eAccess Cheat Sheet

eBV Do's and Don'ts

You're **allowed** to run an eBV for consumer/HCP line if:

- HCP/Patient asks about benefit coverage or if the medication is covered
- HCP/Patient asks if they need a PA, or if a PA is required, or if they're not sure if they already have a PA
- There is a PA rejection in MyPBM Portal
- There is an OCC 03 claim billed by pharmacy in MyPBM Portal and caller questions why
- There is an OCC 08 claim billed by pharmacy in MyPBM Portal and the OOP is larger than expected or not what the patient expected to be paying
- The pharmacy processes the saving card as primary, run an eBV to see if there is a reason that the pharmacy is bypassing the primary insurance
- Caller states PA was denied
- Caller states PA was approved
- Caller states PA is in appeal
- Caller states, they are aware the medication is not covered
- HCP/Patient has a billing inquiry

You're **NOT allowed** to run an eBV for consumer/HCP line if:

- Pharmacy is on the line requesting billing assistance
- An error code returns after the eligibility portion is complete and a rejection is returned

eAccess Portal

The following information is required to run an eBV on the eAccess portal:

Patient First Name, Last Name, and Gender

Patient Date of Birth, Zip Code and Social Security Number

Prescriber's Name

Points to Remember

- Ask for the **Employer's Name** listed on the insurance card. You will need it when documenting the *Member Plan* after the call.
- Click the **"Copy"** button next to the *Cardholder ID* to retrieve the **"Prescription Member ID"** along with the **"BIN/PCN/Group ID"** details under **Prescription Benefit Information**.
- Click the **"Search"** button to access the **"Payer"** information.
- Ensure that the **NDC number** aligns with the **"Drug"** and **"Dosage"** details.
- You should only provide the **"Status"** information regarding the prescription coverage to the caller.

Lilly

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