



Access Support® >

Provider Portal User Guide

MyBMSCases

Dear Healthcare Office:

Thank you for your interest in using **MyBMSCases**. This web portal is designed to help you assist patients with enrolling in BMS Access Support® programs and keep track of enrolled patients on an ongoing basis.

Bristol Myers Squibb is committed to helping appropriate patients get access to our medications by providing access and reimbursement support services.

If you require additional assistance with the MyBMSCases Provider Portal, please call BMS Access Support at 1-800-861-0048.



Welcome

MyBMSCases is an online portal to help healthcare offices with enrolling patients in programs offered by BMS Access Support[®]. This guide explains how to register your office and help patients enroll. It also provides an overview of the basic features within the portal.

Once registered, you will be able to check the status of a request, view a patient's specific research results, and manage your patient, provider, and facility profiles. You can also manage cases for your currently-enrolled patients, including electronically submitting requests for benefits review, co-pay assistance, patient assistance, prior authorization assistance, and claims assistance.

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 for any service or item.



Questions?

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

Table of Contents

This user guide focuses on the basic operations relating to office and user registration and patient enrollment. For further details, log into the portal and visit the **RESOURCES** section.

User Registration

✓ To gain access to the secure, interactive portions of the MyBMSCases portal, you will need to first **REGISTER** and **BE VALIDATED**. Once validated, you will be able to request affiliation with the offices and providers you support.

✓ To start the registration process, please **VISIT [MyBMSCases.com](https://www.mymyscases.com)**. Click the **SIGN UP** button on the top right of the portal home page to register.

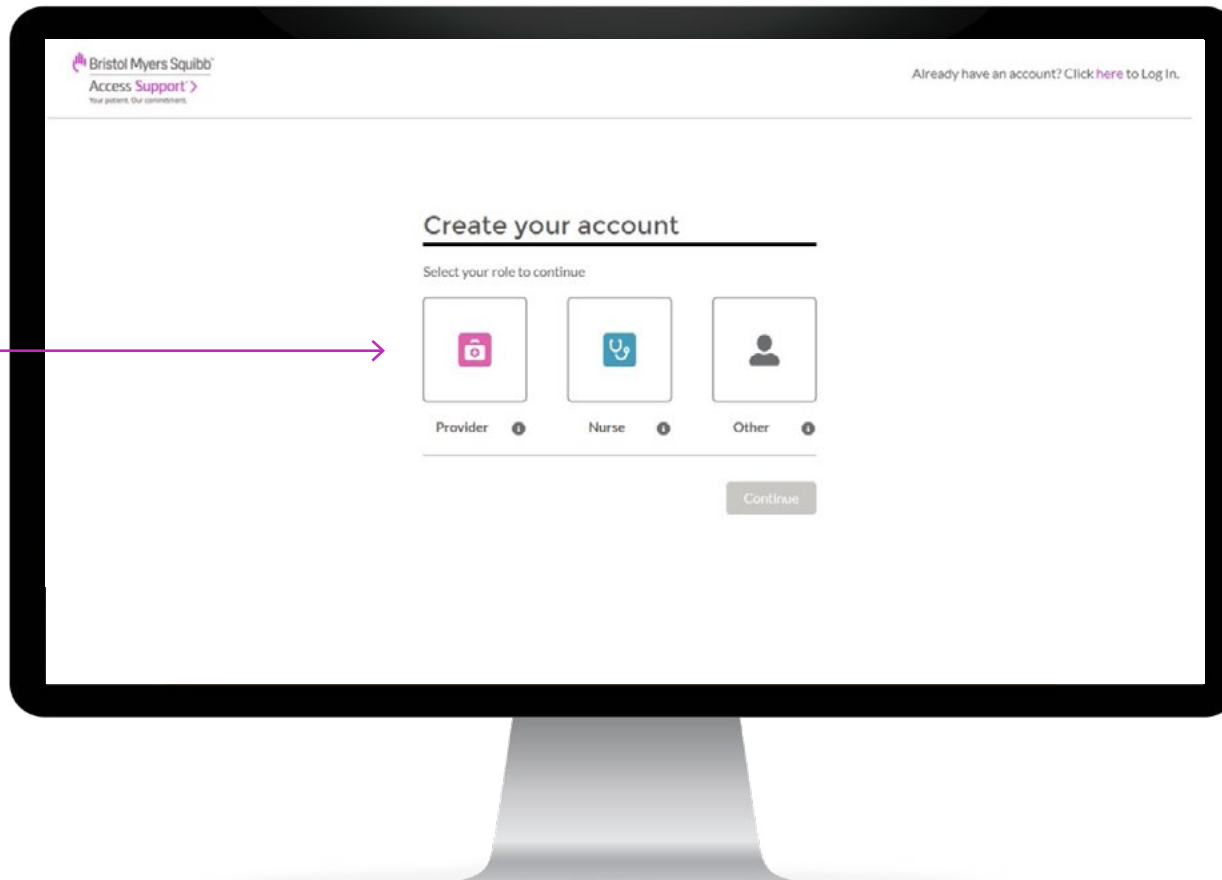
Please Note:

If your organization has an administrator assigned to your portal, they will have the ability to invite you to register. You will receive an email from the administrator with a special, one-time use link to [MyBMSCases.com](https://www.mymyscases.com) to complete the registration process.



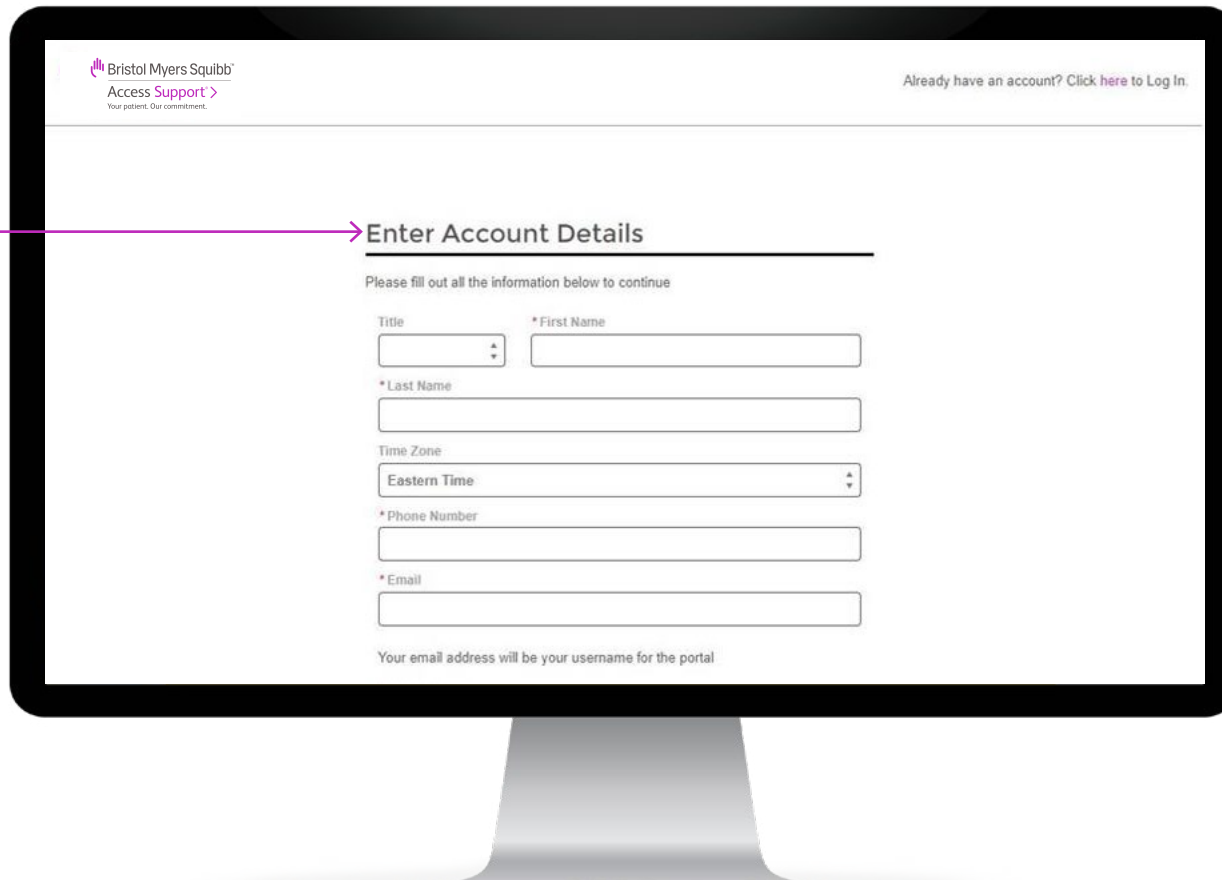
User Registration (cont.)

- ✓ On the **CREATE A NEW ACCOUNT** page, you will be prompted to select your type of registration and your profile type.
 - Unless you are a licensed provider or nurse, please choose “Other” as your registrant designation.



User Registration (cont.)

✓ Next, enter **ACCOUNT DETAILS**.



The screenshot shows a web browser window displaying the 'Enter Account Details' registration page. The page header includes the Bristol Myers Squibb logo and 'Access Support >' with the tagline 'Your patient. Our commitment.' on the left, and a link 'Already have an account? Click here to Log In.' on the right. The main heading is 'Enter Account Details' with a horizontal line underneath. Below the heading is the instruction 'Please fill out all the information below to continue'. The form contains several fields: a 'Title' dropdown menu, a '* First Name' text input, a '* Last Name' text input, a 'Time Zone' dropdown menu with 'Eastern Time' selected, a '* Phone Number' text input, and a '* Email' text input. At the bottom of the form, it states 'Your email address will be your username for the portal'. A purple line from the text above points to the 'Enter Account Details' heading.

Bristol Myers Squibb
Access Support >
Your patient. Our commitment.

Already have an account? Click [here](#) to Log In.

Enter Account Details

Please fill out all the information below to continue

Title * First Name

* Last Name

Time Zone
Eastern Time

* Phone Number

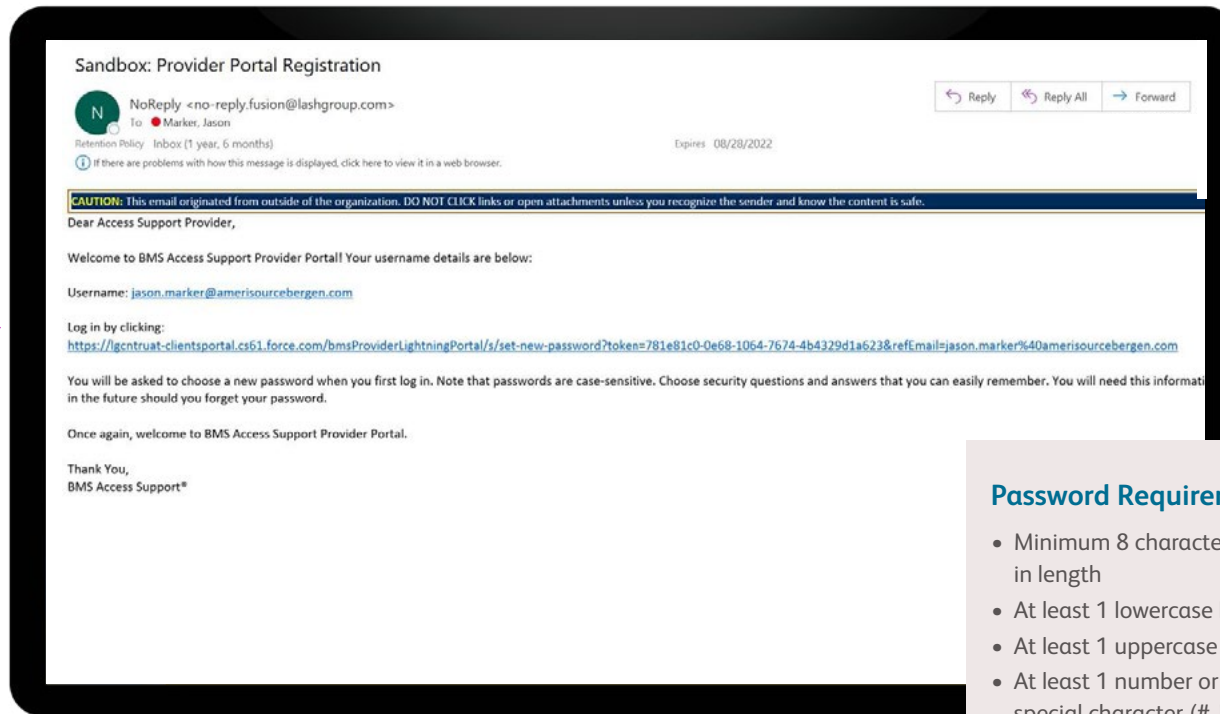
* Email

Your email address will be your username for the portal

User Registration (cont.)

✓ Once the account details have been entered and you select continue, you will receive a welcome email containing a temporary password.

- **CLICK THE LINK** in the email to set up your permanent **PASSWORD** and finalize your registration. The portal will automatically prompt you through the remaining steps in the registration process.



Password Requirements

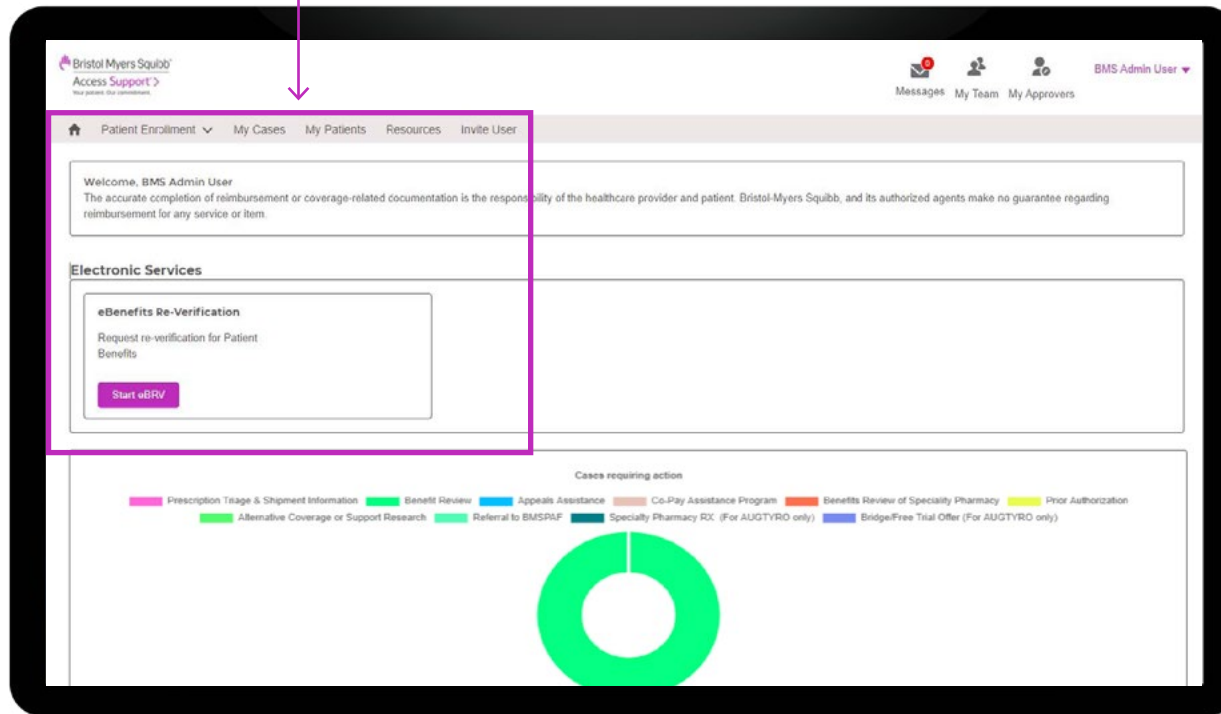
- Minimum 8 characters in length
- At least 1 lowercase letter
- At least 1 uppercase letter
- At least 1 number or special character (#, !, 3, etc.)

Dashboard

- ✓ Once you are logged into the MyBMSCases Provider Portal, you can use the **DASHBOARD** to navigate. The navigation bar provides direct links to the most commonly used functions.

Commonly Used Functions:

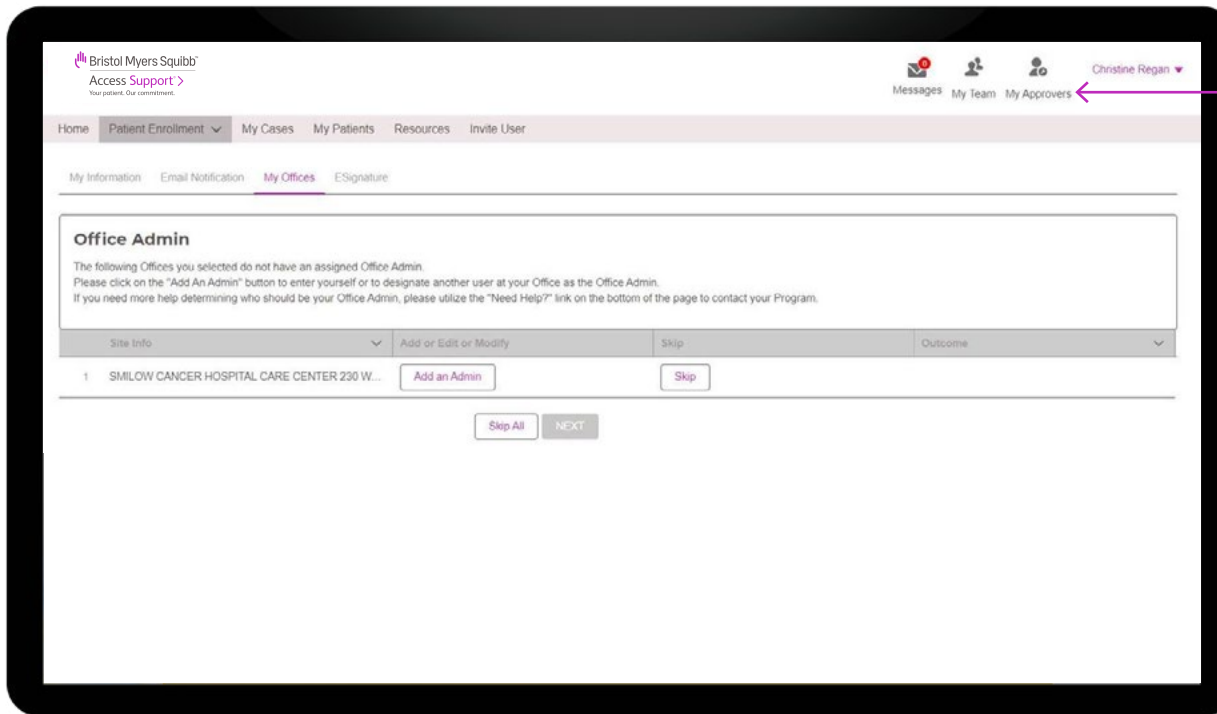
- **Patient Enrollment**—Enroll new patients or submit additional enrollments for existing patients
- **My Cases**—Shows a list of all patient cases for your affiliated offices
- **My Patients**—Shows a list of all currently enrolled patients for all your affiliated offices
- **Resources**—Additional documents and instructional materials
- **Invite User**—Invite another user to register for the portal
- **Electronic Services**—Shows options to complete a Benefits Reverification or eEligibility Check



User Profile and Administrative Functionality

✓ Click on the username in the top-right corner and a drop-down menu will appear. Click “My Profile.”

✓ The portal provides a number of **ADMINISTRATIVE FUNCTIONS** accessible by the Office Admin.



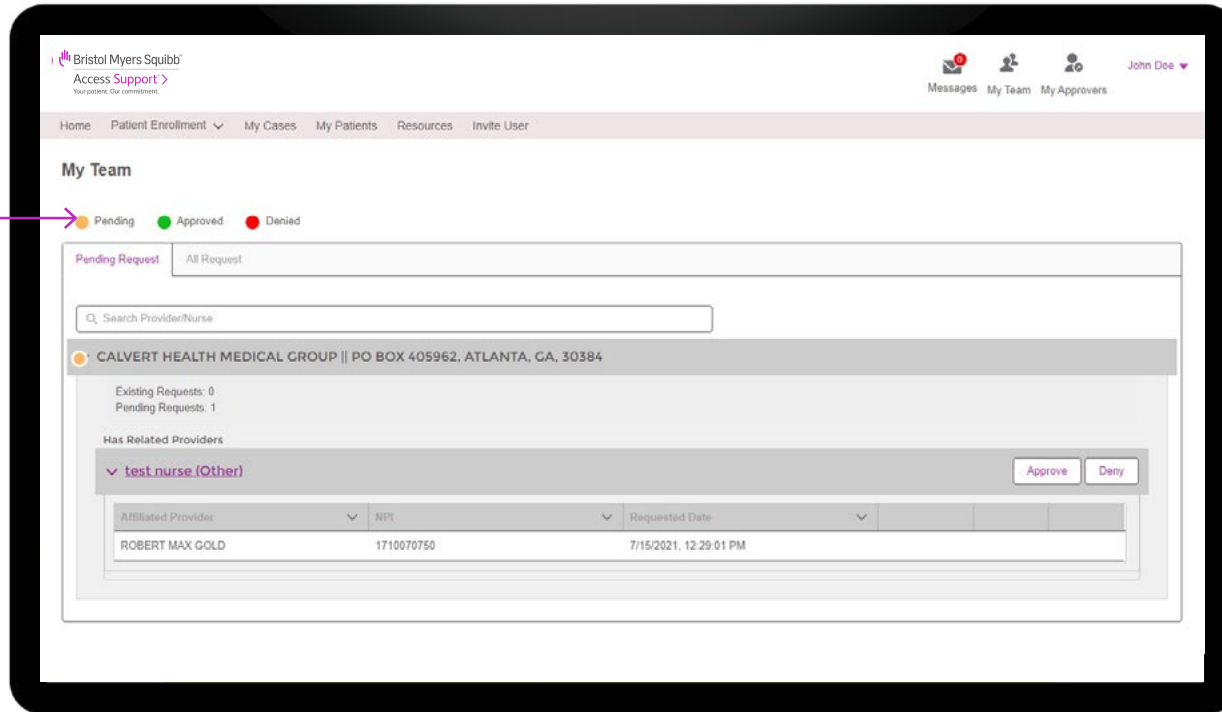
Admin Action Tools*:

- **Messages**—Direct message program representatives
- **My Team**—Manage provider and office affiliations
- **My Approvers**—Manage approvers within the office

*These icons will only display for Office Admin users.

Office Affiliations

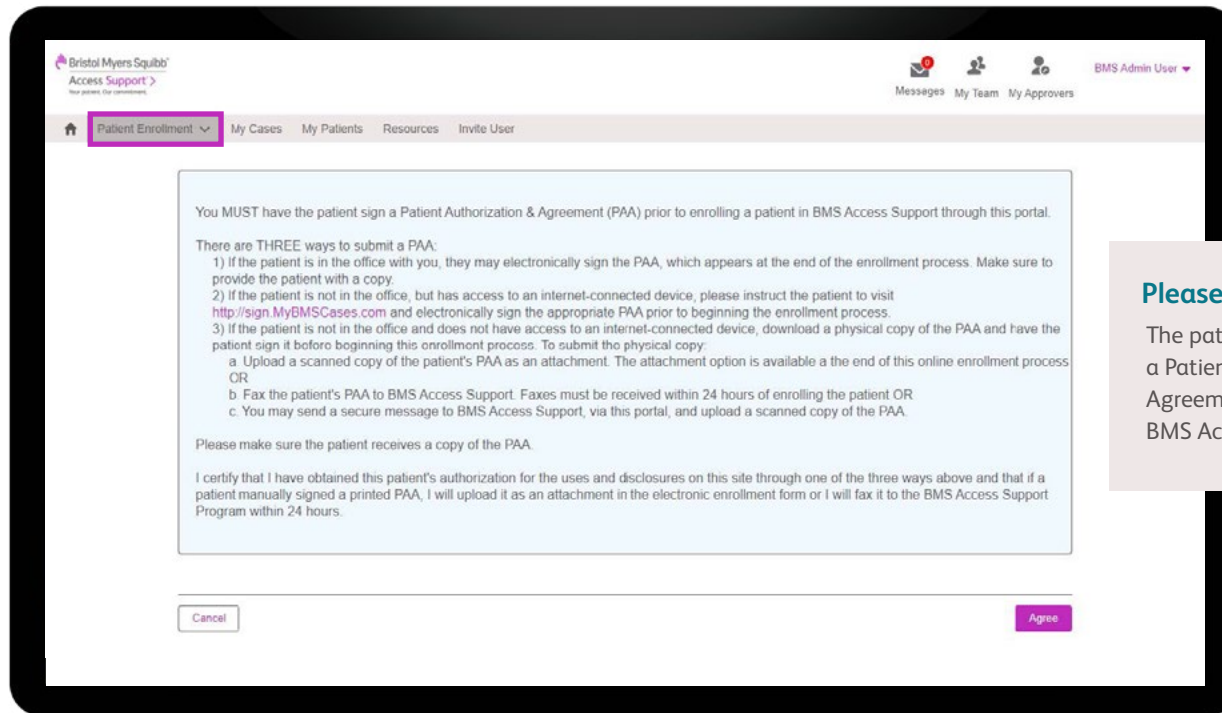
- ✓ The **ADMINISTRATIVE FUNCTIONS** enable the Office Admin to invite other users in the office, approve office affiliations, and access requests, etc. If you have questions regarding the functionality of the Office Admin, please contact your Access and Reimbursement Manager or call BMS Access Support®.



Patient Enrollment Process

✓ The **PATIENT ENROLLMENT** section lets you **SUBMIT ENROLLMENTS** on behalf of new or existing patients.

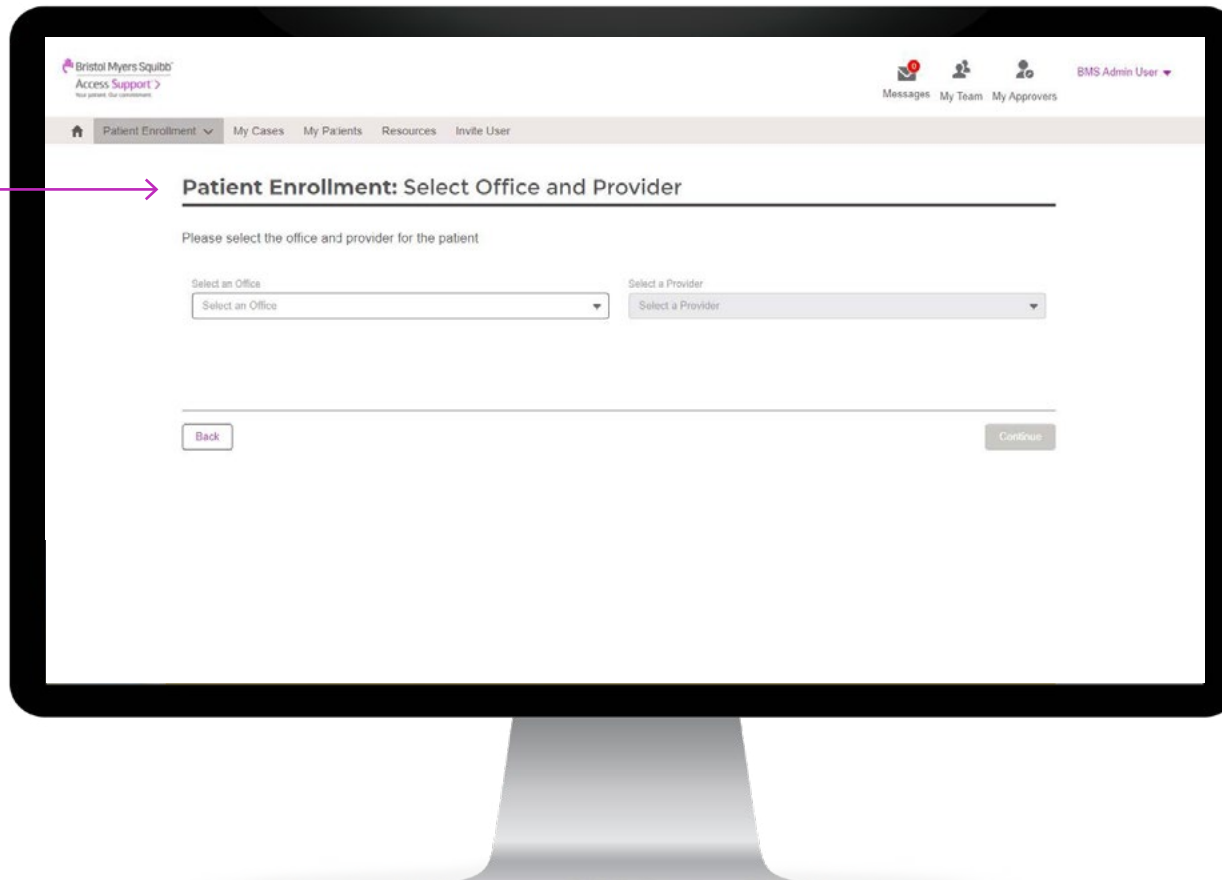
- To get started, click “Patient Enrollment” on the navigation bar and choose if you would like to work with an existing or new patient.



Please Note:
The patient must have signed a Patient Authorization and Agreement (PAA) to receive BMS Access Support® services.

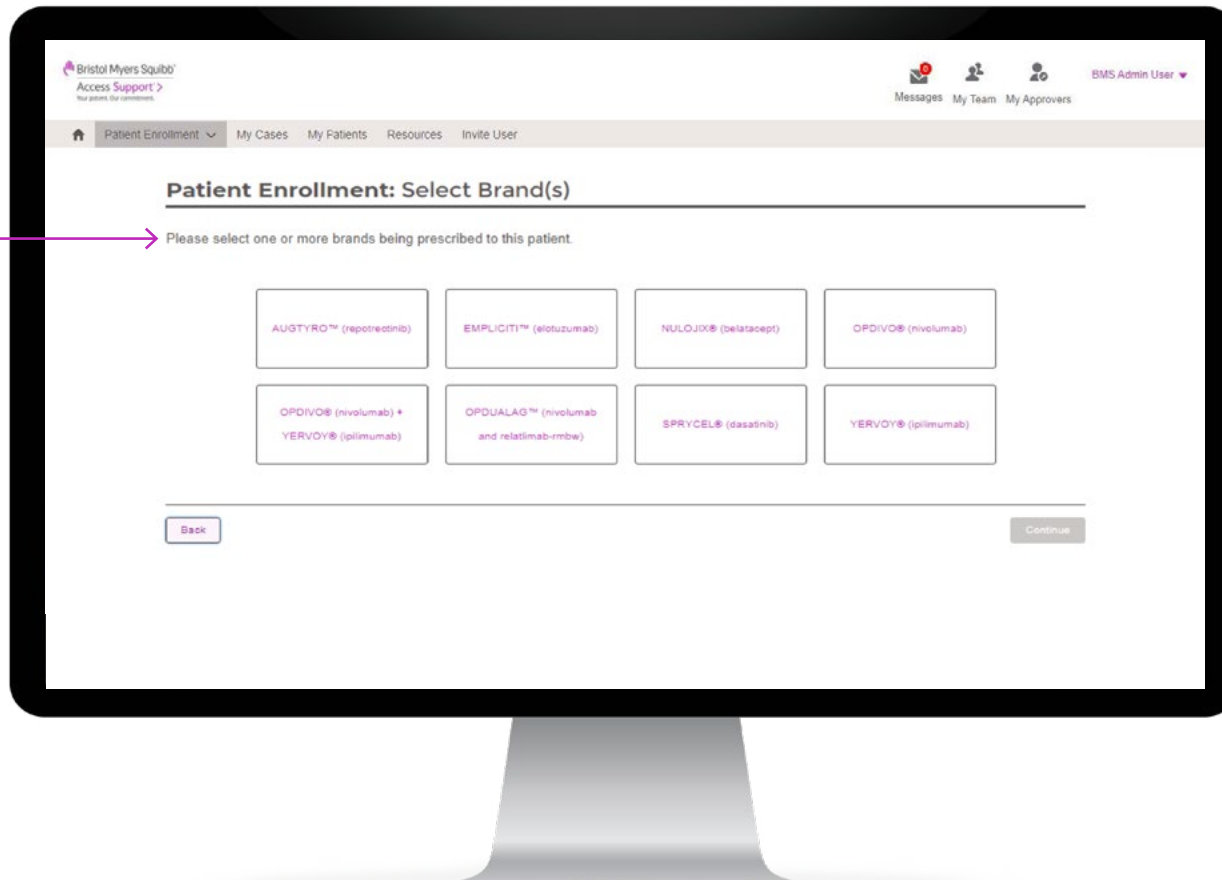
Patient Enrollment Process (cont.)

- ✓ The portal will prompt you through the steps to **SELECT** the patient's **OFFICE** and **PROVIDER**.
 - If you choose to work with an existing patient, you will be prompted to select an existing patient from the list, otherwise you will be prompted to enter the new patient's information.



Patient Enrollment Process (cont.)

✓ Next, the portal will prompt you through the steps to **SELECT** the BMS medication the physician has chosen to prescribe.



Patient Enrollment Process (cont.)

- ✓ To complete the BMS Access Support® enrollment process, **FILL IN** the required patient and physician information, which includes but is not limited to, BMS Access Support services being requested, insurance information, and diagnosis codes, and allow for the upload of any additional attachments.
 - Once you have entered in the appropriate information, click “Review Form” to verify the provided information.

The screenshot shows a web browser displaying the BMS Access Support Patient Enrollment form. The form is titled "Patient Enrollment: Patient Information" and is part of the "Add a New Patient" section. The form includes fields for Gender (Male/Female), First Name, Middle Name, Last Name, Date of Birth (MM/DD/YYYY), Address Line 1, Address Line 2, Zip Code, City, State, Home Telephone, Cell Phone, and Email. A purple arrow points to the "Patient Enrollment" dropdown menu in the top navigation bar. The form is set against a white background with a light gray header and footer.

Bristol Myers Squibb
Access Support
Your patient. Our commitment.

Messages My Team My Approvers BMS Admin User

Home Patient Enrollment My Cases My Patents Resources Invite User

Patient Enrollment: Patient Information

Add a New Patient
Please enter the information about the patient you would like to enroll.

Gender
 Male Female

*First Name Middle Name *Last Name

*Date of Birth
MM/DD/YYYY

(If you are using Internet Explorer, please type the date as MM/DD/YYYY in the field.)

*Address Line 1

Address Line 2

*Zip Code *City *State

Home Telephone Cell Phone

Email

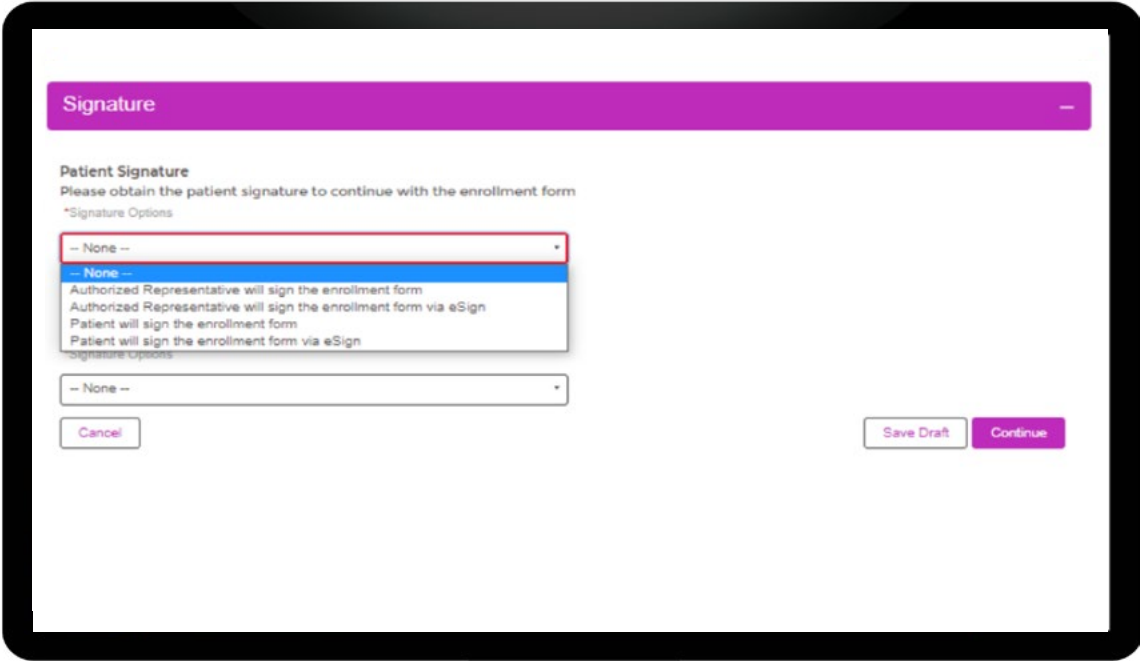
youraddress@company.com

We must validate the patient information before you can proceed to the next step. Click "Submit Patient Info" to validate the patient.

Patient Enrollment Process (cont.)

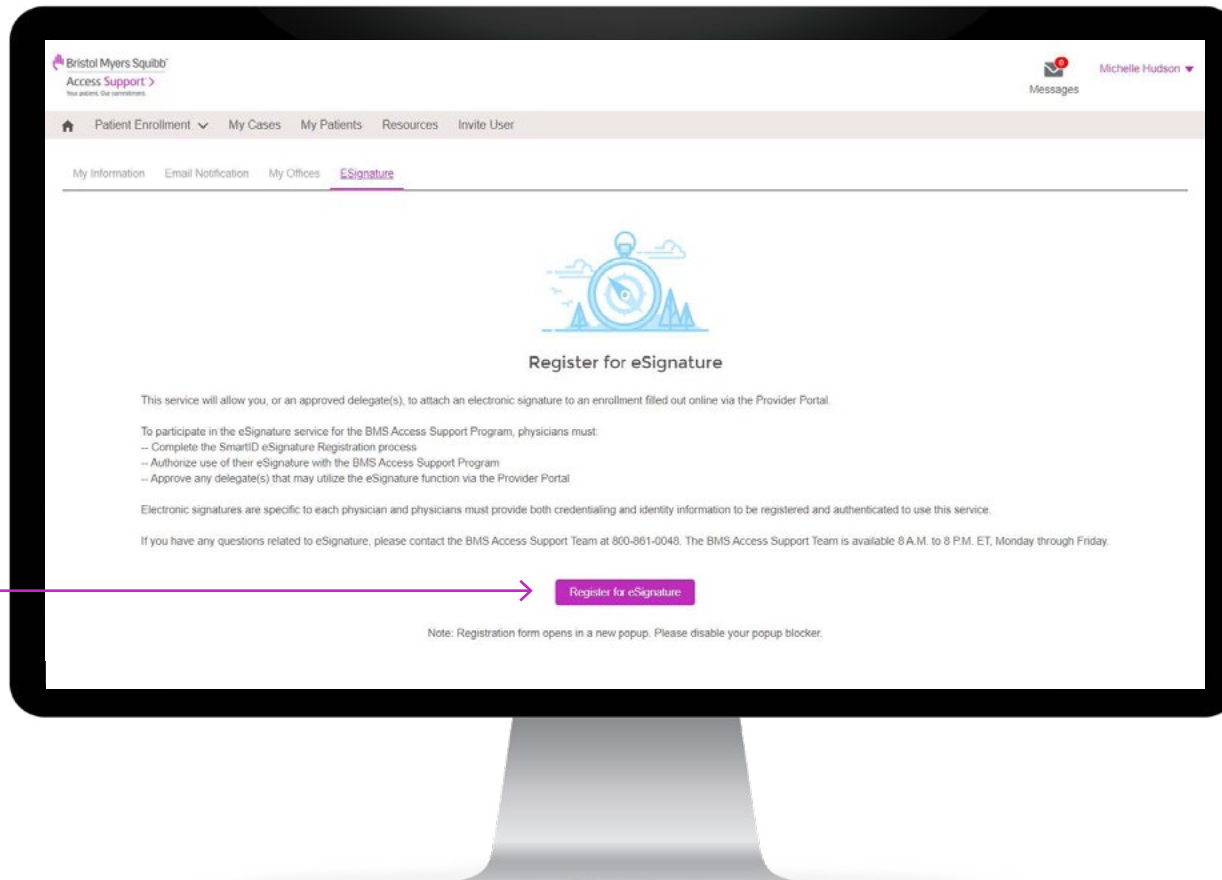
- ✓ You will be able to **VIEW** and **EDIT** the information you have entered. The Physician Certification, acknowledged by the physician's signature on the enrollment form, and the patient's signature on the PAA, are both required to complete the process. The physician certification is made when the physician signs the enrollment form.
 - **SIGNATURES** may be **SUBMITTED** by downloading, printing, signing the enrollment form, and faxing it to BMS Access Support® **OR** by the patient or authorized representative signing the form directly on the portal using an electronic signature.
 - If submitting digitally, the patient or authorized representative will be able to sign with their finger or type in their name and then click **APPLY**.

The process is complete! BMS Access Support will verify the information on the form and contact your office directly if there are any questions.



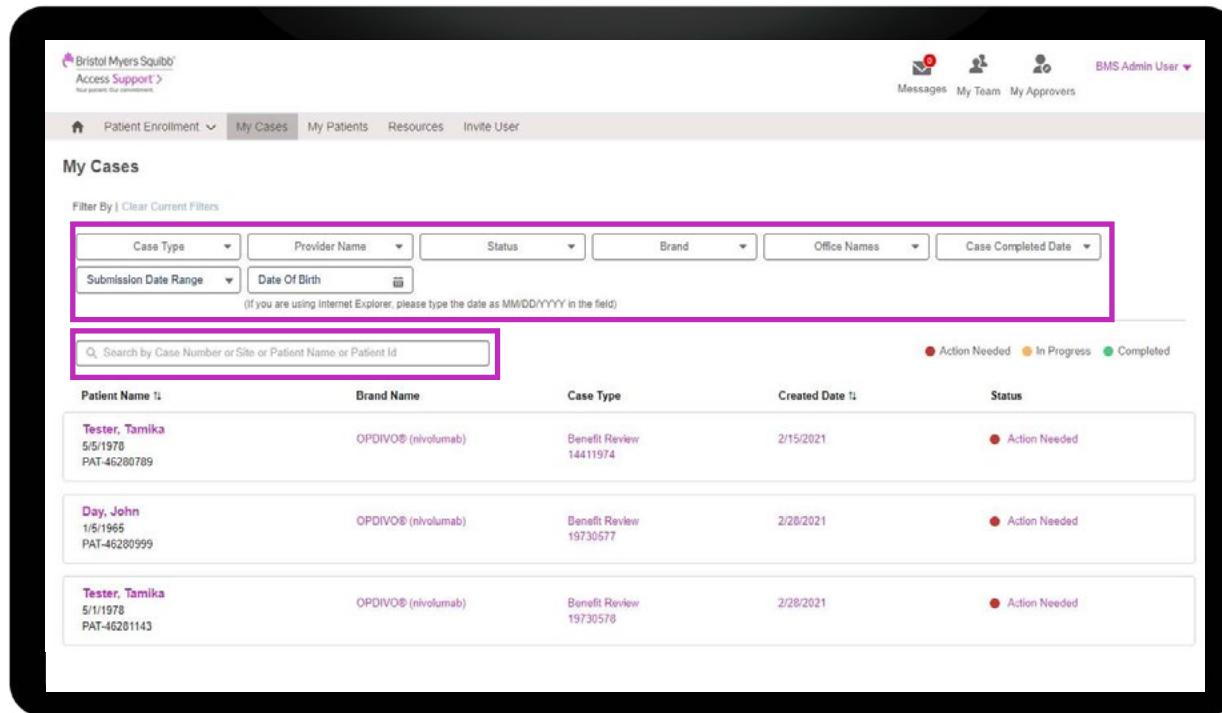
Register for eSignature

- ✓ User can create an eSignature profile to use the **eSIGNATURE** feature of the MyBMSCases Provider Portal. To create a profile, the user leaves the Provider Portal and is taken to the Smart ID Works website. Smart ID Works is a provider of eSignature services for pharmaceuticals.



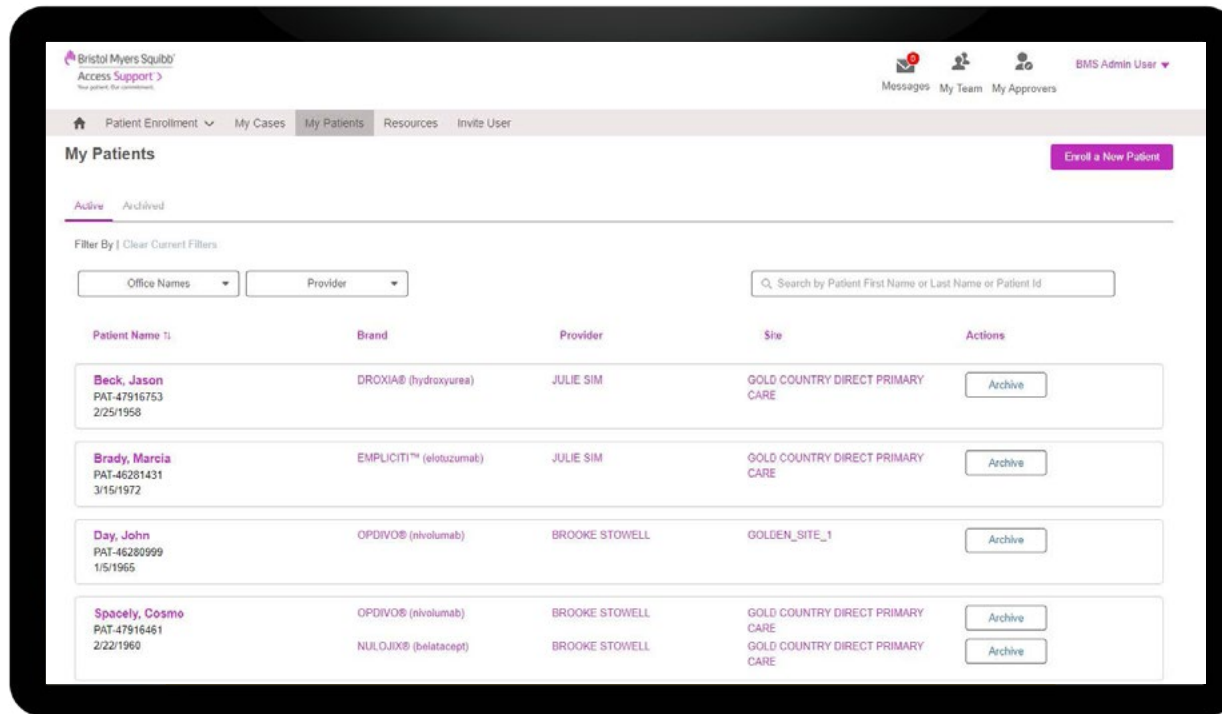
My Cases

- ✓ The My Cases section of the portal provides at-a-glance visibility into all **PATIENT CASES**, allowing you to evaluate each by using green, yellow, and red status indicators.
- You can search for a patient by typing their name, or BMS Access Support® patient ID, into the **SEARCH BOX**, or you may select a specific **BMS ACCESS SUPPORT SERVICE** to view all cases related to that service.
- Once a patient is selected from the My Cases view, you can access **DETAILED STATUS INFORMATION**, which includes benefits review results, co-payment information, and any related request for that patient.



My Patients

- ✓ This section enables you to **REVIEW** your affiliated patient profiles.
 - Through **MY PATIENTS**, you can review a number of items, including insurance, co-pay assistance, prior authorizations, and any patient documents.



Additional Features

- ✓ Remember, MyBMSCases may help **SIMPLIFY THE PROCESS** of requesting key BMS Access Support® services such as a benefits review, reverification, and co-pay assistance.

Additional functions of the portal include:

- **Secure Messaging**
Send and receive secure messages about your site or patients to/from your Site Care Coordinator via the provider portal.
- **Resources**
Contains downloadable PAA and enrollment forms, FAQs, and Helpful Links for all combined BMS Access Support programs, as well as BMS Access Support contact information.
- **Electronic Benefits Reverification (eBRV)**
Electronically submit requests for annual reverification for enrolled patients who receive prescribed BMS medications.
- **eSignature**
Create an eSignature profile to use the eSignature feature of the portal.
- **Invite User**
Invite another user to register for the portal by filling in the appropriate fields. An email will be generated for them to register and have portal access, if approved by the administrator.
- **Approver Actions**
If you are an Office Admin or have Approver permissions, you will have the ability to approve user and site affiliations. Here you can view pending affiliations, approve or deny affiliation requests, manage existing affiliations, and invite users to register for the portal.

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.



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
- 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



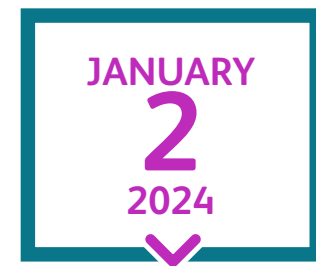
FIRST DAY

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

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.

Let's Get Started!

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

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.

Getting Started



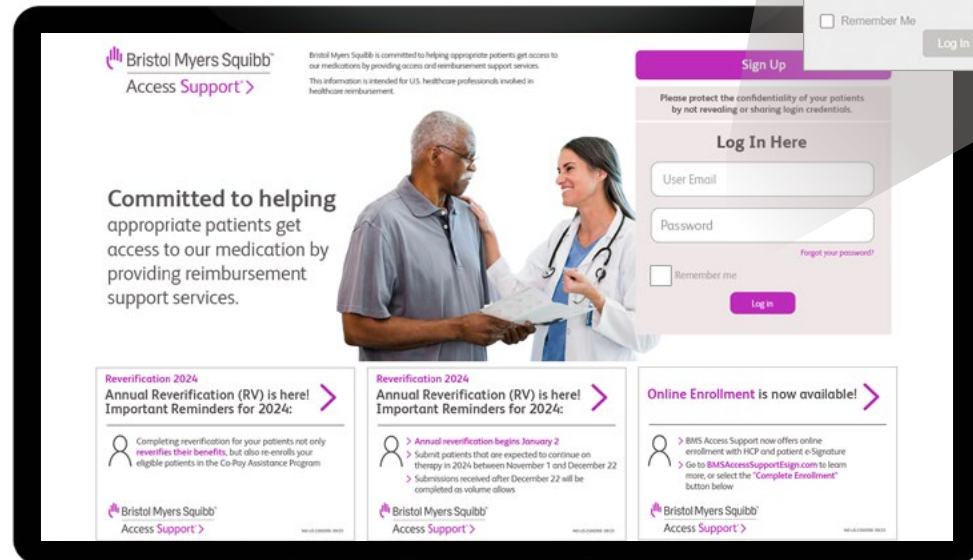
Visit www.MyBMSCases.com



Enter your email address and password to log in



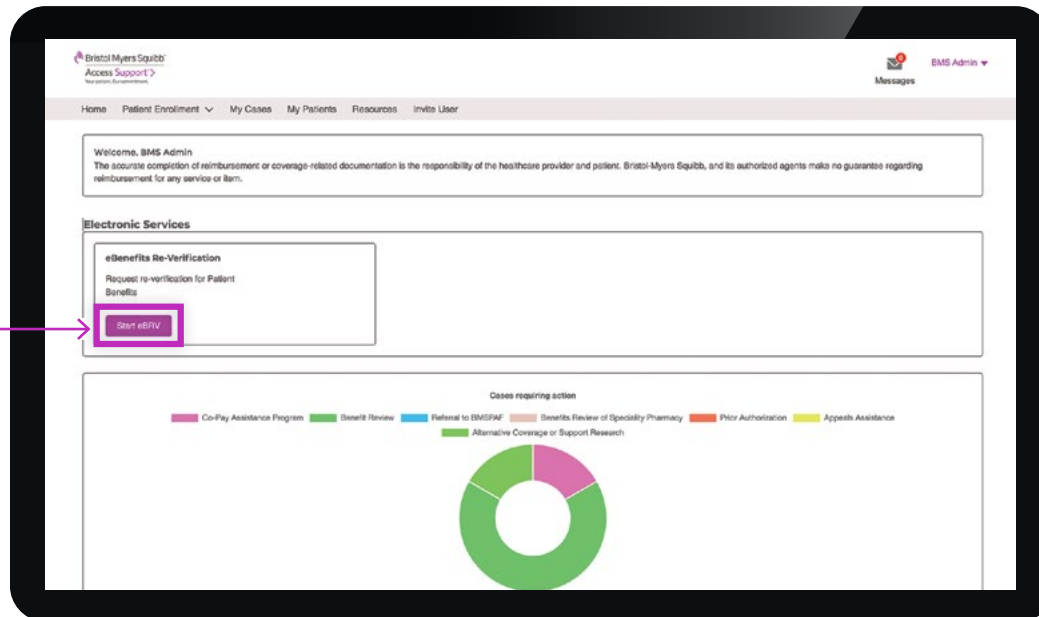
Open the dashboard



Using Your Dashboard

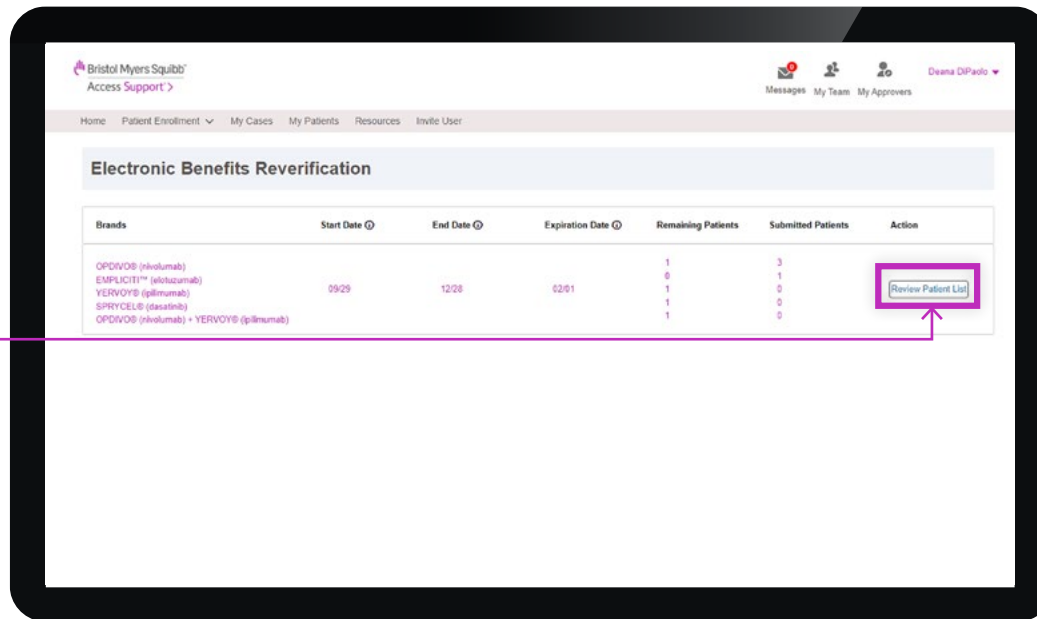
Your dashboard provides you with a menu of quick actions you can take to access reverification.

- ✓ 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.”

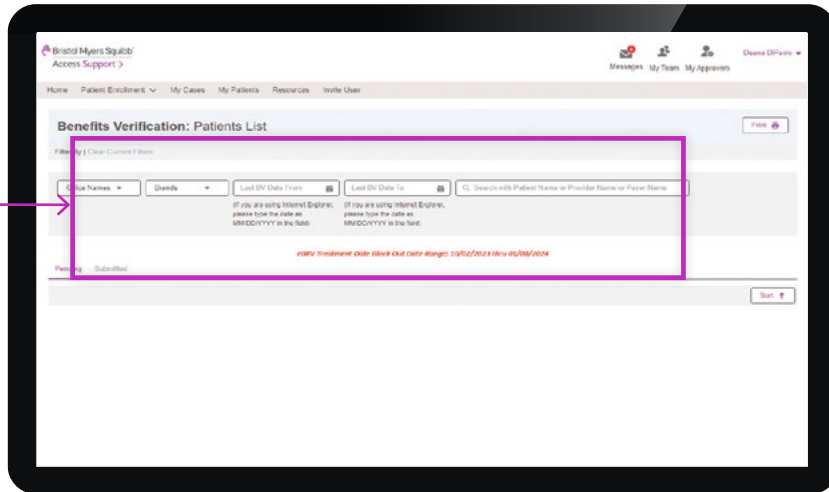


If you need assistance or would like a live or virtual demonstration of the provider portal, please reach out to your Access & Reimbursement Manager.

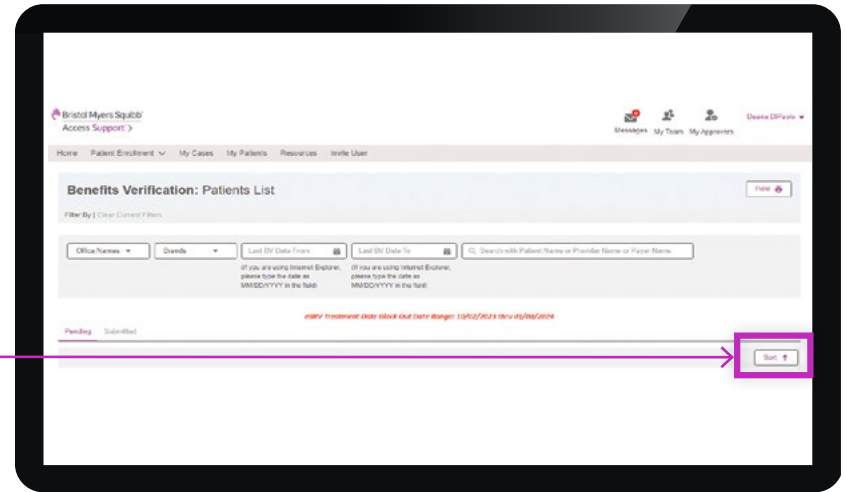
Managing Your Patient List

Viewing Preferences

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



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



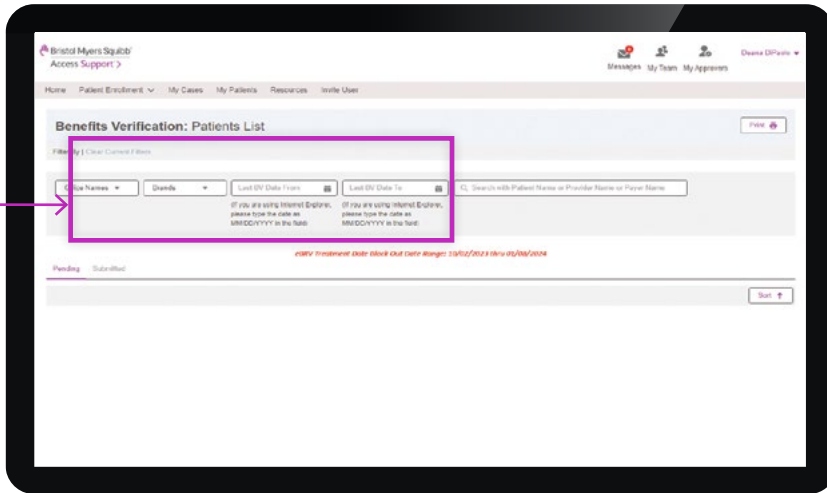
Managing Your Patient List (cont.)

Keeping Track of Your Patient List

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

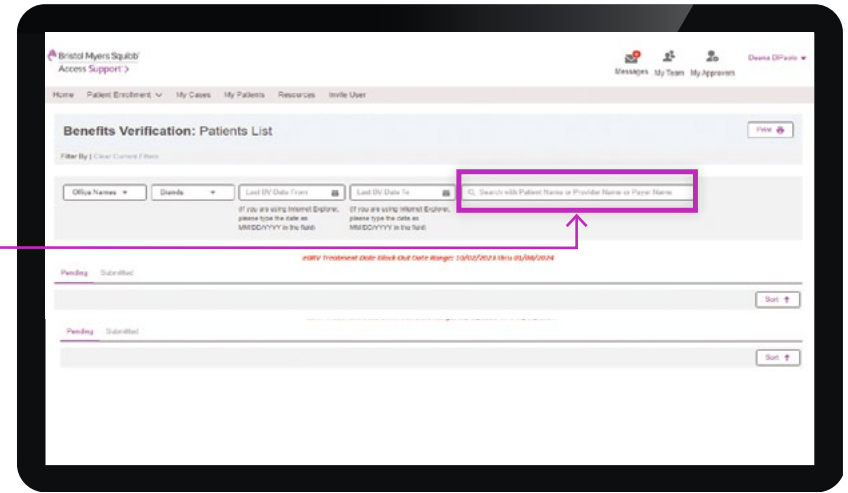
✓ USING THE FILTER OPTION

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



✓ 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.

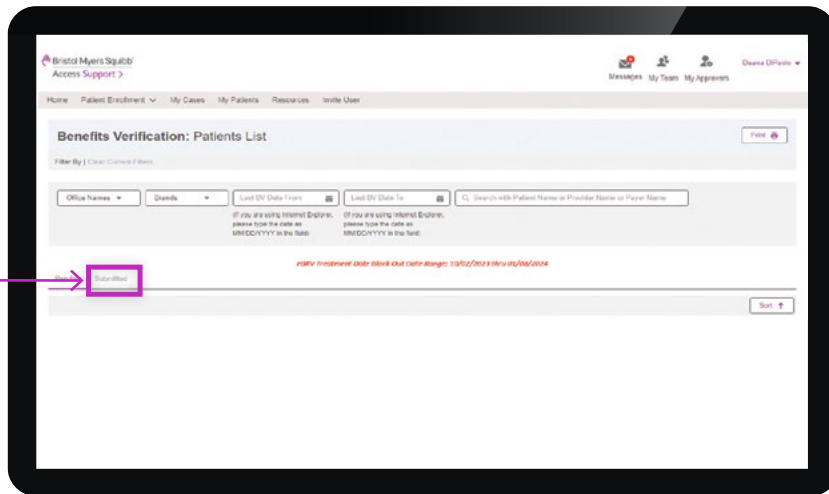


NOTE: Archived patients will show up on this list, and you will need to select NO to filter them out.

Managing Your Patient List (cont.)

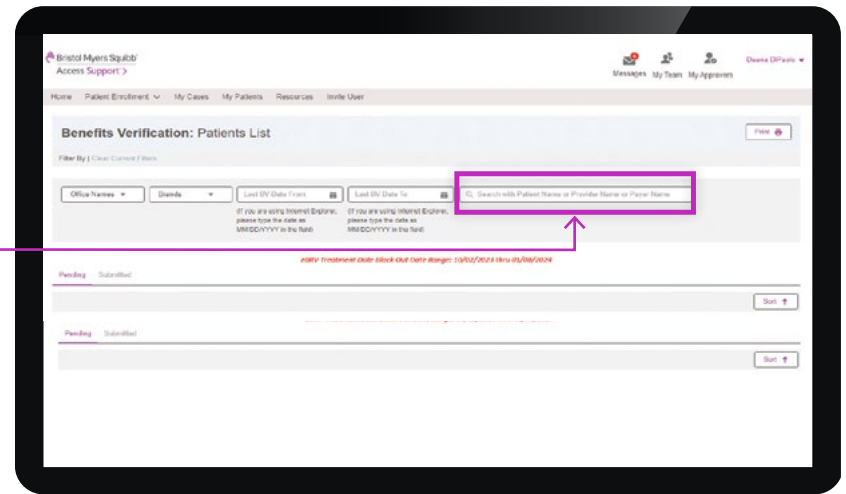
Keeping Track of Your Patient List

- ✓ 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.

The screenshot shows a patient tile for Tinker Bell. The 'Request Reverification' section is highlighted with a purple box, showing radio buttons for 'Yes', 'No', and 'NA'. The 'No' option is selected. Other fields include Date of Birth (4/19/2000), Brand (OPDIV08 (akvutmk)), Last BV Completion Date, Next Appointment Date, and PAA Expiration Date. Below this, there are sections for Providers (DIF Dummy Provider - Treating), Payers (EXPRESS SCRIPTS INC - Policy ID#), and Additional Services (Commercial Copy - Renewal). At the bottom, there are 'Pending' and 'Submitted' status indicators and a 'Submit' button.

- 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.

The screenshot shows a list of two patient tiles. The first tile is for Derek Morgan and the second is for Jennifer Jareau. Both have the 'Request Reverification' section with 'No' selected. At the bottom left of the screen, a purple box highlights the 'Submit' button.

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

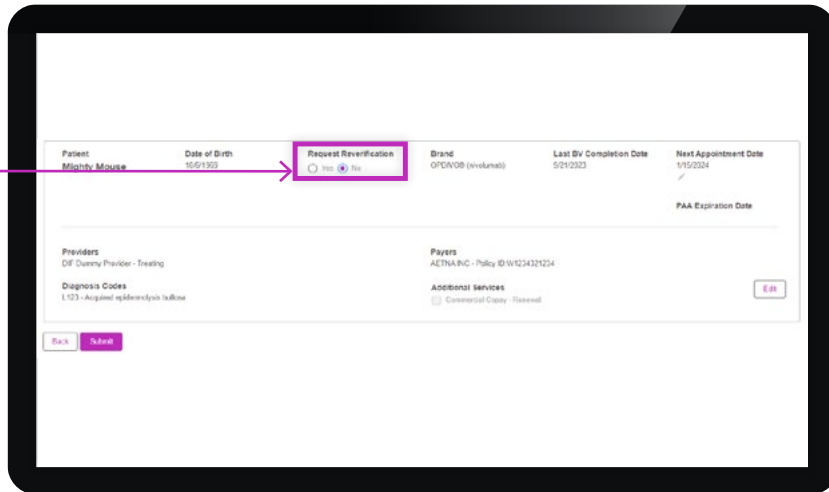
Information shown in the images on these pages is for example purposes only, not an actual patient's information.

Patient Scenarios (cont.)

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.

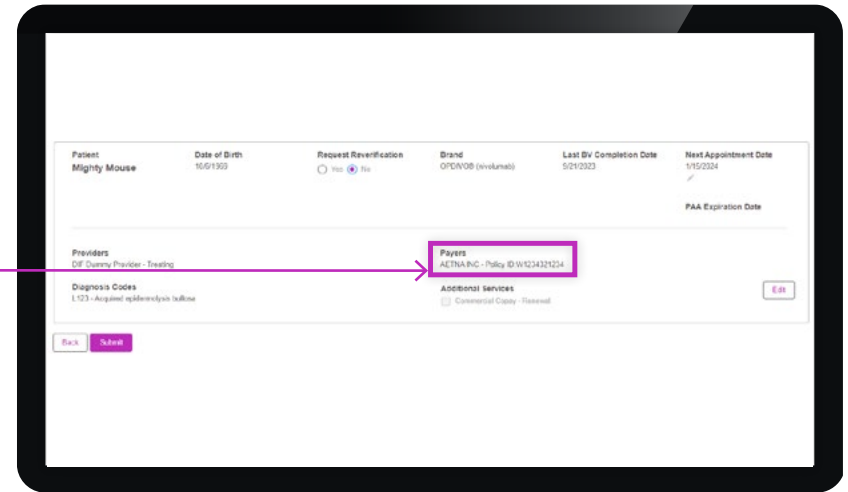


A screenshot of a patient tile for 'Mighty Mouse'. The 'Request Reverification' section is highlighted with a red box, and a red arrow points to the 'NO' radio button. The 'NO' button is selected, while the 'YES' button is unselected. The 'Payers' section is visible below, showing 'AETNA INC - Policy ID W1234321234'.

Patient	Date of Birth	Request Reverification	Brand	Last DV Completion Date	Next Appointment Date
Mighty Mouse	16/61992	<input checked="" type="radio"/> Yes <input type="radio"/> No	OPDW09 (in-volume)	5/21/2023	1/15/2024

Additional fields: PAA Expiration Date, Providers (DIF Dummy Provider - Treating), Diagnosis Codes (1123 - Assigned eg/dermatology followup), Additional Services (Commercial Copy - Renewal), and an Edit button.

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



A screenshot of the same patient tile for 'Mighty Mouse'. The 'Payers' section is highlighted with a red box, and a red arrow points to the policy number 'AETNA INC - Policy ID W1234321234'. The 'Request Reverification' section is visible above, with the 'NO' button selected.

Patient	Date of Birth	Request Reverification	Brand	Last DV Completion Date	Next Appointment Date
Mighty Mouse	16/61992	<input type="radio"/> Yes <input checked="" type="radio"/> No	OPDW09 (in-volume)	5/21/2023	1/15/2024

Additional fields: PAA Expiration Date, Providers (DIF Dummy Provider - Treating), Payers (AETNA INC - Policy ID W1234321234), Diagnosis Codes (1123 - Assigned eg/dermatology followup), Additional Services (Commercial Copy - Renewal), and an Edit button.

Patient Scenarios (cont.)

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.”

The screenshot shows a patient record form for 'Mighty Mouse'. The form includes fields for Patient Name, Date of Birth, Request Reverification, Brand, Last DV Completion Date, Next Appointment Date, and PAA Expiration Date. Below these fields are sections for Providers, Payers, and Diagnosis Codes. The 'ADDITIONAL SERVICES' section is highlighted with a red box, and a red arrow points to the 'Commercial Copay - Renewal' option. The 'Next Appointment Date' field is empty.

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

The screenshot shows the same patient record form as in step 3. The 'Next Appointment Date' field is now highlighted with a red box, and a red arrow points to the pencil icon next to it. The 'ADDITIONAL SERVICES' section is still highlighted with a red box.

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

Patient Scenarios (cont.)

SCENARIO 3

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

- 3 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.

The screenshot shows a patient tile for 'Mighty Mouse'. The 'Request Reverification' section is highlighted with a red box, and a red arrow points to the 'Yes' radio button. The 'Payers' section shows 'AETNA/BC - Policy ID 1112312124'. The 'Additional Services' section has a checkbox for 'Commercial Copay - Renewal' which is unchecked.

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

The screenshot shows a patient tile for 'Jennifer Jareau'. The 'Payers' section is highlighted with a red box, and a red arrow points to the policy number 'CDNA - Policy ID 97886666 - Expires: 10/9/2024'. The 'Additional Services' section has a checkbox for 'Commercial Copay - Renewal' which is unchecked.

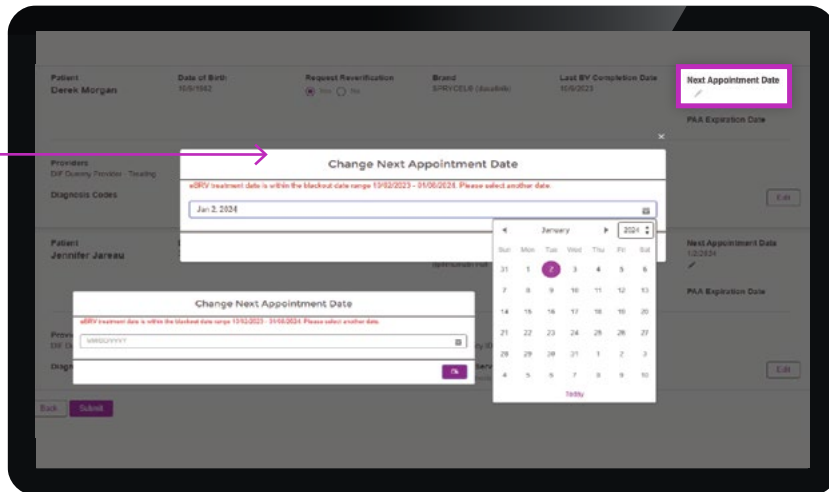
NOTE: You may disregard the **ADDITIONAL SERVICES** section as that is already part of your benefits review.

Patient Scenarios (cont.)

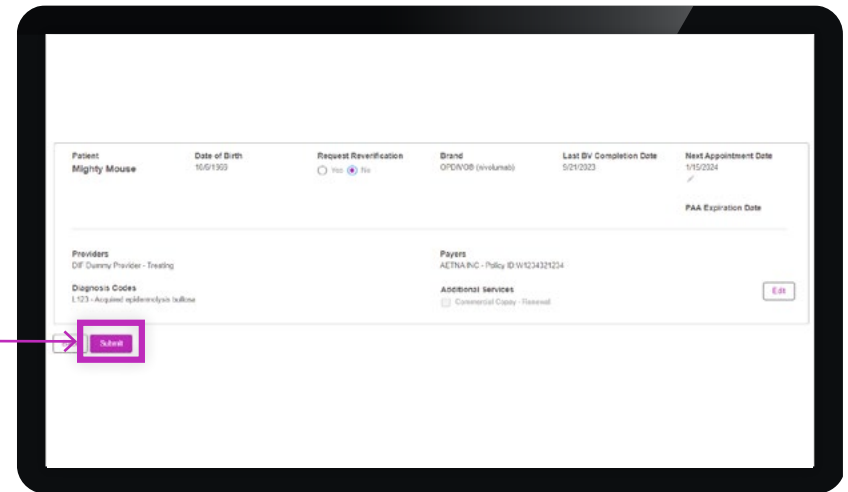
SCENARIO 3 (cont.)

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.



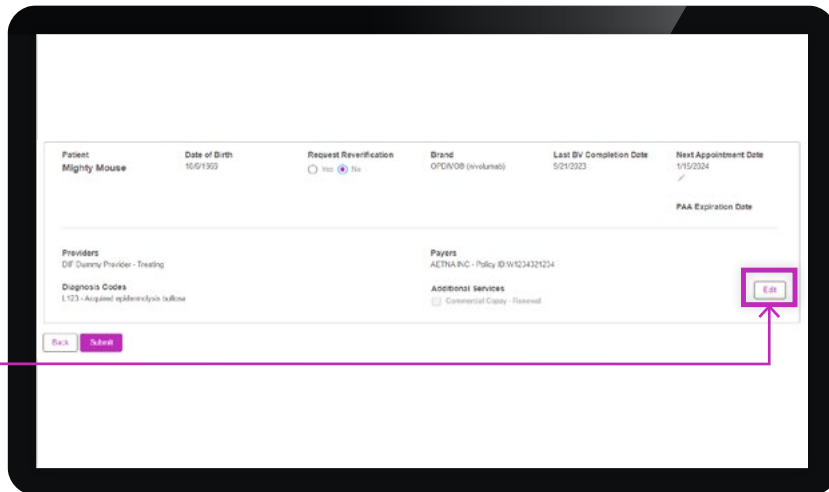
Information shown in the images on these pages is for example purposes only, not an actual patient's information.

Patient Scenarios (cont.)

SCENARIO 4

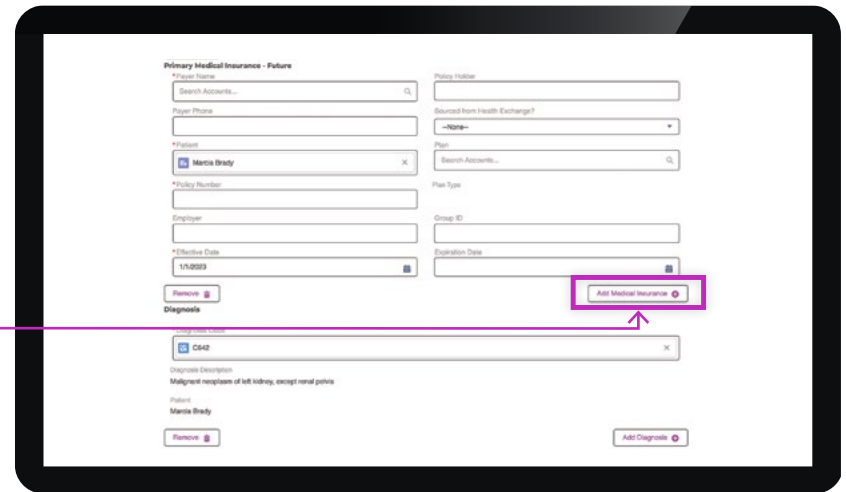
Your patient needs to be reverified and has had changes or updates to their PRIMARY insurance

- 1 Click the “Edit” button to make updates to the individual patient’s tile.



A screenshot of a patient profile page. The page displays patient information including name (Mighty Mouse), date of birth (10/19/99), and insurance details. A purple box highlights the 'Edit' button in the bottom right corner of the patient tile. A purple arrow points from the text in step 1 to this button.

- 2 Click the “Add Medical Insurance” button at the bottom right of your screen.



A screenshot of the 'Primary Medical Insurance - Future' form. The form contains various input fields for insurance details, including policy holder name, policy number, and effective date. A purple box highlights the 'Add Medical Insurance' button in the bottom right corner. A purple arrow points from the text in step 2 to this button.

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

Patient Scenarios (cont.)

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.”

The screenshot shows a form for entering insurance information. The 'Effective Date' field is set to 1/1/2023. The 'Diagnosis Code' field contains 'C642'. The 'Diagnosis Description' is 'Malignant neoplasm of left kidney, except renal pelvis'. The 'Patient' field contains 'Marcia Brady'. The 'Save Changes' button is highlighted with a red box. A red arrow points from the 'Save Changes' button in this screenshot to the 'Add Medical Insurance' button in the next screenshot.

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

The screenshot shows the 'Primary Medical Insurance - Future' section of the form. The 'Effective Date' field is set to 1/1/2023. The 'Add Medical Insurance' button is highlighted with a red box. A red arrow points from this button back to the 'Save Changes' button in the previous screenshot.

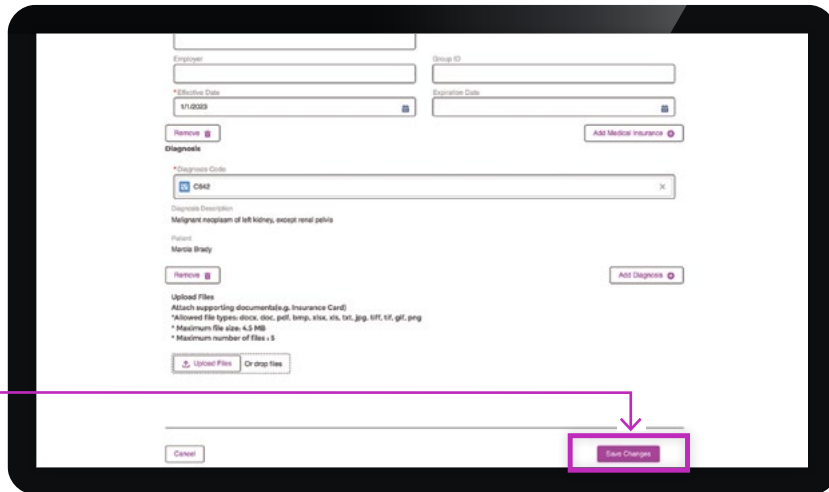
Information shown in the images on these pages is for example purposes only, not an actual patient's information.

Patient Scenarios (cont.)

SCENARIO 4 (cont.)

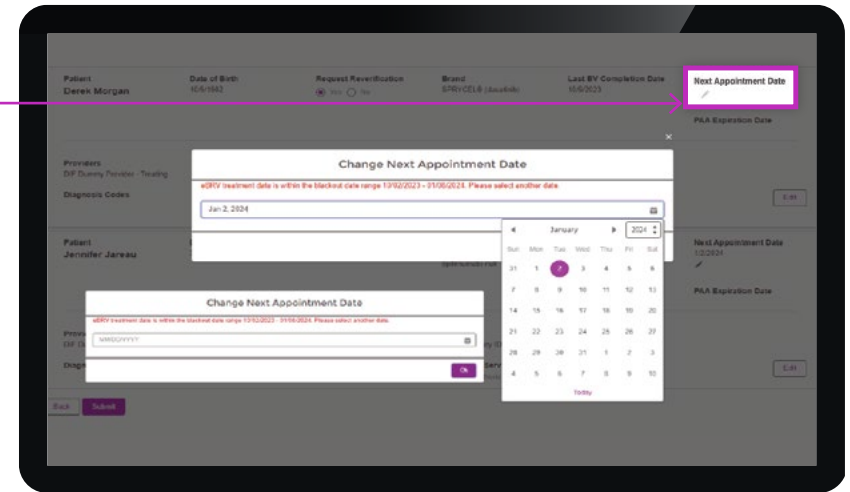
Your patient needs to be reverified and has had changes or updates to their **PRIMARY** insurance

5 Click the “Save Changes” button to return to your patient list.



A screenshot of a patient verification form. The form includes fields for Employee, Group ID, Effective Date, and Separation Date. Below these are sections for Diagnosis (with a dropdown menu showing 'C64') and Upload Files. At the bottom right, a purple box highlights the 'Save Changes' button. A purple line connects this button to the text in step 5.

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.



A screenshot of a patient record interface. The patient is Derek Morgan. A purple box highlights the 'Next Appointment Date' field. A purple arrow points from this field to a 'Change Next Appointment Date' dialog box. The dialog box shows a calendar for January 2024 with the 2nd highlighted. A red warning message is displayed: 'eRFV treatment date is within the blackout date range 10/02/2023 - 01/08/2024. Please select another date.' Below the calendar is another 'Change Next Appointment Date' dialog box, also showing the 2nd of January. A purple arrow points from the text in step 6 to the pencil icon in the 'Next Appointment Date' section.

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

Patient Scenarios (cont.)

SCENARIO 4 (cont.)

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

7 Click the **SUBMIT** button.

The screenshot shows a patient verification form for 'Mighty Mouse'. The form includes fields for Patient Name, Date of Birth, Request Reverification (with 'Yes' and 'No' radio buttons), Brand (QPOV00 (BlueCross)), Last BV Completion Date (9/17/2023), Next Appointment Date (1/15/2024), and PLA Expiration Date. Below these are sections for Providers (D.F. Dunne Physician - Beal), Diagnosis Codes (L522 - Acquired collagenolytic infarct), Payers (ACTAANC - Policy ID W123321234), and Additional Services (Continental Copy - Renewal). A red box highlights the 'Submit' button at the bottom left.

8 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.

The screenshot shows the 'Electronic Benefits Verification' page for 'Patient: Marcia Brady'. The page displays details for Patient Office (Springfield General Hospital), Patient Provider (Nashville River Trading), and Insurance Information (Primary Medical Insurance - Active: AETNA INC). A red error message box at the top reads 'Error: Active Insurance Cannot be removed'. A red arrow points from the error message to the 'Remove' button for the active insurance.

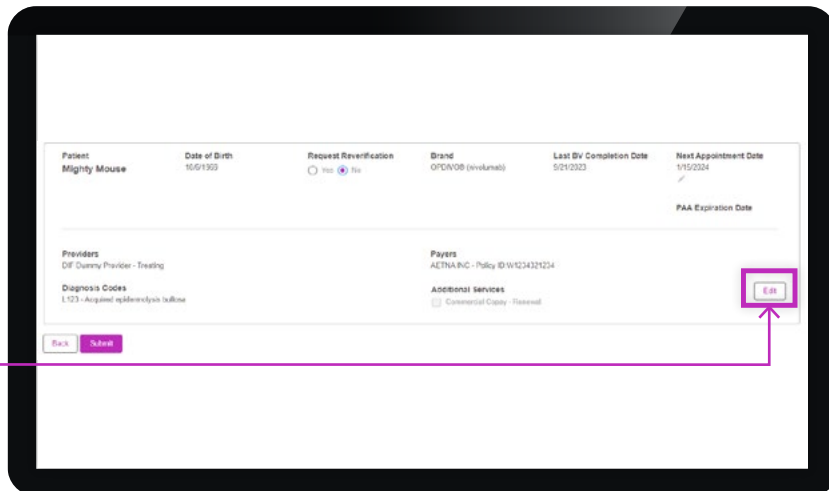
Information shown in the images on these pages is for example purposes only, not an actual patient's information.

Patient Scenarios (cont.)

SCENARIO 5

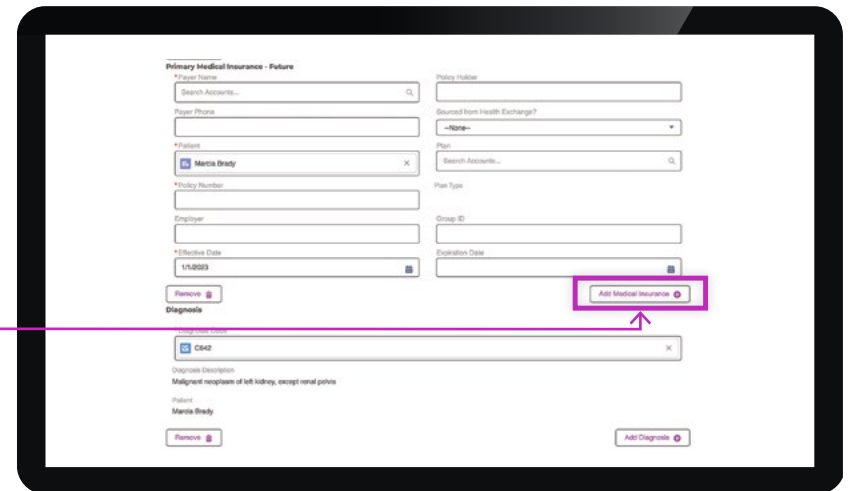
Your patient needs to be reverified and has had changes or updates to their **SECONDARY** insurance

- 1 Click the “Edit” button to make updates to the individual patient’s tile.



A screenshot of a patient profile page. The patient's name is "Mighty Mouse" and their date of birth is "16/6/1999". The page includes sections for "Request Reverification" (with radio buttons for "Yes" and "No"), "Brand" (OPDIV08 - Invokana), "Last DV Completion Date" (5/21/2023), and "Next Appointment Date" (1/15/2024). There is also a "PAA Expiration Date" field. Below these are sections for "Providers" (Dif Dummy Provider - Treating), "Payers" (AETNA INC - Policy ID W1234321234), "Diagnosis Codes" (L123 - Acquired epidermolysis bullosa), and "Additional Services" (Commercial Copy - Renewal). A purple box highlights the "Edit" button at the bottom right of the patient tile. A purple arrow points from the "1" in the list above to this button.

- 2 Click the “Add Medical Insurance” button at the bottom right of your screen.



A screenshot of the "Primary Medical Insurance - Future" page. It contains several form fields: "Payer Name" (with a search dropdown), "Payer Phone", "Patient" (Merisa Brady), "Policy Number", "Employer", "Effective Date" (1/1/2023), "Policy Holder", "Sourced from Health Exchange?" (dropdown), "Plan", "Search Accounts...", "Plan Type", "Group ID", and "Expiration Date". There are "Remove" buttons for the Patient and Effective Date fields. A purple box highlights the "Add Medical Insurance" button at the bottom right. A purple arrow points from the "2" in the list above to this button.

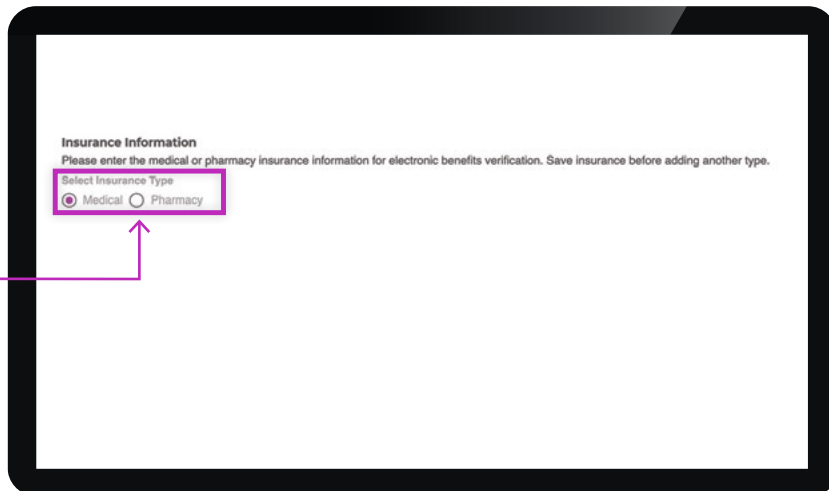
NOTE: User needs to first add Primary Future Insurance information before changes can be made to Secondary Future Insurance information.

Patient Scenarios (cont.)

SCENARIO 5 (cont.)

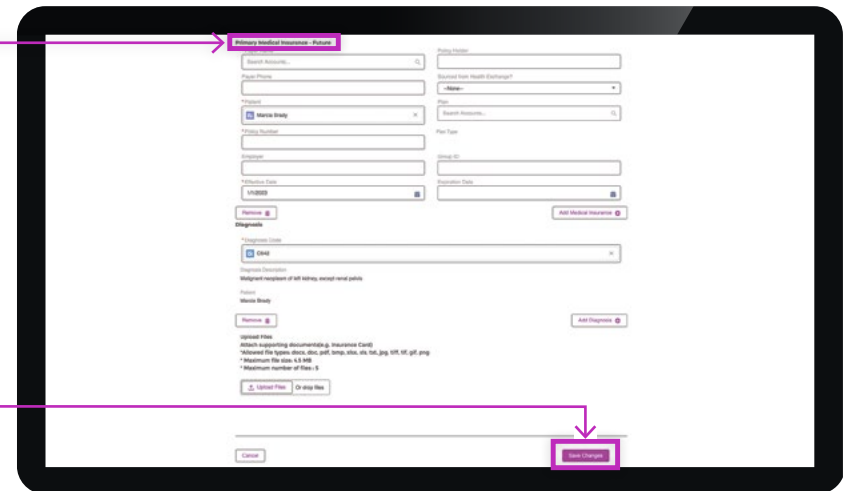
Your patient needs to be reverified and has had changes or updates to their **SECONDARY** insurance

3 Re-enter insurance information by selecting **MEDICAL** or **PHARMACY** and then click “Add Medical Insurance” button.



The screenshot shows a form titled "Insurance Information" with the instruction: "Please enter the medical or pharmacy insurance information for electronic benefits verification. Save insurance before adding another type." Below this, there is a section "Select Insurance Type" with two radio buttons: "Medical" (which is selected) and "Pharmacy". A purple box highlights the "Medical" radio button, and a purple arrow points from the text in step 3 to this box.

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.



The screenshot shows a form titled "Primary Medical Insurance - Future". It contains various input fields for insurance details, including "Search Accounts", "Plan Name", "Group", "Plan Type", "Effective Date", and "Expiration Date". A purple box highlights the "Save Changes" button at the bottom right of the form, and a purple arrow points from the text in step 4 to this button.

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

Patient Scenarios (cont.)

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: "Patient Name" (with a search icon), "Policy Holder", "Payer Phone", "Bourced from Health Exchange?" (dropdown menu), "Patient" (with a search icon and "Marcia Brady" selected), "Plan" (with a search icon), "Policy Number", "Plan Type", "Employer", "Group ID", "Effective Date" (with a calendar icon), and "Expiration Date" (with a calendar icon). At the bottom right, the "Add Medical Insurance" button is highlighted with a red box. Below the form, there is a "Diagnosis" section with a "Diagnosis Code" field containing "C142" and a description "Malignant neoplasm of left kidney, except renal pelvis".

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

The screenshot shows a form titled "Insurance Information" with the instruction "Please enter the medical or pharmacy insurance information for electronic benefits verification. Save insurance before adding another type." Below this, there is a "Select Insurance Type" section with two radio buttons: "Medical" (which is selected and highlighted with a red box) and "Pharmacy".

Patient Scenarios (cont.)

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.

A screenshot of a web form titled "Primary Medical Insurance - Future". The form contains several input fields: "Policy Holder" (empty), "Sourced from Health Exchange?" (dropdown menu with "--None--" selected), "Plan" (searchable dropdown), "Plan Type" (empty), "Group ID" (empty), and "Expiration Date" (empty). On the left side, there are fields for "Policy Name" (AETNA), "Patient" (Marcia Brady), "Policy Number" (AD1234), and "Effective Date" (1/1/2023). The "Effective Date" field is highlighted with a red box. At the bottom, there are "Add Medical Insurance" and "Add Diagnosis" buttons.

8 Click the "Save Changes" button to return to your patient list.

A screenshot of a web form titled "Secondary Medical Insurance - Future". The form contains several input fields: "Search Accounts" (dropdown), "Patient" (searchable dropdown), "Policy Name" (Marcia Brady), "Policy Number" (empty), "Plan" (searchable dropdown), "Plan Type" (empty), "Group ID" (empty), "Expiration Date" (empty), and "Effective Date" (1/1/2023). At the bottom, there is a "Save Changes" button highlighted with a red box. The form also includes a "Diagnosis" section with a "Add Diagnosis" button and a "Cancel" button at the very bottom.

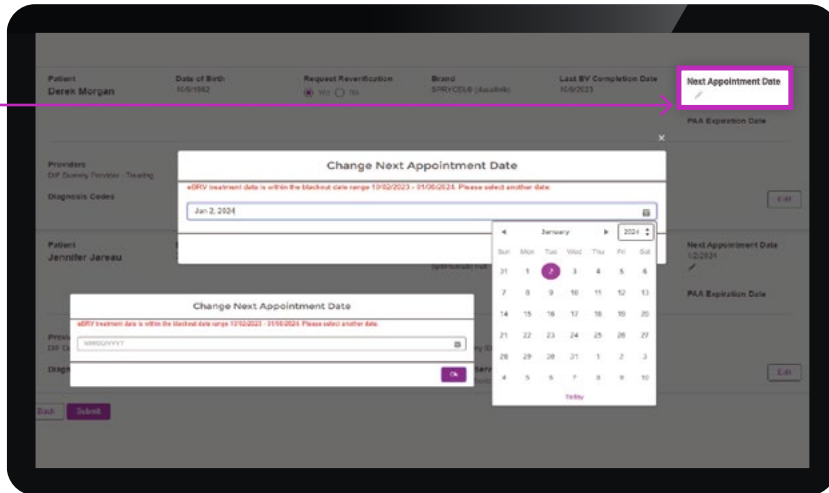
Information shown in the images on these pages is for example purposes only, not an actual patient's information.

Patient Scenarios (cont.)

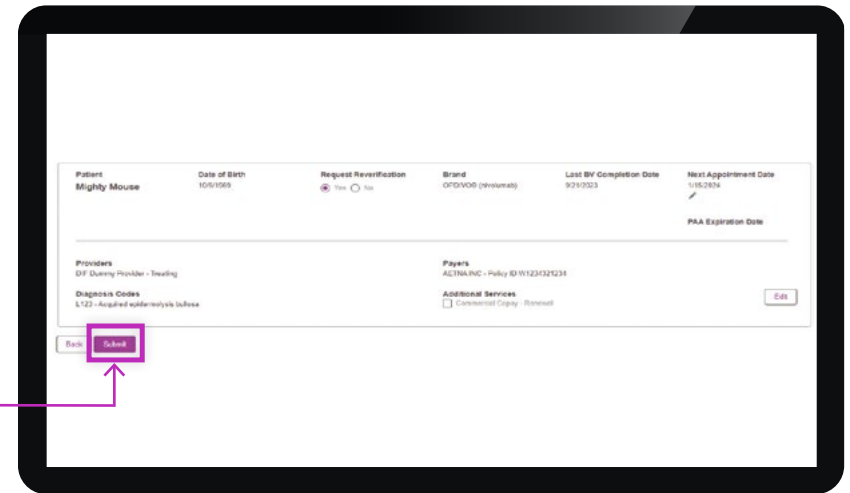
SCENARIO 5 (cont.)

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

- 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.



- Click the **SUBMIT** button.



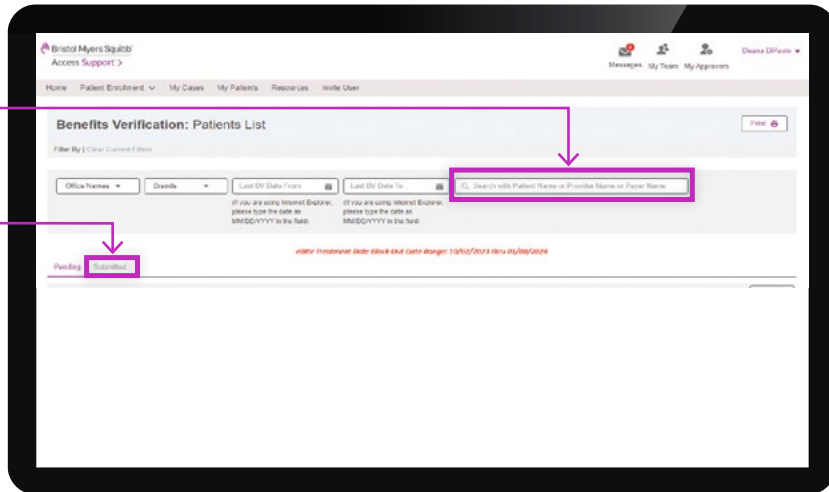
NOTE: You may disregard the **ADDITIONAL SERVICES** section as that is already part of your benefits review.

Patient Scenarios (cont.)

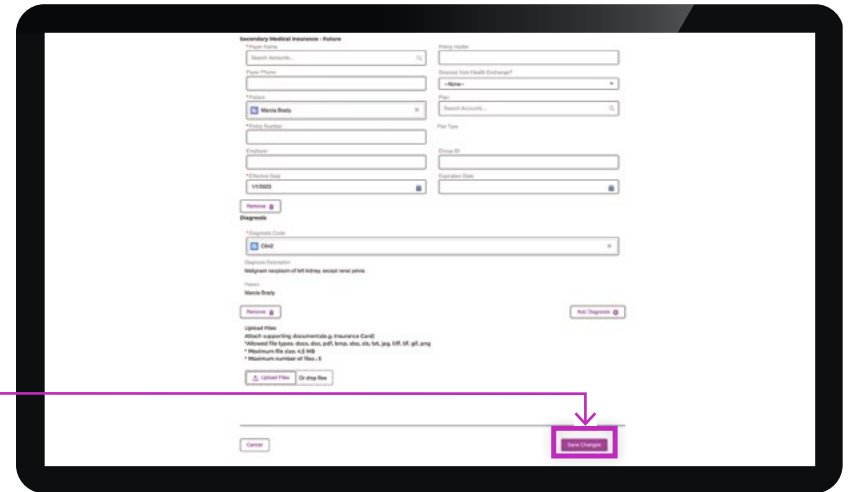
SCENARIO 6

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.

Patient Scenarios (cont.)

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**.

Benefits Verification: Patients List

Filter By | Clear Current Filters

Office Names Brands Last BV Date From Last BV Date To Search with Patient Name or Provider Name or Payer Name

(If you are using Internet Explorer, please type the date as MMDDYYYY in the field) (If you are using Internet Explorer, please type the date as MMDDYYYY in the field)

eBV Treatment Data Block Out Date Range: 10/02/2023 thru 01/08/2024

Pending Submitted

Patient	Date of Birth	Request Reverification	Brand	Last BV Completion Date	Next Appointment Date
Kang-Dae Desano	10/29/1976	<input type="radio"/> Yes <input type="radio"/> No	OPDIVOR (ivolumab)	4/27/2021	PAA Expiration Date 4/29/2026

Providers: TESTYFERRE TESTIER - Treating

Payers: ANTHEM BLUE CROSS AND BLUE SHIELD - Policy ID:HAUGJBB0WHTJM 97312 - Expires: 12/31/2021; MEDICARE NORTH CAROLINA (NC) - Policy ID:ZFQJUKJDLNF 852187 - Expires: 12/31/2021

Diagnosis Codes: C2490 - Malignant neoplasm of unspecified part of unspecified bronchus or lung

Additional Services: Commercial Supply - Initial

- 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 the fax number located at the top right corner of the Form.
- Have patient complete eSignature at <https://www.bmsaccesssupport.bmscustomerconnect.com/sign>
- Fax completed paper form to the fax number located at the top right corner of the form.

- 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 re-verifies 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 in pocket.

[†]Select BMS Medications = OPDIVO® (nivolumab), YERVOY® (ipilimumab), OPDUALAG™ (nivolumab and relatlimab-rmbw), EMLICITI® (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



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