Judi® Programs Terms and Definitions

Below is a list of Judi terms and definitions listed in alphabetical order.

C

Capital Rx
Capital Rx is a full-service pharmacy benefit manager (PBM) and pharmacy benefit administrator (PBA). On March 13, 2024, Prime and Capital Rx announced a strategic alliance providing Prime with exclusive access to Capital Rx's advanced pharmacy technology platform and software development expertise for the benefit of Prime clients.

Claims Comparison
Also known as parallel testing, is the action of monitoring and validating real claims from production. This parallel validation involves shadow adjudication in Judi with RxClaim remaining the source of truth for claims in production. Only possible in the production environment.

Claims Module
The Claims module is where users can search for and investigate pharmacy claims. Users of this module would typically be looking for claims that meet a specific set of criteria or already have a claim they would like to investigate.

Client ID
The identifier assigned to the insurance company or HMO that offers and underwrites the health plan. The client ID is the highest level within the claims processing system hierarchy. All accounts, groups and members fall within the client ID. (Note: this is comparable to Prime's "Carrier" in RxClaim).

Composite Formulary
In Judi, drug coverage rules are handled upstream of adjudication and codified within a flat "formulary composite" structure. Rules are presented as formulary "attributes" which define how individual National Drug Codes (NDCs) adjudicate for plans using that formulary. Attributes include designations related to prior authorization, step therapy, quantity limit, specialty, Affordable Care Act, etc.

Coverage Strategy

Coverage Strategy in Judi refers to the specific configuration of benefits assigned to a member. Coverage Strategy ID (CSID) is the external Judi identifier referring to a unique combination of benefits within a plan. (Note: this is comparable to Prime's "Plan Code").

D

Data Output & Reporting Module

The Data Output & Reporting (DORA) module is a live self-service reporting tool for claims, PAs, pharmacies, drugs, tags, overrides, benefits, groups, eligibility, and more. The tool supports customization of the filters and columns included as well as the ability to automate reports.

DMR/Manual Adjudication Module:

Like the Test Adjudication module, the DMR/Manual Adjudication module allows the user to process single and/or batch claims, while also enabling the user to "submit" those claims as real claims to account for Direct Member Reimbursement scenarios where a member is requesting reimbursement for a claim they paid out of pocket for. This module is also used to process Medicaid Subrogation claims.

G

Global Management

Global Management in Judi enables highly skilled and appropriately provisioned users to configure instance-level client overrides and tags, prescriber lists, and grouping associations for clients, accounts, and groups.

Group ID

The identifier assigned to the third level of the claims processing system hierarchy - below client ID and plan account ID. Each plan account ID may be broken down into multiple group IDs representing individuals or groups of employees. The group ID number links a member to the appropriate benefit plan for claims processing. (Note: this is comparable to Prime's " Group" in RxClaim). 7544-CD1 © 2024 Prime Therapeutics LLC 2

J

Judi®

Capital Rx's cloud-native enterprise health platform created for pharmacy benefit management and pharmacy benefit administration. Judi connects every aspect of

the pharmacy ecosystem, presenting opportunity for growth and scale tying all pharmacy benefit workflows into one efficient and scalable system. On March 13, 2024, Prime and Capital Rx announced a technology alliance providing Prime with exclusive access to Judi.

JUDI Client Forum
Ongoing, invite-only forum focused on introducing clients to features and benefits of Judi, demos, etc.; providing ongoing updates on progress of planning and next steps; and addressing client questions, concerns, and feedback. Client invitee list managed in partnership between Judi communications team, Health Plan Markets team, and the Account Management Office.

JUDI Migration Cohort
Subset of a group (members, clients, users, etc.) that share similar characteristics. In the Judi project, cohort analysis is used to organize client groups with similar profiles to expedite development and migration activities.

M

Members Module

The Members module is where users can search for members and navigate around a specific member's profile to see their eligibility history, claims, benefits, overrides, PAs, accumulations, and more. Users of this module typically start with a member they would like to investigate.

O

Overrides

Overrides execute the actions necessary to achieve desired outcomes for targeted claims. They incorporate minimal filters and typically rely on Tags to direct claims accordingly. Overrides can be created at the global, plan, and/or member levels and utilize effective dates making them valuable customization tools.

P

Plan Account ID
The identifier assigned to the second level of the claims processing system hierarchy. This level is generally used for reporting purposes. Plan account ID may

identify subsidiary organizations within the main client plan, regional areas within which the client operates or other major breakouts within the client ID. (Note: this is comparable to Prime's "Account" in RxClaim).

Plan Management Module
The Plan Management module is where all benefits and plan setups are managed. This includes Groups, Accounts, Eligibility & Accumulation thresholds, client contact information, Tags, Overrides, and Benefits (or Coverage Strategies). This can be thought of as the "Home Page" for any specific client.

R

Reprocessing Module

The reprocessing module is where users can identify, test, and reprocess specific claims due to Medicare eligibility changes, bugs, benefit changes, and other information.

S

Strategic Solutions Team

Internal Prime team responsible for the relationship with Capital Rx and business ownership of Judi platform. Accountable for performance and meeting agreement terms and roadmap and platform strategy.

T

Tags
In Judi, Tags serve the purpose of identifying specific elements of claims. Tags do not execute any actions; rather, they function as criteria filters that direct claims meeting specific conditions toward desired actions. Tags can be affixed to overrides, drive Continuation of Therapy (COT), influence accumulations (including or excluding certain claims), or activate custom functions.

Test Adjudication Module
The Test Adjudication module is where users can run single test claims on a per member per claim basis or run batch "sets" of claims that can be related or unrelated. Single test claims require an existing member in the system while batch test claims allow the user to "create" a test member within scenarios.

U

Utilization Reports Module

The Utilization Reports module has 3 major features: Claims Dashboard, Utilizer Dashboard, and Quarterly/Monthly Reports. The dashboards include filters for the user to identify what claims/members they would like to see while the quarterly/monthly reports are static reports based on the time period selected.

V

Vendor Data Module

The Vendor Data Module houses vendor data related to Drugs (Medispan), Pharmacies (NCPDP), & Prescribers (NPPES/LexisNexis).
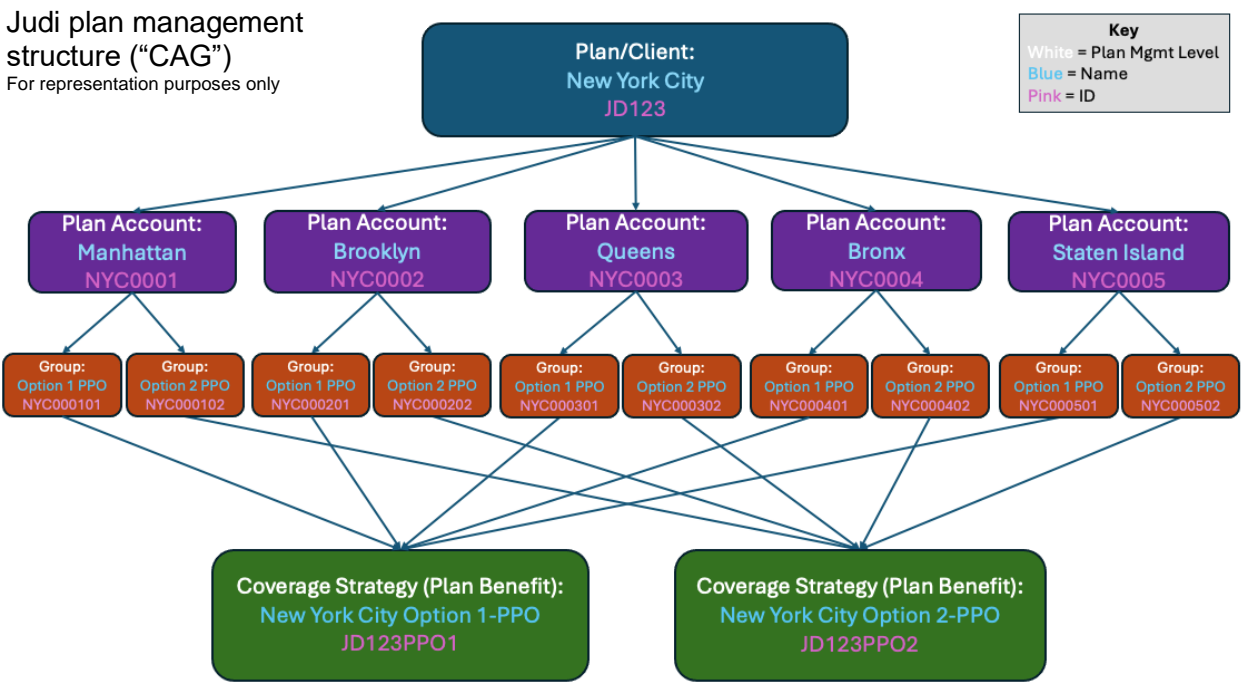
Plan Management (CAG) Structure Definitions/Examples

The following examples of each definition are illustrated in the JUDI plan management structure ("CAG") image below.

- **Plan:** The company or organization that offers benefits to members.
    - Example: "New York City"
- **Client ID:** The plan's unique identifier in Judi.
    - Example: "JD123"
- **Plan Account:** Administrative layer between the plan and the group used by the plan sponsor for downstream reporting, invoicing, billing, etc.
    - Name Example: "Manhattan"
    - ID Example: "NYC0001"
- **Group:** Used by the plan sponsor to further divide accounts and organize members on the eligibility file.
    - Name Example: "Option 1 PPO"
    - ID Example: "NYC000101"
- **Coverage Strategy (CSID):** Internal Judi identifier for a unique combination of benefits; each CSID will have the same copays/accums/etc.
    - Name Example: "New York City Option 1-PPO"
    - ID Example: "JD123PPO1"
- **External Member ID** (i.e. Cardholder ID): Uniquely identifies each member of a plan, in combination with the person code.
    - Example: "CAP123456"

- **Member ID:** Unique internal Judi identifier automatically assigned to a member. This number is solely found in the Judi member profile URL.
    - Example: https://adjudication.cap-rx.com/module/member-lookup/members/**27555802**
- **Person Code:** Uniquely identifies an individual within a family.
    - Example: "01"

Judi plan management structure ("CAG")
For representation purposes only

Key
White = Plan Mgmt Level
Blue = Name
Pink = ID

Plan/Client:
New York City
JD123

Plan Account: Manhattan — NYC0001
Plan Account: Brooklyn — NYC0002
Plan Account: Queens — NYC0003
Plan Account: Bronx — NYC0004
Plan Account: Staten Island — NYC0005

Group: Option 1 PPO NYC000101
Group: Option 2 PPO NYC000102
Group: Option 1 PPO NYC000201
Group: Option 2 PPO NYC000202
Group: Option 1 PPO NYC000301
Group: Option 2 PPO NYC000302
Group: Option 1 PPO NYC000401
Group: Option 2 PPO NYC000402
Group: Option 1 PPO NYC000501
Group: Option 2 PPO NYC000502

Coverage Strategy (Plan Benefit):
New York City Option 1-PPO
JD123PPO1

Coverage Strategy (Plan Benefit):
New York City Option 2-PPO
JD123PPO2

RxClaim : Judi Crosswalk

Below is a table of Judi terms and their RxClaim equivalent. Note this table only includes terms that differ between the two systems.

RxClaim Term	Judi Term	Notes
Carrier ID	Client ID	AKA "Plan" in Judi
Group Benefit Plan Code	Coverage Strategy ID (CSID)	AKA "Final / Group Benefit" Plan Code in RxClaim ; AKA "Plan Benefit" in Judi
Pharmacy Claim Submit Date	Claim Submission Date	
Member Family Indicator	Coverage Type	
Prescription Number - Submitted	Prescription Service Reference Number	
Contingent Therapy	Step Therapy	
Customer Location Code	Place of Service Code	
Payment Reimbursement Code	Direct Member Reimbursement Indicator	