

EmpiRx Health

Variable Copay Assistance Program

1/27/23



Precision.
Performance.
Delivered.



SJVIA

San Joaquin Valley
Insurance Authority

Agenda

Program Overview

Implementation Considerations

Member Experience

Claim Example

Member Letter & FAQ



Variable Copay Assistance Program

Patients shouldn't have to worry about **cost** and **access**.
With **Variable Copay Assistance**, they don't have to.



- A plug-in solution that integrates with SJVIA's plan design
- Tailored to your population's health and financial needs
- Helps patients receive copay assistance on expensive specialty medications
- Boosts savings for SJVIA in addition to patient
- Seamless, integrated high-touch clinical concierge service experience
- No disruption for members

Variable Copay Savings

19027 Tulare

Eligible Members: 4093

Projected Annual Savings: \$959,321

Savings Net of Fees: \$879,312

19028 Fresno

Eligible Members: 6061

Projected Annual Savings: \$1,274,300

Savings Net of Fees: \$1,194,294

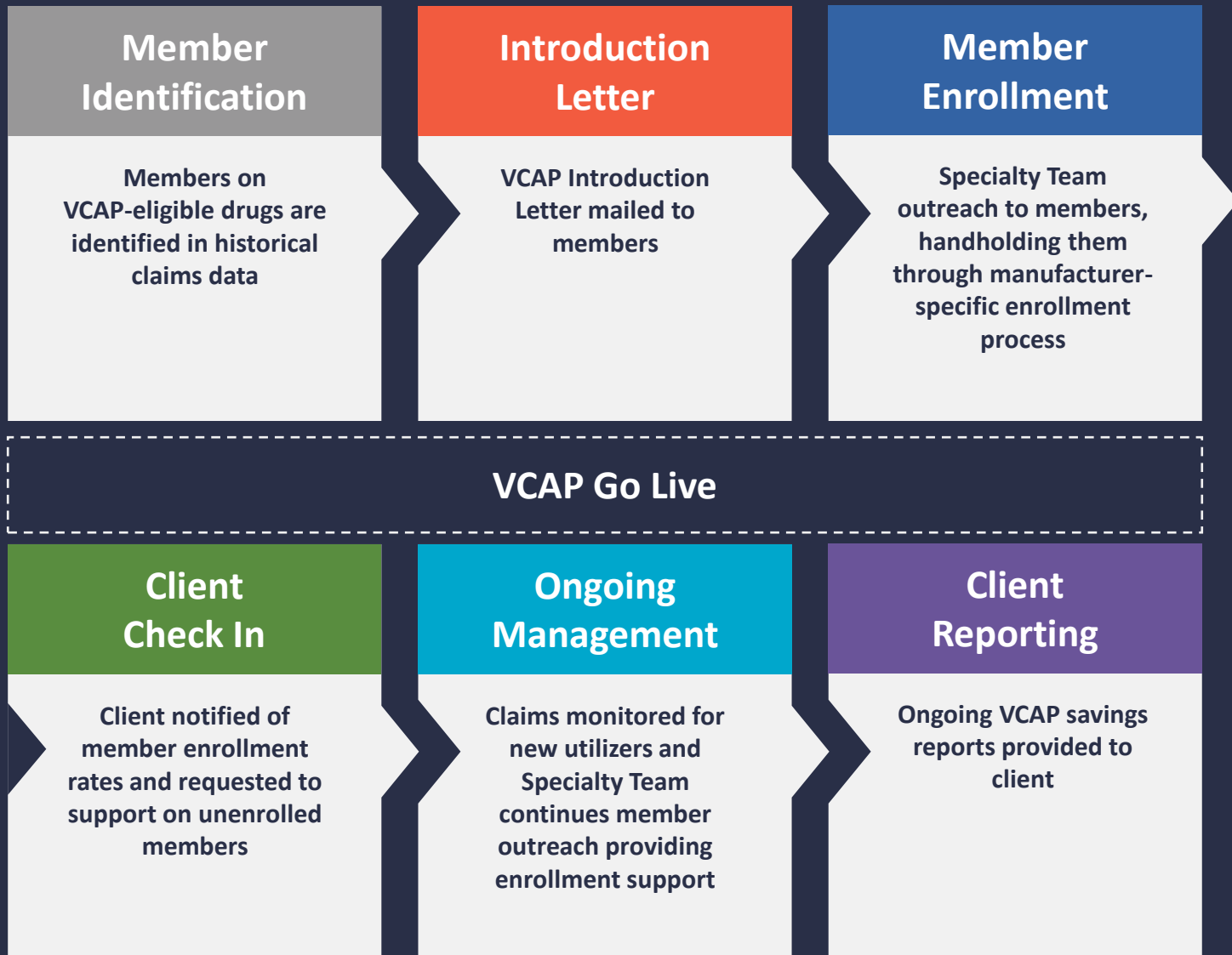
Implementation Considerations

Variable Copay Assistance Program

How it Works	Funding from manufacturer copay assistance programs is applied towards the member's cost share across the number of fills for the year
Implementation Steps	Conduct savings analysis, update plan design, perform member outreach & enrollment
Plan Design	Mandatory mail for Specialty with 0 grace fills, set %-coinsurance structure with max member pay
Clinical Oversight	All claims undergo a clinical review for appropriateness with monthly patient consultation
Invoicing & Reporting	\$1.10 PMPM billed monthly with savings report
Enrollment	Streamlined manufacturer-specific application & enrollment process

EmpiRx Health will work with you to implement the appropriate plan design.

Implementing VCAP—We Make it Easy



Copay Assistance Claim Processing Workflow

1 Claim Monitoring

Daily monitoring of new specialty claims eligible for Variable Copay Assistance

2 Member Enrollment

Specialty Team calls member to support them through manufacturer assistance enrollment

3 Claim Processing

Claim is processed based on member enrollment status

4 Consultation & Delivery

Specialty Team calls member for clinical consultation & shipping coordination

Member previously enrolled:
Specialty Team obtains existing Manufacturer Program assistance information from member

Prior to enrollment (member declined or required urgent fill):
Claim processed at standard specialty copay

Member not enrolled, active member participation:
Manufacturer Program requires member to enroll, Specialty Team assists member through process

After successful enrollment:
Copay Assistance maximized by applying funding to % coinsurance

Member not enrolled, passive member participation:
Specialty Team outreaches to Manufacturer Program to complete enrollment on member's behalf

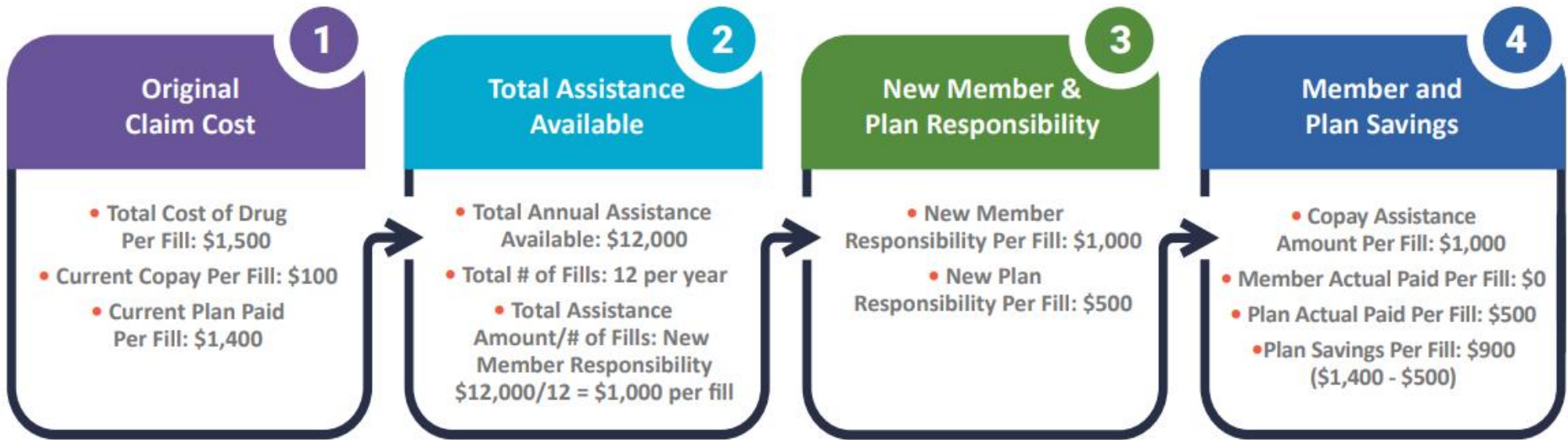
How does the Copay Assistance get maximized?

The Specialty Team calculates the appropriate % coinsurance after reviewing:

- Member's # of fills remaining in year
- Member's remaining manufacturer assistance available
- Potential member & plan pay amounts
- Any manufacturer program nuances (e.g. per claim cap)

Goal is to maximize savings while minimizing member and plan pay amounts.

Sample Financial Outcome



Maximizing copay assistance *significantly reduces* plan & member expenses.

Thank You

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