



Quick Guide to the Verification of Benefits Form—Pharmacy Benefits

After J&J withMe receives the benefits investigation request, we will verify insurance benefits and provide your office with a Verification of Benefits (VOB) for your patient.

Header

Patient name, DOB, and Case ID appear on the top of every page of the VOB to enhance trackability. The Case ID is generated by J&J withMe and is specific to the benefits investigation outlined on the VOB. A new Case ID is created each time a benefits investigation is performed on behalf of your patient.

Case Information

Overview of the prescriber and patient clinical information. Shows the Patient ID generated by J&J withMe, which serves as the single patient identifier across all Case IDs for a specific patient.

Primary Pharmacy Insurance:

Outlines your patient's primary pharmacy 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 your patient's pharmacy coverage and details prior authorization requirements, including whether a previous effective prior authorization is on file. If applicable, it also indicates whether predetermination is available, recommended, or required. Additionally, a field is included to denote whether your patient had a step edit in their treatment.

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 the patient's estimated total cost "today," as well as the estimated cost to the patient after the deductible has been met. The Additional Instructions field highlights the patient's coverage and contains any pertinent details that may be needed.

Payer Preferred Pharmacies

Lists payer preferred 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.

*The Verification of Benefits contains information that J&J withMe is able to obtain from the payer. If any information is missing or removed, it is because J&J withMe was unable to collect that specific detail or because the field was not applicable.



Case ID: _____ Patient DOB: _____
Patient Name: _____ Page _____

Case Information		
Patient ID:	Date Benefits Verified:	
Product Name:	Dosage Form & Strength:	No.:
Primary Diagnosis:	Secondary Diagnosis:	
Prescriber Name:	Prescriber Practice Name:	
Site Contact Name:	Provider Network Status:	

Primary Pharmacy Insurance:			
Outcome:		Status:	
Coverage Summary			
Product NDC:		Pharmacy Coverage:	
Prior Authorization Required:		Prior Authorization Process:	
Prior Auth On File	Prior Auth ID:	Prior Auth Effective Date:	Prior Auth Expiration Date:
PreDetermination/PreCertification:		PreDetermination/PreCertification Process:	
Step Edit:		Step Edit Process:	

Plan Terms			
Deductible (Individual) Total:	Met	OOP (Individual) Total:	Met:
Deductible (Family) Total:	Met	OOP (Family) Total:	Met:

Co-pay/Co-insurance		
	Retail	Mail Order
Allowed Day Supply		
In-Network		
Estimated cost after deductible or benefit design – Month 1		
Estimated cost after deductible or benefit design – Month 2		
Out-of-Network		

Additional Instructions:	
Payer Preferred Pharmacies*	

*The preferred specialty pharmacies indicated are contracted with the patient's plan and choosing a specialty pharmacy outside this network may result in higher co-pays for the patient.

Pharmacy Notes:	
Plan Details	
Payer Name:	Plan Name:
Plan Type:	Policy Number:
Government Plan:	Group Number:
Member ID:	PCN Number:
BIN Number:	Policy Effective Date:
Policy End Date:	Policy Renewal Date:
Payer Reference ID:	Payer Phone:
Self-Funded Plan:	

Secondary Pharmacy Insurance:			
Outcome:		Status:	
Coverage Summary			
Product NDC:		Pharmacy Coverage:	
Prior Authorization Required:		Prior Authorization Process:	
Prior Auth On File	Prior Auth ID:	Prior Auth Effective Date:	Prior Auth Expiration Date:
PreDetermination/PreCertification:		PreDetermination/PreCertification Process:	
Step Edit:		Step Edit Process:	
Plan Terms			
Deductible (Individual) Total:		Met:	OOP (Individual) Total:
Deductible (Family) Total:		Met:	OOP (Family) Total:
Co-pay/Co-insurance			
Allowed Day Supply		Retail	Mail Order
Estimated Cost to Patient Today (In-Network)			
Estimated Cost to Patient After Deductible Has Been Met			
Estimated Cost to Patient Today (Out-of-Network)			
Additional Instructions:			
Payer Preferred Pharmacies*			
*The preferred specialty pharmacies indicated are contracted with the patient's plan and choosing a specialty pharmacy outside this network may result in higher co-pays for the patient.			
Pharmacy Notes:			
Plan Details			
Payer Name:		Plan Name:	
Plan Type:		Policy Number:	
Government Plan:		Group Number:	
Member ID:		PCN Number:	
BIN Number:		Policy Effective Date:	
Policy End Date:		Policy Renewal Date:	
Payer Reference ID:		Payer Phone:	
Self-Funded Plan:			
Coordination of Pharmacy Benefits			
Selected Pharmacy Insurance:		Coordinated Pharmacy Insurance:	
Pharmacy Insurance Coordination Notes:			
Coverage Overview			
Insurance	Coverage Available	Prior Authorization Requirement	PreDetermination/PreCertification Requirement
Primary Medical:	Buy & Bill Available: AOB Coverage Available:		
Secondary Medical:	Buy & Bill Available: AOB Coverage Available:		
Primary Pharmacy:	Pharmacy Benefits Available:		
Secondary Pharmacy:	Pharmacy Benefits Available:		

Secondary Pharmacy Insurance:

If your patient has secondary pharmacy insurance, coverage details are outlined here. This section is similar to the Primary Pharmacy Insurance section on page 1 of the VOB.

Coordination of Pharmacy Benefits

Outlines how pharmacy benefits will be coordinated between your patient's 2 insurance options.

Coverage Overview

Provides highlights of your patient's insurance coverage.



Visit us online at
JNJwithMe.com



Questions?

833-JNJ-wMe1 (833-565-9631)
Monday through Friday, 8:00 AM to 8:00 PM ET
Multilingual phone support available

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This information is not a promise of coverage or payment. It is not intended to give reimbursement advice or increase reimbursement by any payer. The fact that a treatment is assigned a code and payment rate does not promise that it will be covered. Codes are used to describe products, procedures, or services on insurance claims. Payers use these codes with other information to figure out if treatment will be covered, and how much will be paid if covered. Legal requirements and plan information can be updated frequently. Contact the plan for more information about current coverage, reimbursement policies, restrictions, or requirements that may apply.

Benefits verified on date listed at the top of the form and may change.

Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Johnson & Johnson and its third-party service providers strongly recommend you consult your payer for its most current coverage, reimbursement, and coding policies. Johnson & Johnson and its third-party service providers make no representations or warranties, expressed or implied, as to the accuracy of the information provided. In no event shall the third-party service providers or Johnson & Johnson, or their employees or agents, be liable for any damages resulting from or relating to any information provided by, or accessed to or through, J&J withMe. All Healthcare Providers and other users of this information agree that they accept responsibility for the use of this program.