



Capital Rx

REBUILDING TRUST IN HEALTHCARE



Capital Rx At A Glance

THE FASTEST GROWING HEALTHCARE COMPANY IN AMERICA



180 Active Clients



1.4M Member Lives



Commercial, Medicare, & Medicaid



Founded in 2018 | 450+ Employees



65,000+ Pharmacies In-Network



Next generation enterprise platform

100%

IMPLEMENTATION SATISFACTION

99.5%

CLIENT RETENTION

130%

YOY GROWTH RATE

90 NPS

PATIENT SURVEY NET PROMOTER SCORE

INDUSTRY AVERAGE: 9 NPS

96 NPS

CLIENT SURVEY NET PROMOTER SCORE

INDUSTRY AVERAGE: 14 NPS



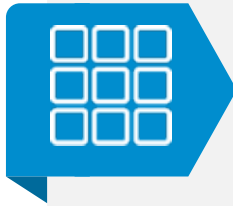


Flexibility to Meet Your Evolving Needs

SUPPORTING FULL SERVICE AND MODULAR STRATEGIES



Full Service (PBM)

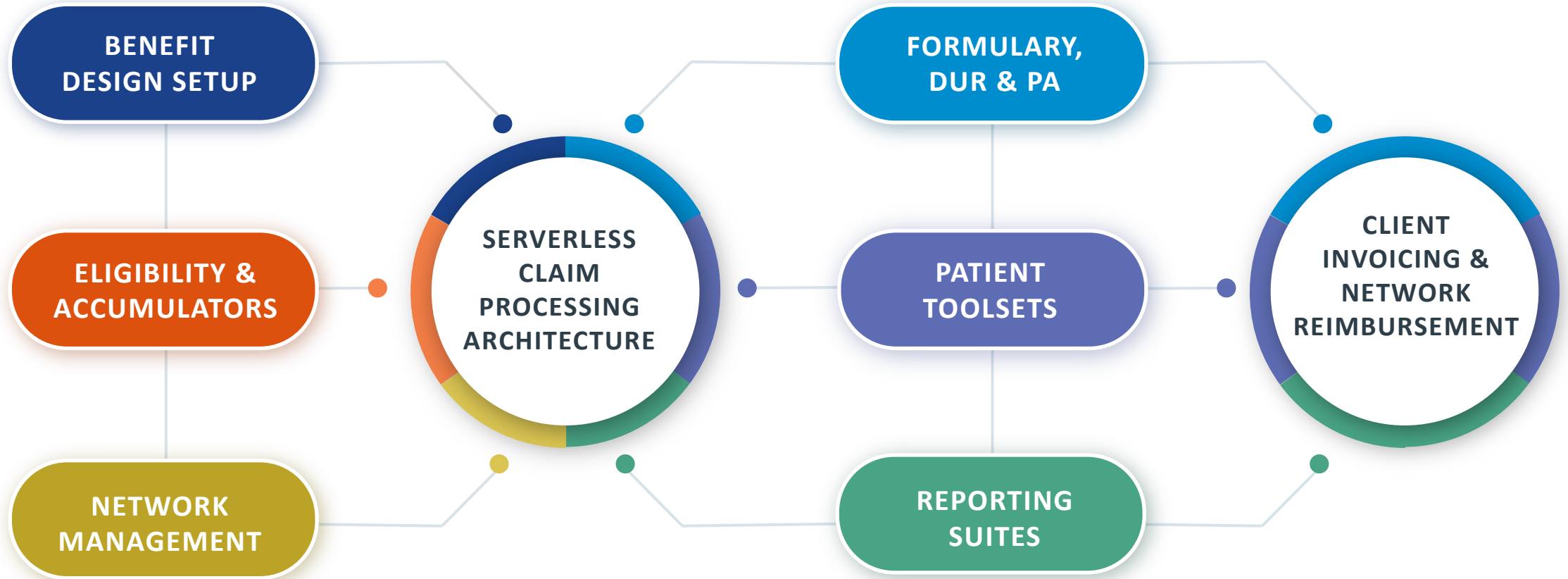
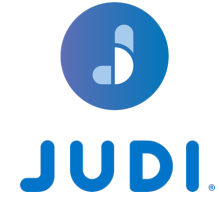


Infrastructure Modules (PBA)



The Beauty of Simplicity

CONNECTING ALL PBM OPERATIONS
ON A SINGLE UNIFIED PLATFORM





CLAIM PROCESSOR



DATA WAREHOUSE



COMMUNICATION SERVICES



LICENSES & COMPLIANCE



EMR/EHR INTEGRATION



INVENTORY & DELIVERY



HOME CARE & LAB



CUSTOMER SUPPORT (CRM)



BILLING & REIMBURSEMENT



API LIBRARY



PLAN SPONSOR



CONSULTANT & ADMINISTRATOR



DATA WAREHOUSE



MEMBER & DEPENDENTS



ELIGIBILITY MANAGEMENT



ACCUMULATOR FEEDS



THIRD-PARTY ADMINISTRATOR



STOP LOSS CARRIER



THIRD-PARTY APPLICATIONS

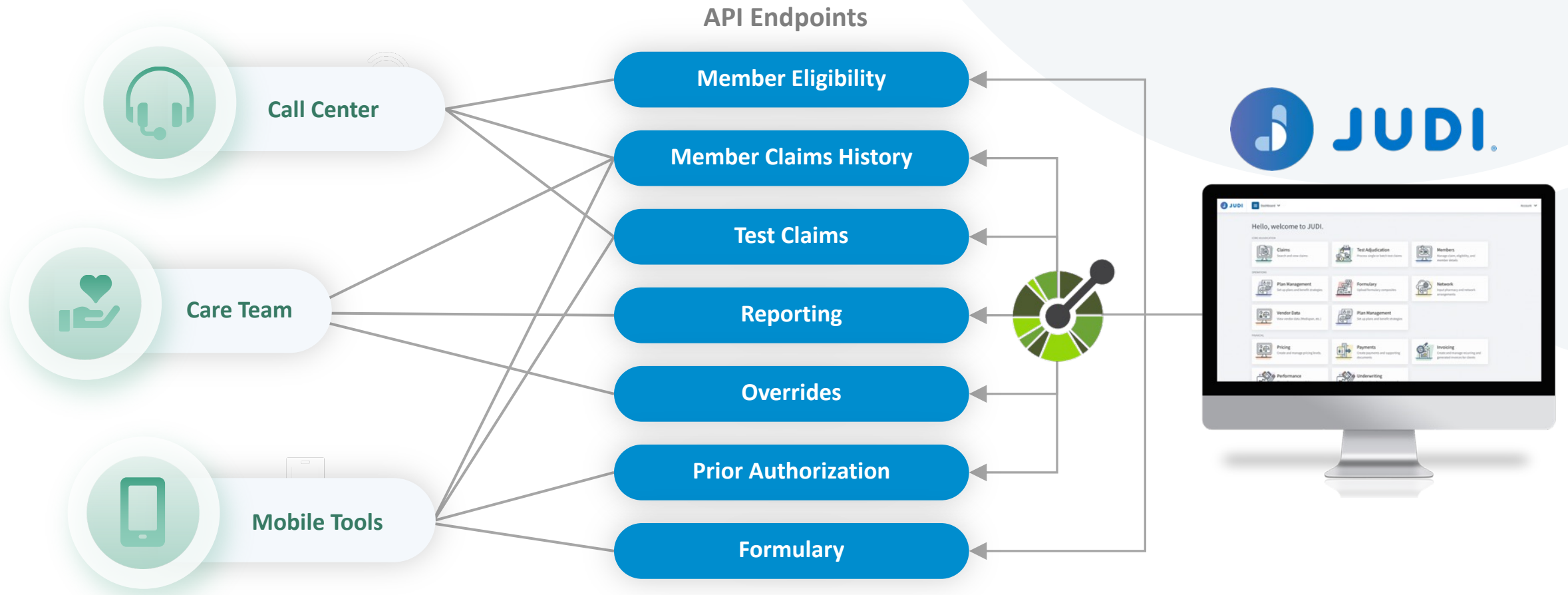
JUDI® unifies all pharmacy operations into a single, scalable platform.





Leverage Our Systems or Connect Through Open API

REAL-TIME INTEROPERABILITY ENABLES HEALTH PLAN FUNCTIONS TO RUN SMOOTHLY





Virtually Limitless Scale

DESIGNED TO MEET THE NEEDS OF HEALTHCARE ORGANIZATIONS OF ANY SIZE



Architecture

Scale test performed on Capital Rx's existing architecture and infrastructure, using a single instance of Judi.

1

INSTANCE OF JUDI



Performance

Using test parameters for patient records and concurrent services, Judi achieved max and target claims.

13,867

MAX CLAIMS PER MIN



Claims Scale

Extrapolating the claims per minute, using only 12 hours of processing each day, Judi achieved "nation-level" scale.

3.6B

CLAIMS PER YEAR



Patients Scale

Single instance achieved performance goals, while multiple instances provide access to limitless scale.

353M

UNIQUE LIVES SERVICED

Challenge: NY State's Medicaid Pharmacy Program Requirement Poses Challenges for PBMs

New York State issued a notice to plans and PBMs stating that each plan must implement POS claim denial messaging that directs pharmacies to bill NYRx for Medicaid Pharmacy Program effective April 1, 2023.

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MCP Claims Denial Messaging Clarifications – Plan Feedback Discussion

Effective April 1, 2023, each Plan will implement point-of-service (POS) claim denial messaging that directs pharmacies to bill NYRx, the Medicaid Pharmacy Program

NYS DOH preferred POS claim denial messaging:

- **NCPDP Reject Code 831:** Product Service ID Carve-Out, Bill Medicaid Fee For Service
- **Additional Message Field 526-FQ:** Bill NYRx, Medicaid Pharmacy Program, EFFECTIVE 04/01/2023. SUBMIT CLAIM TO BIN: 004740.
Call eMedNY Support at: 800-343-9000, Option 1.

Note the addition since first introduced during TWG 62, highlighted in yellow above.



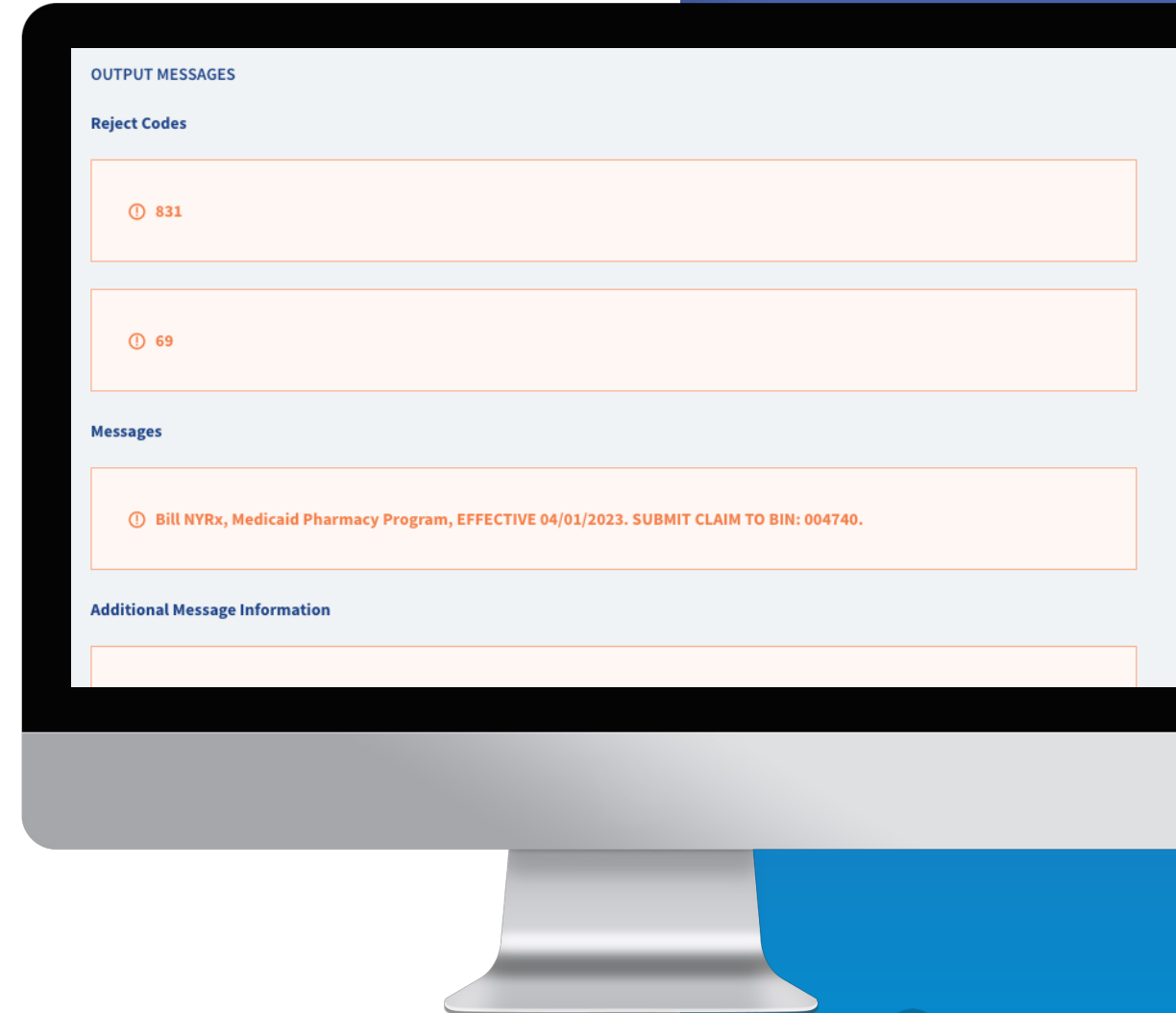


Solution: JUDI's® Modern Tags & Overrides Facilitates Medicaid Compliance with Ease

JUDI, a modern pharmacy benefits platform built after the implementation of Medicare Part D (2006), made this request easy for Capital Rx.

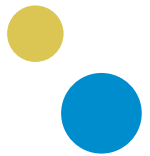
Its **tags and overrides feature** was utilized to quickly meet the New York State requirements for Medicaid Pharmacy Program compliance, resulting in the creation of a Reject Message for Medicaid Members by April 1, 2023.

JUDI's flexibility and adaptability allows us to create solutions quickly and implement POS claim denial messaging for our clients, **ensuring compliance with state requirements** while **minimizing any disruption**.





JUDI[®] Demo





Efficient Claim Testing: Test Hundreds of Scenarios in Record Time

THE NIMBLE SOLUTION FOR FASTER, MORE EFFICIENT TESTING

EFFICIENT TESTING PROCESS

With JUDI, you can test 1,500 claim scenarios in 10 minutes, a fraction of the time it takes legacy platforms.

REDUCED ERRORS

JUDI's efficient testing process reduces errors and improves accuracy.

AVOID ACCESS TO CARE

Accurate benefits testing can minimize errors, reduce resources, eliminate retesting and avoid state reporting/potential state penalties.

The screenshot shows the 'Test Claim Adjudication' page in the JUDI application. It features a 'SINGLE' and 'BATCH' toggle, an 'UPLOAD FILE' section with a 'SELECT FILE' button, and a table of uploaded files. The table has columns for 'Uploaded On', 'File Name', and 'Status'.

Uploaded On	File Name	Status
04/20/2023	process_test_as_batch_32378.xlsx	Processed
04/18/2023	process_test_as_batch_32343.xlsx	Processed
10/01/2022	CapitalRx_Claim_Records_Dashboard_Table_050c2f02-21_49_513006-UTC.csv	Uploaded

The screenshot shows the 'Test Claim Adjudication' page in the JUDI application, displaying the output of a batch test. It features a 'SINGLE' and 'BATCH' toggle, an 'OUTPUT' section with a 'DOWNLOAD' and 'DOWNLOAD LOGS' button, and a message indicating the file 'process_test_as_batch_32378.xlsx' was processed and uploaded on 04/20/2023.



THE INDUSTRY'S ONLY ENTERPRISE HEALTH PLATFORM



Handling every backend workflow, making us the best plumbers in health care



Unmatched scale, efficiency, and flexibility for health plans and PBMs



Improved service measured in both customer and patient satisfaction

VALUE ACROSS EACH STAKEHOLDER:

Plans

Improved experience from overall service, savings, and plan design flexibility



Members

Greater satisfaction through quicker member resolution and better patient support



Third-party Vendors

Efficiently integrate with vendors through plug-and-play interface and API library



Health Plans/PBMs

Gain efficiency and flexibility through process automation and tech-enabled workflows





1 WORLD TRADE CENTER
NEW YORK, NY 10007

EMAIL: INFO@CAP-RX.COM

WEB: WWW.CAP-RX.COM

PHONE: 888.675.1140

