



Your Guide to Completing  
**Electronic Benefits  
Reverification (eBRV) 2024**  
For Your Patients Enrolled in BMS Access Support

➤ Visit the provider portal [www.MyBMSCases.com](http://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

# How to Participate in Reverification (RV) 2024

Bristol Myers Squibb (BMS) Access Support® is providing eBRV for your patients enrolled in BMS Access Support and receiving BMS medications. Reverifying benefits for your currently enrolled patients is simple through the BMS provider portal.

## Reverification Steps:

- ① If you have not already completed your BMS Access Support provider portal registration, please register at [www.MyBMSCases.com](http://www.MyBMSCases.com)
- ② Confirm your username and password are up to date and all appropriate staff members are registered. In addition, verify all physicians and 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 2024
- 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

## Important Dates to Remember



### FIRST DAY

of access to the patient list(s) for eBRV in the provider portal for electronic patient submissions



### FINAL DAY

for patient submissions. Patients submitted after the final day will be completed as time allows



### FIRST DAY

your office will begin to receive benefit reviews



Please contact BMS Access Support at **1-800-861-0048** or your Access & Reimbursement Manager with any questions.

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

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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.



# 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



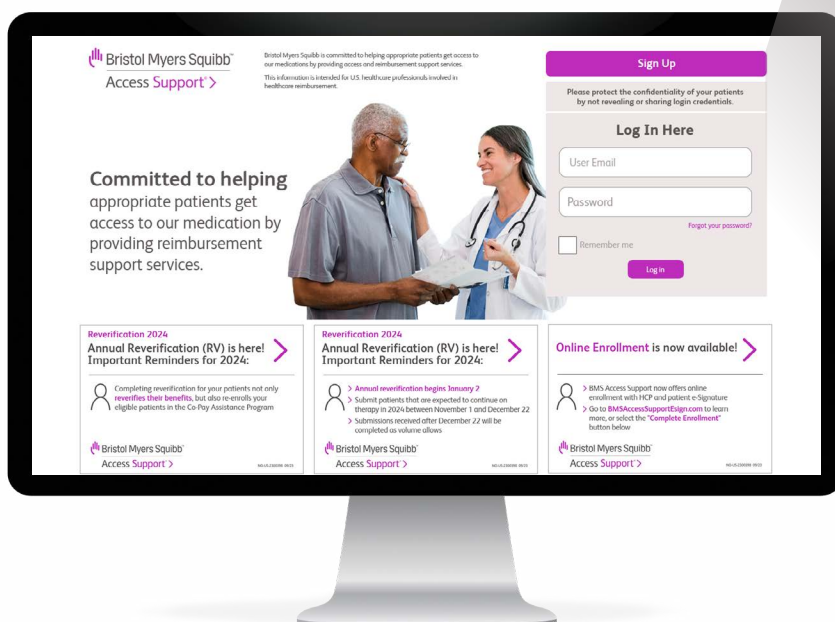
Visit [www.MyBMSCases.com](http://www.MyBMSCases.com)



Enter your email address and password to log in



Open the dashboard



Sign Up

Please protect the confidentiality of your patients by not revealing or sharing login credentials.

Log In Here

Forgot your password?

Remember me

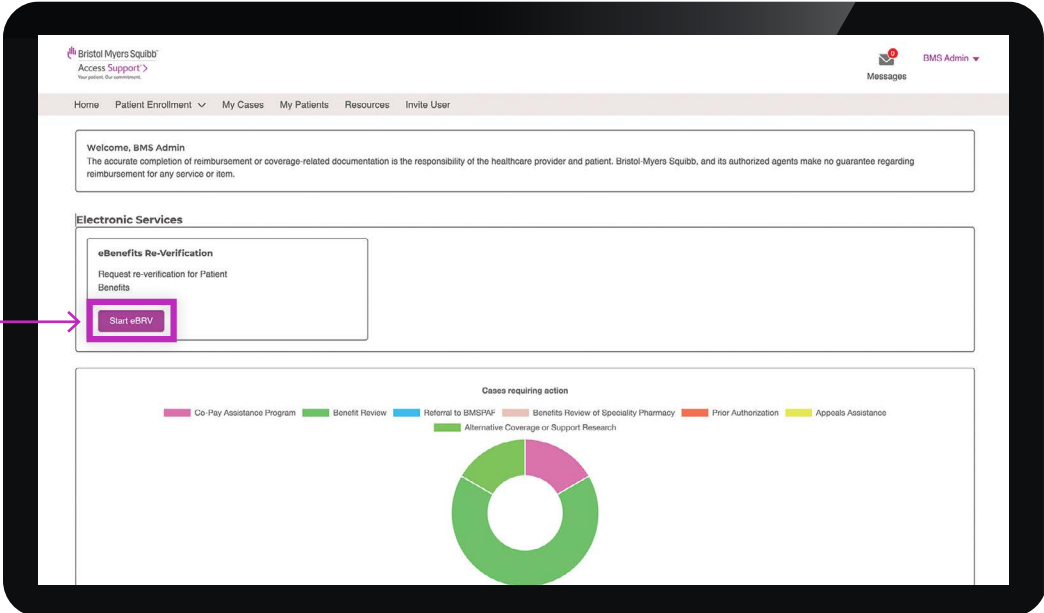
## Password Assistance

Your password is valid for 90 days. You will be reminded to reset your password via your registered email address at 14 days and then again at 7 days before it expires. 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


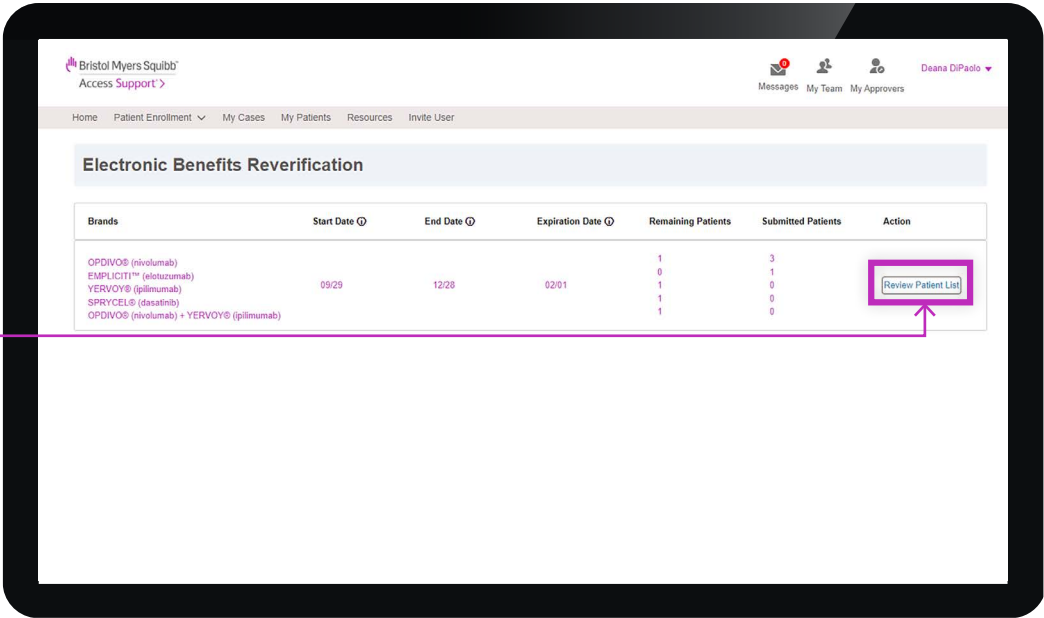
Your dashboard provides you with a menu of quick actions you can take to access reverification.

- ✓ 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**.



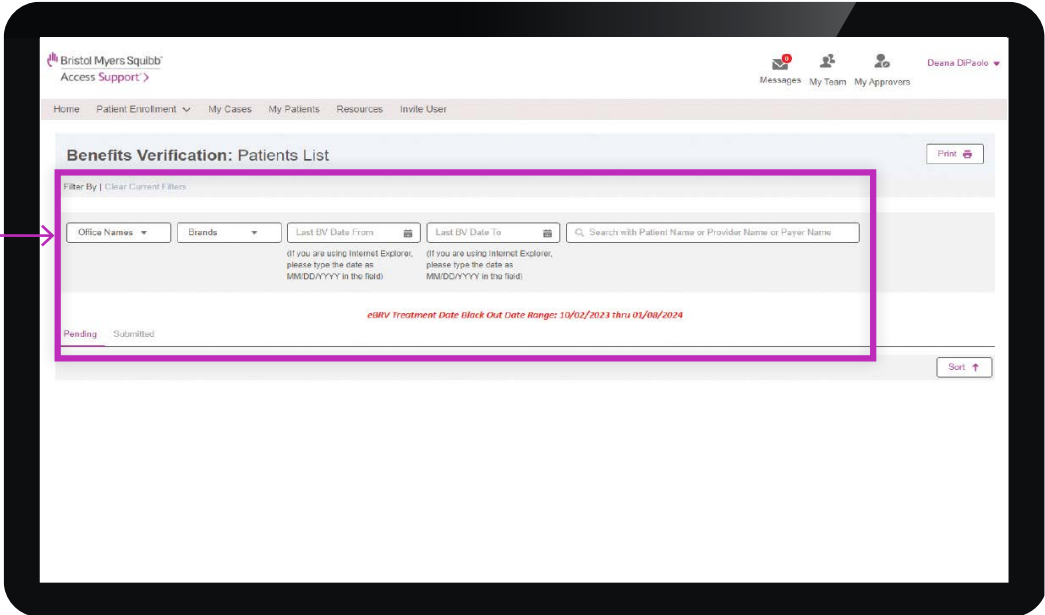
If you need assistance or would like a live or virtual demonstration of the provider portal, please reach out to your Access & Reimbursement Manager.



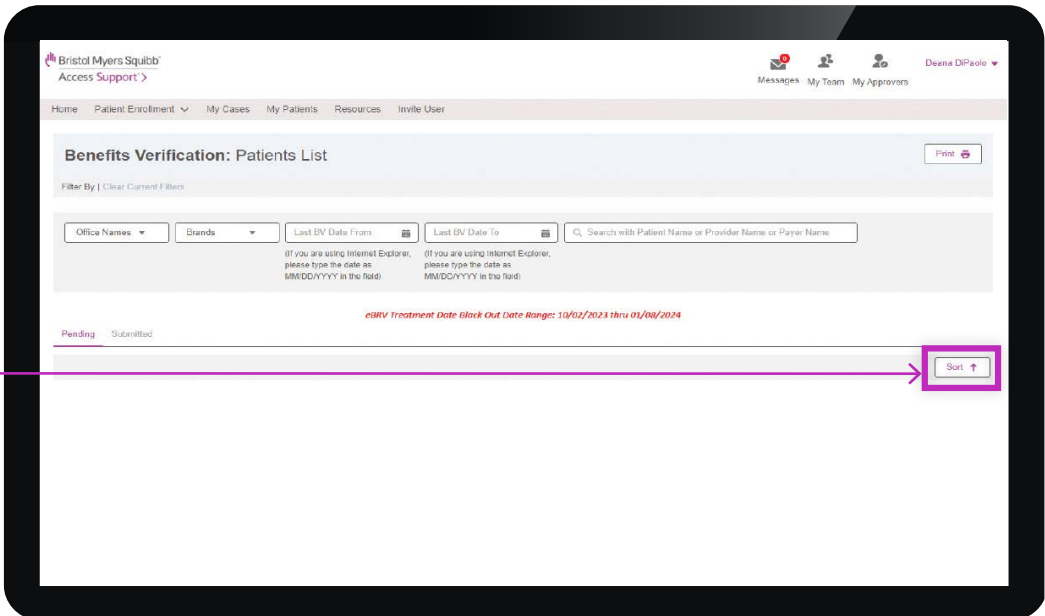
# Managing Your Patient List

## Viewing Preferences

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



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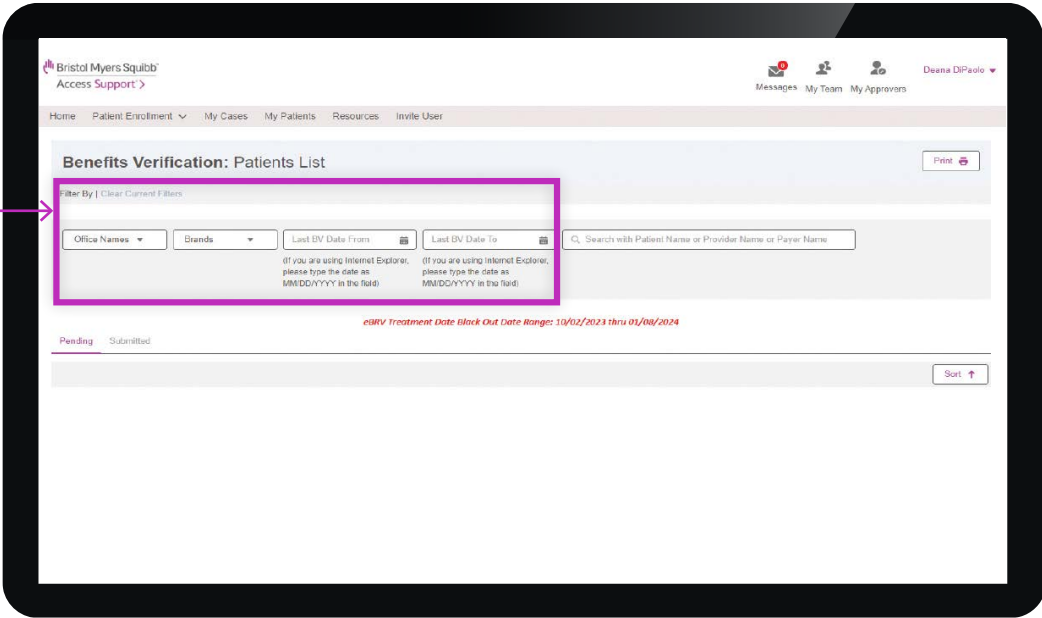


## Finding a Specific Patient

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

### ✓ USING THE FILTER OPTION

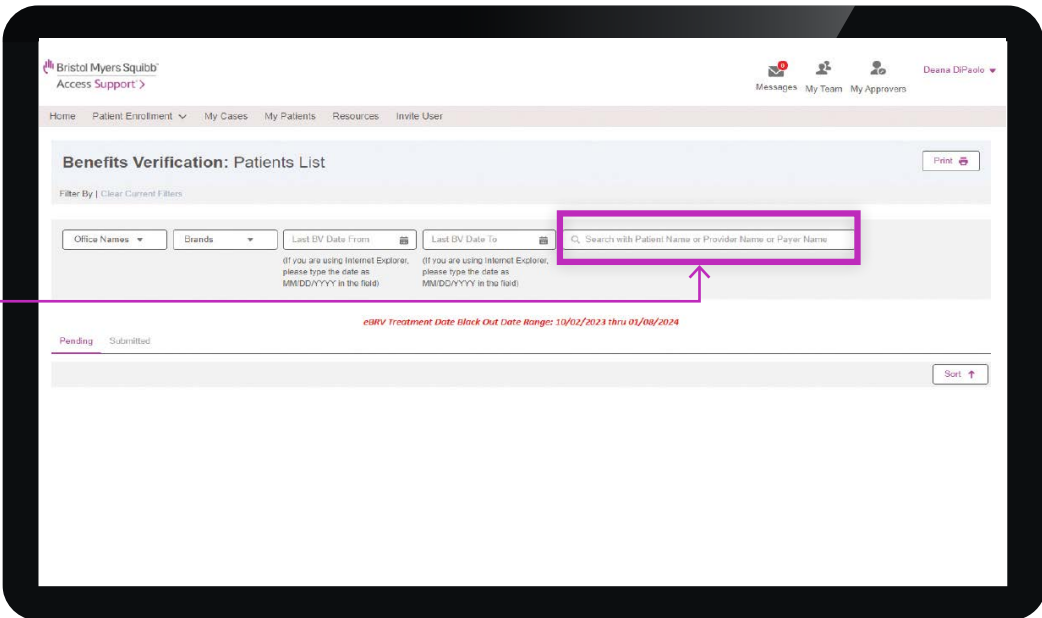
This option allows you to filter results by office name, brand name, and last BV date (From and To).



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

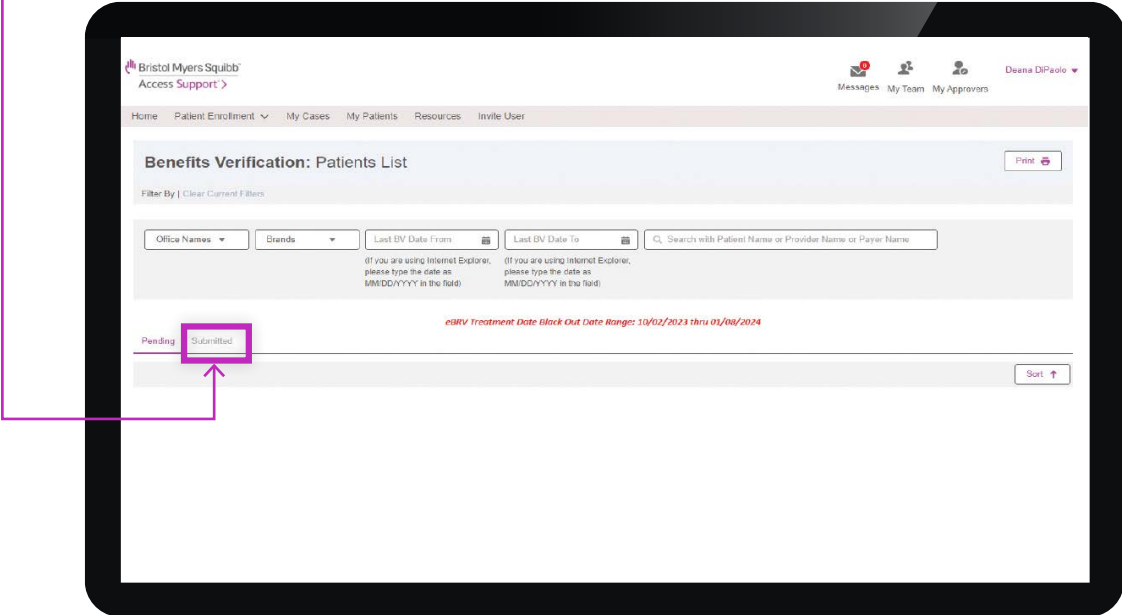
### ✓ USING THE SEARCH BAR

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



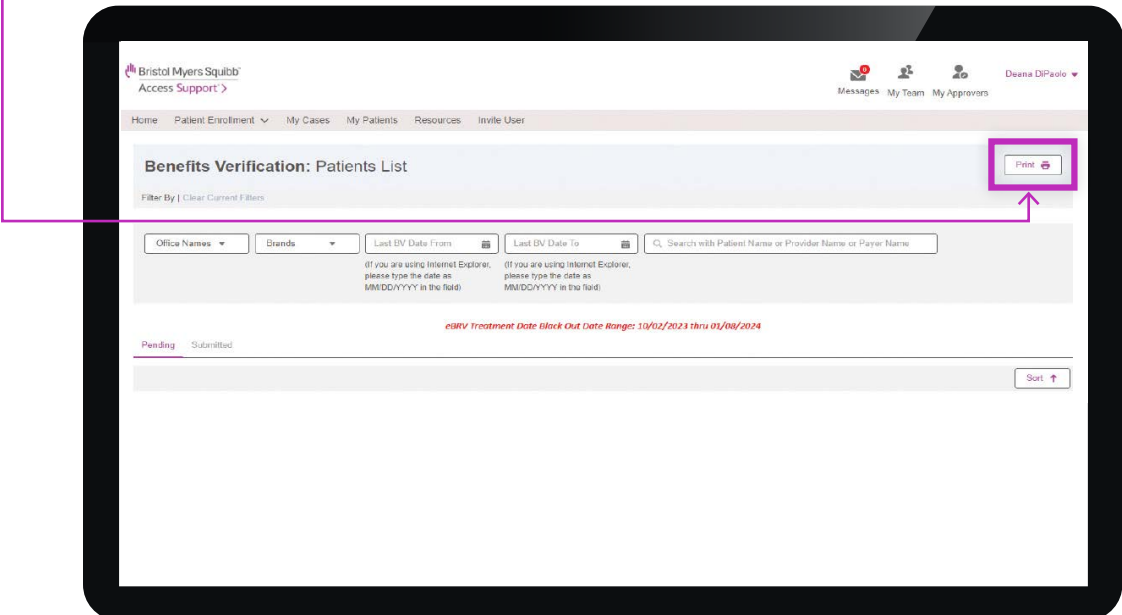
## Keeping Track of Your Patient List

- ✓ 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.



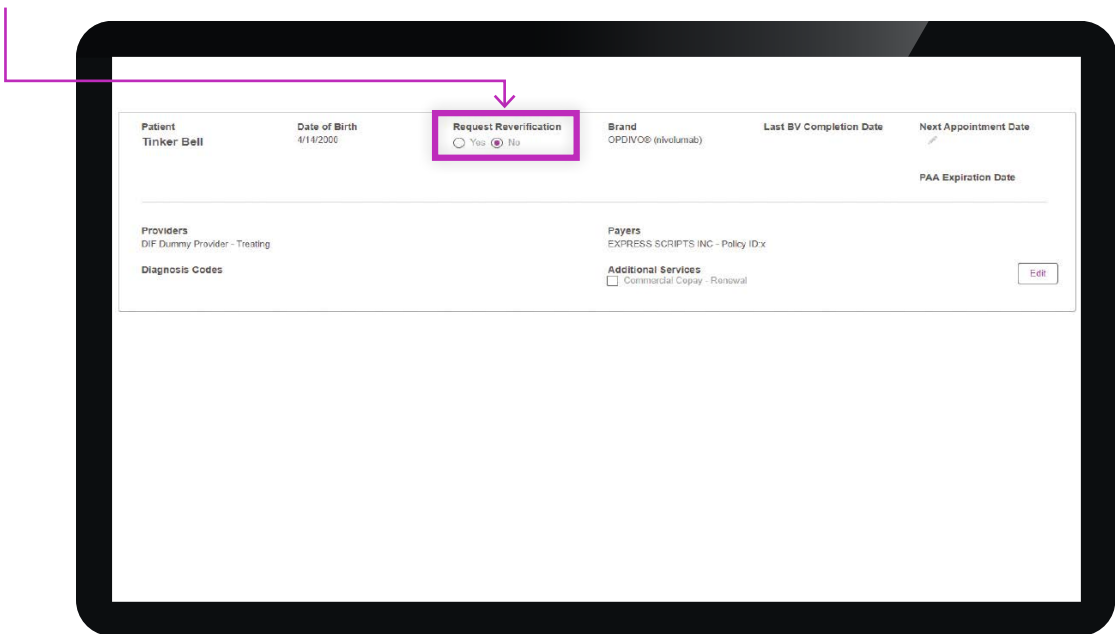
# Patient Scenarios

When your list is ready on November 1, 2023, you can begin the reverification process. The patient scenarios outlined next provide guidance on what actions to take depending on the patient situation.

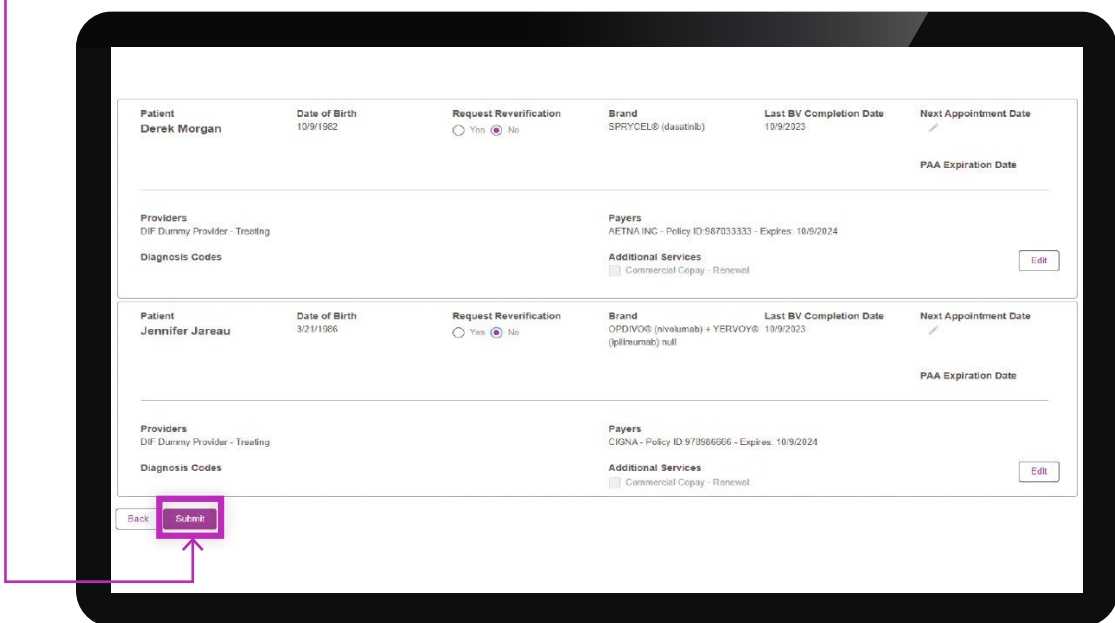
## SCENARIO 1

### Your patient does not require reverification

- 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.



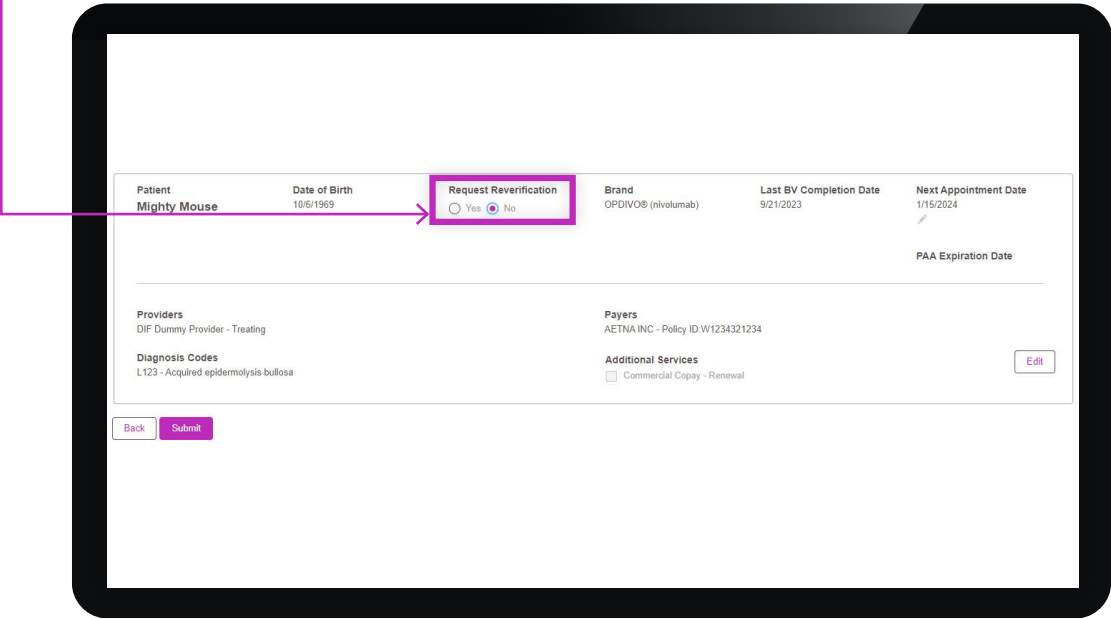
**NOTE:** Archived patients will show up on this list, and you will need to select **NO** to filter them out.

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

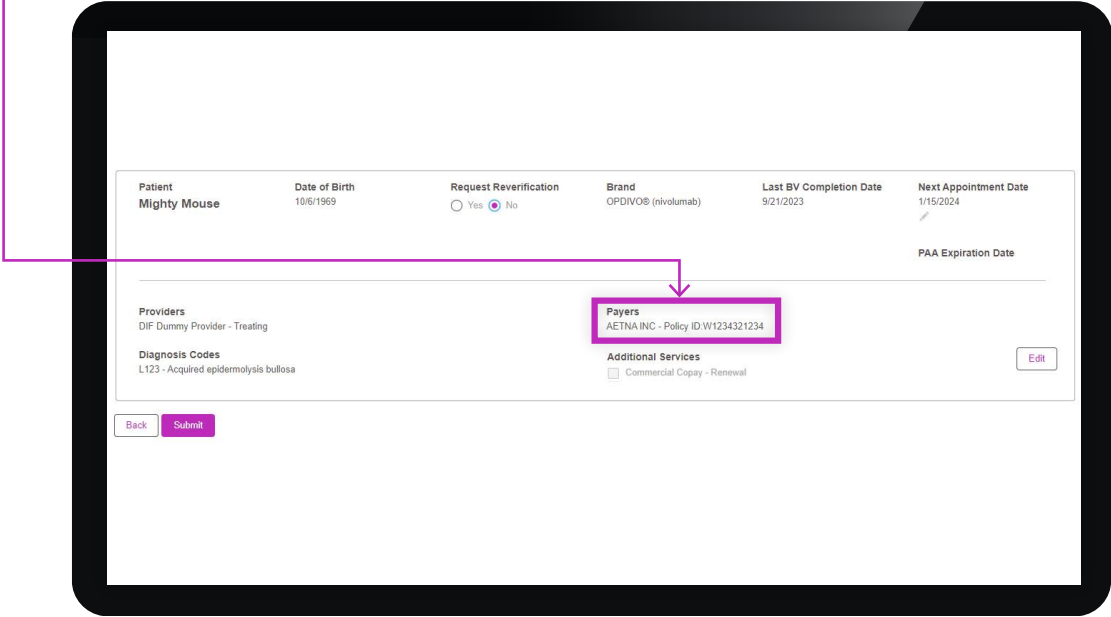
**SCENARIO 2**

# Your patient does not need to be reverified, but has to renew Co-Pay assistance

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



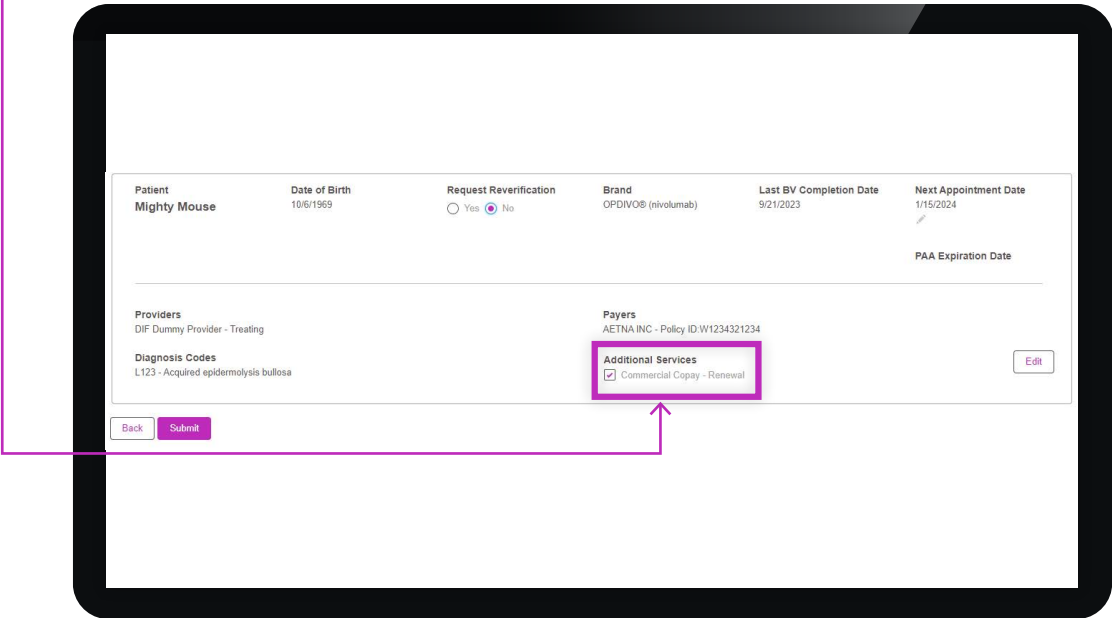
2 Review payer information in the individual patient tile, including policy number.



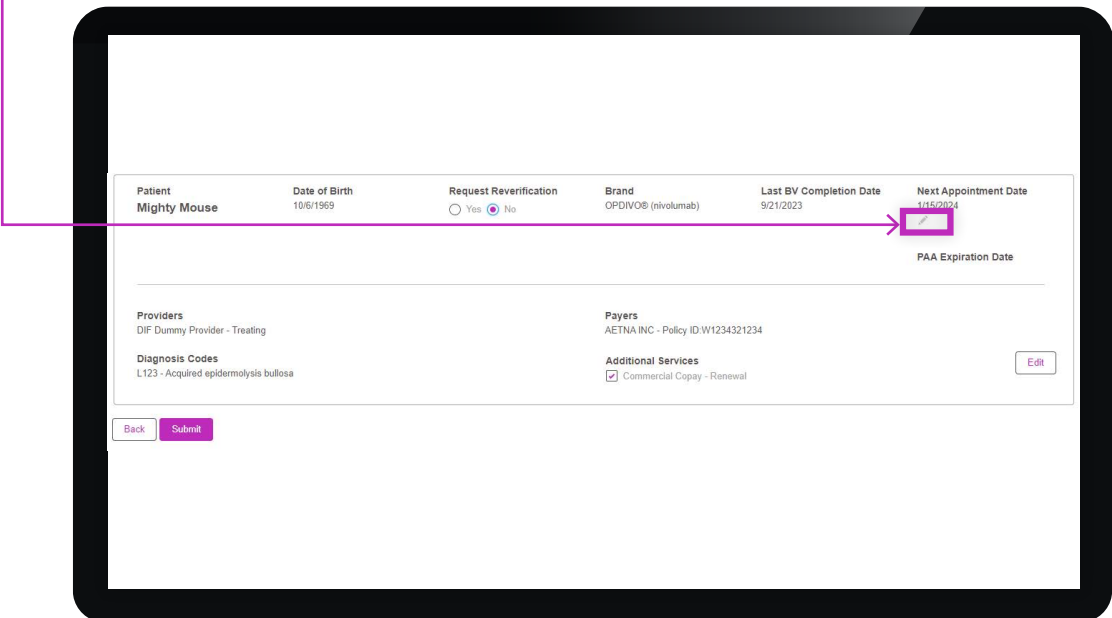
SCENARIO 2 (cont.)

### Your patient does not need to be reverified, but has to renew Co-Pay assistance

3 Under **ADDITIONAL SERVICES**, select **COMMERCIAL COPAY - RENEWAL**



4 Click the pencil icon under **NEXT APPOINTMENT DATE** to enter the patient's next appointment date.

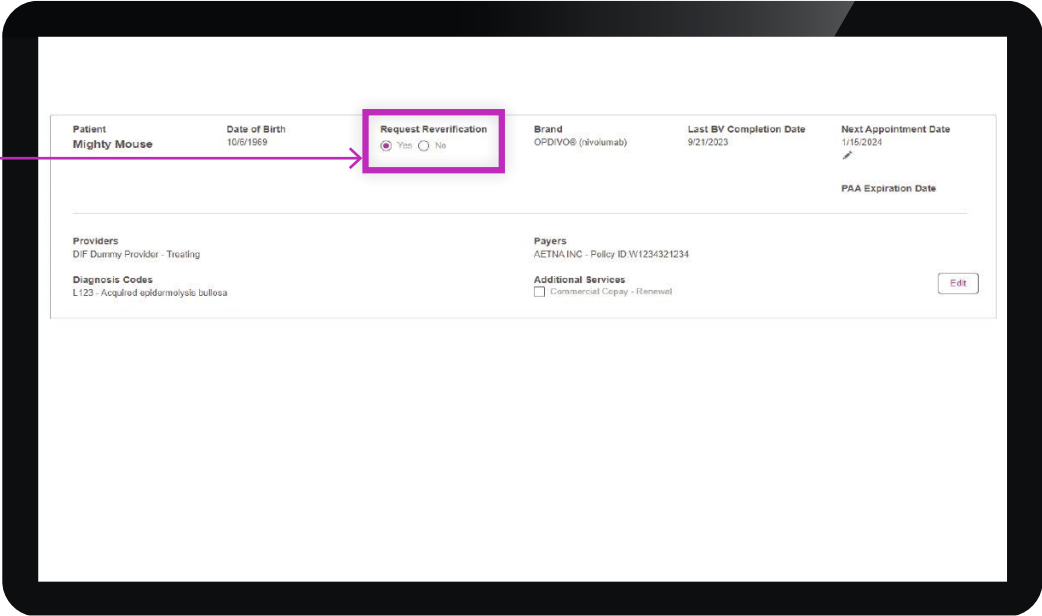


**NOTE:** All fields marked with an asterisk (\*) are required and must be completed.

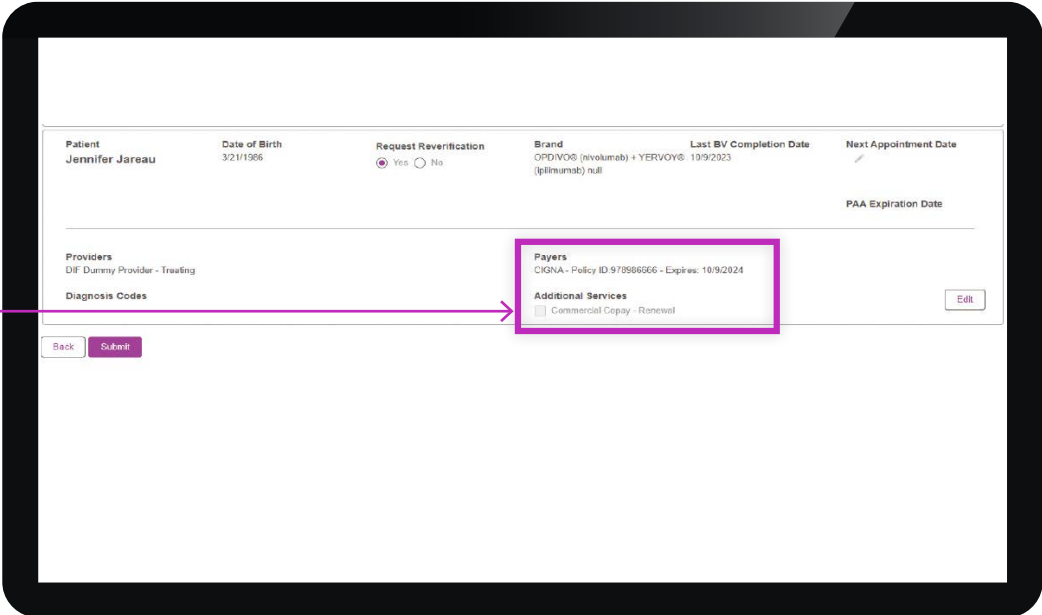
**SCENARIO 3**

## Your patient requires reverification, but has NO changes to their primary or secondary insurance

1 In the individual patient tile, click **YES** in the **REQUEST REVERIFICATION** section. *Selecting RV (YES) means that Co-Pay will be renewed for eligible, commercially insured patients.*



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

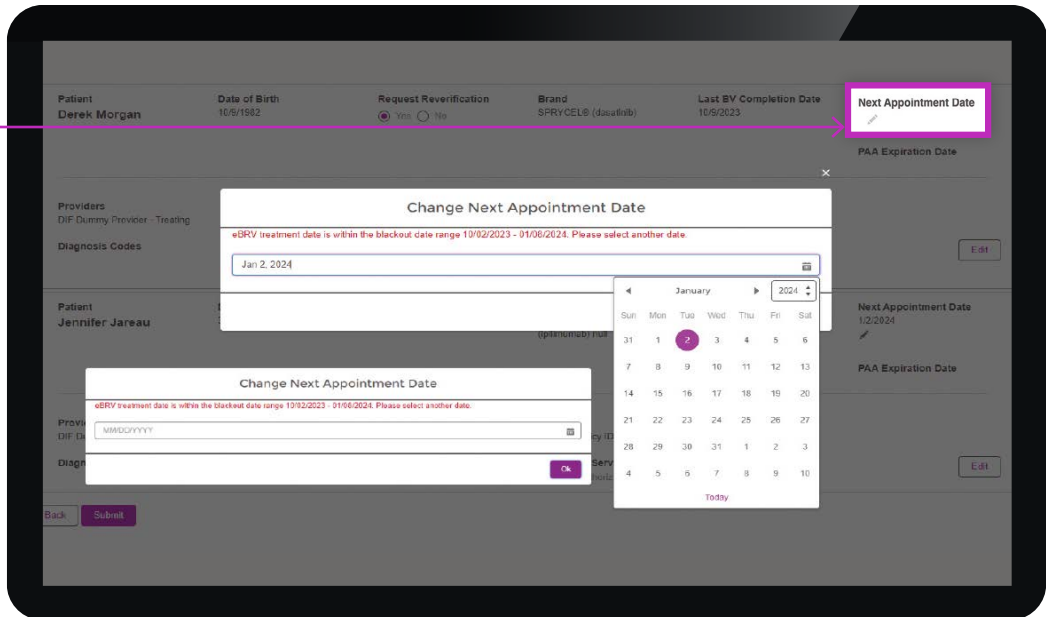


**NOTE:** You may disregard the **ADDITIONAL SERVICES** section as that is already part of your benefits review.

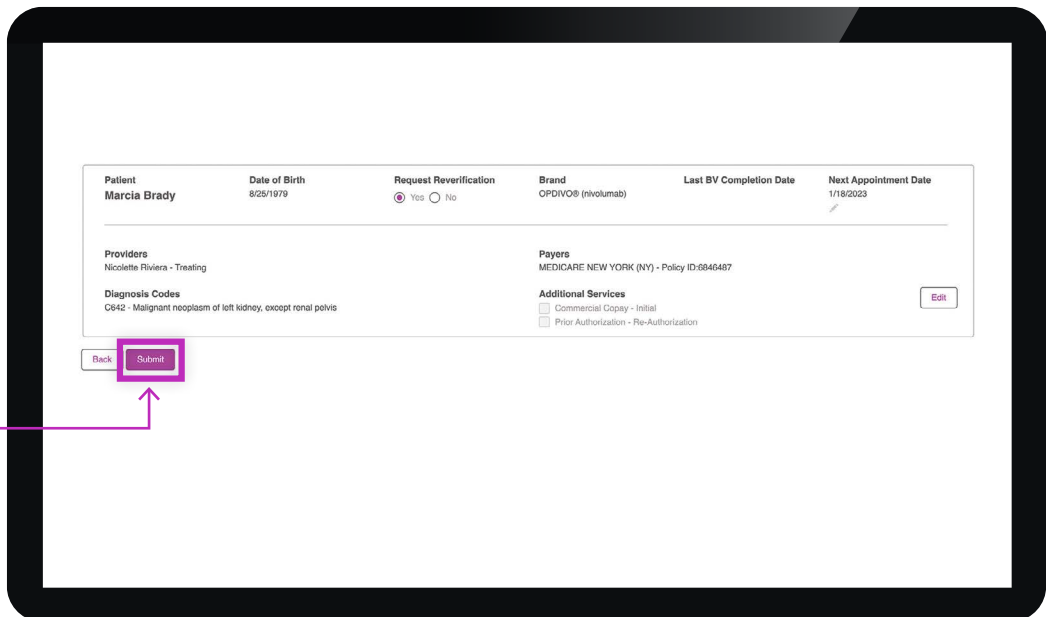
**SCENARIO 3 (cont.)**

**Your patient requires reverification, but has NO changes to their primary or secondary insurance**

- 3 Click the pencil icon in the **NEXT APPOINTMENT DATE** section. Choose a date that coincides with the patient’s last infusion date. If a selected date is within the blackout time frame, October 2, 2023 - January 8, 2024, a notice will appear.



- 4 Click the **SUBMIT** button.



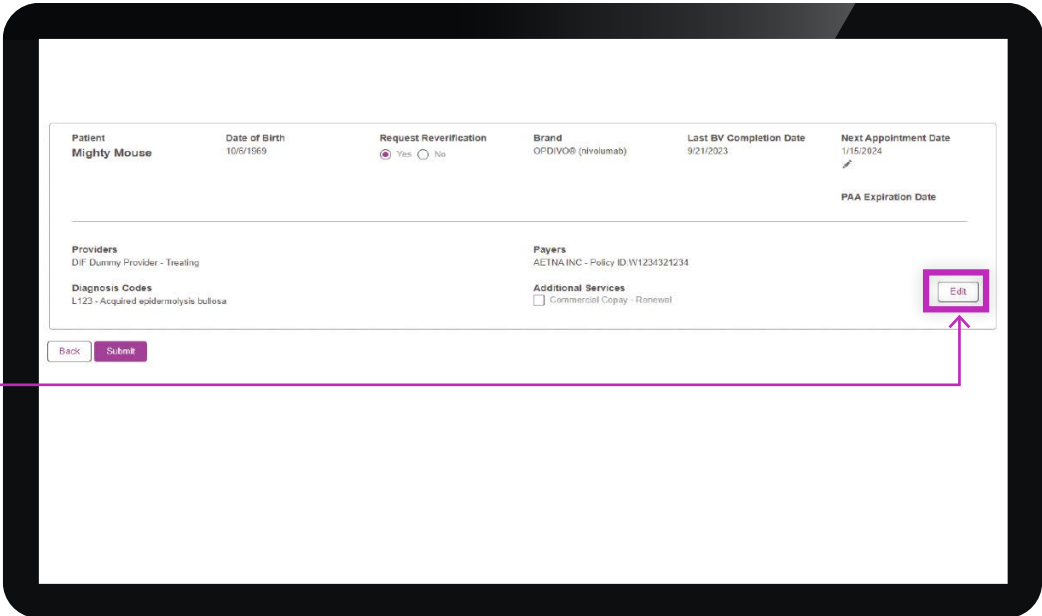
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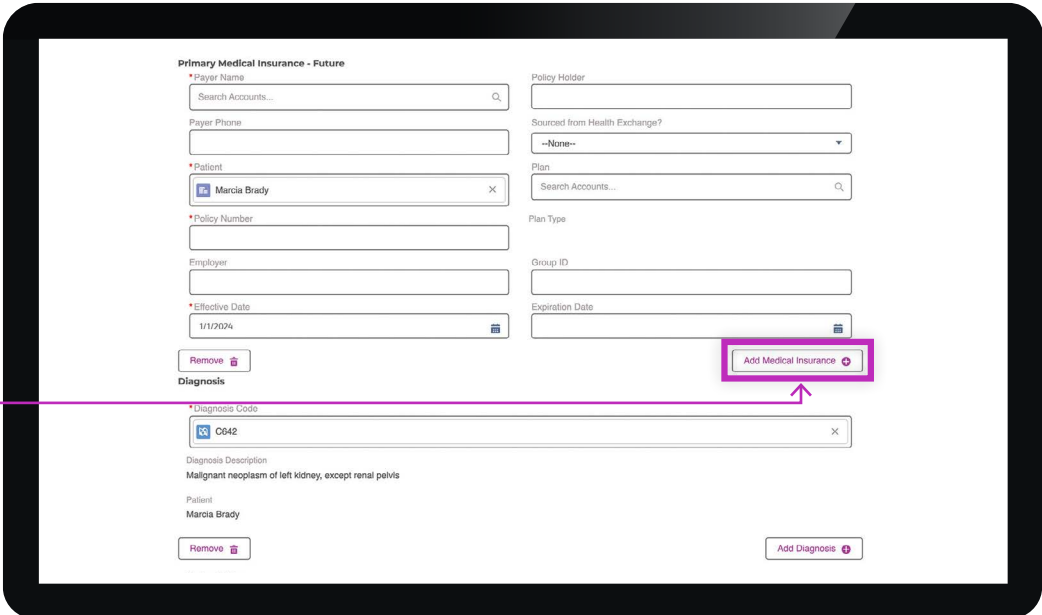
**SCENARIO 4**

## Your patient needs to be reverified and has had changes or updates to their PRIMARY insurance

1 Click the **EDIT** button to make updates to the individual patient's tile.



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

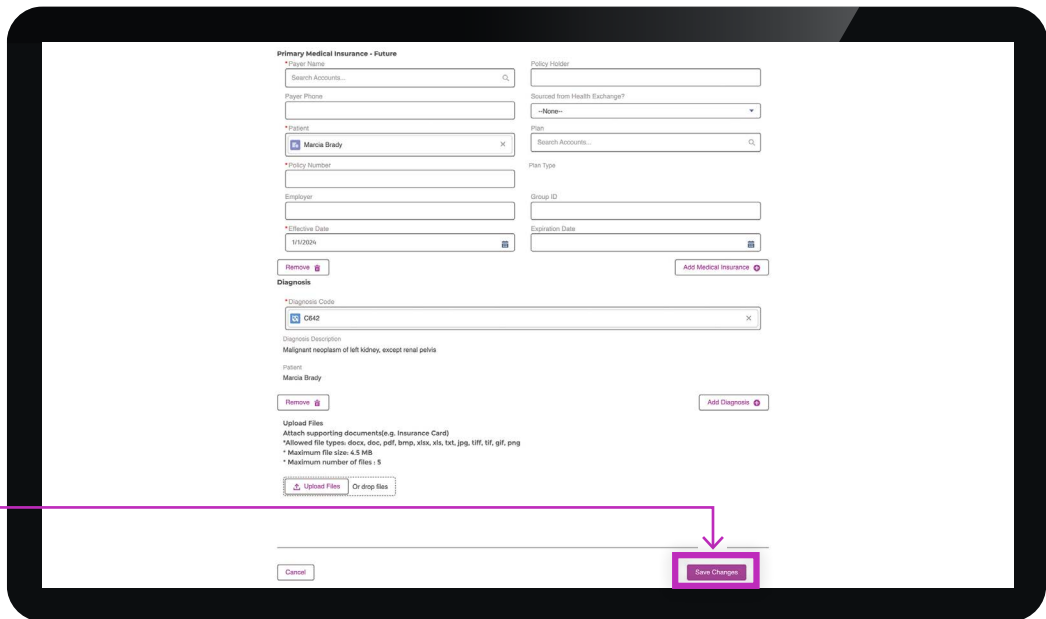


**NOTE:** All fields marked with an asterisk (\*) are required and must be completed.

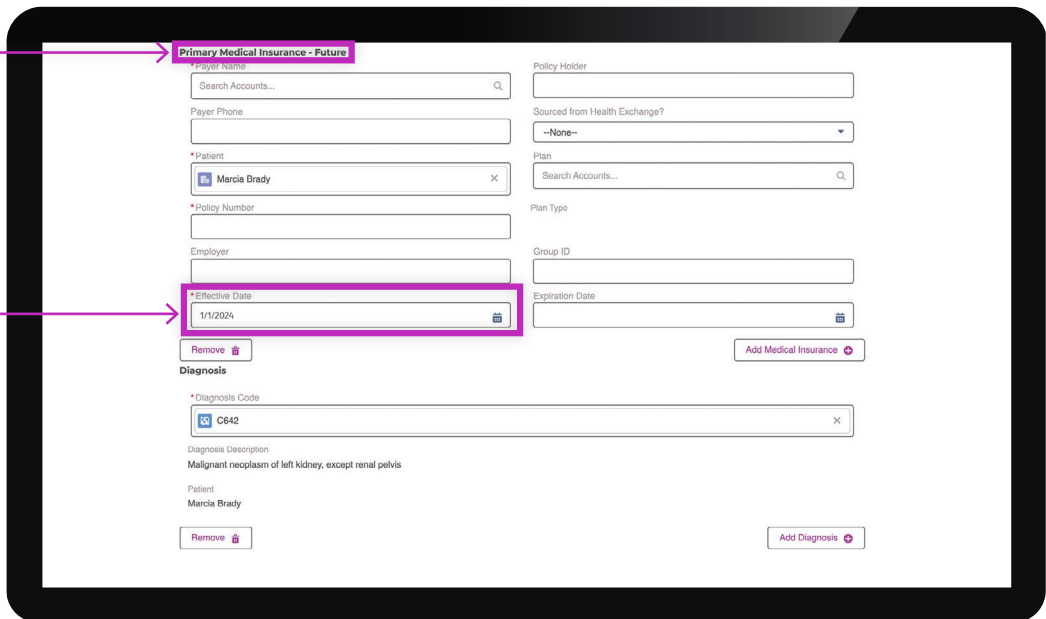
**SCENARIO 4 (cont.)**

**Your patient needs to be reverified and has had changes or updates to their PRIMARY insurance**

- 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.

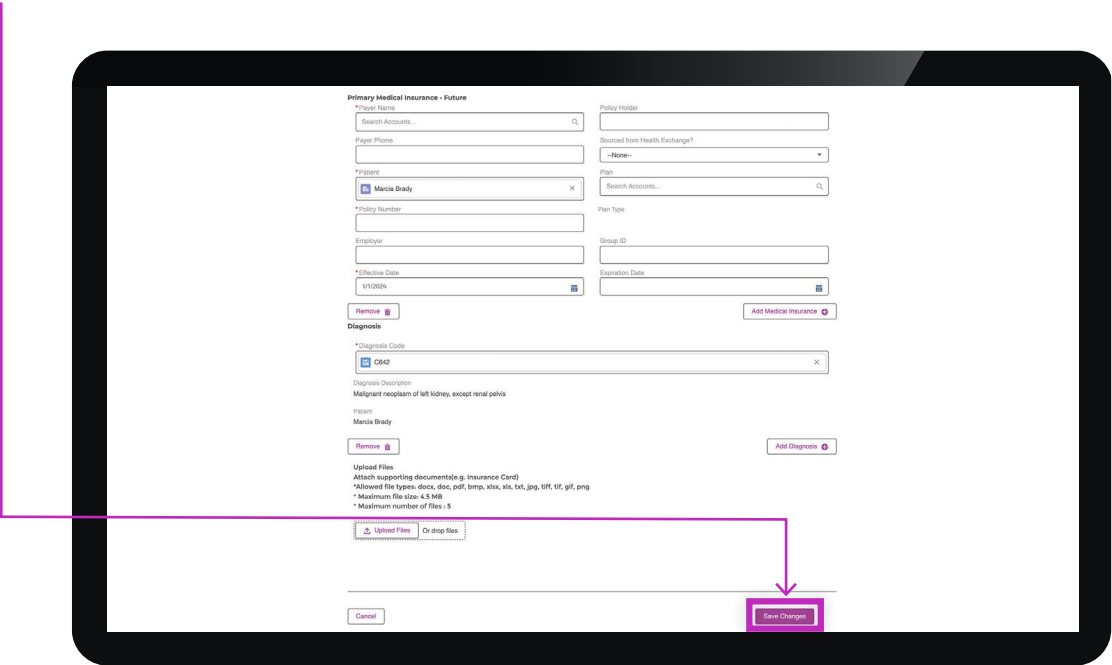


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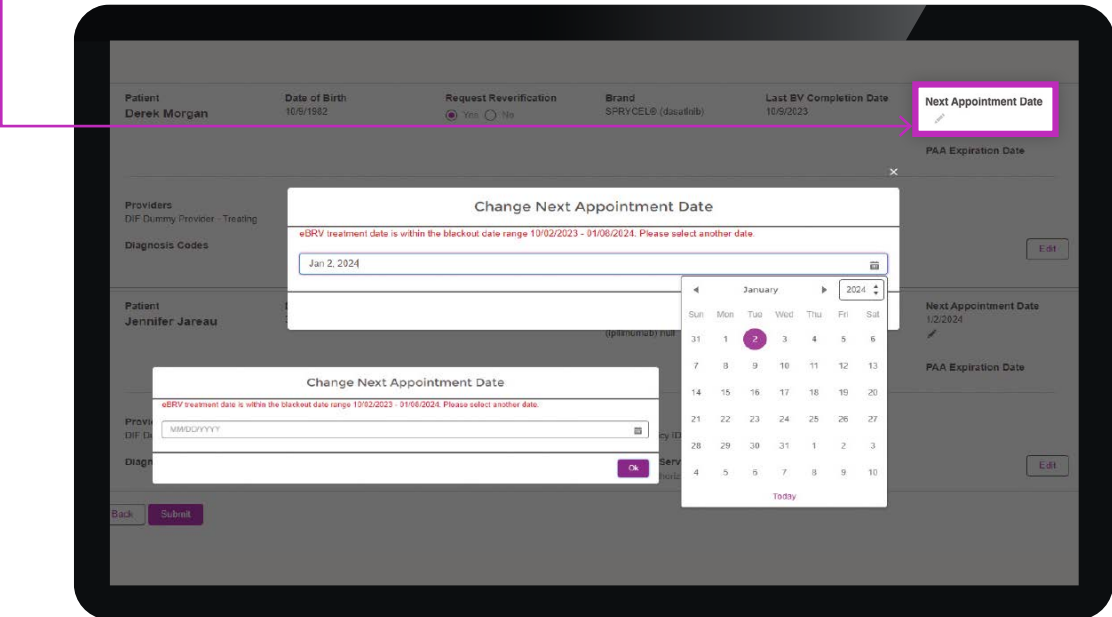
SCENARIO 4 (cont.)

### Your patient needs to be reverified and has had changes or updates to their PRIMARY insurance

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



6 Click the pencil icon in the **NEXT APPOINTMENT DATE** section. Choose a date that coincides with the patient's last infusion date. If a selected date is within the blackout time frame, October 2, 2023 - January 8, 2024, a notice will appear.

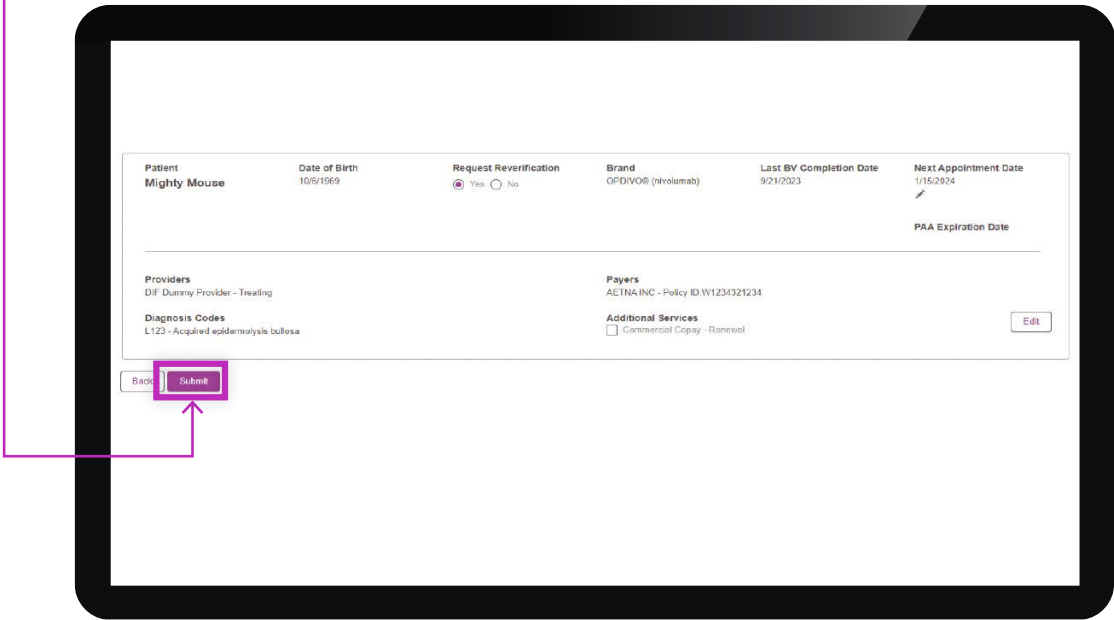


**NOTE:** You may disregard the **ADDITIONAL SERVICES** section as that is already part of your benefits review.

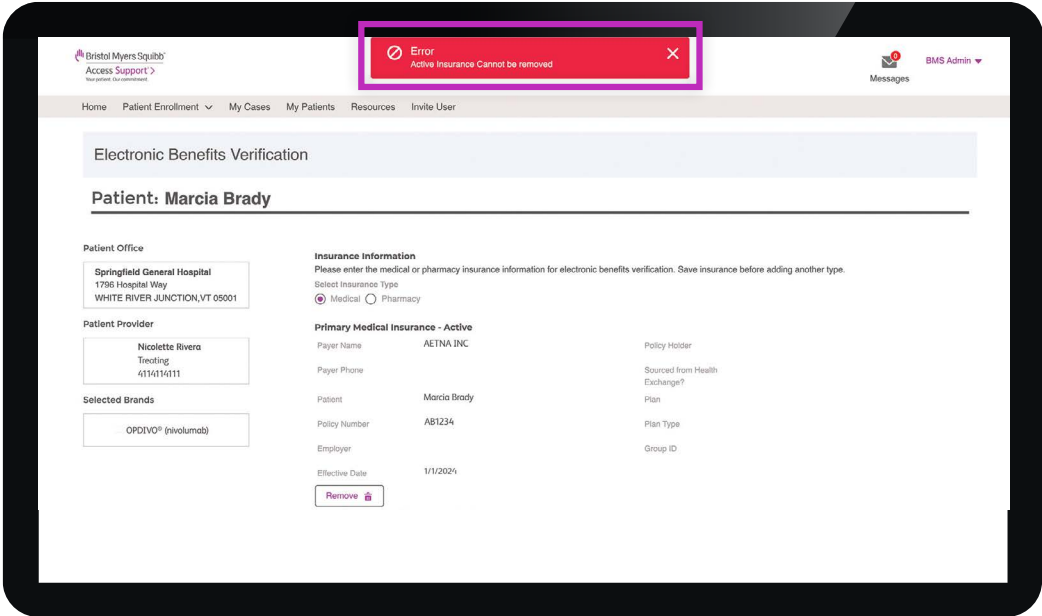
**SCENARIO 4 (cont.)**

# Your patient needs to be reverified and has had changes or updates to their PRIMARY insurance

7 Click the **SUBMIT** button.



Please note that this portal system is unable to remove active insurance. If a patient’s active insurance information is attempted to be removed, the error message shown in the image below will appear.

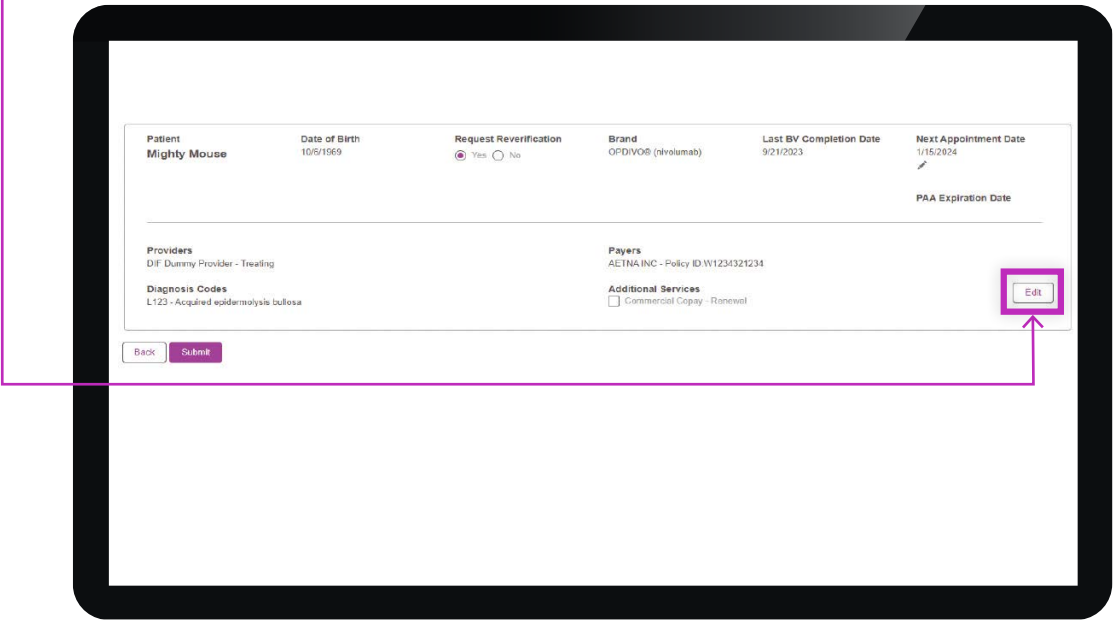


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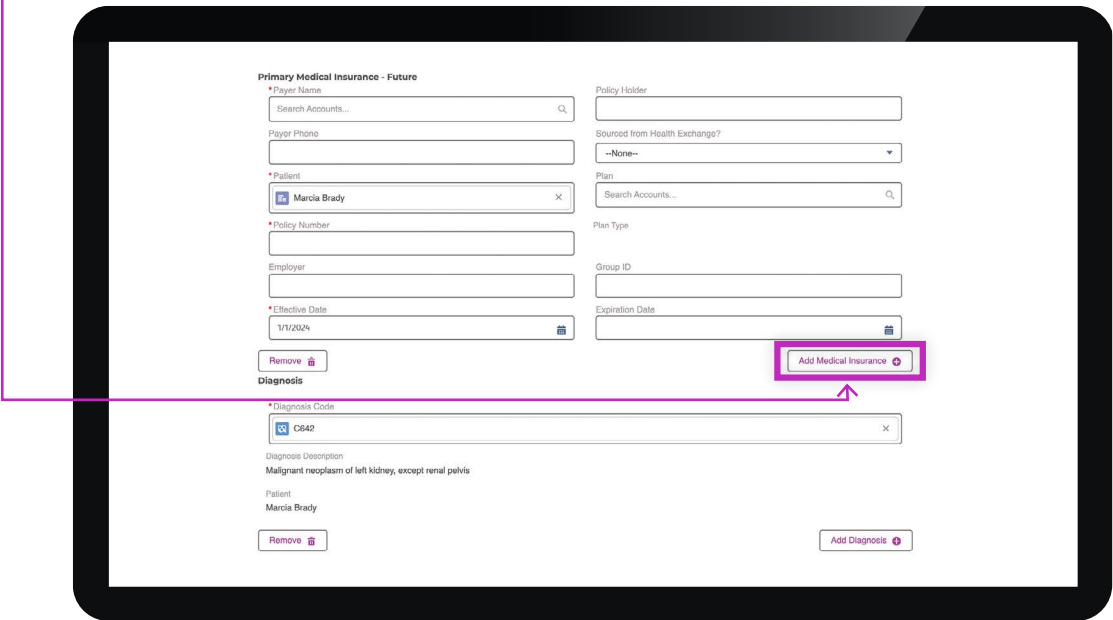
**SCENARIO 5**

# Your patient needs to be reverified and has had changes or updates to their **SECONDARY** insurance

1 Click the **EDIT** button to make updates to the individual patient’s tile.



2 Click the **ADD MEDICAL INSURANCE** button below the insurance information section.

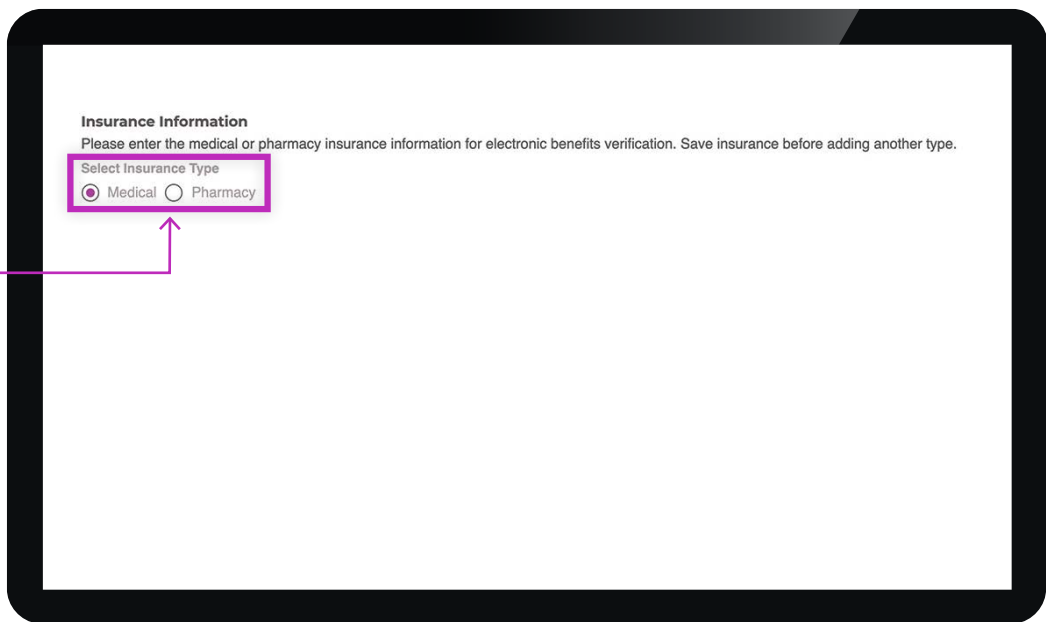


**NOTE:** User needs to first add Primary Future Insurance information before changes can be made to Secondary Future Insurance information.

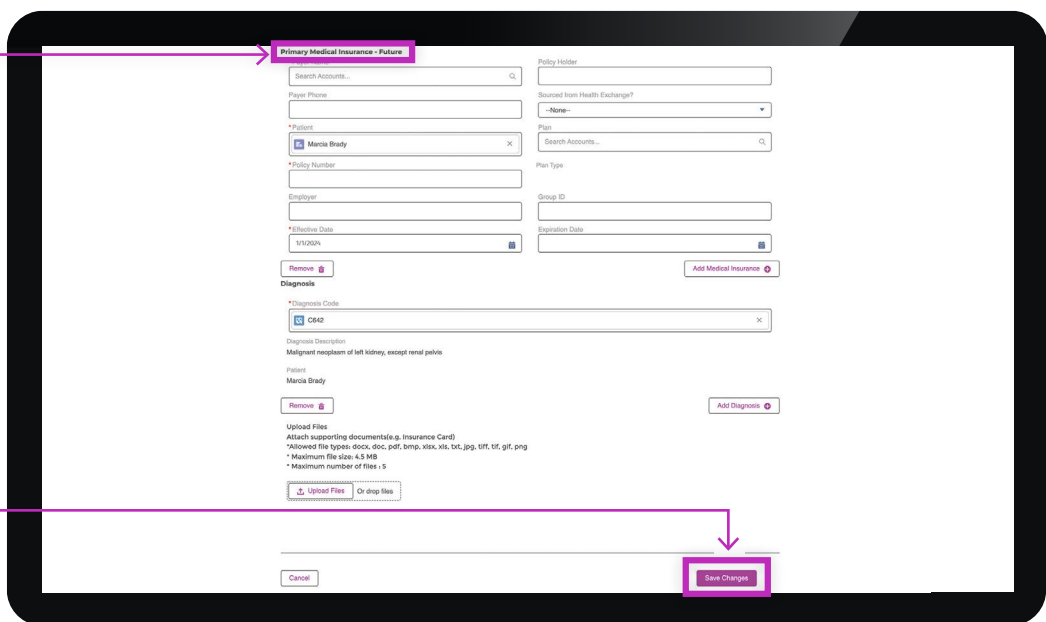
SCENARIO 5 (cont.)

## Your patient needs to be reverified and has had changes or updates to their **SECONDARY** insurance

- 3 Re-enter insurance information by selecting **MEDICAL** or **PHARMACY** and then click **ADD MEDICAL INSURANCE** button.



- 4 Primary insurance will be listed as **FUTURE**, and the effective date will appear in the bottom field. Click the **SAVE CHANGES** button at the bottom right of your screen.



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SCENARIO 5 (cont.)

## Your patient needs to be reverified and has had changes or updates to their **SECONDARY** insurance

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

The screenshot shows a form titled "Secondary Medical Insurance - Future". It contains several input fields: "Payer Name" (with a search bar), "Payer Phone", "Patient" (with a dropdown showing "Marcia Brady"), "Policy Number", "Employer", "Effective Date" (with a calendar icon), "Policy Holder", "Sourced from Health Exchange?" (dropdown), "Plan" (with a search bar), "Plan Type", "Group ID", and "Expiration Date" (with a calendar icon). At the bottom, there is a "Diagnosis" section with a "Diagnosis Code" field (showing "C642") and a "Diagnosis Description" field (showing "Malignant neoplasm of left kidney, except renal pelvis"). The "Add Medical Insurance" button is highlighted with a red box, and a red arrow points to it from the text above. There are also "Remove" buttons for the patient and diagnosis, and an "Add Diagnosis" button.

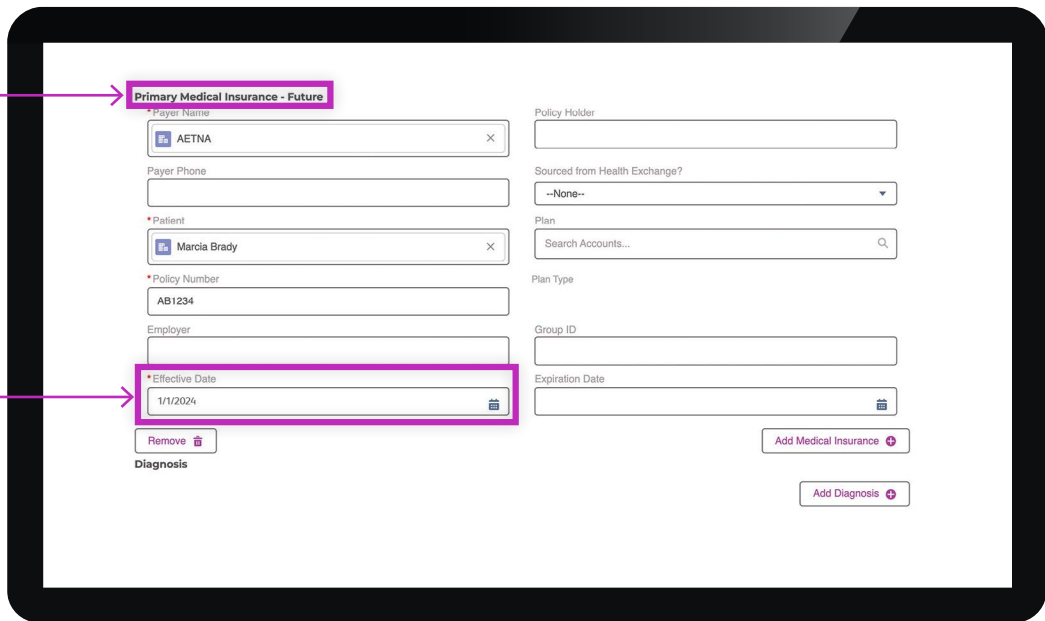
6 Enter secondary insurance information by selecting **MEDICAL** or **PHARMACY**.

The screenshot shows a form titled "Insurance Information". It contains a text prompt: "Please enter the medical or pharmacy insurance information for electronic benefits verification. Save insurance before adding another type." Below this is a "Select Insurance Type" section with two radio buttons: "Medical" (which is selected and highlighted with a red box) and "Pharmacy". A red arrow points to the "Medical" radio button from the text above.

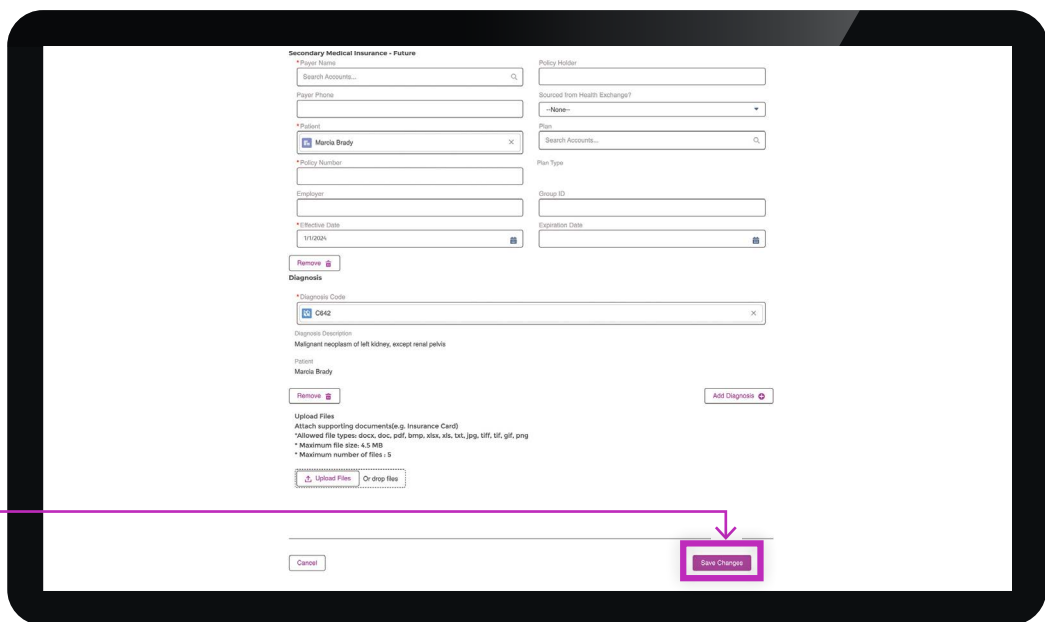
**SCENARIO 5 (cont.)**

**Your patient needs to be reverified and has had changes or updates to their SECONDARY insurance**

- 7 Both the primary and secondary insurance will be listed as **FUTURE**, and the effective date will appear in the bottom field.



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



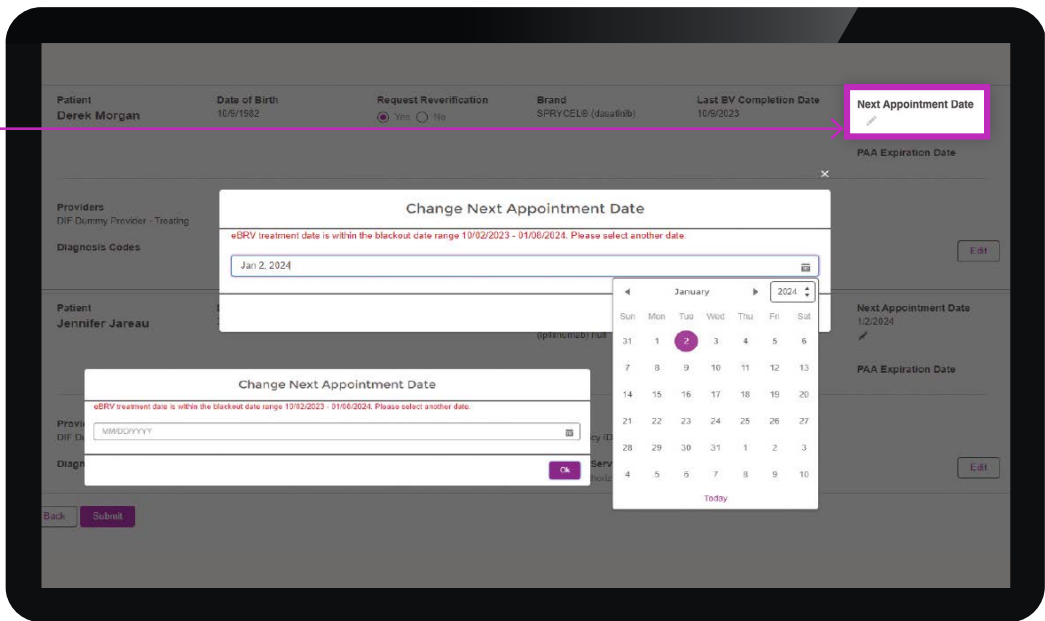
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**SCENARIO 5 (cont.)**

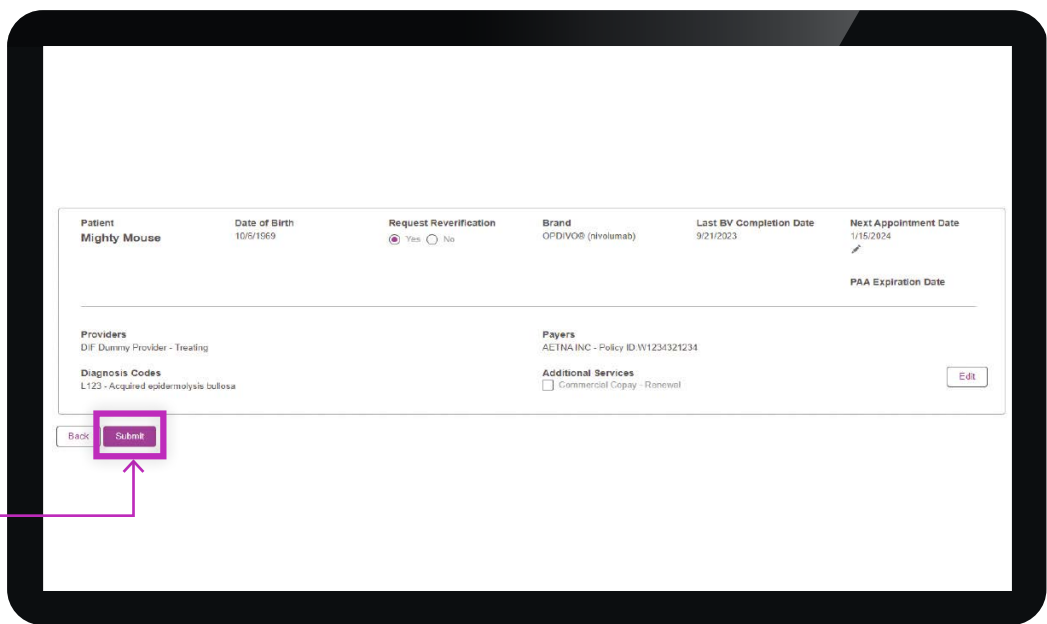
## Your patient needs to be reverified and has had changes or updates to their **SECONDARY** insurance

- 9 Click the pencil icon in the **NEXT APPOINTMENT DATE** section. Choose a date that coincides with the patient’s last infusion date. If a selected date is within the blackout time frame, October 2, 2023 - January 8, 2024, a notice will appear.



**NOTE:** You may disregard the **ADDITIONAL SERVICES** section as that is already part of your benefits review.

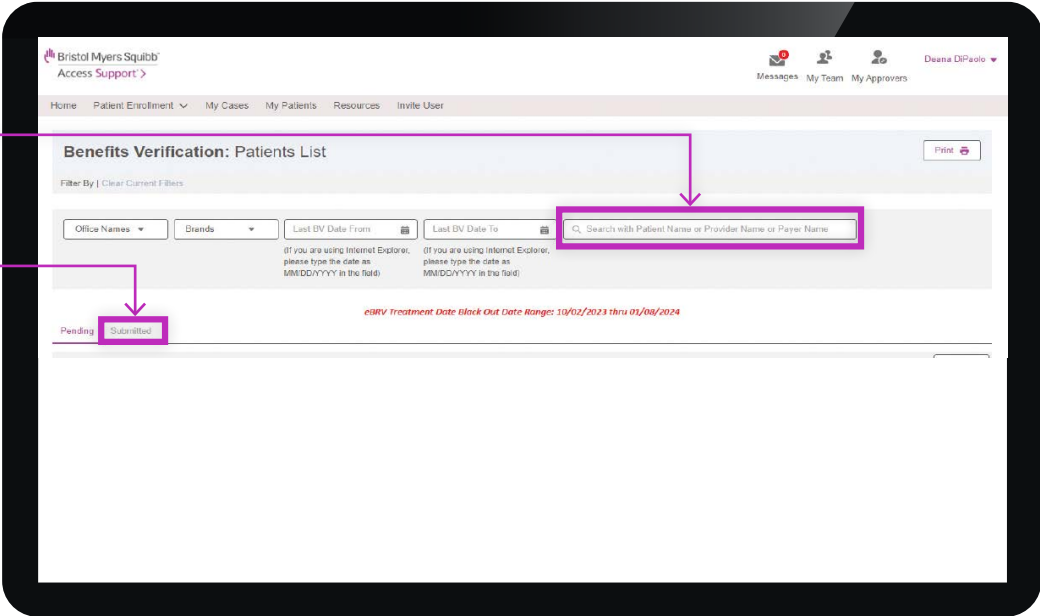
- 10 Click the **SUBMIT** button.



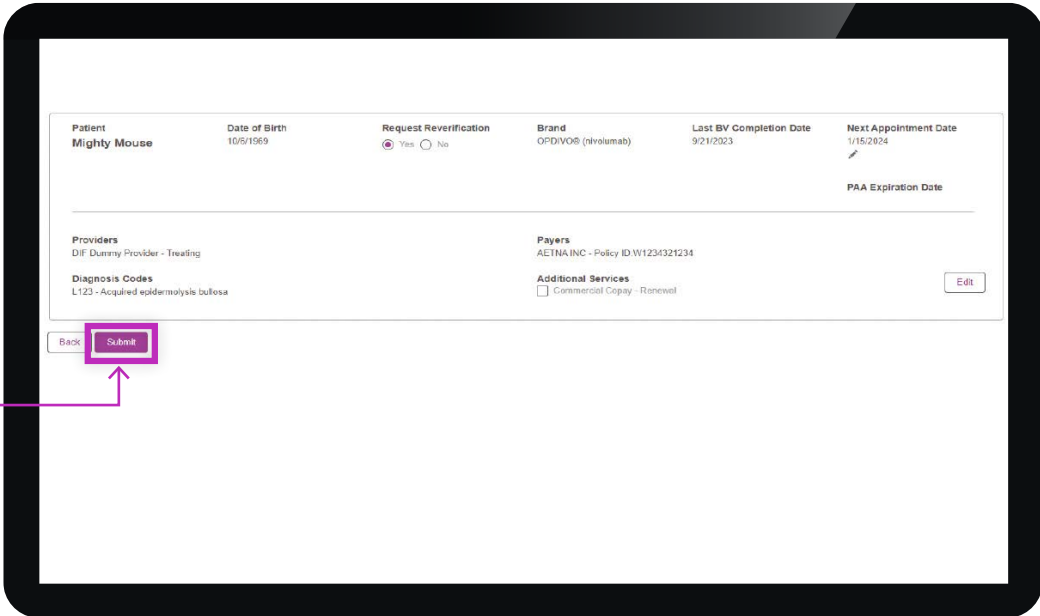
**SCENARIO 6**

## You have submitted the patient, but would like to make changes

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 make updates to 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.

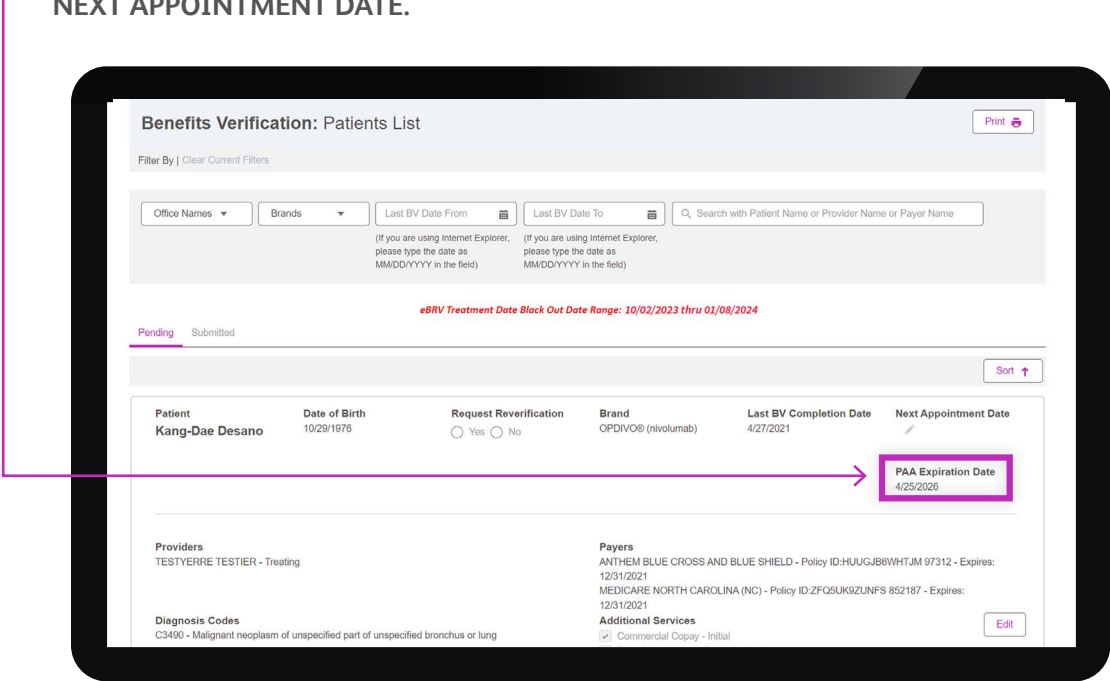


Information shown in the images on these pages is for example purposes only, not an actual patient's information.

**SCENARIO 7**

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

- 1 Go to patient tile and review PAA expiration date on left-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:
  - Via HCP Portal
  - Download PAA from Library under Resources and fax to
  - Have patient complete eSignature at <https://www.bmsaccesssupport.bmscustomerconnect.com/sign>
  - Fax completed paper form to
- 3 If PAA does not expire prior to treatment date, no additional action is needed.

# There Are 2 Ways to Renew a Patient's Co-Pay Assistance for Select BMS Medications

Completing RV for patients currently taking select BMS medications not only reverifies their benefits, but also re-enrolls eligible patients in the Co-Pay Assistance Program.\*



Starting **November 1, 2023**, you can access your eligible patient list in the [MyBMSCases.com](https://mybmscases.com) Provider Portal



By requesting RV for your patient, BMS Access Support® will complete a Benefits Review in the new year, and once confirmed eligible, the patient will be re-enrolled in the Co-Pay Assistance Program



If you do not wish to receive a Benefits Review, you can still renew a patient's **Commercial Co-Pay Renewal** under **additional services** in the portal

Once reverification has been initiated and a benefits review has been conducted, you will receive your patient's summary of healthcare benefits prior to the patient's scheduled infusion date.

## REMINDER

### \$0 Co-Pay for Select BMS Medications†

Eligible commercially insured patients may pay as little as \$0 per dose, per product. For more information, contact BMS Access Support at **1-800-861-0048** or your Access & Reimbursement Manager.

\*Please see full Terms and Conditions by [clicking here](#).

†Select BMS Medications = OPDIVO® (nivolumab), YERVOY® (ipilimumab), OPDUALAG™ (nivolumab and relatlimab-rmbw), EMPLICITI® (elotuzumab).

## 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](http://www.BMSAccessSupport.com)



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