

DEPARTMENT OF HEALTH & HUMAN SERVICES
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CENTER FOR MEDICARE

TO: All Part D Plan Sponsors

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SUBJECT: Changes Involving Medicare Eligibility Queries (E1) and Other TrOOP Facilitator-related Transactions

DATE: December 9, 2010

The purpose of this memorandum is to announce two upcoming changes involving Medicare eligibility queries (E1s) and other TrOOP Facilitator-related transactions.

First, in accordance with the version D.0 implementation timeline outlined in the January 16, 2009 Final Rule (CMS-0009-F) regarding the adoption of updated Health Insurance Portability and Accountability Act (HIPAA) electronic transaction standards, beginning December 14, 2010, the TrOOP Facilitator will accept NCPDP version D.0 transactions. As of that date, pharmacies will be able to submit E1 requests for Medicare Part A/B as well as Part D eligibility information in either NCPDP version D.0 or version 5.1. In addition, the TrOOP Facilitator will accept supplemental payer billing transactions (B1 and B2) in real time or batch mode and information reporting transactions (N1 and N2) in real time or batch mode in either NCPDP version D.0 or version 5.1. Please note: NCPDP version D.0 does not affect the TrOOP balance transfer Financial Information Reporting (FIR) transactions. Payer sheets and an explanation of these changes will be available on the TrOOP Facilitation Web site at <http://medifacd.realayhealth.com> on or before December 6, 2010.

Second, effective January 1, 2011, the TrOOP Facilitator will begin to apply new matching logic to all E1 requests received on or after that date. Use of the enhanced matching logic will enable the TrOOP Facilitator to provide pharmacies with more accurate information by decreasing the probability of false positive matches. A tip sheet describing these changes is attached. Please share this tip sheet with your network pharmacies.

Medicare Eligibility Query (E1)

New Matching Logic and Acceptance of NCPDP Version D.0 Transactions

Overview

As experience with the Medicare Part D program has grown, CMS continues to explore areas that offer opportunities for improvement. As part of this effort, in 2011, the TrOOP Facilitation contractor will implement new matching logic for the Medicare eligibility query (E1) to identify a Medicare beneficiary's Plan enrollment information. Use of the enhanced matching logic will enable the TrOOP Facilitator to provide pharmacists and pharmacies processing beneficiary prescriptions with more accurate information by decreasing the probability of false positive matches as well as the need for pharmacy reprocessing of the claims associated with the mismatches. To achieve these benefits, however, pharmacies will be required to provide a Cardholder ID on all E1 requests.

Beginning December 14, 2010, the TrOOP Facilitation contractor will accept NCPDP version D.0 E1 transactions. On that date, pharmacies will be able to submit Medicare Part D as well as Medicare Part A/B eligibility queries in either NCPDP version D.0 or version 5.1 format. Payer sheets and an explanation of the changes will be available on the TrOOP Facilitation website at <http://medifacd.relayhealth.com> effective December 6, 2010.

1) What is the implementation schedule for the new E1 matching logic?

The new matching logic will become effective on January 1, 2011. As a result, the TrOOP Facilitation contractor will apply the new matching logic to all E1 requests received on or after that date.

2) How will the new E1 matching logic affect the pharmacy?

Under the new matching logic, a Cardholder ID with the Patient Last Name and at least the first character of the Patient First Name and the Patient Date of Birth are required in the E1 request to the TrOOP Facilitation contractor. Therefore, effective January 1, 2011, pharmacists **MUST** include at a minimum the following patient information in the E1 request for a match to occur:

1. Cardholder ID, which can be any one of the following:
 - Medicare Part A/B ID Card Number;
 - Nine-digit Social Security Number (SSN);
 - Railroad Retirement Board (RRB) number; or
 - Last four digits of the SSN;
2. Patient Last Name;
3. At least the first character of the Patient First Name;
4. Patient Date of Birth.

NOTE: If all required information is not provided, the E1 response will be “Missing Required Field” even if the submitted Cardholder ID information is correct.

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

Submission of the most accurate data significantly increases the likelihood of receiving a successful match.

Submitting the full SSN, HICN or Railroad Board Number as the Cardholder ID is the most direct method of matching a patient

When submitting the last four digits of SSN as the Cardholder ID, the likelihood of a match increases as more information is provided including:

- Full Patient First Name
- Zip/Postal Code.

4) What fields are required and which ones are optional?

You must always submit a cardholder ID populated with either the:

- Full SSN, HICN, or Railroad Board Number or
- The Last four digits of the SSN

Field Name	Required Fields	Optional Fields
Cardholder ID	X	
Full Last Name	X	
Full First Name		X
First Initial of First Name	X	
Date of Birth	X	
ZIP/Postal Code		X

When submitting the last four digits of the SSN as the cardholder ID, inclusion of the optional fields increases the chances for a match.

5) Will the E1 response be affected by the changes to the matching logic?

No. The E1 will continue to return the following fields to the pharmacy for each Plan:

- Billing Order
- BIN
- PCN
- Group
- Cardholder ID
- Person Code
- Plan’s Help Desk Telephone Number

- Patient's First and Last Name
- Patient's Birth Date
- Part D Plan's Contract ID
- Part D Plan's Plan Benefit Package (PBP) Number
- Effective and Termination Dates for Part D coverage (Dependent upon requested Date of Service)
- Relationship Code for Other Health Insurance (OHI) Coverage
- Low Income Cost Sharing (LICS) Indicator (Yes or No)

6) Do the changes to the matching logic affect the E1 functionality?

No. The E1 functionality will remain unchanged. Pharmacies will continue to be able to enter a date in 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 response information currently provided will continue without change.

7) 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.

8) Where is further information available?

For more information, please go to <http://medifacd.relayhealth.com> or call the RelayHealth Help Desk at (800) 388-2316. The RelayHealth Help Desk may assist with technical questions related to the E1 transaction and getting signed up for the E1 service. The Help Desk is 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.