

Understanding the Benefits Investigation Report From Genentech Ophthalmology Access Solutions



Your Case Manager can conduct a benefits investigation (BI) to help you determine your patient's health insurance plan coverage. The results of the BI are provided in a BI Report, which can be faxed to your office or viewed via My Patient Solutions® for Health Care Practices, our online patient management tool.

- The information on the documents accompanying this BI Report is confidential. It is intended only for the individual or entity named on this BI Report
- More details can be found on the subsequent page(s) of the BI Report

Overview of Fax Cover Letter

1 Service Request ID: 00000000
Patient ID: PAT-00000000

Phone: (866) 724-6394 | Fax: (866) 724-6412
Visit us online at Genentech-Access.com to view Access Solutions services.

2 **Att: Main Office Contact** Fax: (555) 555-5555 Date: 6/25/2021
To: Retinal Specialist From: Genentech Access Solutions Total Pages: 3

3 Patient: John Doe DOB: 1/1/2000 Drug: Lucentis

To help us protect your patient's privacy, please refer to the Patient ID No. and/or Service Request ID No. in all communications with Genentech Access Solutions.
Please do not send any other documentation unless requested by Access Solutions.

4 PRE-CERTIFICATION STATUS:
Prior Authorization submission is required by INSURANCE NAME through Verbal or Form request.
Authorization Status for Lucentis is currently NOT ON FILE.

ACTION REQUIRED BY PROVIDER:
If you have already sent in the request to the plan, please provide us with the following information so we can follow up on the status:
Date Verbal or Form request was initiated with the insurance plan: _____
of pages sent: _____
Phone # / Fax # that was submitted to: _____

PATIENT CONTACT STATUS:
We have attempted to contact the patient regarding their coverage for Lucentis. We have left a message and will make an additional attempt and update your office accordingly.
If you have any questions or if you require additional services, please contact us at (866) 724-6394.

Thank you,
Case Manager Name
Genentech Case Manager

Do not hesitate to call if you have any questions or concerns. Thank You!

Confidentiality Notice: The documents accompanying this service transmission contain information from Genentech Access Solutions that is confidential or privileged. This information is intended for the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this faxed information is strictly prohibited. If you received this fax in error, please notify us by telephone so that we can arrange for the return of the original documents to us, and the re-transmission of them to the intended recipient.

- 1 Service Request ID**
Identifies the Genentech Ophthalmology Access Solutions case or action. Multiple Case ID numbers may apply for a given patient
- 2 Patient Information**
Provides information for whom the BI Report has been prepared, including Patient ID, name, date of birth and their prescription
- 3 Prior Authorization (PA) and Pre-determination Summary**
Identifies whether a PA/pre-determination is required by the health insurance plan for treatment
- 4 Patient Contact Status**
Indicates whether or not Genentech has attempted to contact the patient and inform them of their Genentech ophthalmology drug coverage


The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

Overview of BI Report

The BI Report contains information about the payer, product coverage, the plan and how to acquire the ophthalmology product selected on the Prescriber Service Form.

The first page of the BI Report will contain information for your practice to view at a glance.

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Plan Coverage

Phone: (866) 724-9394 | Fax: (877) 428-2326 | Genentech-Access.com/Ophthalmology

Patient: John Smith	Patient ID: PAT-1234567	Diagnosis Code(s): E08.3311 / E08.3322
Patient DOB: 10/10/1981	BI Date: 08/28/2020	Prescriber: Carl Fisher, MD

Next Steps for Primary Insurance

Prior Authorization IS Required

for Products: (Lucentis® (ranibizumab injection), Ophthalmology Product X, Ophthalmology Product Y
[Status] as of 08/28/2020

Submit by: Phone: (888) 888-8888
Fax: (123) 123-1234
Online: Genentech-Access.com

Note: Obtaining pre-determination before services are rendered and any limitation under a plan can be addressed before services are provided.

Pre-Determination is NOT Required

Note: Obtaining Pre-Determination can help you address any coverage limitations prior to treatment.

Benefit Summary

Insurance Submitted for Benefit Investigation (BI):

Primary: **BLUE SHIELD OF CALIFORNIA: PPO**
Secondary: **AETNA HEALTH INC - CALIFORNIA: PPO**

Products Submitted for Benefit Investigation (BI):

GENENTECH PRODUCT(S)	Billing Code:	Admin Code:
Lucentis® (ranibizumab injection)	J2778	67028 /

PRIMARY Primary Insurance Name: Plan Product | In-Network

- The drugs are considered at [BENEFITS %, Deductible \$1234123]. There is a monthly drug out-of-pocket max of [\$200 / \$000met]. The administration is considered at 100% after the \$45 copay. The copay is waived once the out of pocket max is met.
- [PRIOR AUTH REQUIREMENT] [STATUS] [PA TAT] [Submission info]
- A primary care physician referral is not required.

SECONDARY Secondary Insurance Name: Plan Product | In-Network

- [PRIOR AUTH REQUIREMENT] [STATUS] [PA TAT] [Submission info]
- The drugs are considered at 85% with no deductible. There is a monthly drug out-of-pocket max of \$200 (\$0 met). The administration is considered at 100% after the \$45 copay. Copay is waived once the out of pocket max is met.

TERTIARY Tertiary Insurance Name: Plan Product | In-Network

- [PRIOR AUTH REQUIREMENT] [STATUS] [PA TAT] [Submission info]
- The drugs are considered at 85% with no deductible. There is a monthly drug out-of-pocket max of \$200 (\$0 met). The administration is considered at 100% after the \$45 copay. Copay is waived once the out of pocket max is met.

This benefit investigation (BI) is based on information you provided to Genentech Access Solutions for the purpose of asking payer(s) about your patient's insurance coverage for the Product(s) below. This BI is based on the payer(s) response as of date(s) specified in the Product Coverage section below, and does not guarantee coverage, reimbursement, or payment at any particular rate for the Product(s). If the indication for which you are prescribing a product is not listed in the FDA approved label, you are prescribing the medication for an "unapproved" use, meaning that the FDA has not approved the efficacy, dosage amount or safety of this medication when used for such a use. Provision of this BI is not an endorsement of use or prescribing practice. Please check directly with the payer(s) to verify codes, reimbursement rates, and special billing requirements.

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Demographic Information

Includes patient-specific information, including diagnosis codes
- 2

PA and Pre-determination

Identifies whether a PA/ pre-determination is required by the patient's health insurance for treatment
- 3

Benefit Summary

Summary of all insurers and Genentech Ophthalmology products submitted for BI, including applicable coding information
- 4

Payer Coverage Summary

Summary of coverage details for the Genentech ophthalmology products and insurances requested

In-depth Payer Summary

This section is available for up to 3 payers per BI Report.

The BI Report is adaptive. If a certain field does not pertain to a patient's insurance, the field will not show up on the report.

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Plan Coverage

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Patient: **John Smith** Patient ID: **PAT-1234567** Patient DOB: **10/10/1981**

Primary Payer (In-Network)

Cigna Healthcare of Oklahoma

Type: **Major Medical**

Phone: (999) 999-999

Subscriber ID: 123456

Contact: primary-sachin

Effective Date: 3/24/2017

Eligibility Period: Quarterly

Group #: 987654321

Reference #: sa-11

	GENENTECH PRODUCT(S):	
	(Lucentis® (ranibizumab injection))	Ophthalmology Product X Ophthalmology Product Y
BI Date	08/28/2020	08/28/2020
Is Step Therapy Required?	No	Yes
Ind. Deductible /Amount Met	\$2345.00	\$2345.00
Fam. Deductible /Amount Met	\$2345.00	\$2345.00
Insurer / Patient Drug Cost Share	80% / 20%	80%
Insurer / Patient Device Cost Share	80% / 20%	20%
Specialist Co-pay	\$25.00	\$25.00
Place of Service Co-pay	\$25.00	\$25.00
Drug Co-pay	\$100.00	\$100.00
Individual OOP /Amount Met	\$4,999.00	\$4,999.00
Family OOP /Amount Met	\$4,999.00	\$4,999.00
Deductible Apply to OOP?	No	No
Facility Fee		\$300.00
Insurer/Patient Procedure Fee Cost Share	80%	80%
Specialty Pharmacy	Yes	

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1 Payer Coverage by Product

Compares coverage for selected Genentech ophthalmology products within each plan

2 Step Therapy

Identifies whether step therapy is required for the product

3 Cost Share

Shows the details of the plan's coverage, including patient cost-sharing responsibilities (e.g., deductibles, co-pays, co-insurance)

– This section also shows the patient's individual and family out-of-pocket maximums

4 Specialty Pharmacy

Lets you know if the Genentech product can be acquired via specialty pharmacy (SP). If there is a preferred SP, its name is listed

Choose How You Want to Connect With Us



Visit Genentech-Access.com/Ophthalmology



Enroll in **My Patient Solutions® for Health Care Practices** to manage your patients online and connect with a Case Manager via our Secure Messaging portal



Call a Case Manager at **(866) 724-9394**

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