



2019



Visual Intelligence Portal

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### **Visual Intelligence Portal**

Intuitive, easy access to program metrics and information



To access your key data from affordability programs Provides an interactive tool as an alternative to Excel and flat files Provides up-to-date, easily accessible metrics Provides copay data from the adjudication process Custom solutions and views can be developed to integrate with external data sets

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### **Visual Intelligence Portal data sources**

The following data elements are captured in a standard copay transaction.



### **Common business questions answered by the portal**



#### **Program monitoring**

We just launched our brand last week. Are we seeing copay redemptions?

Are the copay coupon redemptions on track?

What is the average patient out of pocket?

#### **Business vigilance**

Are my key delivery channels working as expected (EHR, pharmacy, rep-delivered, SMS, web)?

How are 90- vs. 30-days' supply claims trending?

Is my patient out of pocket changing?

#### **Brand insights**

Which prescribers (or territories) are responsible for the most redemptions?

I just changed my offer; which prescribers (or territories) are now showing redemptions for the new offer?

Which prescribers have stopped showing redemptions?

For my high prescribers, when did they last show a redemption?

# **VIP** views



### Manufacturer / portfolio

Overall, how are the company's copay programs performing?

How many members are benefiting from my affordability programs?

How many prescribers have members who benefit from my affordability programs?







### **Brand summary**

What is the monthly cost of the copay program?
How many claims do I have?
What are the national level copay, benefit and out of pocket metrics?
How many copay claims are from the rep-delivered vs. web channel?
How many claims are for cash, insured, or insured not covered patients?
Of the claims that have been processed, what are the specialties of the prescribers?





### Channel

Is the new web group outperforming the traditional rep-delivered group? What channels are responsible for a majority of claims?



### **Trends**

What is my year over year activity by benefit, claims, or patients? Are the 90-day supply claims increasing? Has the payor type changed over time?



Melavin	Claims   Patients		Total Benefit (\$)	Claims	Patients	2015 2016	2017	Data Range 1/1/2015 - 6/3	0/2017
NDC		Specialty		Patient Type	Payor Type	Day Supply		Pharmacy Type	
All	$\sim$	All	$\sim$	All $\sim$	All	∼ All	$\sim$	All	$\sim$
Year 2015	Total Benefit \$20,041,442.34	Claims 311,749	Patients	ick on column of chart to filter tin 2015 ●2016 ●2017	e period				
2016	\$12,233,526.87	124,207	30,503 sa	47,118 36,958 37,00					
2017	\$34,094,635.83	96,170	25,373	16,894 16,186	31,474 28,266 2 17,588 16,866 15,894	6,118 21,310 19,270	17,549	16,601 15,107	14.973
Total	\$66,369,605.04	532,126	106.705	0.61( 0,10( 0)	172 9.178 8.963	8,449 7,781 <sup>0</sup> .	11,239	11,471	14,773
	1			Jan Feb	dar Apr Mav	A lut nut	a Seo	Oct Nov	Dec
		Specia	altv	Patient Type	Payor Type	Day St	ipply	Pharmacy 7	
	NDC	0,000							
INTERNAL M FAMILY M PSYCHIATRY & N NURSE PRACTI PHYSICIAN ASS	A. FAMILY MEDI. PP. IDICNI 206.13 IDICNI 153.495 95.57 IDICNI FICANA IDICNI 153.495 152	SYCHIATRY   NURS	SE PRAC )	000 21,567 000 17,70 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 17,200 17,700 11,200 10	74 8473 7276 817 8273 7276 817 8273 7276 817 8273 7276 110 8273 8271 110 8273 5223	4973 <u>4444</u> - 4973 <u>4454</u> - 4973 <u>4454</u> - 4973 <u>4454</u> - 4975 <u>4455</u> - 4975 <u>44555</u> - 4975 <u>445555</u> - 4975 <u>445555555555555555555555555555555555</u>	207/	AL ●CLINICAL P ●	

### **Claim distribution**

What proportion of claims are for less than \$50?

Are patient copays lower at the end of the year compared to the beginning of the year?

onnective®	Home	Afi	iordability								🕻 🕻 Melavir	n_MultiBr	and-Manufa	cturer Full S	creen	👤 Welcon	ne, John Doe	🕒 Log Out
	Patient Benefit   Co Brand H	opay   Out c	of Pocket Cost	Copay: Patient re Benefit: Patient E Out-of-pocket: P	lenefit/Redemptio	n Benefit: Ar	mount paid by t	he progra	m		oucher prog	rams.			Data F 1/1/	Range 2017 - 6/3	0/2017	
			E2 ····															
	Metric			Card Type		Day Si	upply			Year				Payor Type				
	Copay	Benefit	OOP	Copay	Voucher	30	l-day 60	-day	90-day	2015	5 2	016	2017	All			$\sim$	
	Count of Clair	ns by Ra	inge of Cop	ay	Count	Per	cent						Total p	oatient pay	ving \$0	out of pocke	t: 14,914	
	Range	Total Claims	in Range		Ja	in Claims	eb Claims Ma	r Claims	Apr Claims	May Claims	Jun Claims	Jul Claims	Aug Claims	Sep Claims	Oct Claims	Nov Claims De	ec Claims	
	\$0 - \$25				589	107	96	106	88	99	93							
	\$25.01 - \$50				2,333	406	376	405	374	398	374							
	\$50.01 - \$75				1,871	265	292	358	323	317	316							
	\$75.01 - \$100				1,321	203	209	233	222	237	217							
	\$100.01 - \$150				1,728	243	295	310	289	302	289							
	\$150.01 - \$200				1,178	173	181	205	185	228	206							
	\$200.01 - \$250				947	142	146	173	151	188	147							
	\$250.01 - \$300				873	135	145	152	144	160	137							
	\$300.01 - \$350				564	109	84	105	85	94	87							
	\$350.01 - \$400				495	94	96	92	75	67	71							
	\$400.01 - \$450				346	72	57	53	55	62	47							
	\$450.01 - \$500				315	64	57	55	43	46	50							
	\$500.01 - \$600				1,048	204	203	204	148	161	128							
	\$600.01 - \$700				325	76	66	59	42	40	42							
	\$700.01 - \$800				175	41	34	37	24	22	17							
	\$800.01 - \$900				209	51	44	38	28	29	19							
	\$900.01 - \$1000				89	38	16	16	7	5	7							
	\$1000.01 - \$1100				4	10	12	9	7	6	23							
	\$1100.01 - \$1200 \$1200.01 - \$1300				292	83	69 29	56 27	33	28	23							
	\$1200.01 - \$1300 \$1300.01 - \$1400				150	50	29	27	17	1/	10							
	\$1400.01 - \$1400				4				1		1							
	\$1500.01+					8	1		1	3	2							
	Total				14.915	2.574	2.508	2.695	2.342	2,510	2,286							
					14,213	2,014	2,000	2,005	6,2962	2,270	a,a 00							
Brand Su	mmary Cha	nnel	Scorecard	Trends	Claim Distri	bution	Prescriber	F	harmacy	Usage	Pers	istency	Patient I	Demographi	cs	HCP Profile	HCP Weekly A	ctivity



### **Prescriber**

Who are my top 10 prescribers relative to copay card redemptions?

- How can I view prescribers in a state or region of the US?
- What is the ratio of prescribers to members?
- How can I export a list of prescribers?

Is there a difference in avg. copay, benefit, and out of pocket relative to each prescriber?





### **Pharmacy**

Which are my top 10 pharmacies relative to copay card redemptions?

How can I view pharmacies in a state or region of the US?

What is the ratio of pharmacies to patients?

How can I export a list of pharmacies?

Is there a difference in avg. copay, benefit, and out of pocket relative to each pharmacy?





### Usage



How can I understand claims and refills for each group?

How many patients make it to a third fill?



### **Patient demographics**

What percentage of members are insured? How many members are over 65?

#### What percentage of my members are female?





# **VIP** content



### **VIP content available in portal**

Data are refreshed daily and include the most recent 3 calendar years of data.\* Time reporting intervals include weekly, monthly, annual, and year over year.

\*There is a 2-day lag

### **Metrics**

Claims Members Patient copay Benefit paid by manufacturer Patient out of pocket Pharmacies Prescribers Channel

### **Filters**

Days' Supply Distribution channel (EHR, pharmacy, rep-delivered, SMS, web) Insurance status (insured, insured not covered, cash) NDC Member type (new to program, existing) Pharmacy type (community, institutional, mail order, long-term care...) Prescriber specialty State

### **VIP** views

Manufacturer Brand summary Channel summary Scorecard Trends Patient demographics Claim distribution Prescriber Pharmacy Usage



Note: Customized views can be made available

# Navigation and Support



### **Navigation**

Select your ConnectiveRx **solution** type from the top navigation bar.



Select your brand level **reports** from the left side navigation bar or the "Affordability" screen.



### Support

Click the "Support" link located on the top navigation bar to contact the ConnectiveRx portal support team for questions or assistance accessing a report.

#### Support Email

AnalyticsPortalSupport@connectiverx.com





#### Visible page filters

Visible filters appear on multiple pages to quickly select the month, year, program, or metric. They may appear as buttons, toggles, check boxes, or drop downs.

Filters vary by page view.

#### **Click to filter**

Click a year or month to change the date range. Notice the data range only includes Jan 2018.

															Data Range
2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	1/1/2018 - 1/31/2018

#### Ctrl + click to multi-select

To select multiple years or months use Ctrl + click. Notice the data range now includes 3 months.

															Data Range
2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	1/1/2018 - 3/31/2018

#### **Click to deselect**

To deselect a month, click the highlighted month. The default data range includes the last available claim.

															Data Range
2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	1/1/2018 - 9/5/2018

#### **Data Range**

The Data Range shows the first and last claim available within the selected time frame. It cannot be edited.

Γ																Data Range
	2016	2017	2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	5/1/2018 - 10/30/2018

#### Filters: Day Supply

Click "Filters" on the right side navigation menu.





Click the right side navigation menu to expand the sidebar for a more detailed list of available filters.





### Click "eraser" icon to clear, or un-check the box

Closing and reloading the report, or hitting refresh on the browser will clear all filters.

Please note: It is possible to delete a filter by hitting the "X".

A user can refresh the browser with the browser's refresh option, hit the F5 button on the keyboard, or simply click "Affordability" and reselect the report to return the default settings.

#### **Visual chart filters**

Clicking on bars, lines, or plot points on selected chart objects will also filter panels on the same page view.

In this example, "Web Consumer" was clicked. Notice that the bars are shaded in the other panels to show the amount that the web channel contributed to the other metrics on the report view.

#### Before



#### After



#### Exporting grids or underlying chart data

For grids, click the ellipsis and select "Export data" on any grid or chart to export to a CSV file.

	ta Range /1/201	7 - 2/2	7/201	7
GT Iaims	Avg. Benefit	Avg. Copay	Avg. OOP	Avg Export data Per Pat
2.32%	\$54.22	\$93.63	\$39.41	
70.65%	\$57.31	\$97.27	\$39.97	
26.66%	\$52.64	\$90.06	\$37.42	
0.37%	\$47.71	\$82.39	\$34.69	
00.00	\$55.96	\$95.21	\$39.26	

#### On chart objects, right click on the chart and select "See Data"

For grids, click the ellipsis and select "Export data" on any grid or chart to export to a CSV file.



#### Focus mode (zoom mode)

Click the Focus mode box to expand a chart to full screen.



#### Example of Focus mode in full screen.



#### **Full Screen**

The Full Screen option will hide the top and left side nav for improved focus on visualizations.



Full Screen – press escape button on keyboard to return to normal view.



## **Definitions**



### **Definitions**

%GT claims: Percent of grand total of claims.

**Avg claims per patient** = Claims / patients. Please note that if your program includes vouchers, then you should apply a filter to remove vouchers when viewing this calculation.

**Channel:** If you feel that the channel description does not properly categorize a specific group, please contact your Program Manager to ensure the channel designation is appropriate for your business.

**Data range:** The Data Range label displays the first and last date processed of the claims being reported upon in any given report.



**Member:** A member is defined as a unique card number within a program for each brand.

New member: A new member is defined as the first time a unique card number is used for a processed claim.

OCC: NCPDP Other Coverage Code

Coverage type	OCC
Cash	00, 01, 07
Insured	02, 08
Insured, not covered	03, 04

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**Prescriber alignment files:** Custom alignment files may be applied to the reports as additional filtering dimensions. Integration of client provided data files will incur additional cost.

**Reversals:** Reversals are not displayed as a standalone metric in the portal; however, they are netted out of the total claim counts. Same day reversals are not included. Reversals received after the day of the actual claim, are removed from the claim total for the date that the claim was initially recorded. For example, a reversal received in August for a claim transaction in July will reduce the total claims in July by one.

#### **Filters:**

**Report level filters and page level filters:** Report level filters will retain the user selected value when the user navigates to another page in the report. Page level filters will not retain the user selected value. Refreshing the browser, navigating away from the report, or logging out of the portal, will clear all user applied filters.

**Channel:** Channel represents the method the patient received access to the affordability program. Common channels include: EHR, pharmacy, rep-delivered, SMS, web, and mail.

**Day Supply:** 30-, 60-, and 90-day supply values are the available standard. The days' supply is entered by the pharmacist and may contain errors.

30 Day: 1-30 QTY 60 Day: 31-60 QTY 90 Day: 61+ QTY

Date: The date the claim is processed is what is being used to filter and aggregate by date.

#### **Financials:**

**Copay:** Patient responsibility after primary insurance pays and before card program pays. Excludes voucher programs.

Benefit paid: Patient benefit / redemption benefit: Amount paid by the program.

Out of pocket: Patient responsibility after primary insurance pays and after the card offer is applied.



View	Description	Measures	Filters
Portfolio	An overview of multiple brands with several key measures along with the monthly trends for claims, new members, average copay, average benefit, average out of pocket costs.	Total claims Total members Total benefit Prescribers Pharmacies Avg copay Avg benefit Avg out of pocket Avg claims per member Avg Day supply	Year Month Brand
Brand summary	Contains a top line scorecard of several key measures along with the monthly trends for claims, new members, average copay, average benefit, average out of pocket costs. Member counts are also provided by channel, insurance coverage, and specialty.	Total benefit Total claims Total members New members Avg copay Avg benefit Avg out of pocket Avg claims per member Channel Payor type (OCC) Prescriber specialty	Year Month
Channel	Claims, benefit and member trends by channel type. Includes ability to investigate by group.	Total benefit Total claims Total members New members Avg copay Avg benefit Avg out of pocket Avg claims per member Channel	Year Month Channel Group
Scorecard	A tabular view of several key metrics by group and offer. Also includes offer start and expiration date.	Group start date Group expiration Member claims Avg benefit Avg copay Avg out of pocket Avg claims per member Avg Day supply Channel Offer description	Year Month Day Supply Group OCC Offer Member type Program type

View	Description	Measures	Filters
Trends	Year over year look at total benefit, claims, and members with the ability to aggregate the data by NDC, specialty, member type, payor type, Day supply, and pharmacy type.	Total benefit paid (\$) Claims Members	Metric Year NDC Specialty Member type Payor type Day Supply Pharmacy type
Claim distribution	A histogram of the count of claims by range of benefit, copay, and out of pocket cost. This also has the ability to slice the data by day.	Count of patients by: Benefit paid Copay Out of pocket	Metric Day Supply
Patient demographics	Patient counts by gender, age, state, insurance coverage, and specialty.	Patients Prescribers Pharmacies Avg benefit Avg copay Avg out of pocket	Year Month Day Supply Group OCC Offer Patient type Program type
Prescriber	A list of all prescribers with claims over the last 3 calendar years. Top 10 HCPs and a heat map of prescribers by state are also included.	Patients Claims (Year, Month, MTD) Patients by state Unique prescribers by month with claims First copay date (in last 3 calendar years) Last copay date Avg copay Avg out of pocket	Day Supply Group OCC Offer Patient type Program type

View	Description	Measures	Filters
Pharmacy	A list of all pharmacies with claims over the last 3 calendar years. Top 10 pharmacies by claims and a heat map of pharmacies by state are also included.	Pharmacies by chain Pharmacies by state Pharmacies Patients Name State City Claims Pharmacies First copay date Last copay date Avg copay Avg benefit Avg out of pocket Avg claims per patient	Day Supply Group Pharmacy name OCC Offer Patient type Program type
Usage	A unique count of patients and the number of times they utilized a specific offer.	Claims Patients Avg uses by group Count of uses up to 15	Group Offer Program type

### Notes

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