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Eligibility Facilitator Services Overview

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CMS has provided to the Facilitator a database of the Part D enrollees and updates that database daily. To access this database, pharmacies submit to the Facilitator a real-time eligibility transaction (E1) using the same process used to submit billing transactions today. The pharmacist submits patient information, such as the Social Security Number, in the transaction. The Facilitator uses that information to find the patient and return information to the pharmacist. The information includes billing information and the order that the plans should be billed. The pharmacist uses this information to submit the subsequent billing transactions to the proper plans.

1) How do I send an Eligibility (E1) transaction to the Facilitator?

E1 transactions are delivered through the normal real-time process used today for real-time billing transactions. The transaction will be routed by your software vendor or switch to the Facilitator for processing.

You should contact your service provider that enables you to submit real-time billing transactions today. This company could be your software vendor or your switch company.

If you do not send real-time transactions today, you can submit transactions in a batch format but will still need to use the NCPDP format for delivering these transactions.

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2) How do I increase my chances of successfully matching a patient?

The best way is to submit either:

1) The Medicare A/B ID Card Number or
2) The 9 digit Social Security Number as the Cardholder ID in the E1 transaction

If you do not know either of these numbers, then submit the following information:

a. Last four digits of the Social Security Number
b. ZIP Code
c. Gender Code
d. Last Name
e. First Name
f. Birth Date

The likelihood of a match is greater as you provide more of these values. Providing inaccurate information in a particular field will not prevent you from matching; however, it will increase the dependency on the other values being accurate.

3) What information is returned on an E1 transaction?

The following fields are returned to the pharmacy for each plan covering the patient. The information will be returned in the order that the plans should be billed.

a. BIN
b. PCN
c. Group
d. Cardholder ID
e. Person Code
f. Plan's Technical Phone Number

4) What legal agreements do I need?

If your pharmacy's switching services are not directly with Per-Se Technologies (formally NDCHealth), 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 (formally NDCHealth) for switching services, you must submit an amendment to your existing agreement. You can enter into this agreement online at http://medifacd.ndchealth.com.

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

The cost of the Eligibility service is $0.015/transaction, excluding non-matched transactions. Normal routing fees will also be charged for the transaction. So, 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.

6) Where do I go for more information?

For more information, please:

1) Go to http://medifacd.ndchealth.com
2) Call the Per-Se Help Desk at 1-800-388-2316 for these reasons
   a. Calls related to the data contained in the E1 transaction.
   b. Help with getting signed up for the E1 service.
   c. Handle pharmacy calls, not patient calls.
   d. They do not handle questions about patient enrollment or eligibility or about plan coverage amounts or which drugs are covered.

NDC Plaza
Atlanta, Georgia 30329-2010
800/778-6711
www.per-se.com