

Frequently Asked Questions

RxCompass



Overview

What is RxCompass?

An integrated drug procurement and alternative funding solution that is owned and operated by Liviniti, which seeks to maximize client savings. Drug procurement pathways include:

- Patient Assistance Program
- Variable Copay
- International Mail
- TeleSaverRx
- Site of Care program

What are the advantages of RxCompass?

One of the core differentiators of RxCompass from other drug savings programs is that it's vertically integrated with the PBM, providing the client a one-stop-shop for all their plan needs. This supports seamless integration for clients via contracts, communication, reporting, and invoicing. Most importantly, RxCompass will utilize all available drug savings pathways to generate the largest possible savings for the client.

Do all drug pathways have to be implemented with RxCompass?

Clients may choose to opt out of select pathways, however, we recommend utilizing all pathways to achieve the greatest possible savings.

Are any medications sourced internationally?

The International mail pathway sources medications through tier-one countries – Australia, Canada, the United Kingdom, and New Zealand.

Are medications eligible for rebates through RxCompass?

Only fills through Variable Copay are rebate- eligible.

Implementation

What is the implementation timeline for RxCompass?

A 60-day implementation is typical for RxCompass, including completion of documentation and member roll out. It is important to note that all legal documents must be signed and completed no later than 15 days prior to the effective date. If signatures are not returned in a timely manner, implementation will be rescheduled for the following month.

What is a MERP, and is it required for the RxCompass program?

Yes, it is required for RxCompass. A Medical Expense Reimbursement Plan (MERP) is an administrative tool that provides increased protection as it relates to ACA and ERISA compliance, as well as provides:

- Consistency in claims processing
- Better member experience
- Speeds up the processing time
- More protection for plan fiduciaries

Who will administer the MERP?

- The TPA can administer the MERP; we can provide sample SPD language for the TPA to utilize if desired.
- Liviniti can facilitate an introduction to our preferred MERP administrator, Grenz Benefits, who can provide turnkey administration for an annual administration fee.

Member Experience

How do you communicate with members?

RxCompass utilizes HIPAA-compliant text messaging technology, so that we may communicate with members in a more convenient way, at a time that is best for them.

What percent of members will be able to benefit from RxCompass? What are the common medications?

Approximately 10% of plan membership is eligible for the RxCompass program. RxCompass-eligible medications treat certain conditions, such as enzyme replacement, psoriasis, asthma, rheumatoid arthritis, Crohn's Disease, and diabetes.

What is the workflow/member experience?

- Prescription: Member is prescribed an RxCompass-eligible medication from their physician.
- Retail Pharmacy: Member experiences a utilization management pause for their Rx at the retail pharmacy because the medication is offered through RxCompass.
- Case Creation: The rejection generates a notification to our Care Navigation Team who will verify Prior Authorization status where applicable and assess the lowest cost pathway.
- Member Engagement: A Care Navigator will engage with the member via text or telephone to explain the program and the potential cost savings. During the initial communication, the Care Navigator will determine how much medication the member has on hand and can approve additional local fills to avoid gaps in care as necessary.
- Prescription Filled: The Care Navigator will monitor the prescription to ensure it is received.
- Continued Support: The Care Navigator will be available for continued support for ongoing fills.

When should a member expect to hear from RxCompass after receiving a rejection at the pharmacy?

A Care Navigator will engage with the member by text or email within 24 business hours of the rejection at the pharmacy.

Will the member be charged a copayment?

Some drug sourcing pathways, such as International Mail, do not collect a member copayment. In addition, if a member is on an HDHP, they will need to satisfy their deductible.

Is RxCompass Mandatory or Voluntary?

Participation in the RxCompass program is mandatory as the drugs are excluded from the primary benefit. However, some pathways are voluntary in accordance with federal and state laws. If a member opts out of a voluntary pathway, alternative options are presented.

What if a member declines all RxCompass drug-sourcing pathways?

RxCompass is committed to a member-centric approach, so we would continue to place overrides allowing the member to fill their medication at their retail pharmacy, as deemed clinically appropriate through our Prior Authorization process. In this scenario, RxCompass would work with the Account Executive to ensure the client or their representative is notified.

Does the Transition of Care (TOC) process apply to RxCompass?

- Yes, the normal Transition of Care process applies, contingent on receipt of appropriate data.
- Transition of Care overrides apply to Prior Authorization only; Drugs will still reject on the primary plan to facilitate the transition to a lower-cost pathway.

What are the RxCompass Call Center hours?

The hours of operation are Monday – Friday from 8am to 7pm CST and Saturday from 10am to 6pm CST.

You may contact us via email or phone:

- **Member Inquiries:** carenavigator@myrxcompass.com
- **Client/TPA Inquiries:** inquiries@myrxcompass.com
- **Telephone:** Toll-Free (833) 652-8379