



Your Guide to Completing Electronic Benefits Re-Verification (eBRV)

For your patients enrolled
in ORENCIA On Call™

Visit the Portal www.ORENCIAportal.com

Questions?



Call the On Call support program at **1-800-ORENCIA (673-6242)**
8 AM to 8 PM ET, Monday-Friday, or contact your
BMS Access and Reimbursement Manager



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Welcome to Your eBRV Resource Guide

On Call is committed to helping currently enrolled patients with continued access to ORENCIA® (abatacept) intravenous (IV) or subcutaneous (SC) 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 re-verify patient coverage in a few simple steps through the On Call provider portal.

GETTING STARTED

- ✓ VISIT www.ORENCIAportal.com
- ✓ ENTER your email address and password to login
- ✓ OPEN the dashboard

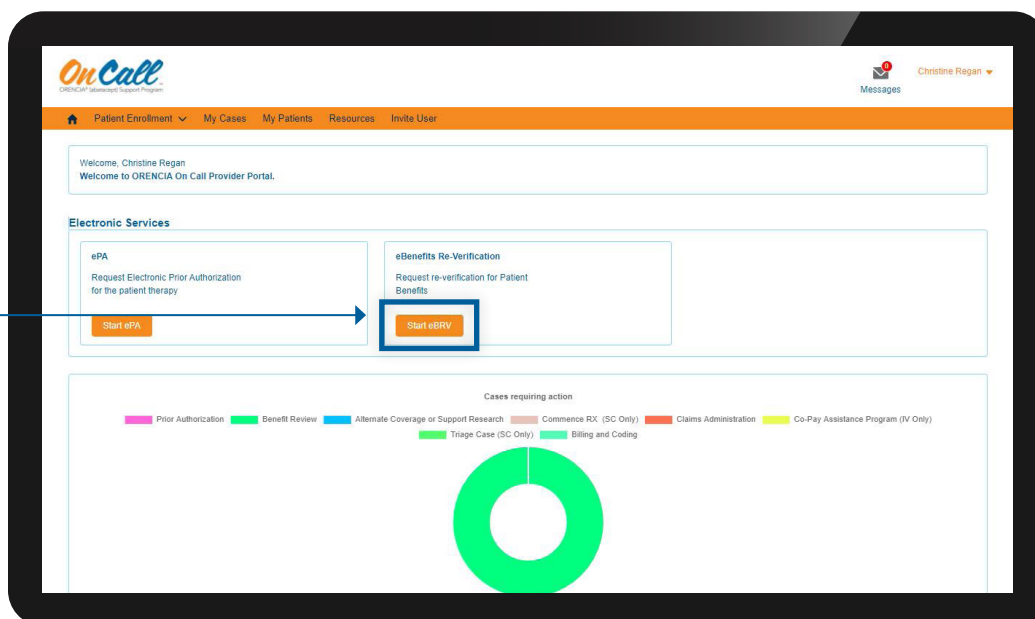
Password Assistance

Your password is valid for 90 days. You will be reminded to reset your password via your registered email address at 14 days 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

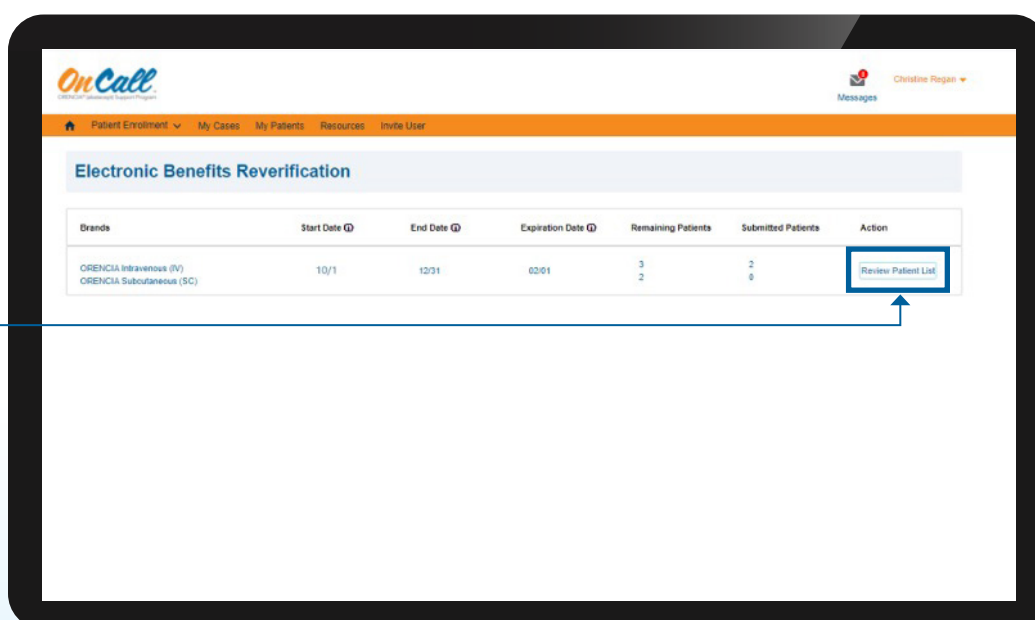
Your dashboard provides you with a menu of quick actions you can take to access re-verification.

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



Accessing Your Patient List

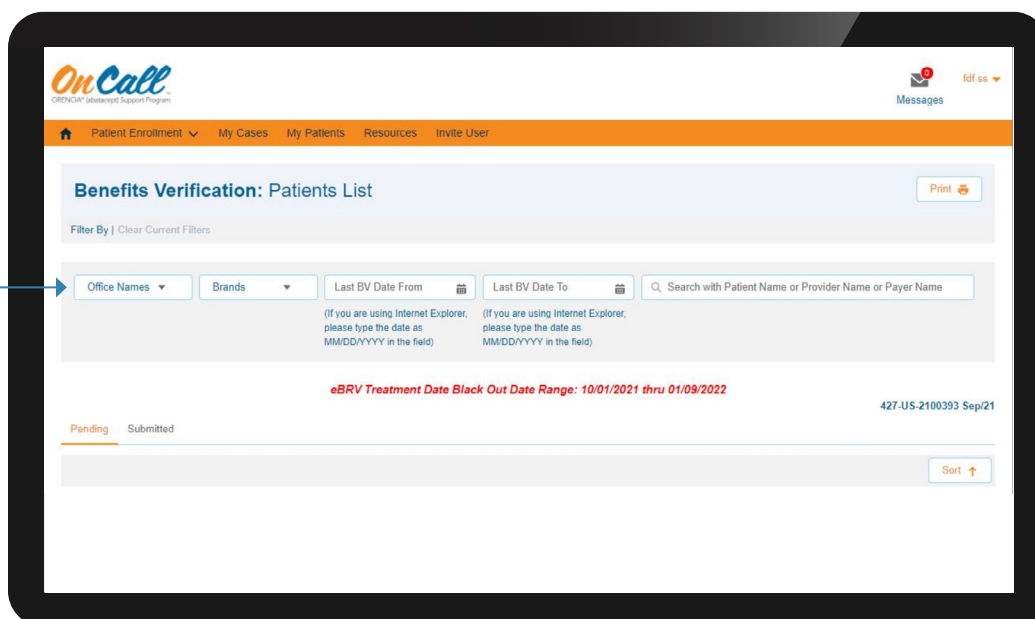
- ✓ On the Electronic Benefits Re-verification screen, click **REVIEW PATIENT LIST**.



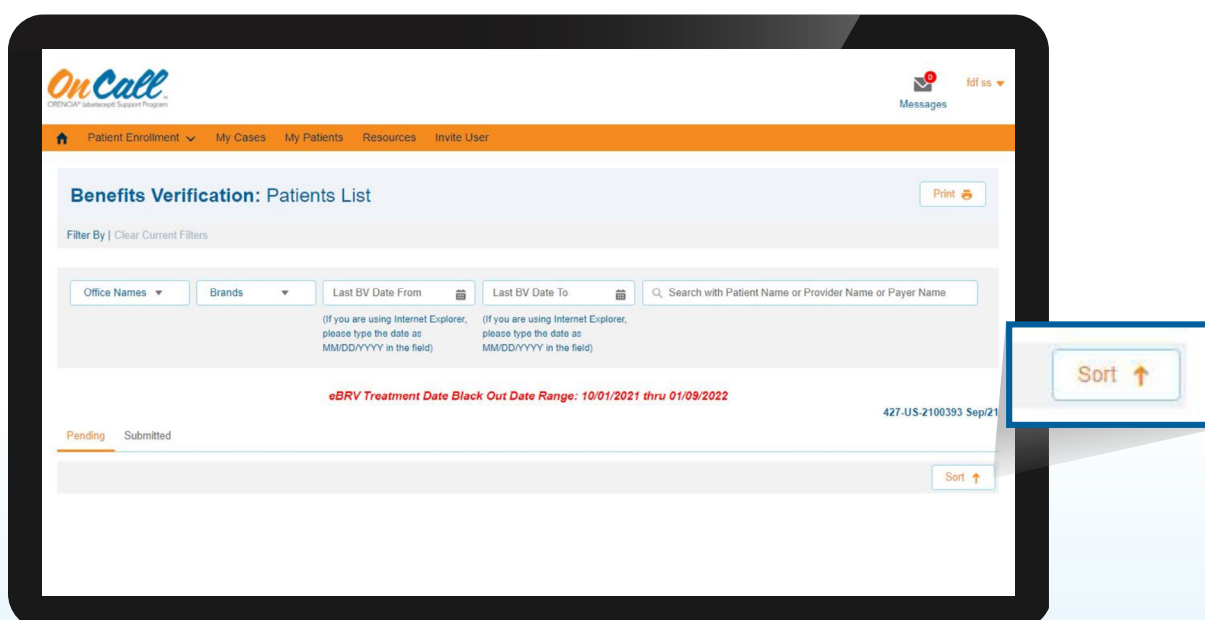
Managing Your Patient List

Viewing Preferences

- ✓ You can change how you view your patient list using the Filter, Sort, and Search options.



NEW: You can also now sort your list alphabetically by patient name, in ascending or descending order.

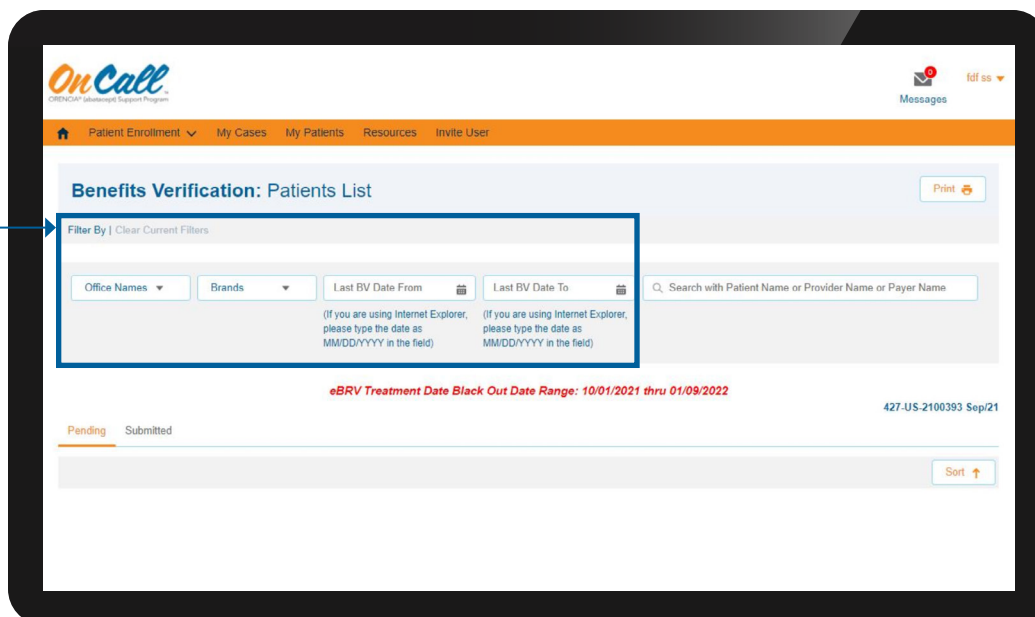


Finding a Specific Patient

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, and Last BV Date (From and To).



The screenshot shows the 'Benefits Verification: Patients List' page. A blue box highlights the 'Filter By' section, which includes:

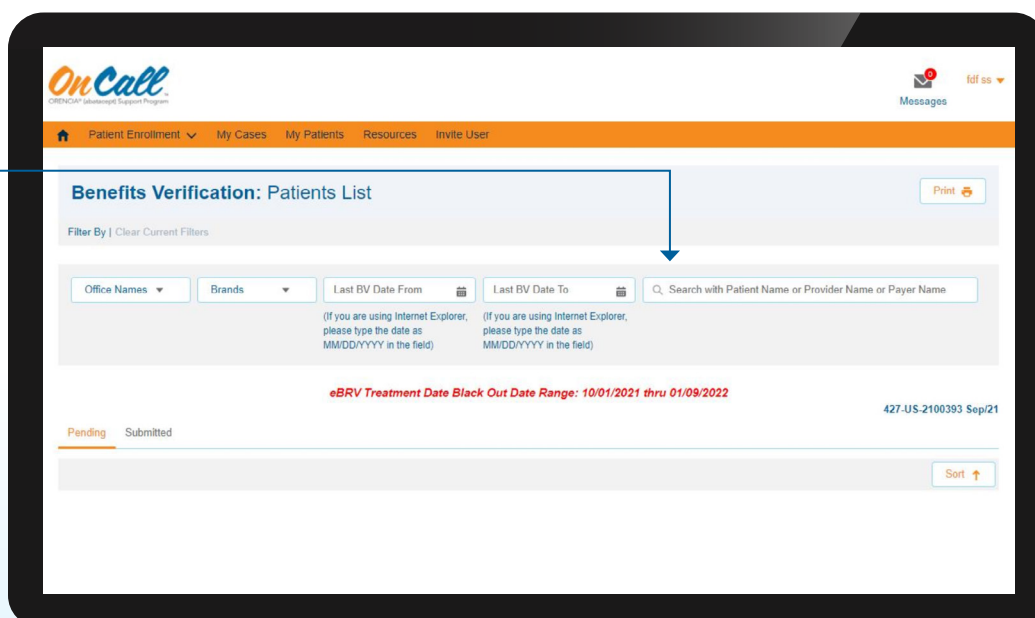
- Office Names (dropdown)
- Brands (dropdown)
- Last BV Date From (calendar icon)
- Last BV Date To (calendar icon)
- Search with Patient Name or Provider Name or Payer Name (text input)

Below the filters, there is a red banner indicating the 'eBRV Treatment Date Black Out Date Range: 10/01/2021 thru 01/09/2022'. At the bottom, there are tabs for 'Pending' and 'Submitted', and a 'Sort' button.

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

✓ USING THE SEARCH BAR

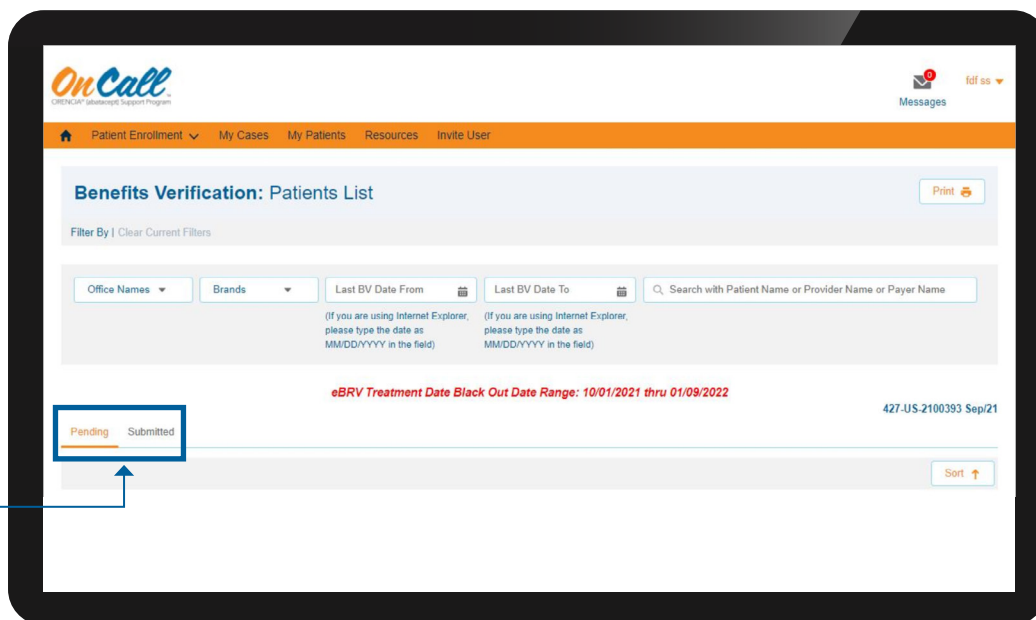
This option allows you to search by typing in a patient's name, a provider's name, or a payer.



The screenshot shows the same 'Benefits Verification: Patients List' page. A blue arrow points to the search bar, which is located to the right of the filter section. The search bar is labeled 'Search with Patient Name or Provider Name or Payer Name'.

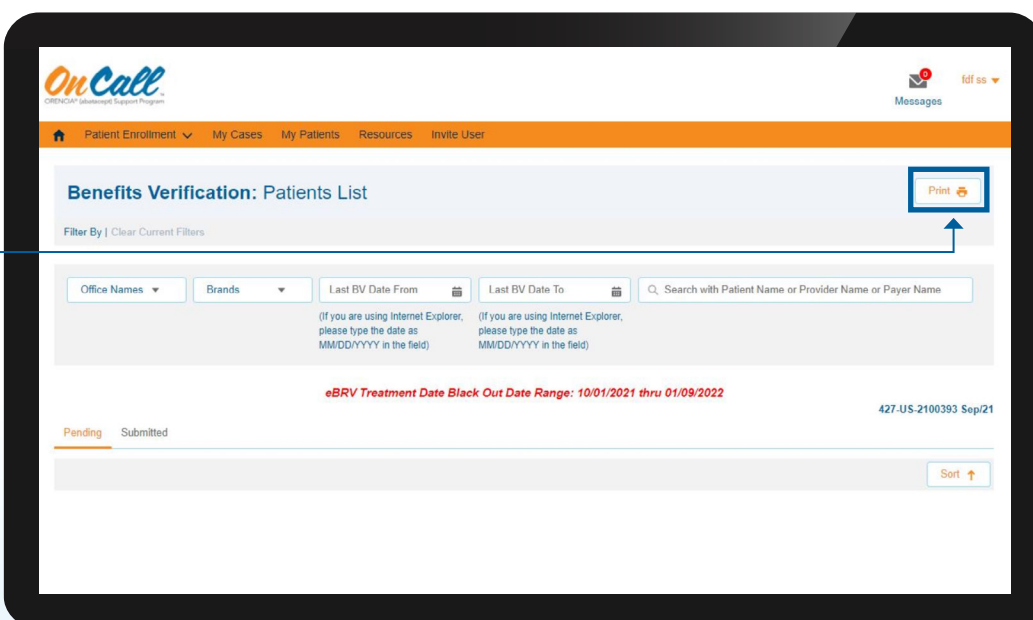
Keeping Track of Your Patient List

- ✓ 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 October 1, 2021, you can begin the re-verification 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 re-verification

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

Patient RVTest02 Test02	Date of Birth 5/1/1978	Request Reverification ☐ Yes ☒ No	Brand ORENCIA Intravenous (IV)	Last BV Completion Date	Next Appointment Date
Providers JOHN ALEXANDER SMITH - Treating			Payers		
Diagnosis Codes			Additional Services ☐ Prior Authorization - Re-Authorization ☐ Commercial Copay - Initial		
			Edit		

- 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.

Pending
Submitted

Sort ↑

Patient RVTest02 Test02	Date of Birth 5/1/1978	Request Reverification ☐ Yes ☒ No	Brand ORENCIA Intravenous (IV)	Last BV Completion Date	Next Appointment Date
Providers JOHN ALEXANDER SMITH - Treating			Payers		
Diagnosis Codes			Additional Services ☐ Prior Authorization - Re-Authorization ☐ Commercial Copay - Initial		
			Edit		

Patient RVTest01 Test01	Date of Birth 5/1/1978	Request Reverification ☐ Yes ☒ No	Brand ORENCIA Intravenous (IV)	Last BV Completion Date	Next Appointment Date
Providers JOHN ALEXANDER SMITH - Treating			Payers BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID: 123456		
Diagnosis Codes			Additional Services ☐ Prior Authorization - Re-Authorization ☐ Commercial Copay - Initial		
			Edit		

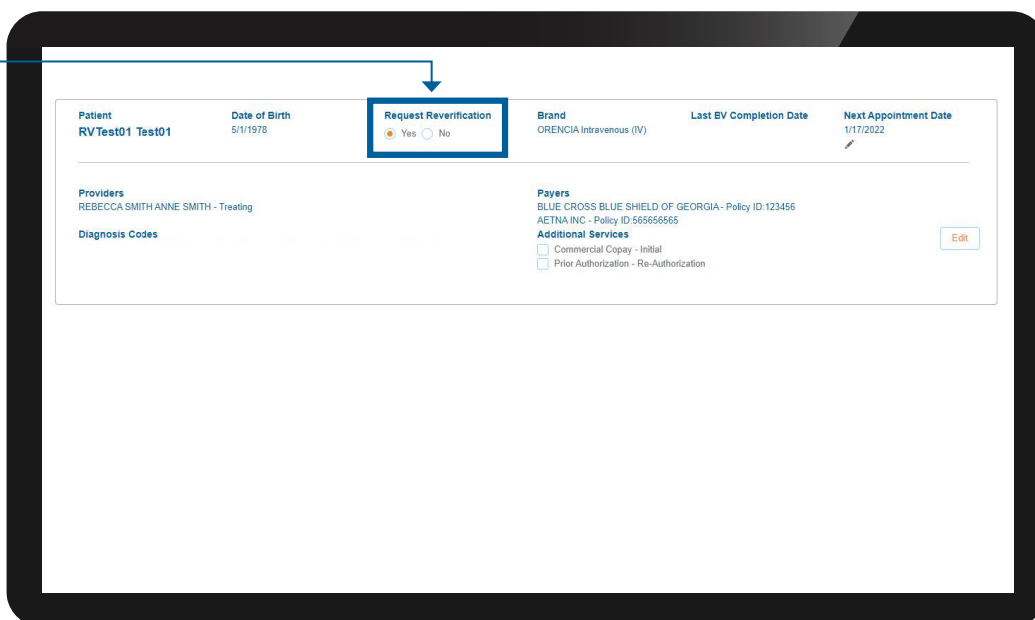
[Back](#)
[Submit](#)

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

SCENARIO 2

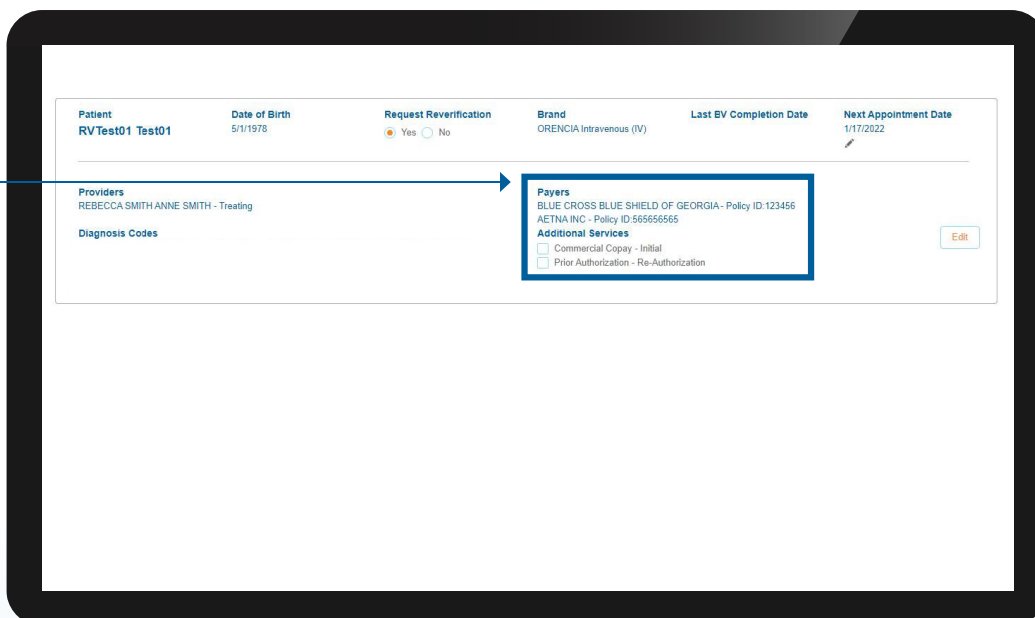
Your patient requires re-verification, but has NO changes to their primary or secondary insurance

- 1 In the patient tile, click **YES** in the **REQUEST RE-VERIFICATION** section.



Patient RVTest01 Test01	Date of Birth 5/1/1978	Request Reverification ☒ Yes ☐ No	Brand ORENCIA Intravenous (IV)	Last EV Completion Date	Next Appointment Date 1/17/2022
Providers REBECCA SMITH ANNE SMITH - Treating Diagnosis Codes			Payers BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID:123456 AETNA INC - Policy ID:565656565 Additional Services ☐ Commercial Copay - Initial ☐ Prior Authorization - Re-Authorization		

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



Patient RVTest01 Test01	Date of Birth 5/1/1978	Request Reverification ☒ Yes ☐ No	Brand ORENCIA Intravenous (IV)	Last EV Completion Date	Next Appointment Date 1/17/2022
Providers REBECCA SMITH ANNE SMITH - Treating Diagnosis Codes			Payers BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID:123456 AETNA INC - Policy ID:565656565 Additional Services ☐ Commercial Copay - Initial ☐ Prior Authorization - Re-Authorization		

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

SCENARIO 2 (cont.)

Your patient requires re-verification, but has NO changes to their primary or 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 1, 2021 – January 9, 2022, a notice will appear.

The screenshot shows a patient record for RVTest01 Test01. The 'Next Appointment Date' field is highlighted with a blue box and an arrow pointing to it. Below the main form, a 'Change Next Appointment Date' dialog box is open, showing a calendar for January 2022. A red error message is displayed: 'eBRV treatment date is within the blackout date range 10/01/2021 - 01/09/2022. Please select another date.' The 'Next Appointment Date' field is highlighted with a blue box and an arrow pointing to it.

- Click the **SUBMIT** button.

The screenshot shows the same patient record, but the 'Next Appointment Date' field is now populated with '1/17/2022'. The 'SUBMIT' button is highlighted with a blue box and an arrow pointing to it.



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

SCENARIO 3

Your patient needs to be re-verified and has had changes or updates to their **PRIMARY** insurance

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

The screenshot shows a patient tile for 'RVTest01 Test01' with a date of birth of 5/1/1978. It includes fields for 'Request Reverification' (Yes/No), 'Brand' (ORENCIA Intravenous (IV)), 'Last BV Completion Date', and 'Next Appointment Date'. Below these are sections for 'Providers' (JOHN ALEXANDER SMITH - Treating), 'Payers' (BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID:123456), and 'Additional Services' (Prior Authorization - Re-Authorization, Commercial Copay - Initial). An 'Edit' button is located in the top right corner of the tile, indicated by a blue arrow from the instruction.

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

The screenshot shows the 'Primary Medical Insurance - Future' form. It contains several required fields marked with an asterisk (*): Payer Name, Payer Phone, Patient (selected as 'Test One'), Policy Number, Employer, Effective Date (set to 1/1/2022), Policy Holder, Sourced from Health Exchange? (set to '--None--'), Plan (with a search field), Plan Type, Group ID, and Expiration Date. There is a 'Remove' button with a trash icon on the left and an 'Add Medical Insurance' button with a plus icon on the right. A blue arrow points to the 'Add Medical Insurance' button from the instruction.

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

SCENARIO 3 (cont.)

Your patient needs to be re-verified and has had changes or updates to their PRIMARY insurance

- Enter primary insurance information by selecting **MEDICAL** and then **PRIMARY** from the drop-down menu. Then click the **SAVE CHANGES** button.

The screenshot shows a form titled "Primary Medical Insurance" with various fields for entering insurance information. The "Payer Name" field is populated with "AETNA INC". The "Patient" field is populated with "Test Portales2". The "Effective Date" field is populated with "1/1/2022". The "Add Medical Insurance" button is highlighted with a blue arrow pointing to it from the instruction text.

- 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" form. The "Effective Date" field is populated with "1/1/2022". The "Add Medical Insurance" button is highlighted with a blue arrow pointing to it from the instruction text.

SCENARIO 3 (cont.)

Your patient needs to be re-verified and has had changes or updates to their **PRIMARY** insurance

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

The screenshot shows a patient verification form with the following fields:

- Payer Name:** AETNA INC
- Payer Phone:**
- Patient:** Test One
- Policy Number:**
- Employer:**
- Effective Date:** 1/1/2022
- Policy Holder:**
- Sourced from Health Exchange?:** --None--
- Plan:** Search Accounts...
- Plan Type:**
- Group ID:**
- Expiration Date:**
- Buttons:** Remove, Add Medical Insurance, Add Diagnosis, Upload Files, Or drop files, Cancel, Save Changes.

- 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 1, 2021 – January 9, 2022, a notice will appear.

The screenshot shows the patient verification form with the following details:

- Patient:** RVTest01 Test01
- Date of Birth:** 5/1/1978
- Request Reverification:** Yes No
- Brand:** ORENCIA Intravenous (IV)
- Last BV Completion Date:**
- Next Appointment Date:** (highlighted with a pencil icon)
- Providers:** JOHN ALEXANDER SMITH - Treating
- Payers:** BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID:123456
- Diagnosis Codes:**
- Additional Services:** Prior Authorization - Re-Authorization, Commercial Copay - Initial
- Buttons:** Back, Submit, Edit

A date picker is open, showing a calendar for the month of October 2021. A message box is displayed with the text: "Change Next Appointment Date. eBRV treatment date is within the blackout date range 10/01/2021 - 01/09/2022. Please select another date." The message box includes a date input field and a "OK" button.

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

SCENARIO 3 (cont.)

Your patient needs to be re-verified and has had changes or updates to their PRIMARY insurance

7 Click the **SUBMIT** button.

Patient: RVTest01 Test01
 Date of Birth: 5/1/1978
 Request Reverification: ☐ Yes ☐ No
 Brand: ORENCIA Intravenous (IV)
 Last BV Completion Date:
 Next Appointment Date:
 Providers: JOHN ALEXANDER SMITH - Treating
 Payers: BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID:123456
 Diagnosis Codes:
 Additional Services: ☐ Prior Authorization - Re-Authorization ☐ Commercial Copay - Initial
 Buttons: Back, Submit, Edit



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

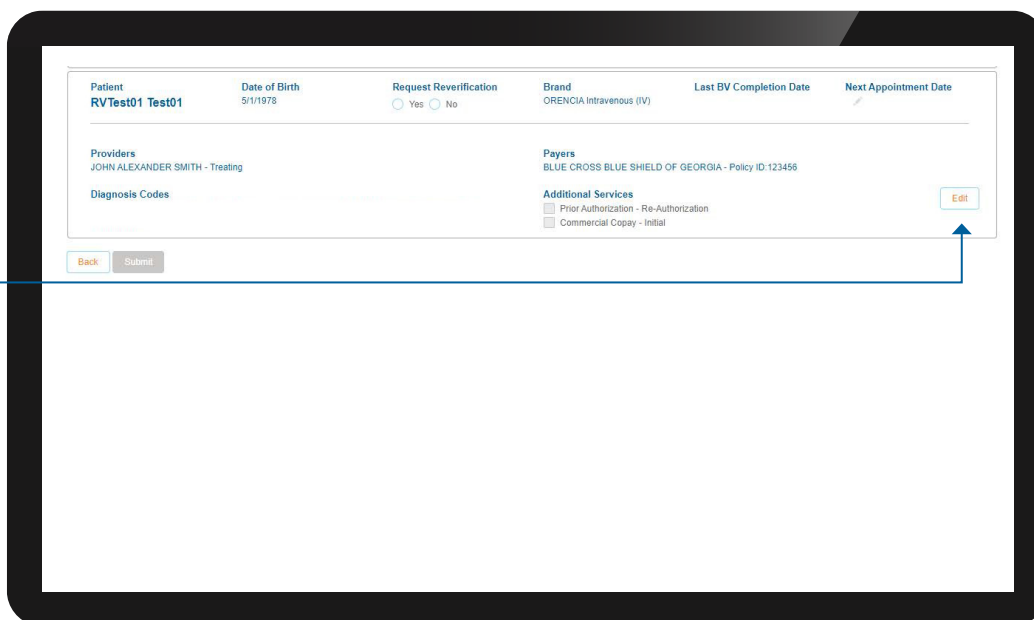
Please note that this portal system is unable to remove active insurance. If a patient's active insurance information is attempted to be removed, the error message shown in the image below will appear.

OnCall
 Error: Active Insurance Cannot be removed
 Christine Regan
 Patient Enrollment My Cases My Patients Resources Invite User
 Electronic Benefits Verification
 Patient: Test One
 Patient Office: GOLDEN_SITE_11, 123 Fake st STE 101, CURTIS, TX 75951
 Patient Provider: JOHN ALEXANDER SMITH, Treating, 1033138490
 Selected Brands: ORENCIA Subcutaneous (SC)
 Insurance Information: Please enter the medical or pharmacy insurance information for electronic benefits verification. Save insurance before adding another type.
 Select Insurance Type: ☒ Medical ☐ Pharmacy
 Primary Medical Insurance - Active
 Payer Name: UNITED HEALTHCARE
 Payer Phone:
 Patient: Test One
 Policy Number: 153876000
 Employer:
 Effective Date:
 Expiration Date: 01/01/2022
 Buttons: Remove, Add Medical Insurance

SCENARIO 4

Your patient needs to be re-verified and has had changes or updates to their **SECONDARY** insurance

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



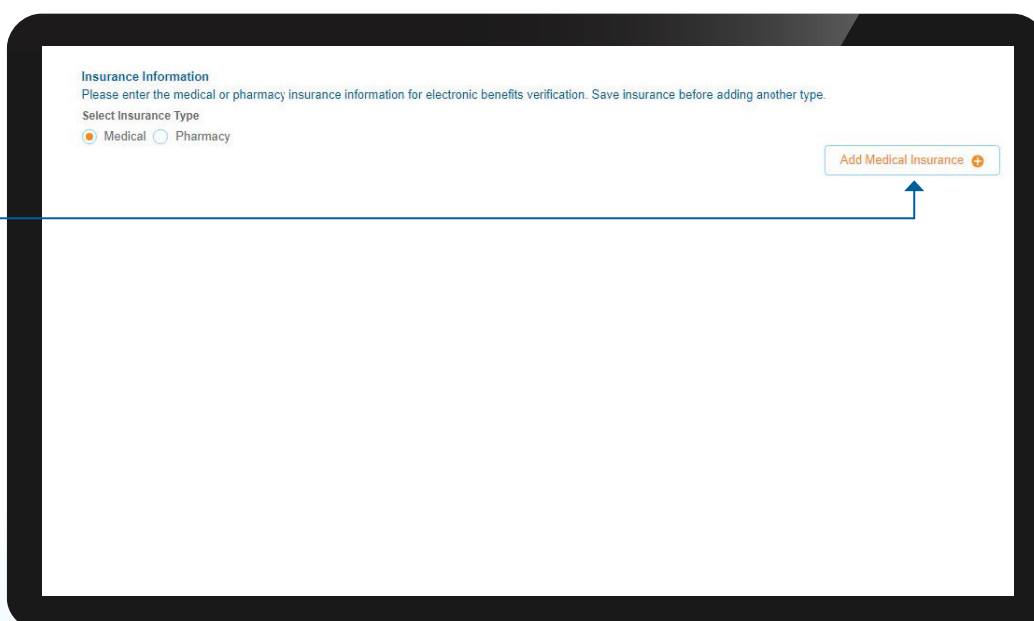
The screenshot shows a patient information form with the following fields:

- Patient:** RVTest01 Test01
- Date of Birth:** 5/1/1978
- Request Reverification:** ☐ Yes ☐ No
- Brand:** ORENCIA Intravenous (IV)
- Last BV Completion Date:**
- Next Appointment Date:**
- Providers:** JOHN ALEXANDER SMITH - Treating
- Payers:** BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID: 123456
- Diagnosis Codes:**
- Additional Services:**
 - ☐ Prior Authorization - Re-Authorization
 - ☐ Commercial Copay - Initial

At the bottom right of the form, there is an **Edit** button. A blue arrow points from the '1' in the instruction list to this button. At the bottom left, there are **Back** and **Submit** buttons.

Information shown in the image above is for example purposes only, not an actual patient's information.

- 2 Click the **ADD MEDICAL INSURANCE** button below the Insurance Information section.



The screenshot shows the **Insurance Information** section with the following content:

- Insurance Information**
- Please enter the medical or pharmacy insurance information for electronic benefits verification. Save insurance before adding another type.
- Select Insurance Type:**
 - ☒ Medical
 - ☐ Pharmacy

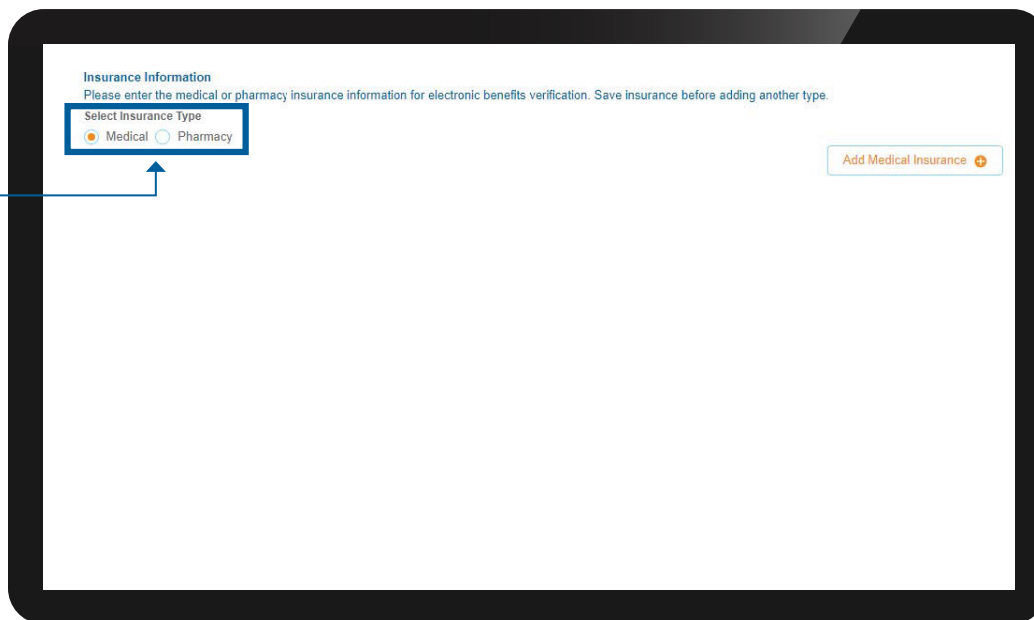
At the bottom right of the section, there is an **Add Medical Insurance** button with a plus icon. A blue arrow points from the '2' in the instruction list to this button.

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

SCENARIO 4 (cont.)

Your patient needs to be re-verified and has had changes or updates to their **SECONDARY** insurance

- Re-enter Primary Future insurance information by selecting **MEDICAL** and then **PRIMARY** from the drop-down menu.



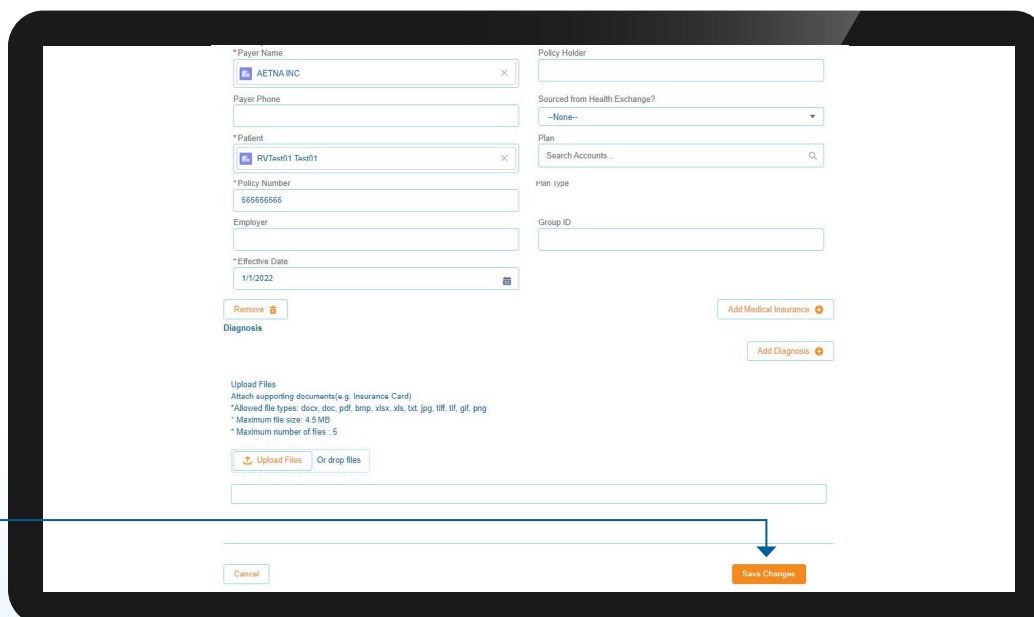
Insurance Information
Please enter the medical or pharmacy insurance information for electronic benefits verification. Save insurance before adding another type.

Select Insurance Type

☒ Medical
 ☐ Pharmacy

Add Medical Insurance 

- 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.



*Payer Name
AETNA INC

Payer Phone

*Patient
RVTest01 Test01

*Policy Number
565656565

Employer

*Effective Date
1/1/2022

Remove 

Diagnosis

Policy Holder

Sourced from Health Exchange?
--None--

Plan
Search Accounts...

Plan type

Group ID

Add Medical Insurance 

Add Diagnosis 

Upload Files
Attach supporting documents (e.g. Insurance Card)
*Allowed file types: doc, docx, pdf, bmp, xlsx, xls, txt, jpg, gif, tiff, gif, png
*Maximum file size: 4.5 MB
*Maximum number of files: 5

Upload Files Or drop files

Cancel

Save Changes

Information shown in the image above is for example purposes only, not an actual patient's information.

SCENARIO 4 (cont.)

Your patient needs to be re-verified and has had changes or updates to their **SECONDARY** insurance

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

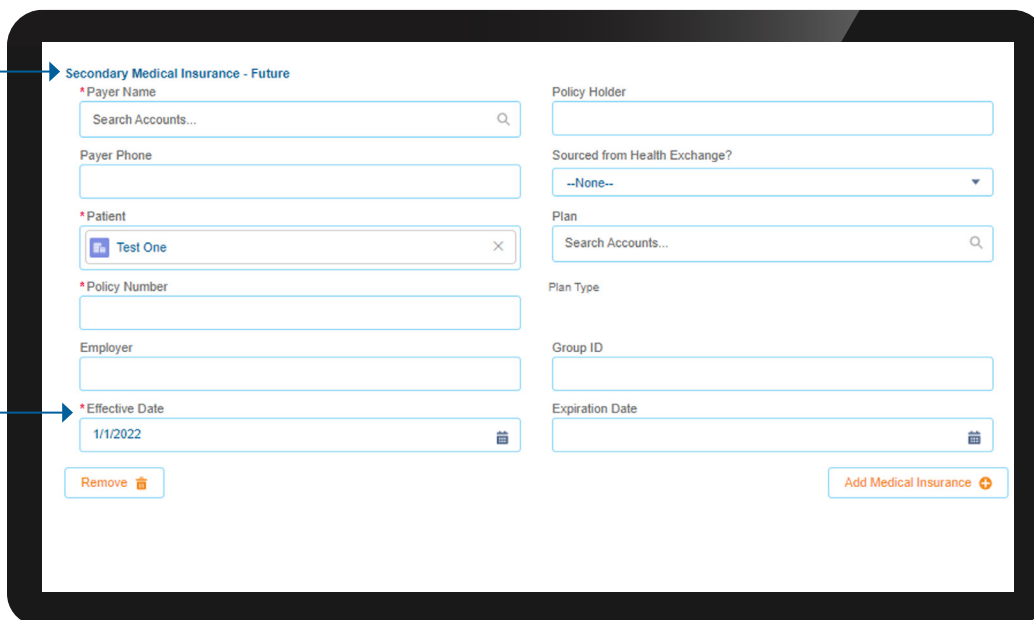
Information shown in the image above is for example purposes only, not an actual patient's information.

- Enter secondary insurance information by selecting **MEDICAL** and then **SECONDARY** from the drop-down menu.

SCENARIO 4 (cont.)

Your patient needs to be re-verified 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.



Secondary Medical Insurance - Future

* Payer Name
Search Accounts...

Payer Phone

* Patient
Test One

* Policy Number

Employer

* Effective Date
1/1/2022

Policy Holder

Sourced from Health Exchange?
--None--

Plan
Search Accounts...

Plan Type

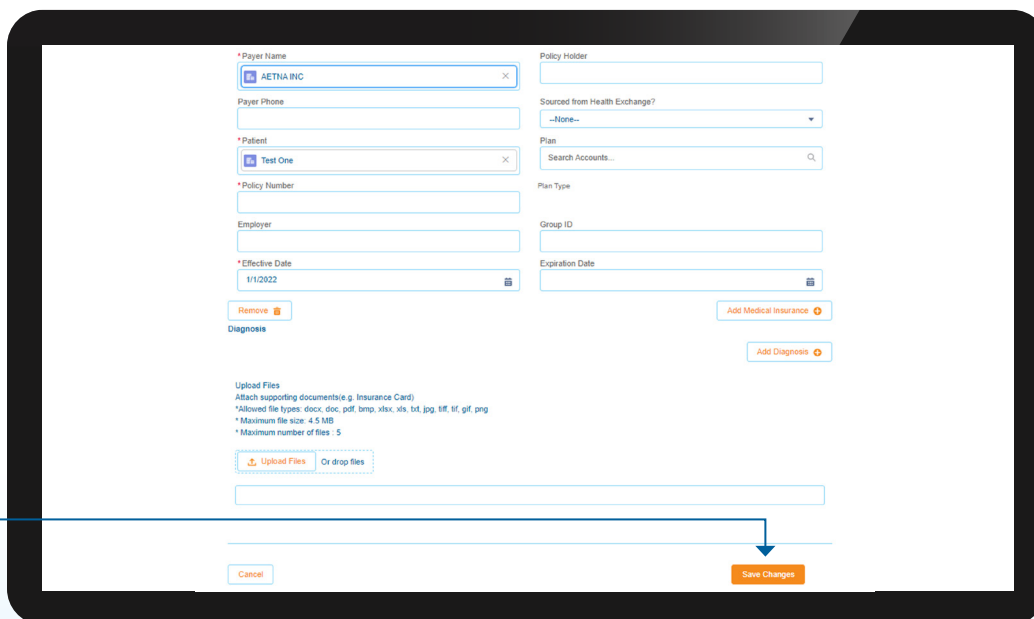
Group ID

Expiration Date

Remove

Add Medical Insurance

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



* Payer Name
AETHA INC

Payer Phone

* Patient
Test One

* Policy Number

Employer

* Effective Date
1/1/2022

Policy Holder

Sourced from Health Exchange?
--None--

Plan
Search Accounts...

Plan Type

Group ID

Expiration Date

Remove

Add Medical Insurance

Diagnosis

Upload Files
Attach supporting documents (e.g. Insurance Card)
* Allowed file types: docx, doc, pdf, bmp, xls, xlsx, ppt, pptx, gif, png
* Maximum file size: 4.5 MB
* Maximum number of files: 5

Upload Files Or drop files

Cancel

Save Changes

SCENARIO 4 (cont.)

Your patient needs to be re-verified 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 1, 2021 – January 9, 2022, a notice will appear.

The screenshot shows a patient verification form for Patient RVTest01 Test01, Date of Birth 5/1/1978, and Brand ORENCIA Intravenous (IV). The 'Next Appointment Date' field is highlighted with a blue box and a pencil icon. A calendar overlay is shown, and a message indicates that the selected date is within the blackout period from 10/01/2021 to 01/09/2022. The form also includes sections for Providers (JOHN ALEXANDER SMITH - Treating), Payers (BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID: 123456), and Additional Services (Prior Authorization - Re-Authorization, Commercial Copay - Initial).

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

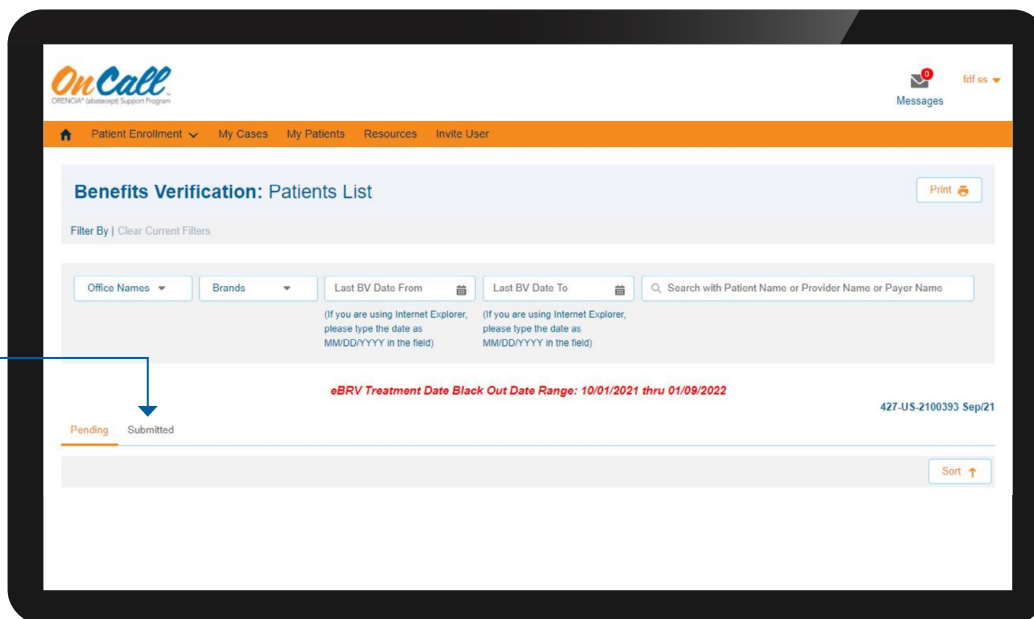
- Click the **SUBMIT** button.

The screenshot shows the same patient verification form as above, but with the 'SUBMIT' button highlighted by a blue arrow. The 'Next Appointment Date' field now shows a date (10/1/2021) and the 'Additional Services' section is visible.

SCENARIO 5

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.



OnCall
ORENCIA® (abatacept) Support Program

Messages  fdl as

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[My Patients](#)
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[Invite User](#)

Benefits Verification: Patients List

Print 

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

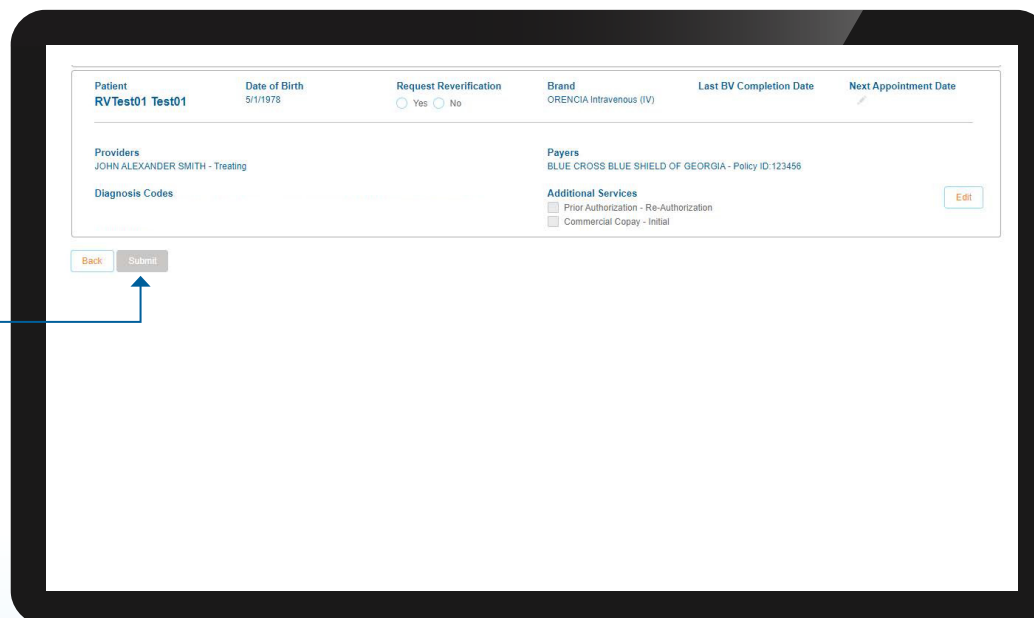
eBRV Treatment Date Black Out Date Range: 10/01/2021 thru 01/09/2022

427-US-2100393 Sep/21

Pending Submitted

Sort 

- 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 Re-verification. Then click the **SUBMIT** button.



Patient: RVTest01 Test01 Date of Birth: 5/1/1978 Request Reverification: ☐ Yes ☐ No Brand: ORENCIA Intravenous (IV) Last BV Completion Date: Next Appointment Date:

Providers: JOHN ALEXANDER SMITH - Treating Payers: BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID: 123456

Diagnosis Codes: Additional Services: ☐ Prior Authorization - Re-Authorization ☐ Commercial Copay - Initial [Edit](#)

[Back](#) [Submit](#)

Information shown in the image above is for example purposes only, not an actual patient's information.



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

Need Extra Support?

We're here to make the re-verification process as seamless as possible for you. If you have any questions or require further information or assistance, please feel free to reach out to us. BMS is committed to helping you help your patients get the medications they need.



Contact Your BMS Access and Reimbursement Manager

for general assistance and to schedule an office visit



Call the On Call Support Program at 1-800-ORENCIA (673-6242)

8 AM to 8 PM ET, Monday-Friday



Visit www.ORENCIAhcp.com

for information and resources, including the On Call program enrollment form, to help your patients with access to ORENCIA® (abatacept)

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.