



BV360

Frequently Asked Questions

1. **Must I enroll with BV360 before submitting cases?**
No. You may use the paper version of the BV360 Benefit Request Form to email or fax in a case. Your benefits investigation will be handled in the same manner as all others. However, to use the features of the MyBV360 Reimbursement Portal, your office must be enrolled.

Prior to submitting a benefit request, you must either agree to the Business Associate Agreement in the portal or sign and fax an agreement to BV360.

2. **What is the turnaround time for the program to handle investigations and prescriptions?**
For buy-and-bill, a benefits investigation will be returned within 24 hours. Retail prescriptions will be transferred to the appropriate specialty pharmacy within 24 hours. The shipping time varies per pharmacy. However, there are some specialty pharmacies that are still able to ship within this 24-hour period. The program will follow up on all transferred prescriptions for up to 10 days. Most prescriptions are filled within this time.
3. **What if I don't receive the product in the expected time?**
If the prescription has not been filled within 10 days, the program will contact your office and ask you to continue to follow up for this prescription. BV360 will provide all of the contact information you need. Notes will be updated in the portal throughout the 10 days and can be referenced during your office's communications with the specialty pharmacy.

4. **Should I select "Medical Benefits," "Pharmacy Benefits," or both?**
It is our suggestion that you always select "Both Medical and Pharmacy Benefits."

5. **Our office prefers to write prescriptions. Can I just check "Pharmacy Benefits"?**
Not always. A prescription does not automatically mean pharmacy benefit. When prescribing a HA therapy for osteoarthritis, a prescription may be filled through the patient's pharmacy or medical benefits, depending on the patient's individual plan options. If it is your preference to provide a written prescription when possible, your BV360 program preferences can be tailored to auto-dispense a prescription as soon as the benefits investigation is complete. If you choose this option, no further steps are required once the investigation is completed.

6. **Our office prefers Buy-and-Bill. Can I just check "Medical Benefits"?**
Not always. Even if your office prefers to buy-and-bill all HA therapies, there may be an instance in which medication is denied as a medical benefit of a given managed care plan, but approved as a prescription under the same plan. In such cases, having benefits investigators obtain this information will allow your office the option of providing medication as a prescription rather than be denied your HA choice as buy-and-bill.

7. Can BV360 inform me of the reimbursement amount for each patient's plan?

Yes. The program can find the percentage of copay coverage, but cannot provide the exact dollar amount per syringe for the reimbursement.

8. How do I set preferences to auto-dispense medication?

Contact BV360 directly to set all preferences for your office. Your preferences can be set to auto-dispense medication as a prescription the moment the benefits investigation is complete. Also, your preferences can be set for which communications you would like to receive from the program.

9. Does BV360 handle prior authorizations and precertifications?

Yes. BV360 will help you out as much as possible, depending on a given plan. BV360 will obtain forms, transcribe clinical data, submit them on your behalf, follow up on outcome, and report results back to you.

10. If there is a problem or denial during the process, can BV360 help?

Yes. All denials or issues that may arise from a case initiated through BV360 will be handled by a program representative. If you receive a denial, contact BV360 and provide the case identification number. BV360 will contact the insurance company on your behalf and keep you informed of the status of the investigation. However, BV360 is not able to draft any letters or appeals or submit claims on behalf of a healthcare provider.

11. When I call BV360, will I speak with a live person?

Yes. You will always have your call answered by a live representative during program hours of operation: 9 AM to 7 PM ET, Monday through Friday. If your patients call the program with copay questions, they will also speak with a live representative during hours of operation. Voicemails left after hours of operation will be returned the morning of the next business day.

12. How is BV360 different from similar services that other drug companies offer?

The program provides you with many options that our competitors do not offer. Some highlights include:

- Live Chat: During business hours, the “Live Chat” tab on the portal is a live instant messenger feature that can be used for any general questions your office may have. Specific case questions can be addressed by providing the case identification number
- 24-hour turnaround on all benefits investigations
- Continued follow-up on all transferred cases for up to 10 business days
- The ability to customize your office’s communication preferences with the program and within the system
- Guidance with the appeals process and assistance with denials for all cases submitted through BV360
- Multiple sorting options through the MyBV360 Portal to assist your office in tracking your HA usage and planning ahead for future appointments

13. Why do I still have pending cases?

Pending due to patient: If a patient has not returned the specialty pharmacy’s phone call to provide the copay for the product, this may leave the case pending. It may also be pending awaiting a patient’s enrollment in the copay assistance program.

Pending due to office: If you have selected “Both Medical and Pharmacy Benefits” and have not set your office’s preferences to auto-dispense or as a buy-and-bill office, a case will remain pending. Please call BV360 to advise which benefits you will be choosing after the benefits investigation has been completed. A case can also remain pending if action steps required by the office have yet to be completed, such as submitting a prior authorization or medical notes.