



Your Guide to Completing
**Electronic Benefits
Re-Verification (eBRV)**
For your patients enrolled in BMS Access Support®

➤ Visit the Portal www.MyBMSCases.com

Questions?



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

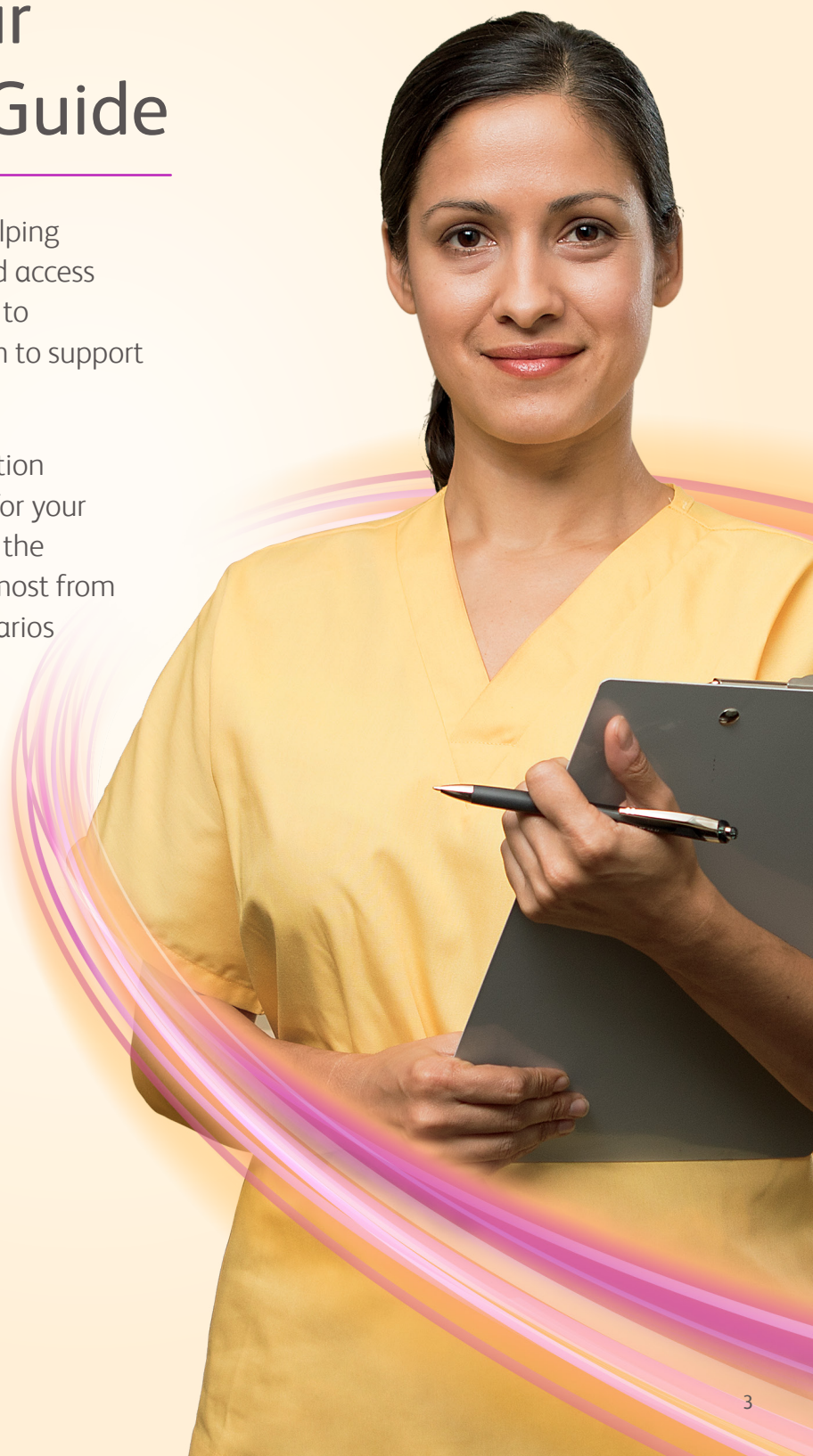
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Welcome to Your eBRV Resource Guide

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

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



Let's Get Started!

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

Getting Started



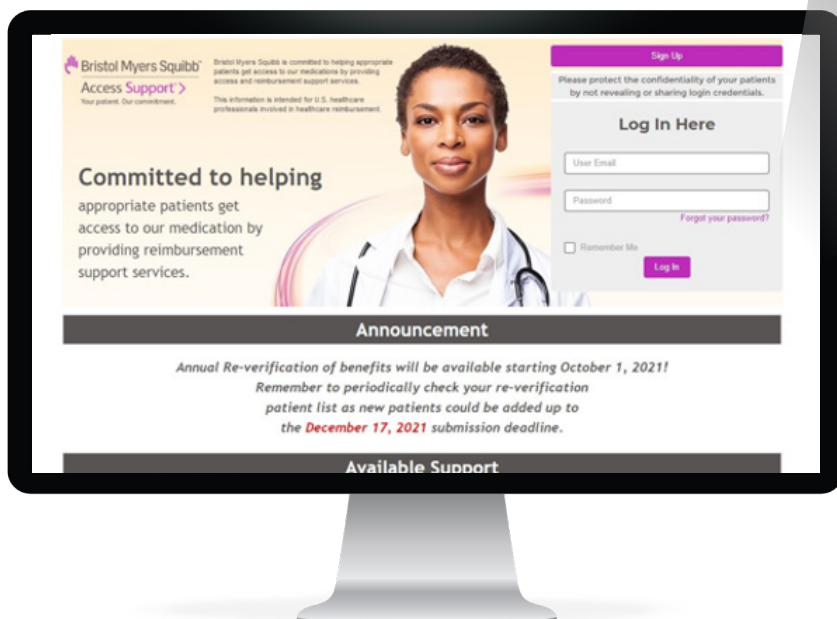
Visit www.MyBMScases.com



Enter your email address and password to login



Open the dashboard



Sign Up

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

Log In Here

User Email

Password

Forgot your password?

☐ Remember Me

Log In

Password Assistance

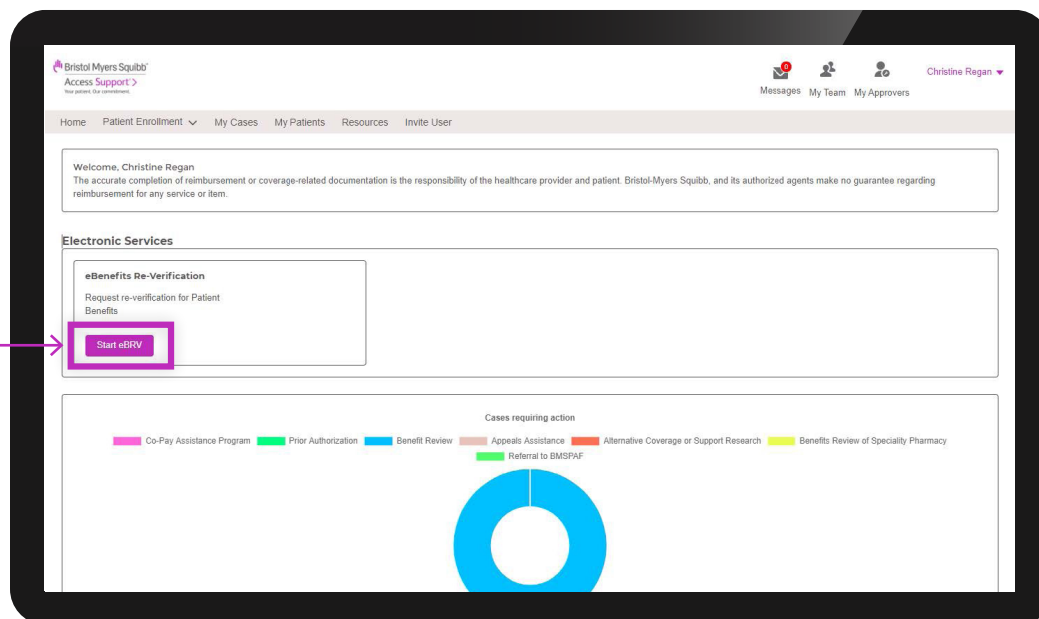
Your password is valid for 90 days. You will be reminded to reset your password via your registered email address at 14 days and then again at 7 days before it expires. If you missed the email communication, you can reset your password by selecting **FORGOT YOUR PASSWORD?** in the **LOG IN HERE** section 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

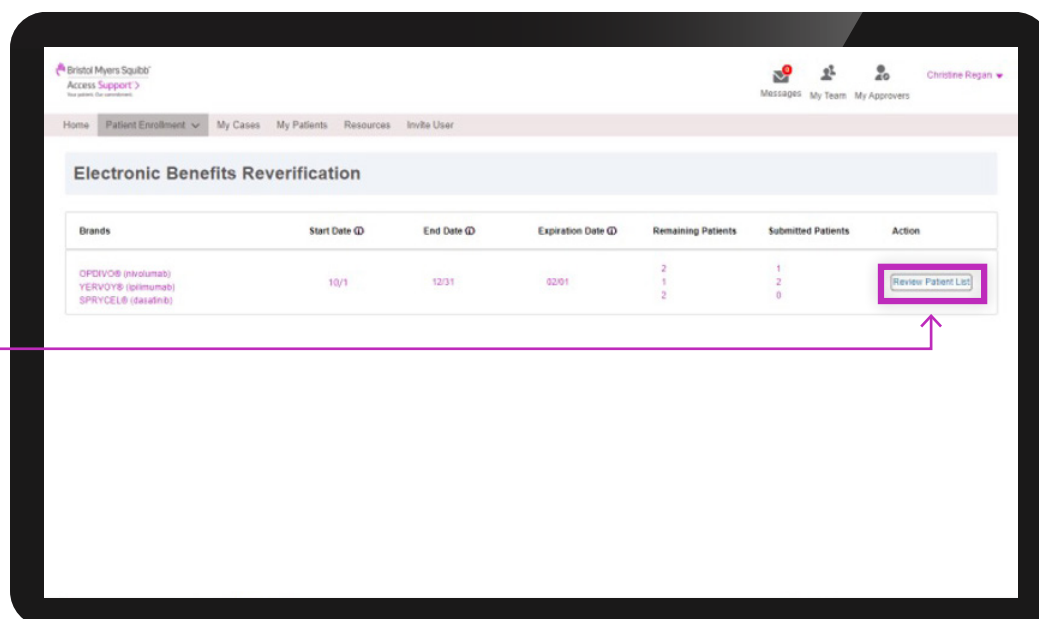
Your dashboard provides you with a menu of quick actions you can take to access re-verification.

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



Accessing Your Patient List

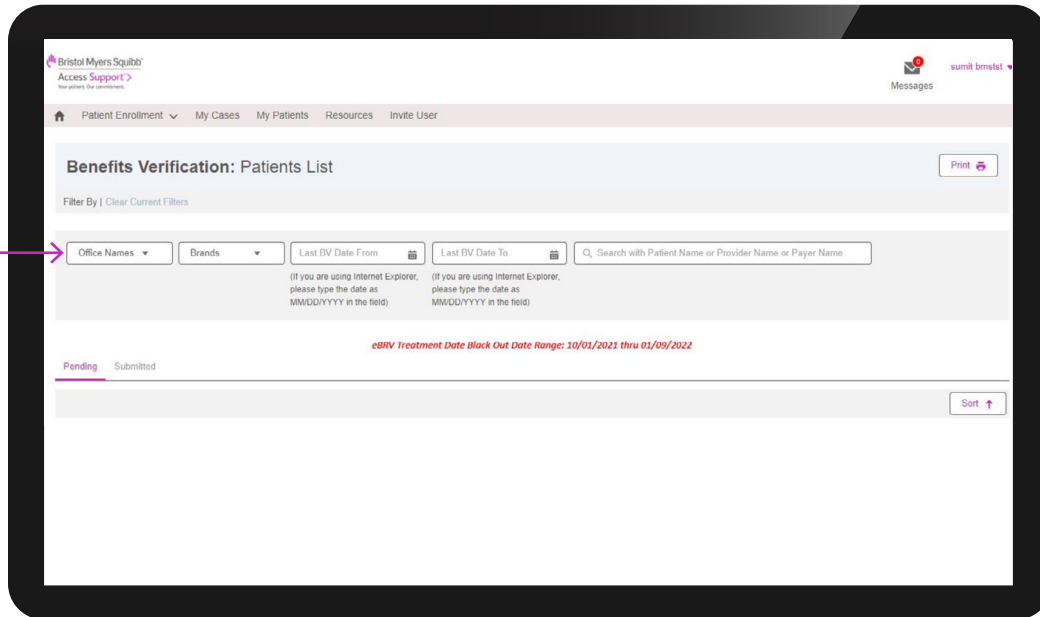
- ✓ On the Electronic Benefits Re-verification screen, click **REVIEW PATIENT LIST**.



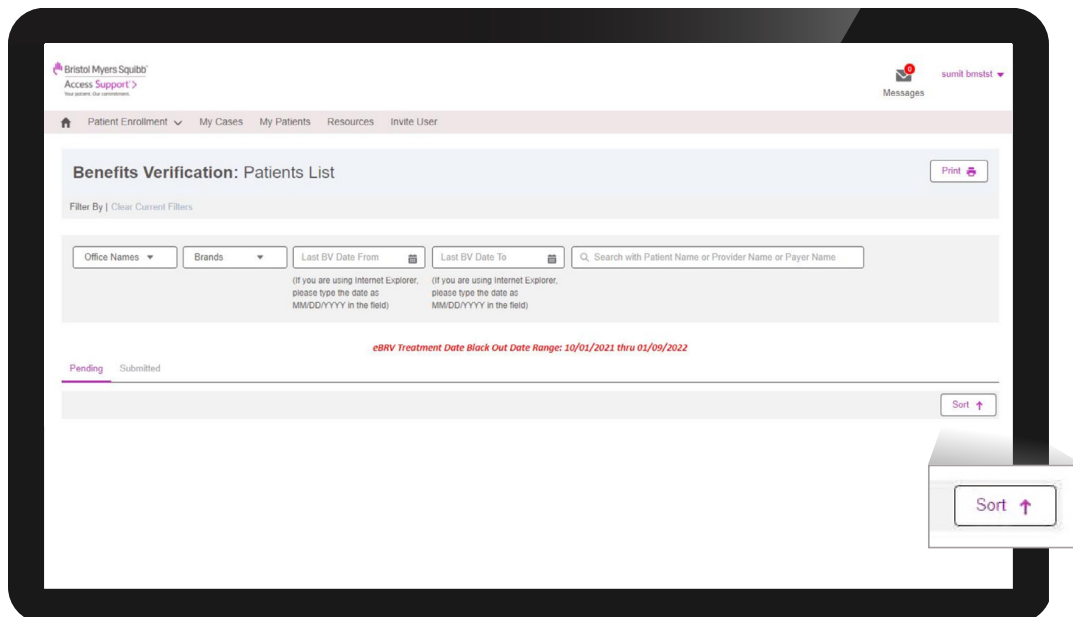
Managing Your Patient List

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.

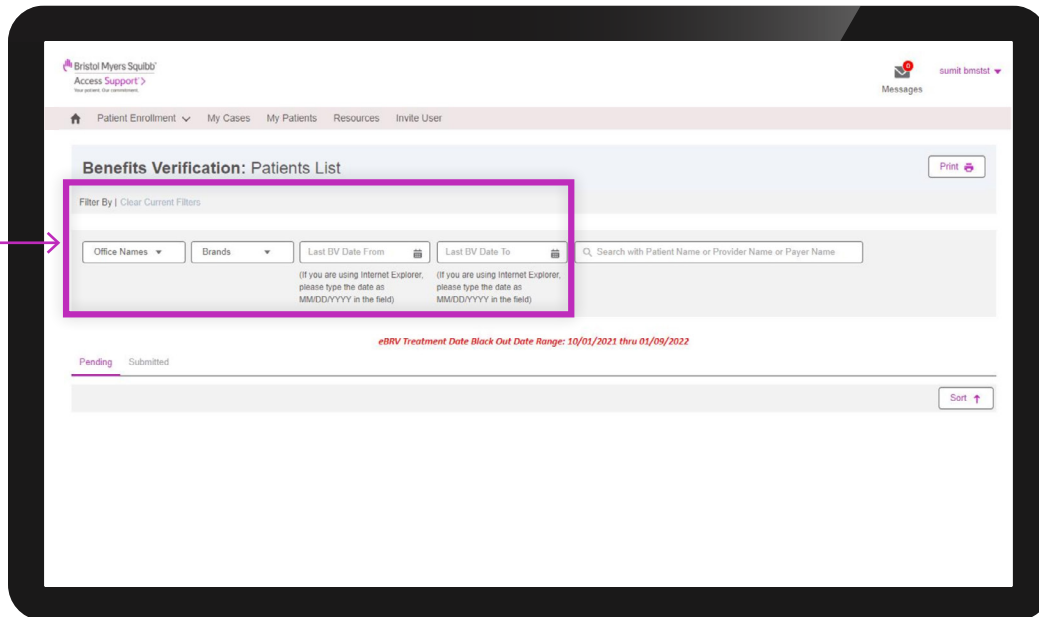


Finding a Specific Patient

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

✓ USING THE FILTER OPTION

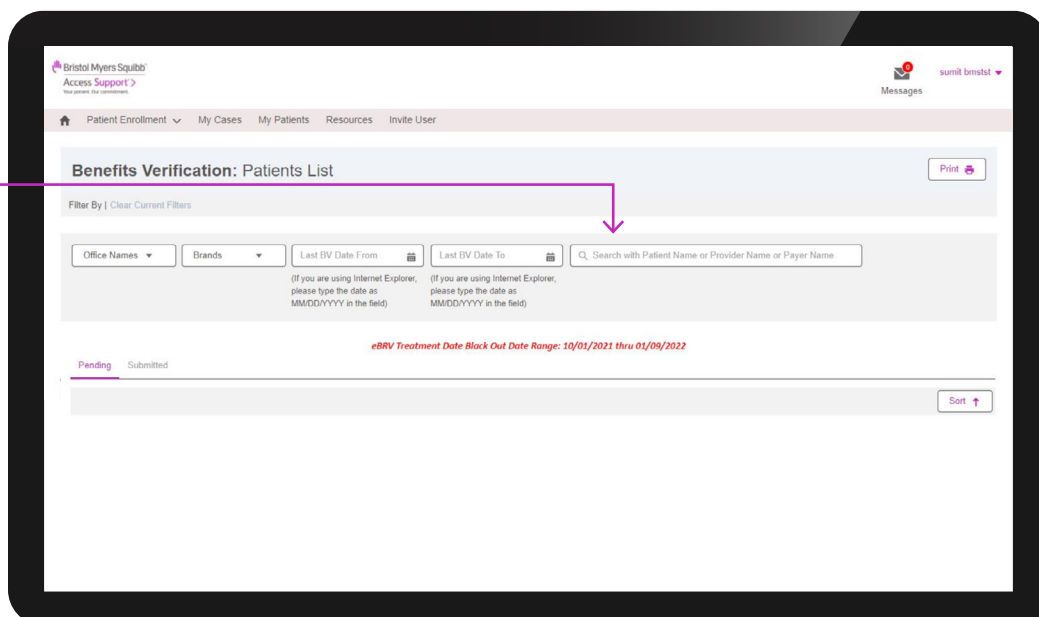
This option allows you to filter results by Office Name, Brand, and Last BV Date (From and To).



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

✓ USING THE SEARCH BAR

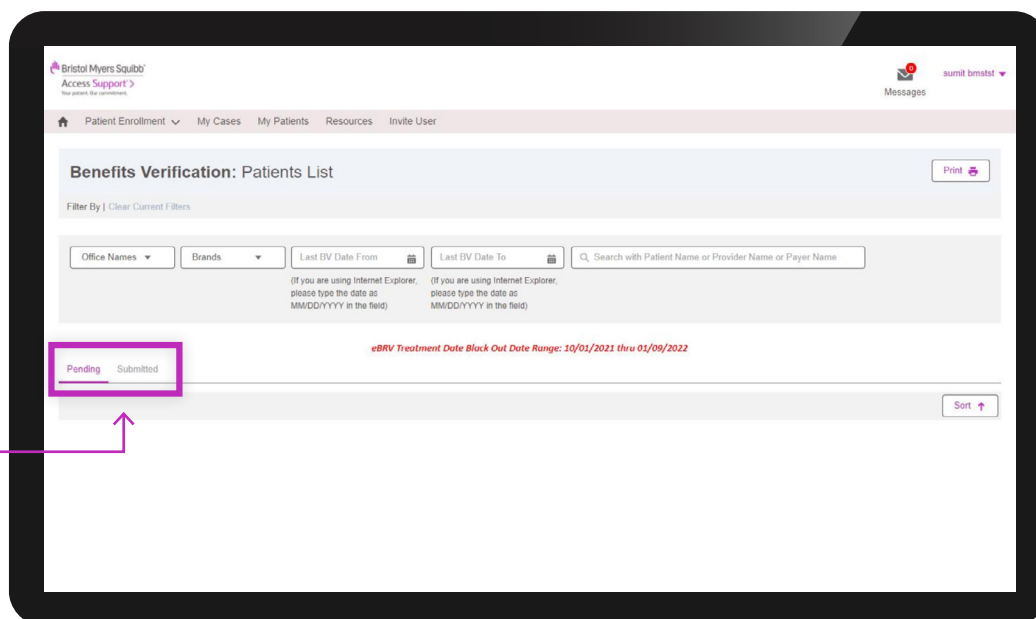
This option allows you to search by typing in a patient's name, a provider's name, or a payer.





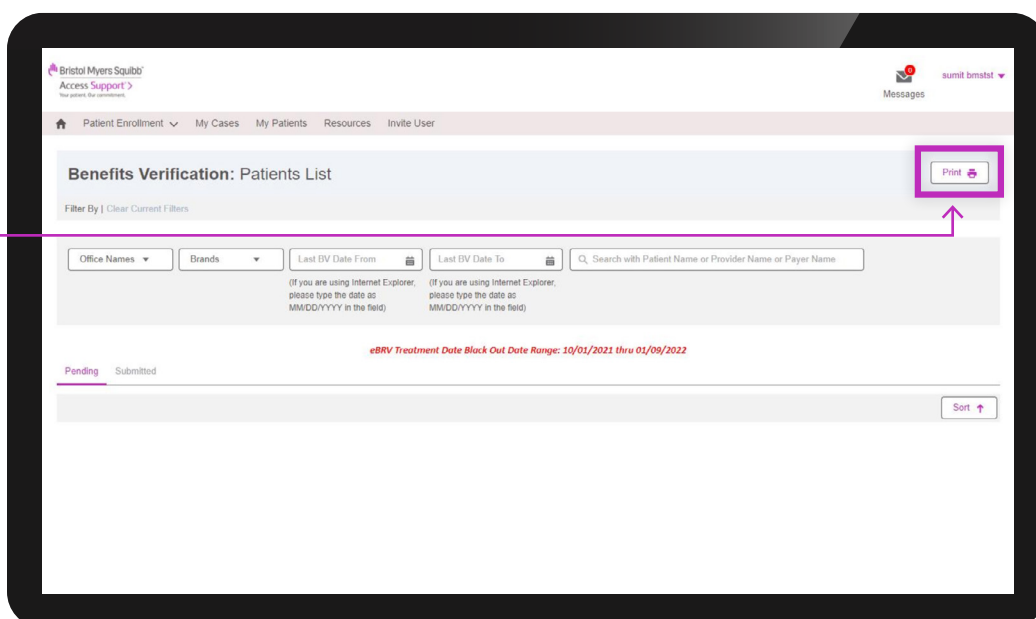
Keeping Track of Your Patient List

- ✓ 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.



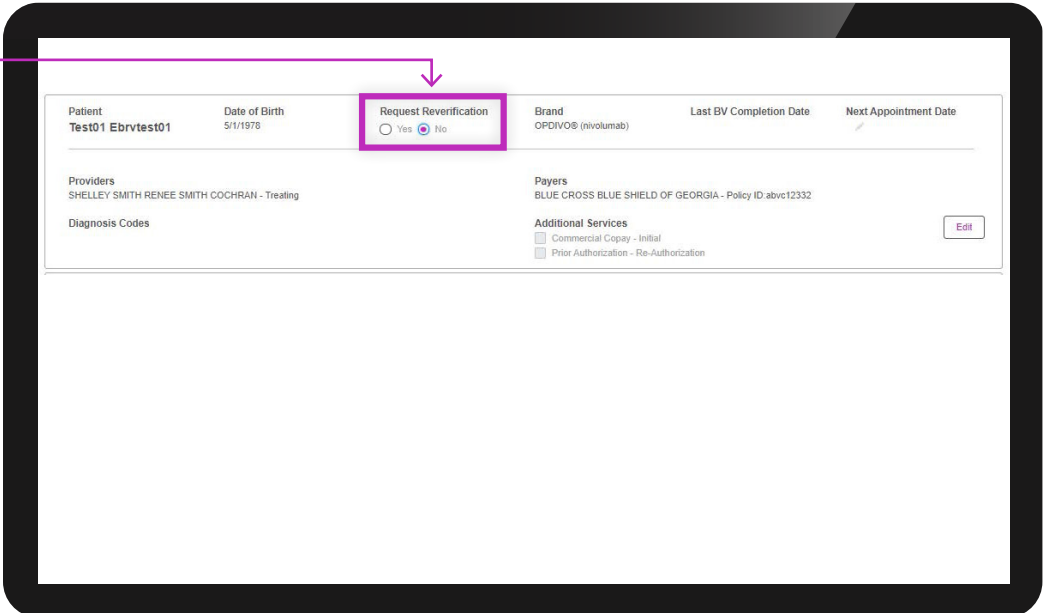
Patient Scenarios

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

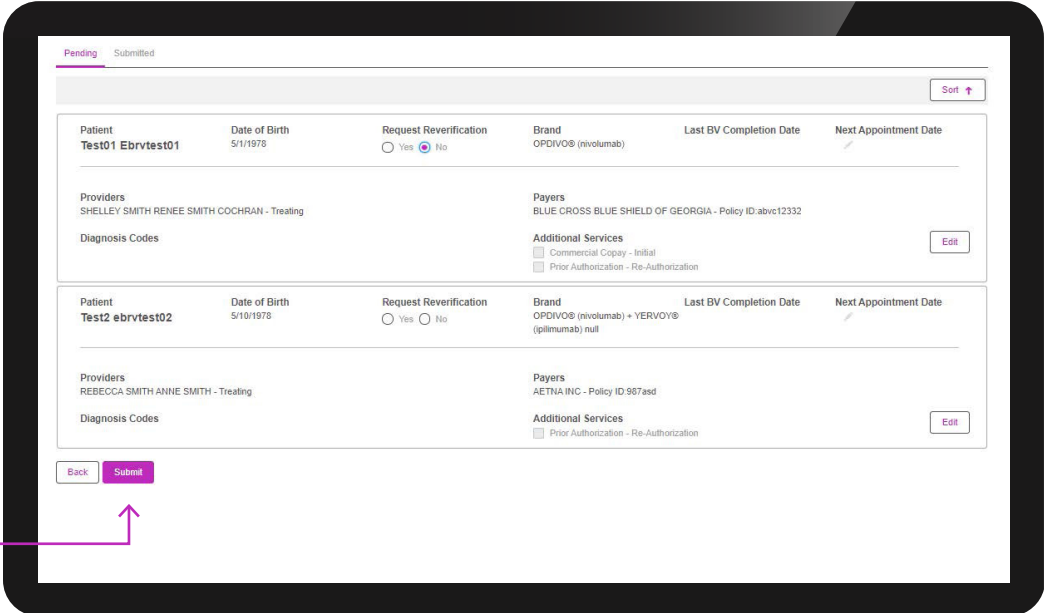
Your patient does not require re-verification

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



Patient Test01 Ebrvtest01	Date of Birth 5/1/1978	Request Reverification ☐ Yes ☒ No	Brand OPDIVO® (nivolumab)	Last BV Completion Date	Next Appointment Date
Providers SHELLEY SMITH RENEE SMITH COCHRAN - Treating			Payers BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID abvc12332		
Diagnosis Codes			Additional Services ☐ Commercial Copay - Initial ☐ Prior Authorization - Re-Authorization		
			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 Test01 Ebrvtest01	Date of Birth 5/1/1978	Request Reverification ☐ Yes ☒ No	Brand OPDIVO® (nivolumab)	Last BV Completion Date	Next Appointment Date
Providers SHELLEY SMITH RENEE SMITH COCHRAN - Treating			Payers BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID abvc12332		
Diagnosis Codes			Additional Services ☐ Commercial Copay - Initial ☐ Prior Authorization - Re-Authorization		
			Edit		
Patient Test2 ebrvtest02	Date of Birth 5/10/1978	Request Reverification ☐ Yes ☐ No	Brand OPDIVO® (nivolumab) + YERVOY® (ipilimumab) null	Last BV Completion Date	Next Appointment Date
Providers REBECCA SMITH ANNIE SMITH - Treating			Payers AETNA INC - Policy ID 987asd		
Diagnosis Codes			Additional Services ☐ Prior Authorization - Re-Authorization		
			Edit		

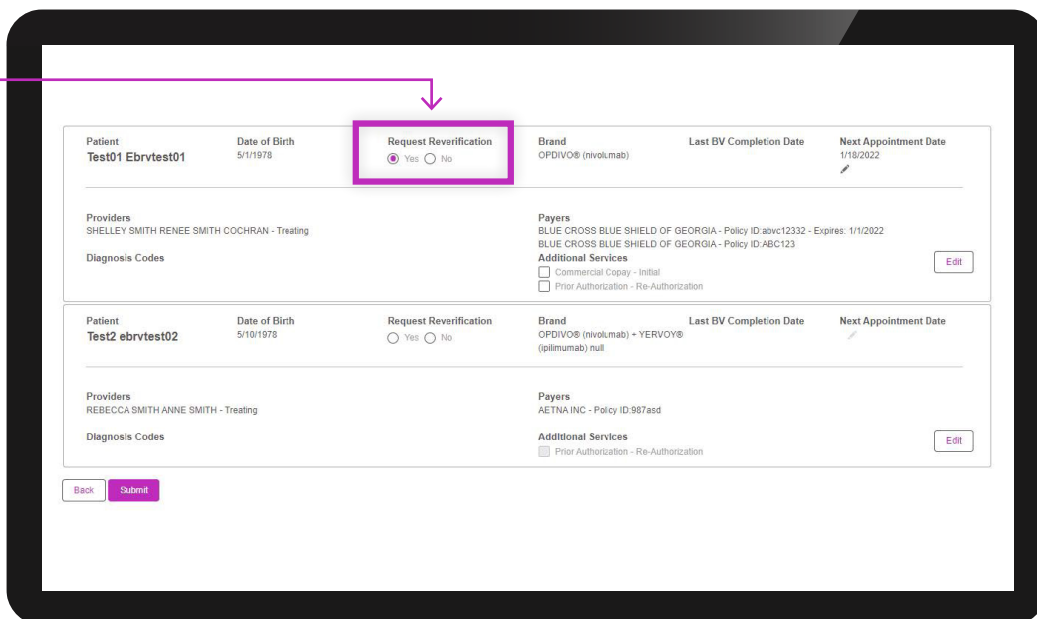
[Back](#)
[Submit](#)

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

SCENARIO 2

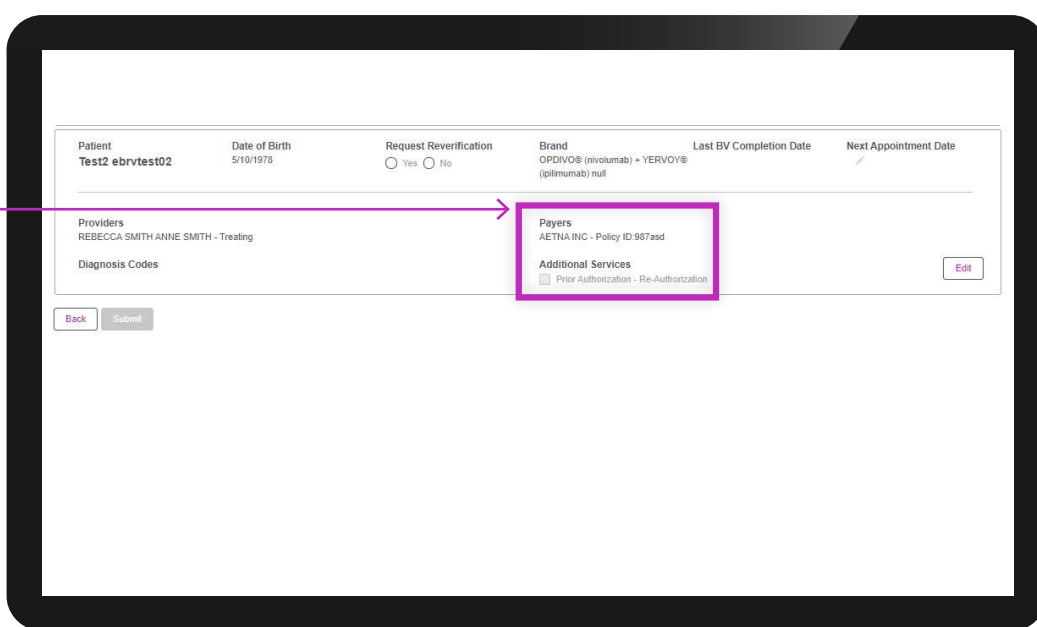
Your patient requires re-verification, but has NO changes to their primary or secondary insurance

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



The screenshot shows a patient tile for 'Test01 Ebrvtest01'. The 'Request Reverification' section is highlighted with a red box, and a red arrow points to the 'Yes' radio button. The tile includes fields for Patient, Date of Birth, Brand, Last BV Completion Date, Next Appointment Date, Providers, Payers, Diagnosis Codes, and Additional Services. The 'Payers' section shows 'BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID:abc12332 - Expires: 1/1/2022' and 'BLUE CROSS BLUE SHIELD OF GEORGIA - Policy ID:ABC123'. The 'Additional Services' section has checkboxes for 'Commercial Copay - Initial' and 'Prior Authorization - Re-Authorization'. The 'Payers' section also has an 'Edit' button.

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



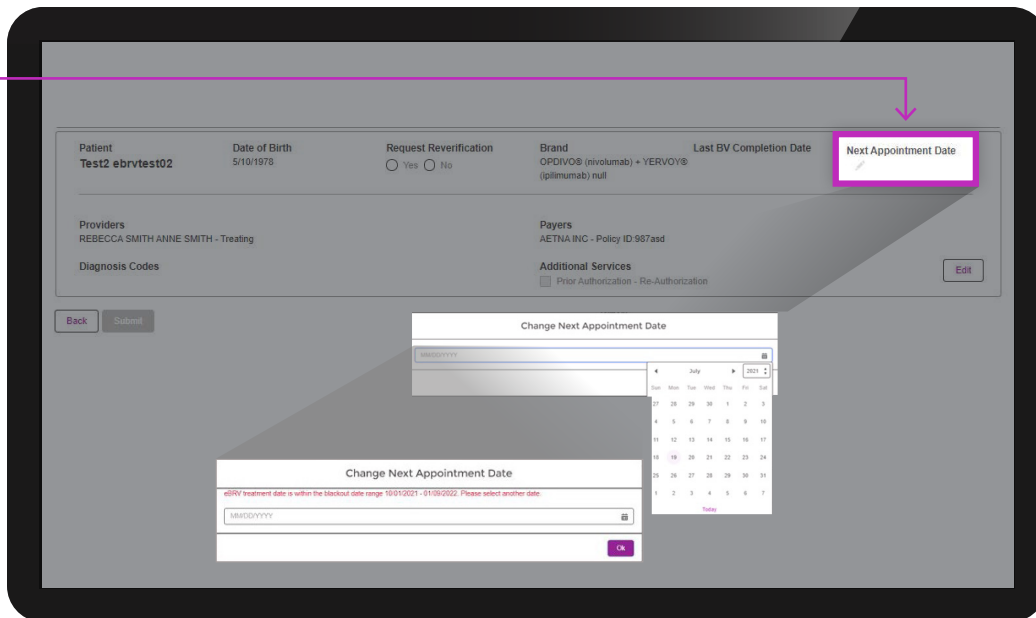
The screenshot shows a patient tile for 'Test2 ebrvtest02'. The 'Payers' section is highlighted with a red box, and a red arrow points to the payer information. The tile includes fields for Patient, Date of Birth, Request Reverification, Brand, Last BV Completion Date, Next Appointment Date, Providers, Payers, Diagnosis Codes, and Additional Services. The 'Payers' section shows 'AETNA INC - Policy ID:987asd'. The 'Additional Services' section has a checkbox for 'Prior Authorization - Re-Authorization'. The 'Payers' section also has an 'Edit' button.

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

SCENARIO 2 (cont.)

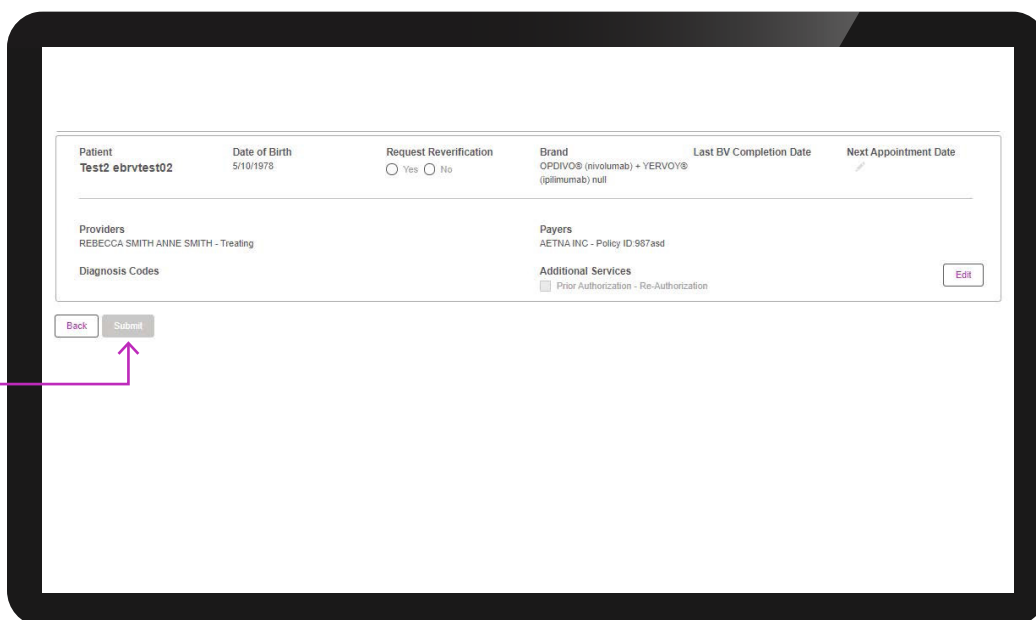
Your patient requires re-verification, but has **NO** changes to their primary or secondary insurance

- 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 portal interface. At the top, there are fields for Patient (Test2 ebrvtest02), Date of Birth (5/10/1978), Request Reverification (Yes/No), Brand (OPDIVO® (nivolumab) + YERVOY® (ipilimumab) null), Last BV Completion Date, and Next Appointment Date. Below these are fields for Providers (REBECCA SMITH ANNE SMITH - Treating), Payers (AETNA INC - Policy ID 987asd), and Diagnosis Codes. A modal titled 'Change Next Appointment Date' is open, showing a calendar for July 2021. A red error message is displayed: 'eBRY 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 red box and a pencil icon.

- Click the **SUBMIT** button.



The screenshot shows the same patient portal interface. The 'Next Appointment Date' field is now filled with a date. The 'Submit' button is highlighted with a red box and an arrow.



If you need assistance, or would like a live or virtual demonstration of the provider portal, please reach out to your Access & 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 information form with the following fields:

Patient	Date of Birth	Request Reverification	Brand	Last BV Completion Date	Next Appointment Date
Test2 ebrvtest02	5/10/1978	☐ Yes ☐ No	OPDIVOS® (nivolumab) + YERVOY® (ipilimumab) null		

Below the table, there are sections for Providers, Payers, and Diagnosis Codes. The Payers section shows "AETNA INC - Policy ID 987asd". An "Edit" button is located at the bottom right of the form. A purple arrow points from the "1" in the instruction to the "Edit" button.

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

The screenshot shows the "Primary Medical Insurance - Future" form with the following fields:

*Payer Name	Policy Holder
Search Accounts...	

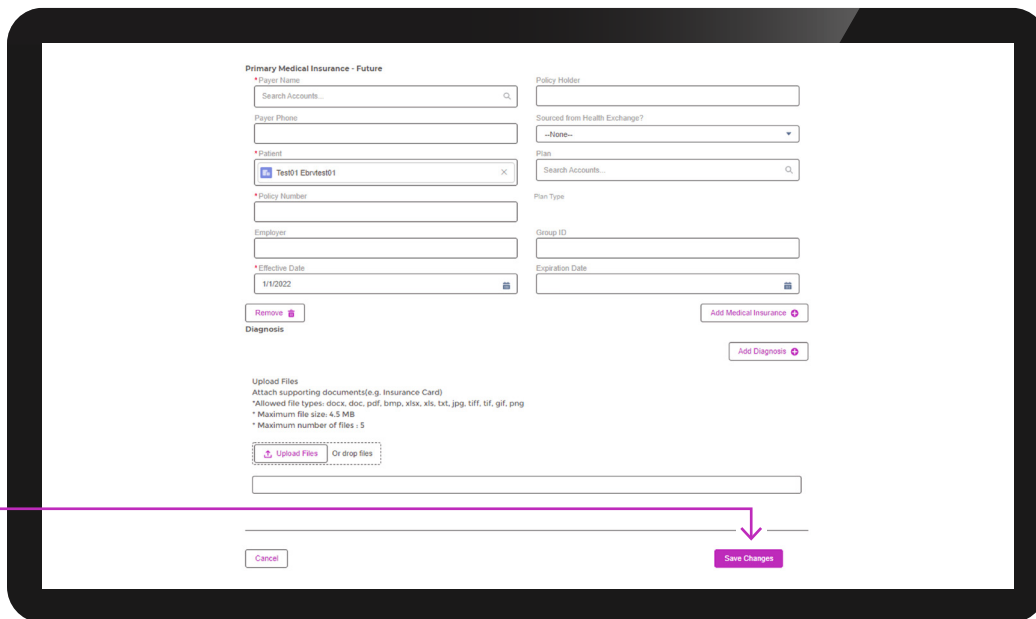
Below the table, there are sections for Payer Phone, Patient, Policy Number, Employer, Effective Date, Plan, Plan Type, Group ID, and Expiration Date. The Plan section shows "Test01 Ebrvtest01". An "Add Medical Insurance" button is located at the bottom right of the form. A purple arrow points from the "2" in the instruction to the "Add Medical Insurance" button.

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.



Primary Medical Insurance - Future

*Payer Name
Search Accounts...

Payer Phone

*Patient
Test01 Ebrvtest01

*Policy Number

Employer

*Effective Date
1/1/2022

Remove

Diagnosis

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

Policy Holder

Sourced from Health Exchange?
--None--

Plan
Search Accounts...

Plan Type

Group ID

Expiration Date

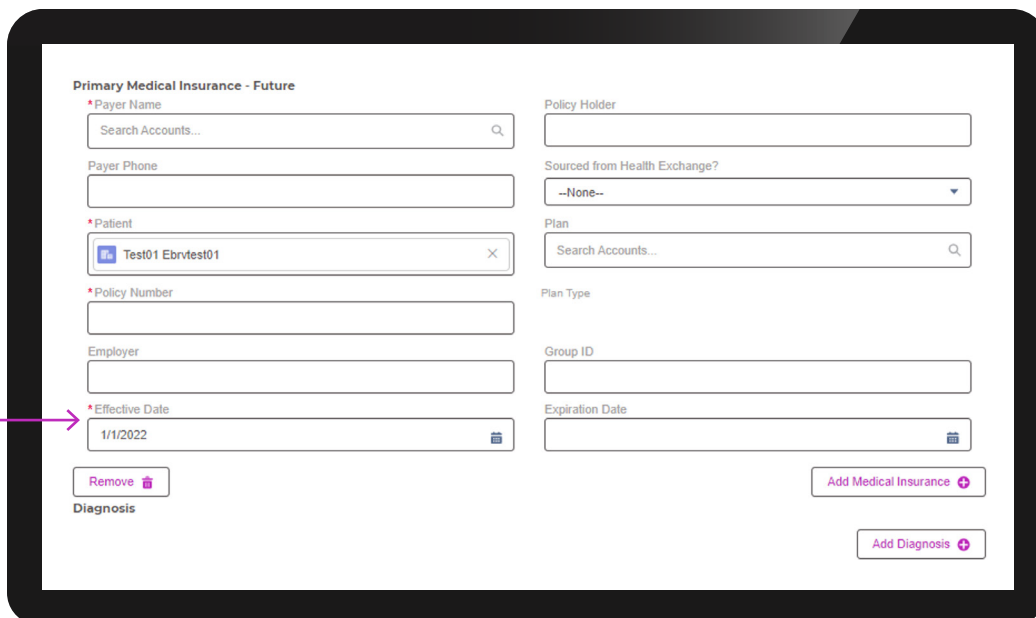
Add Medical Insurance

Add Diagnosis

Cancel

Save Changes

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



Primary Medical Insurance - Future

*Payer Name
Search Accounts...

Payer Phone

*Patient
Test01 Ebrvtest01

*Policy Number

Employer

*Effective Date
1/1/2022

Remove

Diagnosis

Policy Holder

Sourced from Health Exchange?
--None--

Plan
Search Accounts...

Plan Type

Group ID

Expiration Date

Add Medical Insurance

Add Diagnosis



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.

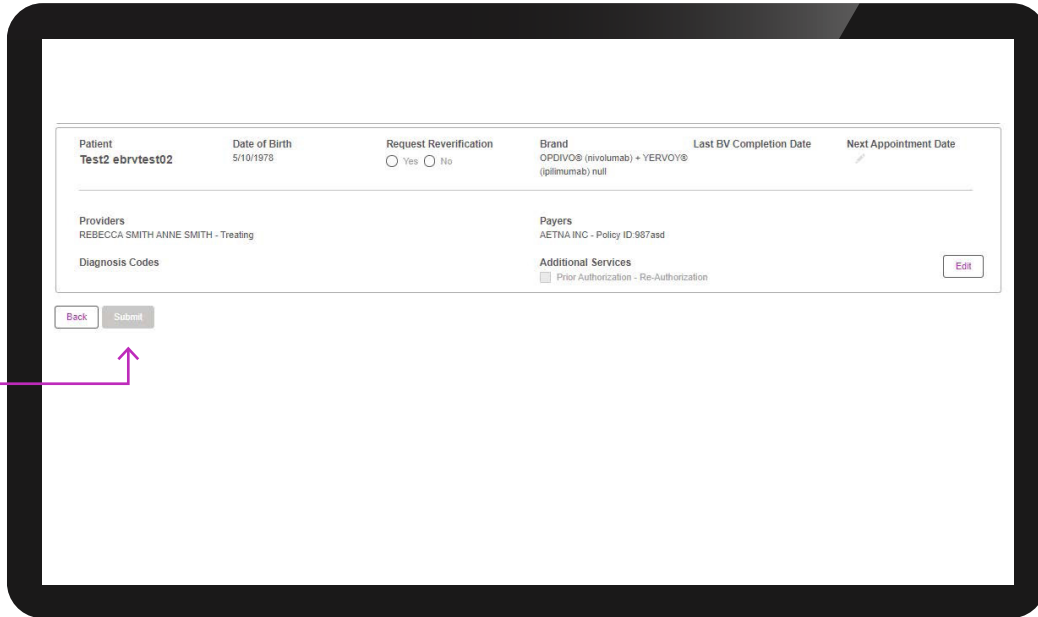
- 6 Click the pencil icon in the **NEXT APPOINTMENT DATE** section. Choose a date that coincides with the patient's last infusion date. If a selected date is within the blackout time frame, October 1, 2021 – January 9, 2022, a notice will appear.

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.

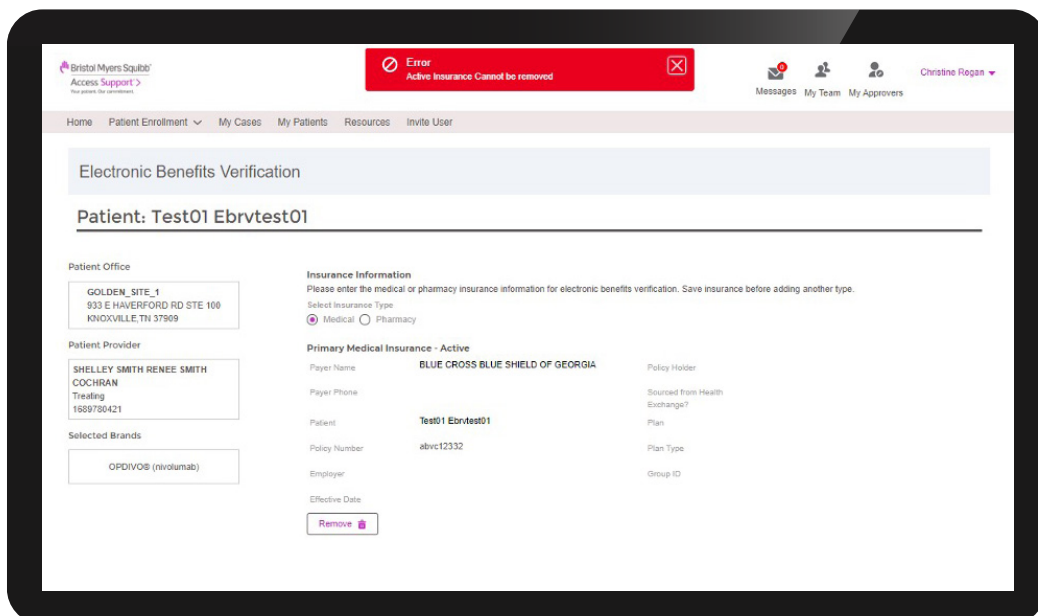


Patient Test2 ebrvtest02	Date of Birth 5/10/1978	Request Reverification ☐ Yes ☐ No	Brand OPDIVO® (nivolumab) + YERVOY® (pembrolizumab) null	Last BV Completion Date	Next Appointment Date
Providers REBECCA SMITH ANNE SMITH - Treating			Payers AETNA INC - Policy ID 967asd		
Diagnosis Codes			Additional Services ☐ Prior Authorization - Re-Authorization		
Back Submit			Edit		



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



Error
Active Insurance Cannot be removed

Electronic Benefits Verification

Patient: Test01 Ebrvtest01

Patient Office GOLDEN_SITE_1 933 E HAVERFORD RD STE 100 KNOXVILLE, TN 37909	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
Patient Provider SHELLEY SMITH RENEE SMITH COCHRAN Treating 1569790421	Primary Medical Insurance - Active Payer Name: BLUE CROSS BLUE SHIELD OF GEORGIA Payer Phone: Patient: Test01 Ebrvtest01 Policy Number: abvc12332 Employer: Effective Date: Remove
Selected Brands OPDIVO® (nivolumab)	Policy Holder: Sourced from Health Exchange?: Plan: Plan Type: Group ID:



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. At the top, there are fields for Patient (Test2 ebrvtest02), Date of Birth (5/10/1978), Request Reverification (radio buttons for Yes and No), Brand (OPDIVO® (nivolumab) + YERVOY® (ipilimumab) null), Last BV Completion Date, and Next Appointment Date. Below these are sections for Providers (REBECCA SMITH ANNE SMITH - Treating), Payers (AETNA INC - Policy ID 967asd), and Diagnosis Codes. At the bottom right, there is an 'Edit' button. A purple arrow points from the '1' in the instruction to the 'Edit' button.

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

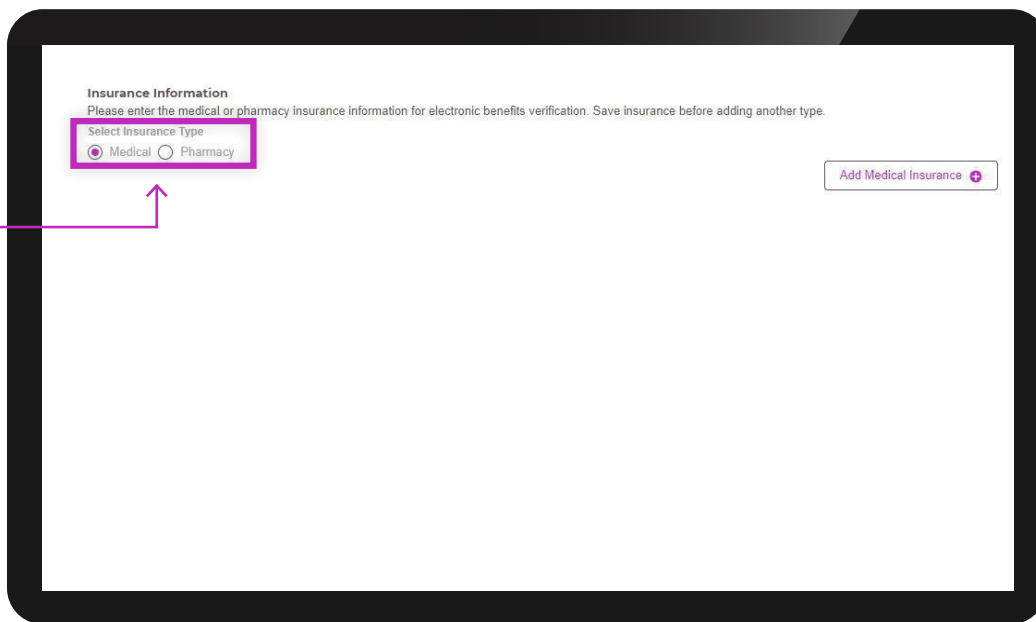
The screenshot shows the 'Primary Medical Insurance - Future' form. It has fields for *Payer Name (with a search dropdown), Payer Phone, *Patient (with a dropdown showing 'Test01 Ebrvtest01'), *Policy Number, Employer, *Effective Date (with a calendar icon), Policy Holder, Sourced from Health Exchange? (dropdown), Plan (with a search dropdown), Plan Type, Group ID, and Expiration Date (with a calendar icon). At the bottom right, there is an 'Add Medical Insurance' button. A purple arrow points from the '2' in the instruction 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.



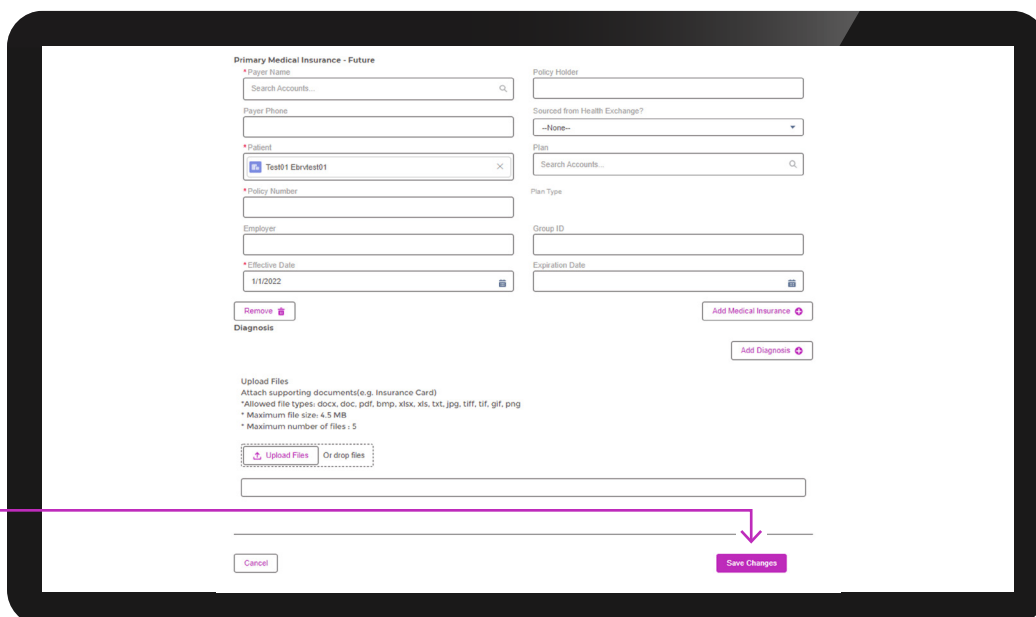
Insurance Information
Please enter the medical or pharmacy insurance information for electronic benefits verification. Save insurance before adding another type.

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.



Primary Medical Insurance - Future

* Payer Name
Search Accounts...

Payer Phone

* Patient
Test01 Ebrvest01

* 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

Diagnosis

Add Medical Insurance +

Add Diagnosis +

Upload Files
Attach supporting documents(e.g. Insurance Card)
*Allowed file types: docx, doc, pdf, bmp, xlsx, xls, txt, jpg, tiff, tif, 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

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

Secondary Medical Insurance - Future

*Payer Name
Search Accounts...

Payer Phone

*Patient
Test01 EbnTest01

*Policy Number

Employer

*Effective Date
1/1/2022

Remove

Policy Holder

Sourced from Health Exchange?
--None--

Plan
Search Accounts...

Plan Type

Group ID

Expiration Date

Add Medical Insurance

Add Diagnosis

Upload Files
Attach supporting documents (e.g. Insurance Card)
*Allowed file types: docx, doc, pdf, bmp, xlsx, xls, txt, jpg, 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.

- 6 Enter secondary insurance information by selecting **MEDICAL** and then **SECONDARY** 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



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.

Primary Medical Insurance - Future

*Payer Name
Search Accounts... Q

Payer Phone

*Patient
Test01 Ebrvtest01 X

*Policy Number

Employer

*Effective Date
1/1/2022

Remove

Policy Holder

Sourced from Health Exchange?
--None--

Plan
Search Accounts... Q

Plan Type

Group ID

Expiration Date

Add Medical Insurance +

Add Diagnosis +

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

Secondary Medical Insurance - Future

*Payer Name
Search Accounts... Q

Payer Phone

*Patient
Test01 Ebrvtest01 X

*Policy Number

Employer

*Effective Date
1/1/2022

Remove

Policy Holder

Sourced from Health Exchange?
--None--

Plan
Search Accounts... Q

Plan Type

Group ID

Expiration Date

Add Medical Insurance +

Add Diagnosis +

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

Upload Files Or drop files

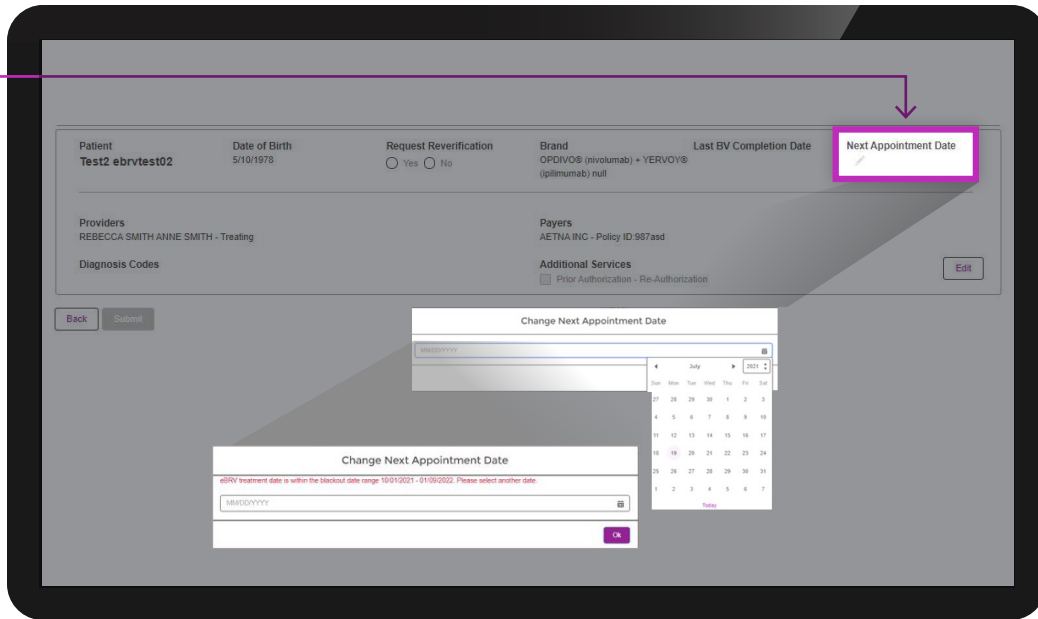
Cancel

Save Changes

SCENARIO 4 (cont.)

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

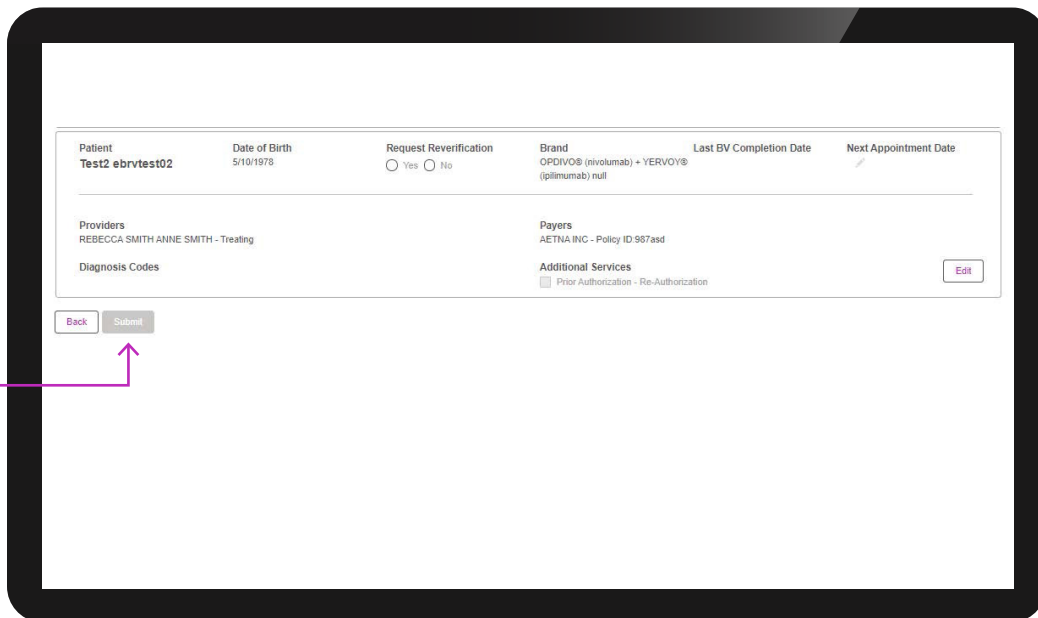
- 9 Click the pencil icon in the **NEXT APPOINTMENT DATE** section. Choose a date that coincides with the patient's last infusion date. If a selected date is within the blackout time frame, October 1, 2021 – January 9, 2022, a notice will appear.



The screenshot shows a patient verification form for 'Test2 ebrvtest02'. The 'Next Appointment Date' field is highlighted with a purple box and a pencil icon. A calendar overlay is open, showing the month of July 2021. Below the calendar, a message states: '400V treatment date is within the blackout date range 10/01/2021 - 01/09/2022. Please select another date.' The form includes fields for Patient, Date of Birth, Request Reverification, Brand, Last BV Completion Date, Providers, Payers, and Additional Services. There are 'Back' and 'Submit' buttons at the bottom left.

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

- 10 Click the **SUBMIT** button.

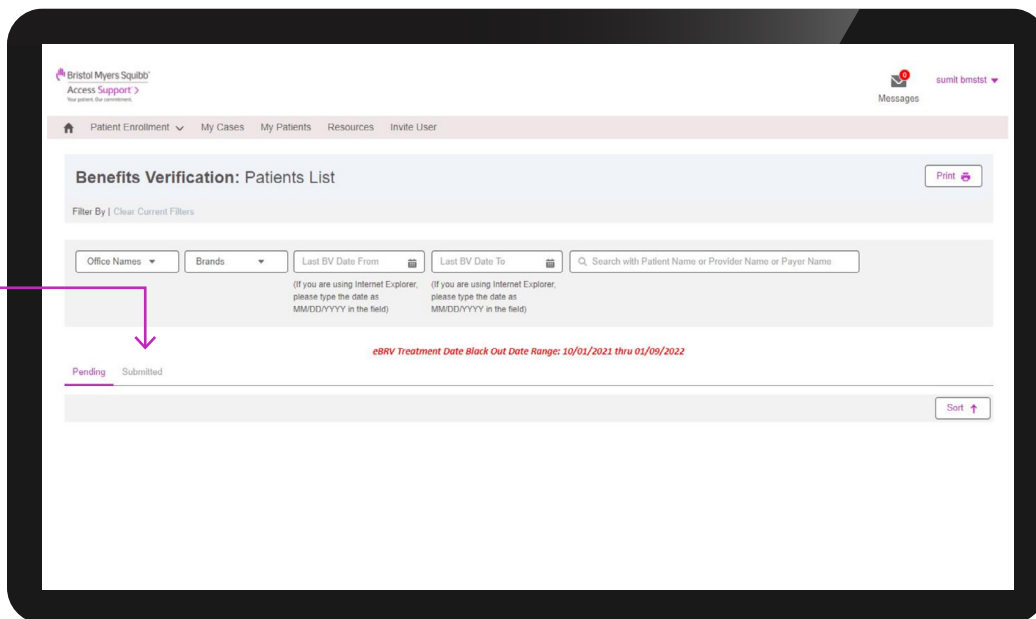


The screenshot shows the same patient verification form as before, but with the 'Next Appointment Date' field now empty. The 'SUBMIT' button is highlighted with a purple box and an arrow. The form includes fields for Patient, Date of Birth, Request Reverification, Brand, Last BV Completion Date, Providers, Payers, and Additional Services. There are 'Back' and 'Submit' buttons at the bottom left.

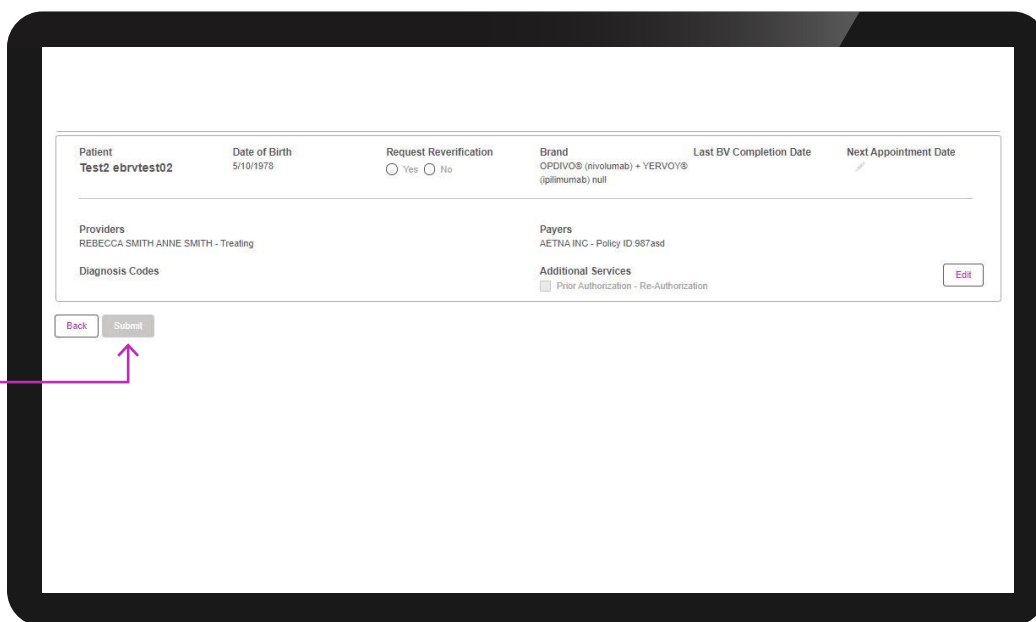
SCENARIO 5

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.



- 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.



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 Access & Reimbursement Manager.

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.

Three Simple Ways to Get Support



Contact your **Access & Reimbursement Manager** for general assistance and to schedule an office visit



Call Bristol Myers Squibb Access Support® at **1-800-861-0048**, 8 AM to 8 PM ET, Monday–Friday, to speak with a regionally assigned specialist



Visit **www.BMSAccessSupport.com** for information and resources, including the enrollment form, to help your patients with access to Bristol Myers Squibb products

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.