

Today's Service Model



In today's PBM service model, there is no service. A plan member goes to the doctor and has a prescription sent to the pharmacy. When the pharmacy sends the claim to the PBM and the prescription is denied, it just sits and no one handles it for the plan member.



After a frustrating time period where the plan member has to handle their own claim denial and cannot get help, they are left with little to no options and remain upset.



The plan member is forced to make a decision. Many times this ends up with the member calling to complain to HR and having to make multiple calls to resolve their problem with getting medication. All too many times, the member ends up leaving their prescription. There is no service in the current model and it wastes time for the member, the doctor/office, the pharmacy – everyone involved.

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From: UCPath, University of California < UCPath-Communications@comm.universityofcalifornia.edu> Sent: Monday, March 21, 2022 3:54 PM Subject: An important message from UC about your employee pharmacy benefits An important message from UC about your pharmacy benefits We are writing to acknowledge — and apologize for — the problems many members of the UC community ar experiencing with Navitus Health, a new administrator of pharmacy benefits for UC employee and Medicare PPO plans, and to let you know what we are doing to fix the problems. Last year, University of California Health (UCH) and UC Systemwide Human Resources selected Navitus Health to administer pharmacy benefits, starting Jan. 1, 2022. This decision was made following an extensive formal bid ducted by a committee with representatives from UCH, Systemwide HR, UC faculty with pharmacy expertise and UC's retiree association. Navitus was selected as the partner that could provide UC with the best overall flexibility, service, and affordability. However, since UC's transition to Navitus Health, we have heard from too many members who have been negatively impacted by this change processes and experie meet the scheduled tary prescriptions they need — very seriously. UCH and UC Systemwide Human Resources have been in const retirees and their family Additionally, like many that far exceed Navitus pressure on benefits p . Due to the delay in mailing clinical transition letters, Navitus has provided an extended transition period Center, as they have v to the end of April for drugs that are not covered. Extension letters and an email campaign were recently authorizations, denials, and appeals. Those who have experienced a denial for a Not Covered/Non-Formulary medication will also receive a phone call offering help. UCH, Alliant (a UC consultant) and Navitus will audit and review the protocols Navitus uses for denials to ensure they are in alignment with Navitus internal guidelines, industry standards and Medicare guidelines - and to identify and correct any gaps. 125 to 160) by the end of April, and hopes to add another 15 staff for UC benefits professionals. ADDITIONAL Navitus has also added two more personnel with pharmacy clini professionals support members. In addition, Navitus is exploring a concierge-type custo receive the dedicated assistance they need Again, we sincerely apologize for any difficulties you or your family me transition. We are committed to you receiving the critical health care you de convenience or frustration. **CUSTOMER SERVICES** REPRESENTATIVES Please do not reply to this message. Replies to this message are routed to an

With us, you'll never send a letter like this.

AffirmedRx is completely restructuring how a PBM does business in order to solve issues before they become a larger problem.

The industry is broken, how do we fix this?

AffirmedRx is proactive versus reactive

AffirmedRx is focused on clarity, integrity and trust

AffirmedRx hires the right people to do the job

Let us show you the PBM service model, reimagined.



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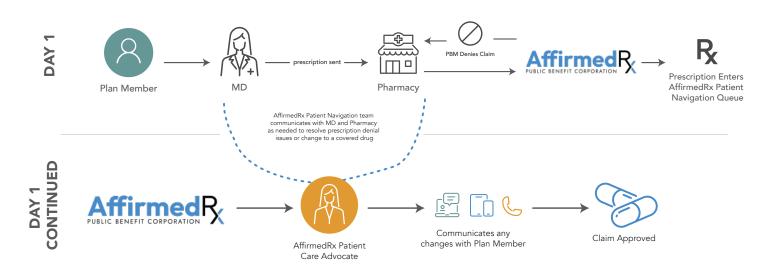




AffirmedRx is fundamentally different.



In the AffirmedRx Patient Navigation model, we reimagine the way the service model/process should work. Day 1, our Patient Navigation team gets real-time notifications of claim denials and begins working with the member to resolve their issue.



Our Patient Care Advocates meet the plan member where they are and communicate (through their chosen form of communication) to resolve their pharmacy benefit issues and make sure they get the clinically appropriate medications they need – at the time they need them.









Our model makes sure that the plan members are happy, there are no complaint calls to HR, and we save everyone in the service model process time.

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