Understanding Your Patients’ Medical Benefits

Helping you help your patients get started with the Janssen medication you prescribed
After Janssen CarePath receives the benefits investigation request, we will verify insurance benefits and provide your office with a Verification of Benefits (VOB) for your patient.

**Quick Guide to the Verification of Benefits Form—Medical Benefits**

- **Case Information**
  - Overview of the prescriber and patient clinical information. Shows the Patient ID generated by Janssen CarePath, which serves as the single patient identifier across all Case IDs for a specific patient.
  - Monotherapy/Combination Therapy information will only be displayed for certain Janssen medications.

- **Secondary Medical Insurance**
  - If your patient has Secondary Medical Insurance, coverage details are outlined here. This section is similar to the Primary Medical Insurance section above.

- **Treatment Location Information**
  - If the treatment location differs from the prescribing physician’s site, it is highlighted here.

- **Primary Medical Insurance**
  - Outlines your patient’s primary medical insurance. Shows the outcome of the benefits investigation and indicates the patient’s status as active or not active.

- **Coverage Summary**
  - The Coverage Summary table shows the availability of medical buy & bill coverage and medical assignment of benefits coverage for your patient. It also details prior authorization requirements, including whether a previous effective prior authorization is on file. If applicable, also indicates whether predetermination is available, recommended, or required.

- **Plan Terms**
  - Outlines the annual Individual (and Family, if applicable) Deductible and Out-of-Pocket (OOP) patient responsibility and the amount met to date.

- **Co-pay/Co-insurance**
  - Lists information on your patient’s Co-pay/Co-insurance responsibility. The Additional Instructions field highlights the patient’s coverage and contains any pertinent details that may be needed.

- **Administration Overview**
  - Provides the administration code(s) appropriate to the benefits shown.

- **Payer (Preferred/Mandated) Pharmacies**
  - Lists payer preferred or mandated pharmacies and their telephone numbers, if available.

- **Plan Details**
  - Shows your patient’s plan details, including the payer-generated Payer Reference ID from the benefits investigation call, if provided. You may be asked for this ID when speaking directly with the payer regarding the patient’s insurance coverage.

- **Secondary Medical Insurance**
  - If your patient has Secondary Medical Insurance, coverage details are outlined here. This section is similar to the Primary Medical Insurance section above.

*The Verification of Benefits contains information that Janssen CarePath is able to obtain from the payer. If any information is missing or removed, it is because Janssen CarePath was unable to collect that specific detail, or because the field was not applicable.*
Coverage Overview
Provides highlights of your patient’s insurance coverage.

Coordination of Medical Benefits
Outlines how medical benefits will be coordinated between your patient’s two insurance options.

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Need help? Call 877-CarePath (877-227-3728)
Monday–Friday, 8:00 AM–8:00 PM ET
Multilingual phone support available

Visit: JanssenCarePath.com