Coherus COMPLETE™
Co-Pay Assistance Program
IMPLEMENTATION GUIDE

A step-by-step guide to enroll in, submit claims to, and be reimbursed by the Coherus COMPLETE™ Co-Pay Assistance Program
ENROLLMENT PROCESS

There are two ways to enroll in the process:

**Electronically**
1. Practices may enroll patients by visiting CoherusCOMPLETE.com

**Manually**
2. Complete the enrollment form* and fax to 1-877-226-6370

*Enrollment Forms can be downloaded from CoherusCOMPLETE.com or please call Coherus COMPLETE™ at 1-844-483-3692 to obtain a form
There are four ways to submit claims for the co-pay assistance program:

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<th><strong>Electronic Secondary Payer Billing (ESP Billing)</strong> through your billing software</th>
<th><strong>Fax</strong></th>
<th><strong>Mail</strong></th>
<th><strong>Smart Data Solutions (SDS)</strong></th>
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<td>ESP billing allows UDENYCA® (pegfilgrastim-cbqv) co-pay claims to be submitted and processed like a secondary payer.</td>
<td>Fax required documentation to: <strong>Trial Card</strong> 1-888-481-0544</td>
<td>Submit required documentation to: <strong>Trial Card</strong> 2250 Perimeter Park Dr., Suite 300, Morrisville, NC 27560</td>
<td>Submit claims through SDS website. See page 8 for more information.</td>
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Please contact your Field Reimbursement Manager (FRM) for additional details and instructions. FRMs are available to assist with system set-up and demonstrate ESP billing.

Helpful Hint
For additional information please contact Coherus COMPLETE™ at 1-844-483-3692
ESP Billing

STEP 1
How to get started.
Setting up your billing system (Initial setup):
In order to utilize ESP Billing, Coherus COMPLETE™ needs to be added as an insurance claims center in your billing system.

- Add the Coherus COMPLETE™ program information as a New Insurance Carrier. Include program name and address.

Every billing system has a unique format. This graphic is an example of a billing system new insurance carrier screen.

New Insurance Carrier

Name: Coherus Complete
List Name: Coherus Complete
Address: 2250 Perimeter Park Drive, Suite 300

Carrier ICD-ID Implementation Date: 10/01/2019
Carrier Type: Other
Financial Class: Commercial
Allocation Set: 100%
Insurance Group: Patient Assistance Programs

Degree of Inactive: Inactive
City/State: Morrisville
Country: Subdivision
Phone 1: 844-483-3692
Phone 2: 888-481-0544
Contact: 
Notes: Alert Notes
Note: Udenyca Q5111

Helpful Hint
Add UDENYCA® (pegfilgrastim-cbqv) and/or Q5111 in the alert notes to identify the related drug and Co-pay Program in the Insurance Group field.
STEP 2
Add Coherus COMPLETE™ in the Electronic Data Interchange (EDI) section of the insurance file.

1. Please identify the clearinghouse that is used by your practice
2. Add Payer ID# 56511

If your billing software utilizes the RelayHealth/Change Healthcare clearinghouse, please use the following Carrier Provided Identification (CPID) Number*.
For an office: CPID #7821
For an institution: CPID #9532

Group Number and Member Number
Upon enrolling in the Coherus COMPLETE™ Co-Pay Assistance Program you will receive instructions regarding claims submission and reimbursement options
- Instructions will also be sent via Welcome Fax
- The Payer ID, Group Number and Member Number will be clearly displayed

SUCCESS!
Your patient is now enrolled in Coherus COMPLETE™ Co-Pay Assistance Program

Payer ID: 56155
Group: 00003633
Member Number: 10000AB4E

Medical claim instructions: Use the patient’s medical benefit insurance for primary claim. You have three options to submit secondary claims to the co-pay program.

1. Submit an ANSI ASC X12N electronic claim using Payer ID# 56155, Group #00003633 and patient’s member ID number, as a secondary payer.
### STEP 3
**Adding Coherus COMPLETE™ as a secondary payer for a specific patient.**

- Once Coherus COMPLETE™ is set up as an insurance carrier in your billing system, you can include it when setting up insurance profiles of individual patients.
- As with other secondary payers, please check Coherus COMPLETE™ in the insurance carrier profile.

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**Helpful Hint**

It may be helpful to setup a “flag” in your billing system, if permitted, as a reminder that Coherus COMPLETE™ has been set up as a secondary payer for a specific patient.

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<td>Aetna (329)</td>
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<td>□ Coherus Complete</td>
<td>Secondary</td>
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**Insured Person Information**

- Title: [ ]
- First: J
- Middle: [ ]
- Last: Smith
- Suffix: [ ]

- Birthdate: 12/25/1956

- Address: 123 Test Lane
- City/State: Testville, OH, 45177
- Country: [ ]

- Phone: □ (123) 456-7899 [ ] Home [ ]
- □ (123) 456-7899 [ ] Cell [ ]
- □ SSN: 987-65-4321 Sex: Male [ ]

**Employment Information**

- Occupation: [ ]
- Employer: [ ]
- Employment Status: Full-time [ ]
- Employment Status Date: / / [ ]

**Quick Entry Mode (this session only)**

- ABC Clinic: □
- Get Driving Directions: □
- Get Financial Information: □
- Get Financial History: □
- Get Patient History: □
STEP 4
Claims Submission to the Co-Pay Assistance Program

- Review remittance received from the primary commercial payer to assess whether there is a remaining balance associated with UDENYCA® (pegfilgrastim-cbqv) (Q5111). If so, ensure the Member # and Group # 00003633 has been appended to the claim and bill as a transactional secondary claim to Coherus COMPLETE™ Co-Pay Assistance Program.

Example of how a claim will look in your billing system with Coherus COMPLETE™ as a secondary payer.

*Every billing system has a unique format. This graphic is an example of a claim screen.*
Fax Billing
Fax required documentation to: 1-888-481-0544:
Please ensure the claim documentation clearly states the CPT/Q-Code, NDC, and/or drug name as well as the remaining out-of-pocket expense of UDENYCA® (pegfilgrastim-cbqv).

For claim submission for VIRTUAL DEBIT CARD reimbursement:
Please fax the Virtual Debit Card Fax Coversheet with required documentation to Trial Card at 1-888-481-0544.

*The Virtual Debit Card Fax Coversheet is available for download at CoherusCOMPLETE.com.

Manual Billing
Submit required documentation to:
Trial Card
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560

Smart Data Solutions (SDS)
Submit claims through Smart Data Solutions (SDS) website:
1. Register and complete account setup with SDS. Someone from your IT department, claims processing software vendor, or EDI coordinator may be able to help.
3. Once you have gained portal access, you can submit the claims for the Coherus COMPLETE™ Co-Pay Assistance Program via the following means:
   • Direct File Upload to the Portal
   • Manual Claim Entry

Pharmacy Benefit Claims
• Pharmacies should use patient’s prescription insurance for the primary claim.
• Process a Coordination of Benefits (COB) claim to PDMI under BIN 610020 as the secondary claim.
There are three ways for a provider to receive reimbursement for UDENYCA® (pegfilgrastim-cbqv) from the Co-Pay Assistance Program.

Electronic Funds Transfer (EFT)

Payment Remittance: Coherus selected InstaMed® as the payment vendor to assist in expediting payment and remittance transactions.

If you have an account with InstaMed® and elected to receive payments via ACH and electronic remittance, then approved claims will be paid via ACH. If you do not have an account with InstaMed® or did not elect to receive ACH payments, then a physical check for approved claims will be mailed to the address on the claim form submitted for reimbursement.

There are 3 ways to set up an account to receive payments via ACH and electronic remittance:
- a. Online: https://online.instamed.com/providers
- b. Email: support@InstaMed.com
- c. Call: InstaMed® Support at 1-866-467-8263

Please contact InstaMed® customer service directly at 1-866-467-8263 if you are unaware of your current InstaMed® account status.

Physical Check

- Check will be mailed to the address listed on the CMS-1500 or CMS-1450 claims.
- No additional setup steps required

Virtual Debit Card

- Once the claim is approved, you will receive a Virtual Debit Card (VDC) Confirmation Fax. This fax will include:
  - 16-digit VDC number
  - 3-digit security code
  - Associated zip code of 27560
- Please use this information to process payment as you would any credit card or debit card payment.
Coherus COMPLETE™ provides a suite of patient support services and programs designed to assist with patient access.

Visit www.CoherusCOMPLETE.com or call 1-844-483-3692 today!