Enhanced E1

Upgraded Eligibility Facilitator Service for 2007

Overview

The Eligibility Facilitator Service (Enhanced E1) has been upgraded for 2007 to provide new functionality, more detailed information and explicit messaging to assist pharmacists and pharmacies with processing beneficiary prescriptions. These changes will equip pharmacists with more useful data and tools to better determine proper billing information.

1) What is the implementation schedule for the Enhanced E1?

The NCPDP Work Group approved enhancements to the E1 on November 15, 2006, and specifications for the Enhanced E1 will be released on December 1, 2006. Pharmacies should contact their individual software vendors to find out when the Enhanced E1 will be available in their pharmacy systems. CMS is facilitating communications between the TrOOP Facilitator contractor and software vendors to effectuate implementation as soon as possible.

2) What upgrades are included in the Enhanced E1?

The Enhanced E1 will enable pharmacies to enter a date on the E1 request to identify Plan enrollment information within 90 days of the date the request is submitted, providing past, current and prospective enrollment information. Additionally, the E1 response will return seven new data fields (see question 3) and provide more explicit response information when it is unable to identify Plan enrollment for the patient, including:

a. "NO PATIENT MATCH FOUND"
b. "PATIENT NOT FOUND: CARDHOLDER ID MATCHED BUT LAST NAME DID NOT"
c. "MORE THAN ONE PATIENT FOUND. THE FOLLOWING FIELDS COULD CAUSE A UNIQUE MATCH:' + FieldListing
d. "PATIENT FOUND BUT PART D COVERAGE OUTSIDE SUBMITTED DATE OF SERVICE"

3) What new data fields are included in the Enhanced E1 response?

The Enhanced E1 will return the following fields to the pharmacy for each Plan:

a. Billing Order
b. BIN
c. PCN
d. Group
e. Cardholder ID
f. Person Code
g. Plan's Help Desk Telephone Number
h. Patient's First and Last Name --*NEW*
i. Patient's Birth Date -- *NEW*
j. Part D Plan's Contract ID -- *NEW*
k. Part D Plan's Plan Benefit Package (PBP) Number -- *NEW*
l. Effective and Termination Dates for Part D coverage (Dependent upon requested Date of Service) -- *NEW*
m. Relationship Code for Other Health Insurance (OHI) Coverage -- NEW
n. Low Income Cost Sharing (LICS) Indicator (Yes or No) -- *NEW*

4) Have changes been made in the submission of the existing E1 transaction and will those changes be incorporated into the Enhanced E1 transaction?

Yes. Beginning on December 1, 2006, when the Medicare Part A/B ID Card Number, the nine-digit Social Security Number (SSN) or the Railroad Retirement Board (RRB) number is inputted, a minimum of the first four letters of the Last Name **MUST** also be input for a match to occur. This new functionality will reduce the number of false positives received. This change applies to both the existing E1 and the Enhanced E1. If the first four letters of the Last Name are not provided in the request, the existing E1 response will be "NON MATCH MEMBER ID" even if the submitted Cardholder ID information is correct. The Enhanced E1 response for the same condition will be "PATIENT NOT FOUND: CARDHOLDER ID MATCHED BUT LAST NAME DID NOT."

5) How may a pharmacy increase the chances of successfully matching a patient?

Submission of accurate data significantly increases the likelihood of receiving a successful match. In particular, the pharmacist should always submit the beneficiary's Last Name to increase the chances of a successful match.

The most direct E1 request pharmacists may submit is either the Medicare Part A/B ID Card Number, the nine-digit SSN or the RRB number as the Cardholder ID. Beginning December 1, 2006, pharmacists **MUST** include the patient's Last Name when submitting the Cardholder ID in the matching criteria.

If the Medicare Part A/B ID Number, the SSN and the RRB number are not known, then the pharmacist should submit the following information:

a. Last four digits of the SSN
b. Patient ZIP/Postal Code
c. Patient Gender Code
d. Patient Last Name
e. Patient First Name
f. Patient Date of Birth

The likelihood of a match increases as more of these values are provided.

6) Will the current E1 Service continue to be supported?

Yes. The upgraded service will be available by using a specific Processor Control Number (PCN) in the transaction so that pharmacies and system vendors can manage the timing of their rollout.

7) What legal agreements are needed?

If you do not have a legal agreement directly with Per-Se Technologies (formally NDCHealth) for your existing switching services, then contact your software vendor or existing switch to determine if you need a new agreement.

If you have an agreement with Per-Se Technologies for switching services, you do not need a new agreement beyond the current Eligibility Services Agreement you have already submitted. If you have not already submitted an agreement for Eligibility services with Per-Se, you can enter into this agreement online at http://Medifacd.per-se.com.

8) What is the cost of the Eligibility (E1) transaction?

The cost of the Eligibility service is still $0.015/transaction, excluding non-matched transactions, for both the current and existing services. Normal routing fees will also be charged for the transaction. So, for example, if your routing fee is $0.10, you will pay a total of $0.115 for transmitting the Eligibility transaction and for receiving the Eligibility service.

9) Where is further information available?

For more information, please go to http://Medifacd.per-se.com or call the Per-Se Help Desk at (800) 388-2316. The Per-Se Help Desk may assist with technical questions related to the E1 transaction and getting signed up for the E1 service. They are equipped to handle pharmacy calls, but not patient calls. Additionally, while the help desk may assist pharmacists' use of the E1 by viewing previous E1 requests and responses, they do not have access to the necessary databases to determine why patient data returned by the plan has its particular value.