

ACTICS® eAccess

Patient-first Access and Affordability in Seconds, Not Days

ACTICS eAccess is elevating the benefits verification process beyond prior, traditional models. By leveraging direct, digital payer connections rather than algorithms, highly accurate coverage for both pharmacy and major medical benefits can be confirmed in seconds rather than days with as few as five simple data points.



+90%
success rate
in identifying
patient coverage

Key Features

Integration of Pharmacy Benefit Manager (PBM) and Major Medical

Enables verification of patient benefits with as few as five inputs (Name, Date of Birth, Gender, Zip Code and SSN or Member ID).



85%
success rate
returning NDC
and J-code specific
product coverage

NDC and J-Code Specific

Fully understand a patient's specific profile and predict their out-of-pocket (OOP) down to the dollar, ensuring price transparency and affordability.



1,400
direct, digital
payer connections

Real-time Access

Provides patients, HCPs and office staff access to coverage information via brand.com, client portal or existing CRM integrated platforms.



+90%
representation
of lives covered

Automated Business Logic

Assess if patients are eligible for copay support and apply specific copay offerings. Assist with Patient Assistance Program (PAP) eligibility criteria by determining insurance coverage and access to products.

Built to Product Archetypes:

Retail: Provides patients with real-time OOP cost, removing need for a full hub.

Specialty Pharmacy: Real-time benefit removes burden on HCP and Pharmacy and informs course of therapy.

Buy and Bill: Real-time benefit removes burden of manual effort and associated costs on HCP and removes delay to therapy initiation.



50%
reduction in time
to complete annual
and monthly
reverification while
avoiding traditional
reverification
staffing increases

ACTICS eAccess

Industry-leading accuracy and success rates

EVERSANA's proprietary software and direct, digital payer connections support benefit verification accuracy through patient identification, verification of coverage, and real-time, accurate patient out-of-pocket costs.

Efficiency

EVERSANA's best-in-class people, technology and data deliver real-world efficiency to patient hubs and PAPs:

- Reduction in time spent tracking down individual patient data and submitting verifications through patient hubs
- Reliable PAP eligibility verification to reduce overspending while ensuring financial support is provided to those patients who need it most

Speed

Identify patient coverage and NDC-specific product coverage in real-time through EVERSANA's direct, digital payer connections.

Flexible and customizable

Exclusive system of product archetypes generates flexible, customizable deployment models that can be seamlessly integrated into client CRMs within weeks. Product configurations allow for additional products or services that support the growth of client programs.

Enables next-best action

More data and actionable insights available to field reimbursement managers (FRMs) to reduce patient wait times and delays in therapy initiation.

Patient-first affordability

Supports greater price transparency through patient access to an online, self-service platform.

Determine Real-time OOP Costs with 5 Patient Inputs

1

Flexible Deployment Tool

2

5 Inputs Electronically Verify Information

3

+90% of Patients Lives Covered

4

Real-time Coverage Information

See firsthand how ACTICS eAccess is elevating benefits verification.

Schedule a live demo today.

