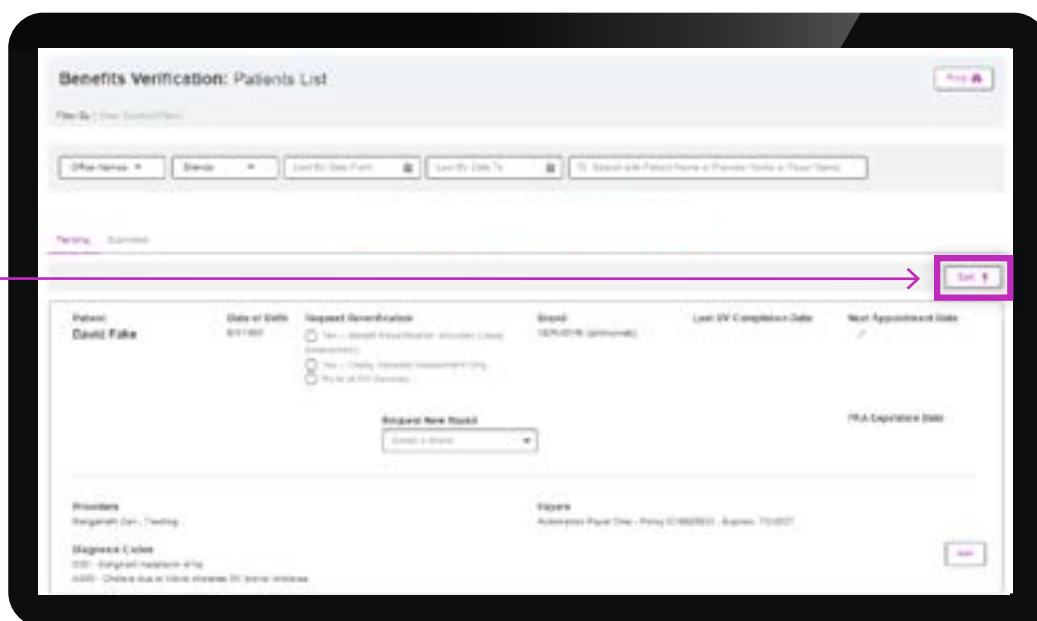
Managing Your Patient List

Viewing Preferences

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



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



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).

Patient	Date of Birth	Request Identification	Brand	Last BV Completion Date	Next Appointment Date	PBA Expiration Date
David Fake	8/1/1987	☐ Yes - I am a benefit requestor (member or dependent) ☐ No - I am a family member (dependent only) ☐ Yes - I am an HRA dependent	TRU2716 (generic)			

Procedures
Regeneron Cor - Trastuzumab

Diagnosis Codes
D55 - benign neoplasm of lip
A250 - chronic disease of blood vessels of systemic circulation

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.

Patient	Date of Birth	Request Identification	Brand	Last BV Completion Date	Next Appointment Date	PBA Expiration Date
David Fake	8/1/1987	☐ Yes - I am a benefit requestor (member or dependent) ☐ No - I am a family member (dependent only) ☐ Yes - I am an HRA dependent	TRU2716 (generic)			

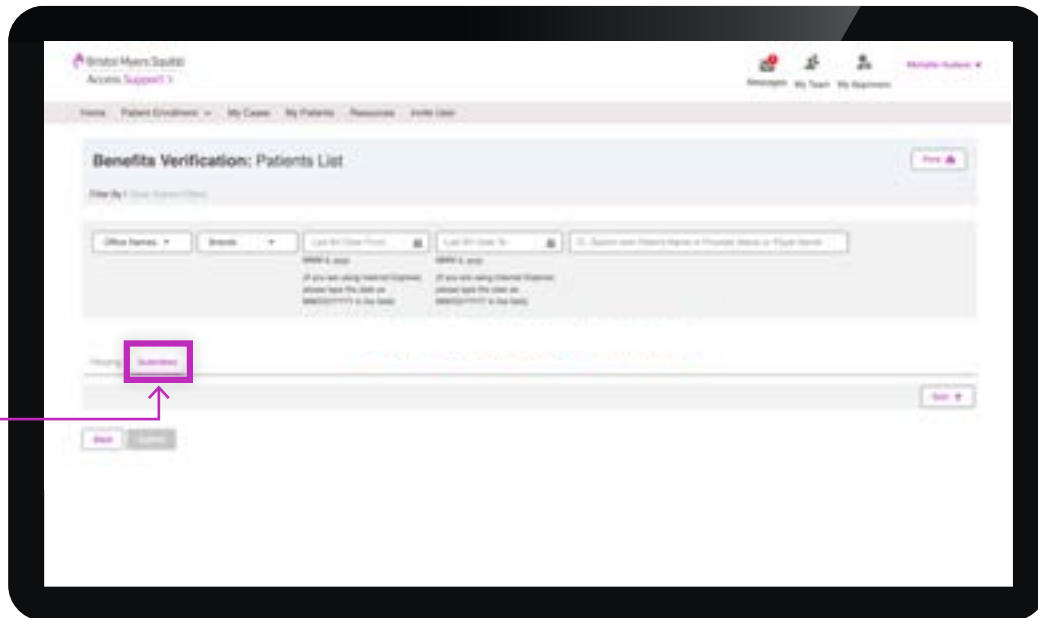
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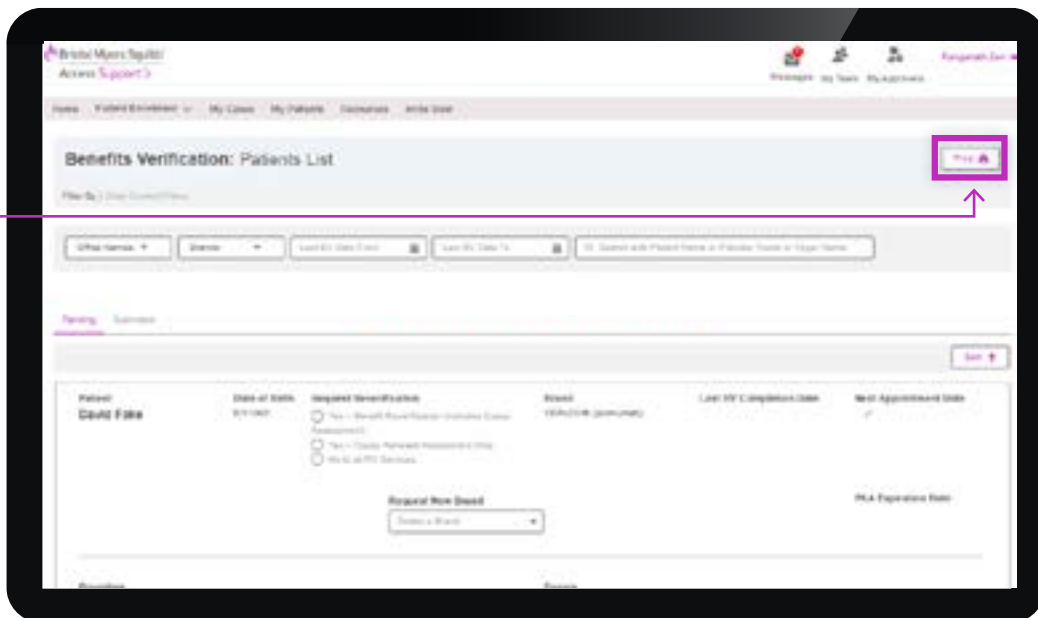
Keeping Track of Your Patient List

- ✓ 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 to all RV Services** in the **Request Reverification** section.

The screenshot shows the 'Benefits Verification: Patients List' interface. At the top, there are filters for 'Office Name', 'Gender', 'Last RV Date From', 'Last RV Date To', and 'To: Searchable Patient Name or Provider Name or Payer ID'. Below these is a 'Search' button. The main table lists patient information. For patient 'David Foke', the 'Request Reverification' section is highlighted with a purple box. It contains two radio buttons: 'Yes - I Request Reverification (includes Consent)' and 'No - I Decline Requested Assessment (Consent)'. The 'No' option is selected. Below this is a 'Request New Reason' dropdown menu. Other fields include 'Gender' (MALE), 'Last RV Completion Date', 'Next Appointment Date', and 'RVA Expiration Date'. At the bottom, there are sections for 'Procedures' and 'Diagnoses'.

- 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.

This screenshot shows the same interface as the previous one, but with a purple box highlighting the 'SUBMIT' button at the bottom left. The 'Request Reverification' section for David Foke is still visible, with the 'No' option selected. The 'SUBMIT' button is located at the bottom left of the patient tile.

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SCENARIO 2

Patient requires a benefits review

- 1 In the individual patient tile, click **YES — Benefit Verification** (includes Co-Pay Assessment) in the **Request Reverification** section.
“Selecting Yes — Benefit Reverification means the patient will receive a full benefit review. This also renews Co-Pay for eligible, commercially insured patients.”

Patient
David Feltz

Date of Birth
8/11/1981

Request Identification

- ☒ Yes - Request Identification (Please see below)
- ☐ No - Only Please Reschedule Appointment Only
- ☐ No - No ID Will be Needed

Brand
VPHVCH-00000000000000000000000000000000

Last RV Completion Date
12/1/2020

Next Appointment Date
12/1/2020

Special Note Brand
Select a Brand

PAN Expiration Date
12/1/2020

Provider
NancyAnn Day - Training

Points
Automatic Point Give Policy: 00000000 - Expires 12/31/2027

Insurance Codes
000 - Multiple Insurances apply
4000 - Insurance due to VPHV-00000000 (N. Nancy - 00000000)

SA

- 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.

The screenshot shows the 'Sahib Masdar' patient record in the 'My Patients' section. The 'Change Next Appointment Date' dialog box is open, displaying a date picker for 'Nov 19, 2020' and a calendar view for November. The 'Next Appointment Date' field is highlighted with a red box, and the 'Add Appointment' button is highlighted with a red box.

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SCENARIO 2 (cont.)

Patient requires a benefits review

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

The screenshot shows the 'Request Revalidation' form. The 'Request Revalidation' section is highlighted with a red box. A red arrow points from this box to the 'Request Revalidation' section of the 'Device Fails' section.

- 4 Click the **SUBMIT** button.

Patient:
David Fink

Date of Birth:
9/1/1981

Request Reason/Justification

- ☒ New - Brand's Name/Brand (Indicated Therapy) (Approved/ID)
- ☐ New - Copy/Brand's Name/Brand (ID)
- ☐ New - All IV Brands

Brand:
COPOL-001 (Indicated)

Last IV Completion Date:

New Appointment Date:

Request New Brand

Brand:
COPOL-001

Payors:
Automated Payor (ID - Policy ID: 1000000000) - Expires: 10/00/2020

Diagnosis Codes:
100 - Intravenous Injection (IV)
1000 - Intravenous Injection (IV) (Approved/ID)

Save

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SCENARIO 3

Patient requires co-pay renewal only

NOTE: Selecting yes — **Copay Renewal Assessment Only** will only check a patient's co-pay eligibility. A full BV will not be performed.

- 1 In the individual patient tile, click **Yes — Copay Renewal Assessment Only** in the **Request Reverification** section.

The screenshot shows the 'New Brand' section of the 'Request Re-activation' form. The 'Request Re-activation' section is highlighted with a red box. The 'New' radio button is selected. A red arrow points to the 'Request Re-activation' label. The 'Request Re-activation' section contains three radio buttons: 'Yes - I want to reactivate my brand (I agree to pay \$100000)', 'No - I want to reactivate my brand (I agree to pay \$100000)', and 'No - I want to reactivate my brand (I agree to pay \$100000)'. The 'Request Re-activation' label is also highlighted with a red box. The 'Request Re-activation' label is also highlighted with a red box.

- 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.

The screenshot shows a web application interface for 'Selling Maslow'. A modal dialog titled 'Change Next Appointment Date' is open. The dialog has a date input field showing 'Mar 13, 2020' and a calendar view. A red box highlights the 'Next Appointment Date' field in the main application window, which is set to '11/8/2023'. A red arrow points from the 'Next Appointment Date' field in the dialog to the 'Next Appointment Date' field in the main application window.

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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.

The screenshot shows a patient tile for David Fata. The 'Payers' section is highlighted with a red box. The payer information includes: Automatic Payer One - Policy (114600000) - Expires 11/30/2027. A red arrow points from the 'Payers' section to the 'SUBMIT' button.

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

The screenshot shows the same patient tile for David Fata. The 'SUBMIT' button is highlighted with a red box. A red arrow points from the 'SUBMIT' button to 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.

David Fahn

Date of Birth: 01/01/1981

Request Identification: ☒ Yes - I want to reverify my insurance information. ☐ No - I don't want to reverify my insurance information. ☐ No to all PIR Services.

Brand: 123456789 (placeholder)

Last PIR Completion Date: 12/31/2020

Next Appointment Date: 12/31/2020

BSA Expiration Date: 12/31/2020

Providers: Margaret J. Doe, MD - Primary

Diagnosis Codes: E11.9 (Type 2 diabetes mellitus with hyperglycemia)

Payors: Automated Payor (ID: 123456789) - Agency: 123456789

Edit

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

Patient: Tekia Mosley

Patient Office: TARGET TESTING, 1234 E PLUMCHASE ST, LAKELAND, FL 33801

Patient Provider: TETTERING, TETTERING, Testing

Selected Brands: 123456789 (placeholder)

Insurance Information: Please enter the details of primary insurance information for automatic benefit verification. Save Insurance before adding another type.

Primary Medical Insurance - Active

Plan Name: AETNA INC.

Policy Number: 123456789

Plan Type: AETNA CHOICE PPO

Group ID: 123456789

Add Medical Insurance

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**.

The screenshot shows a web form for adding a new case. At the top, there's a 'Case Name' field with a placeholder 'Extramedullary plasmacytoma in tongue'. Below it is a 'Case Description' field with a placeholder 'Marginal extension of skin, unspecified'. To the right of the description field is an 'Add Diagnosis' button. Below the description field is an 'Upload Files' section with a text input for file names and a list of supported file types (docx, doc, pdf, temp, xls, xlsx, xls, xlsx, jpg, gif, png, etc.). Below this is a 'Save Changes' button. A red arrow points to the 'Save Changes' button.

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

Primary Medical Insurance - Future

Payor Name

Search Accounts...

Payor Phone

Patrol

Takia M Mosley

Policy Number

Employer

Effective Date

1/1/2025

Remove

Policy Holder

Sourced from Health Exchange?

None

Plan

Search Accounts...

Plan Type

Group

Expiration Date

Add Medical Insurance

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

SCENARIO 4 (cont.)

Updating your patient's insurance information

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

The screenshot shows a form titled 'Update Patient' with various fields for patient information. The 'Save Changes' button is located at the bottom right of the form, highlighted with a red rectangular box. A red arrow points from the left margin towards this button.

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

The screenshot shows a form titled 'Primary Medical Insurance - Future'. The 'Add Medical Insurance' button is located at the bottom right of the form, highlighted with a red rectangular box. A red arrow points from the left margin towards this 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...

Payer Phone:

*Patient: Tanya M. Mailing

*Policy Number:

Policy Holder:

Group ID:

Plan Type:

Expiration Date: 1/1/2025

Buttons: Remove, Add Medical Insurance, Cancel, Save Changes

- 8 Click the **SUBMIT** button.

Request Reverification

Patient: David F. Fink

Code of the ID: 014481

Request Reverification: ☒ Yes - I am a beneficiary of a plan (please specify plan type) ☐ No - I am a beneficiary of a plan (please specify plan type) ☐ No - I am not a beneficiary of a plan

Selected New Group: Search Groups...

Providers: Hargrave, Jan - Treating

Payors: Automated Payer One - Policy ID: 123456789 | Expires: 12/31/2025

Buttons: Back, Submit

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SCENARIO 5

Updating your patient's treatment information

- 1 In the individual patient tile, click **Yes – Benefit Verification (includes Copay Assessment)** in the **Request Reverification** section.
Selecting “Yes – Benefit Reverification (includes Copay Assessment)” means that Co-Pay assistance will be renewed for eligible, commercially insured patients.

The screenshot shows a patient tile for David Fink. The 'Request Reverification' section is highlighted with a red box. It contains three radio button options: 'Yes – Benefit Verification (includes Copay Assessment)' (which is selected), 'Yes – Copay Assessment Only', and 'No to All POC Services'. Below this section is a 'Request New Benefit' button with a dropdown arrow. The tile also displays the patient's name, date of birth (01/15/84), gender (M), and a 'Next Appointment Date' field with a pencil icon. The 'Diagnosis Codes' section lists several codes, and the 'Payors' section shows 'Automated Input Date - Pending (11/01/2023)' and 'Approved (11/01/2023)'.

- 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.

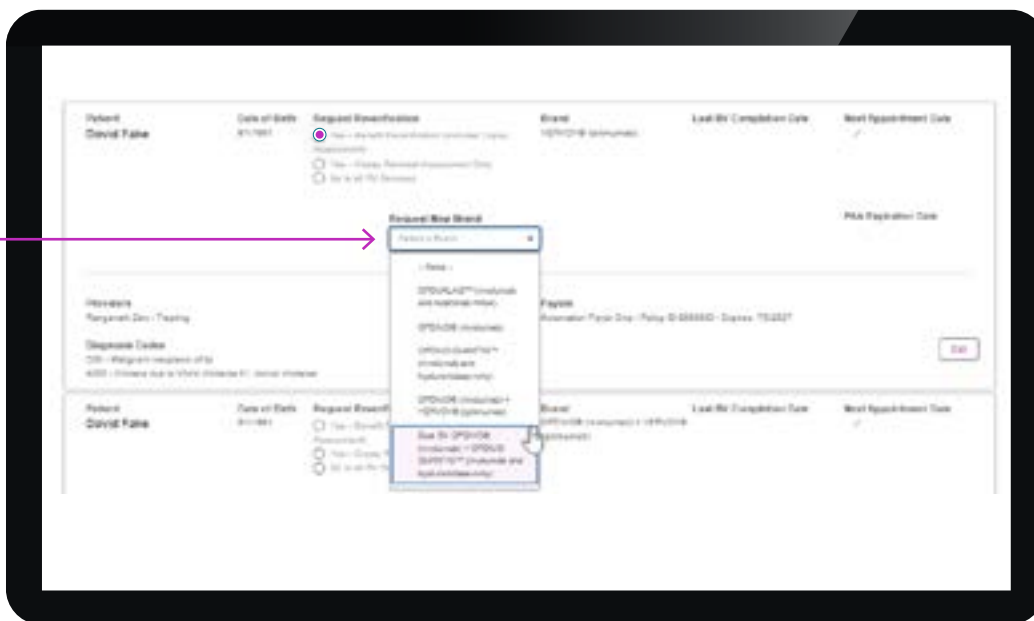
The screenshot shows the 'Change Next Appointment Date' dialog box. A red box highlights the 'Next Appointment Date' field, which currently shows '11/01/2023'. A calendar is open, showing the month of November. The date '11/01' is highlighted in red. The dialog box also includes a 'Next Appointment Date' field with a pencil icon and a 'Next Appointment Date' field. The background shows the patient tile for David Fink, with the 'Request Reverification' section highlighted.

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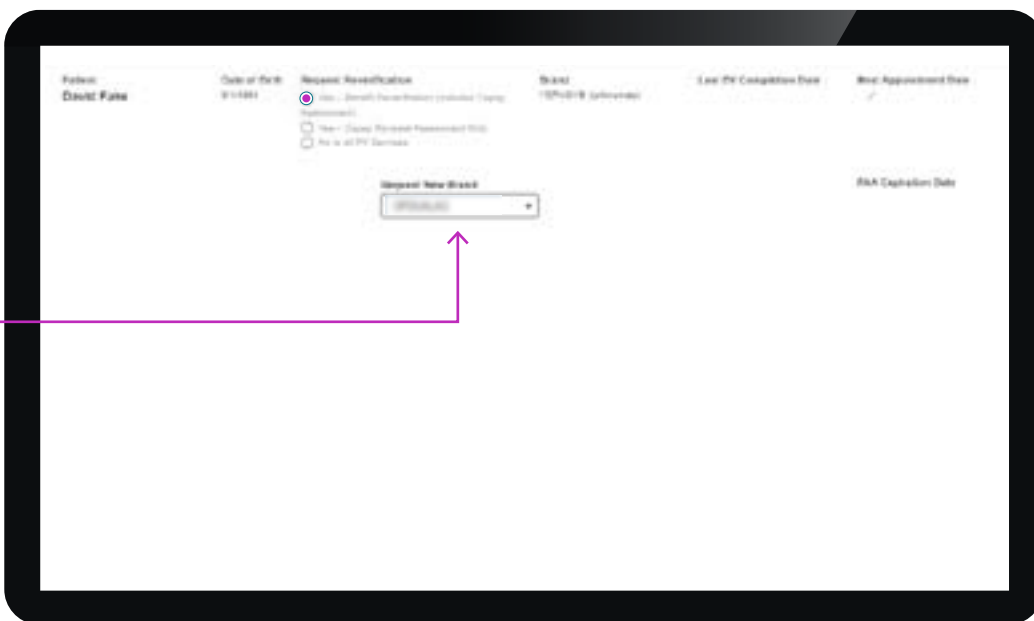
SCENARIO 5 (cont.)

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.



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

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.

The screenshot shows the 'Benefits Verification: Patients List' page. At the top, there's a navigation bar with 'Home', 'Patient Enrollment', 'My Cases', 'My Patients', 'Reverification', and 'Error Log'. Below this is a 'Filter By' section with a 'SUBMITTED' button highlighted by a purple box. To the right of the filter section is a search bar, also highlighted by a purple box. The main area displays a list of patients with columns for 'First Name', 'Last Name', 'DOB', 'Gender', 'Race', 'Ethnicity', 'Address', 'City', 'State', 'Zip', 'Phone', 'Email', and 'Status'. A red banner at the bottom of the list area reads 'All Patients have been marked for reverification. All Patients have been marked for reverification.' A 'Submit' button is visible at the bottom right of the list area.

- 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.

The screenshot shows the patient detail page for 'David Fane'. The page is divided into several sections: 'Patient Information' (Name, Date of Birth, Gender, Race, Ethnicity, Address, City, State, Zip, Phone, Email), 'Request Reverification' (Yes/No buttons), 'Next Appointment Date', 'Payer Information' (Payer Name, Payer ID, Payer Type, Payer Address, City, State, Zip, Phone, Email), and 'Reverification Status' (Submitted, Pending, Failed). A 'SUBMIT' button is highlighted by a purple box at the bottom left of the page.

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.

The screenshot shows a web application titled "Benefits Verification: Patients List". At the top, there are filters for "Office Location", "Status", "Current Date Range", "Last Visit Date To", and a checkbox for "Show All Patients". A red banner indicates "BMSI Enrollment Data Sheet Out Date Range: 05/15/2020 thru 05/15/2020". Below this, there are tabs for "Pending" and "Completed". The main table lists patient information. The first row is for "Patient: David Fiske" with "Date of Birth: 01/19/81". Under "Benefits Verification", there are radio buttons for "Yes - I am a BMSI member (selected)" and "No - I am not a BMSI member". To the right, "Next Appointment Date" is listed as "11/15/2020". A purple box highlights the "Next Appointment Date" field, and a purple arrow from step 1 points to it. Below the table, there are sections for "Prescriptions" (listing "Morphine 30mg Tablet") and "Payments" (listing "Subscription Payment Plan: \$10.00/month").

- 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.

