



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.

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 Janssen CarePath 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 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.

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.

janssen CarePath		Patient Name: Case ID:	Patient DOB: Page of
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:			
<input type="checkbox"/> Monotherapy <input type="checkbox"/> Combination Therapy with:			
Treatment Location Information			
Practice Name:		Site Type:	
Primary Medical Insurance:			
Outcome:		Status:	
Coverage Summary			
Product J-Code:	Availability of Medical Buy & Bill Coverage:		
	Availability of Medical Assignment of Benefits Coverage:		
Prior Authorization Required:	Prior Authorization Process:		
Prior Auth On File	Prior Auth ID:	Prior Auth Effective Date:	Prior Auth Expiration Date:
Predetermination:		Predetermination Process:	
Plan Terms			
Deductible (Individual) Total:	Met:	OOP (Individual) Total:	Met:
Deductible (Family) Total:	Met:	OOP (Family) Total:	Met:
Co-pay/Co-insurance			
In-Network	Product:	Office Visit:	Administration:
Out-of-Network	Product:	Office Visit:	Administration:
Additional Instructions:			
Administration Overview			
Admin Code			
Admin Code			
Payer Provided Reimbursement Code Notes:			
Payer (Preferred, Mandated) Pharmacies			
Plan Details			
Payer Name:	Plan Name:		
Plan Type:	Government Plan:		
Member ID:	Policy Number:		
Group Number:	Policy End Date:		
Policy Effective Date:	Policy Renewal Date:		
Payer Reference ID:	Payer Phone:		
Self-Funded Plan:	Treatment Provider Network Status:		
Secondary Medical Insurance:			
Outcome:		Status:	
Coverage Summary			
Product J-Code:	Availability of Medical Buy & Bill Coverage:		
	Availability of Medical Assignment of Benefits Coverage:		
Prior Authorization Required:	Prior Authorization Process:		

*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.

Janssen CarePath		Patient Name:	Patient DOB:
		Case ID:	Page of
Prior Auth On File	Prior Auth ID:	Prior Auth Effective Date:	Prior Auth Expiration Date:
Predetermination:		Predetermination Process:	
Plan Terms			
Deductible (Individual) Total:	Met:	OOP (Individual) Total:	Met:
Deductible (Family) Total:	Met:	OOP (Family) Total:	Met:
Co-pay/Co-insurance			
In-Network	Product:	Office Visit:	Administration:
Out-of-Network	Product:	Office Visit:	Administration:
Additional Instructions:			
Administration Overview			
Admin Code			
Admin Code			
Payer Provided Reimbursement Code Notes:			
Payer (Preferred, Mandated) Pharmacies			
Plan Details			
Payer Name:		Plan Name:	
Plan Type:		Government Plan:	
Member ID:		Policy Number:	
Group Number:		Policy End Date:	
Policy Effective Date:		Policy Renewal Date:	
Payer Reference ID:		Payer Phone:	
Self-Funded Plan:		Treatment Provider Network Status:	
Coordination of Medical Benefits			
Selected Medical Insurance:		Coordinated Medical Insurance:	
Medical Insurance Coordination Notes			
Coverage Overview			
Insurance	Coverage Available	Prior Authorization Requirement	Predetermination Requirement
Primary Medical:	Buy & Bill Available:		
Secondary Medical:	AOB Coverage Available:		
	Buy & Bill Available:		
	AOB Coverage Available:		

Coordination of Medical Benefits

Outlines how medical benefits will be coordinated between your patient's two insurance options.

Coverage Overview

Provides highlights of your patient's insurance coverage.

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Third-party reimbursement is affected by many factors. This document and the information and assistance provided by Janssen CarePath are presented for informational purposes only. They do not constitute reimbursement or legal advice. Janssen CarePath does not promise or guarantee coverage, levels of reimbursement, or payment.

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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](https://www.JanssenCarePath.com)