

Client Impact Summary of Express Scripts Version F6 Changes



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Summary

F6, or NCPDP Telecommunication Standard Version F6, is a HIPAA-mandated, industry update to the pharmacy claims transaction standard. This will help meet the needs of an evolving health care ecosystem with more precise data, new use cases and long-term compatibility with industry standards.

F6 introduces enhanced data structures, expanded fields, and improved system capabilities across Express Scripts platforms. While many changes are backend and non-disruptive, **client impact is primarily driven by data exchange, reporting, and integration points.**

Express Scripts has been conducting comprehensive analyses to understand enterprise impacts as a result of the upcoming transition. Key focus areas have been:

- Assessing upstream and downstream dependencies across systems, vendors, and client integrations
- Analyzing client-facing integration points, including file-based and API-driven interactions
- Validating reporting outputs and downstream data usage
- Coordinating with vendors and account teams where applicable

This **Client Impact Summary of Express Scripts Version F6 Changes** document provides a consolidated overview of potential client impacts associated with the F6 implementation across Express Scripts tools and capabilities.

This communication is intended as a **broad, enterprise-level summary**. The tools and impacts outlined below **may or may not apply to all clients**, depending on each client's specific integrations, configurations, and tool/capability utilization.

Additionally, this document represents an **initial baseline of identified impacts** for Express Scripts tools. As program analysis continues and additional validation occurs, **this should be considered a starting point and not a final or exhaustive list of impacts**. Ongoing updates will be provided as further analysis is completed.



Recommended First Steps for Clients

Clients are encouraged to use the following steps as a starting point to assess applicability and prepare for potential F6 impacts:

❖ **Identify impacted integrations**

- Determine whether you consume Express Scripts files (e.g., billing, claims, eligibility) or APIs, as these represent the primary areas of impact

❖ **Engage internal and vendor teams**

- Coordinate early with internal technology teams and external vendors to assess readiness for F6 data and file structure changes

❖ **Assess billing and claims file changes**

- Review upcoming file layout changes and plan to select a new standard, where applicable, in coordination with your vendors and internal systems

❖ **Review API usage and define approach**

- Identify APIs in use and determine whether to continue with current formats or adopt new F6 data elements based on business need and system readiness

❖ **Validate reporting and downstream data usage**

- Review custom reporting, analytics, and downstream processes to confirm continued alignment with expected data definitions and outputs

❖ **Confirm next steps with your account team**

- Engage your Express Scripts account team to validate applicable impacts, timelines, and required actions based on your specific configuration

The following sections detail the specific impacts by tool, including required actions, optional changes, and areas for client review.

Client Changes – Action Required

These impacts require **client action** to maintain system compatibility, data processing, or reporting continuity.

Impacted Tool / Application	Client Action	What This Means for Clients
Billing/Claims Files	Decision Needed	<p>ESI has created three new standards to support the F6 changes. Clients will need to review the available layout options with their vendors and advise ESI of their recommended new layout.</p> <p><i>Please note that this does not impact the billing invoice file.</i></p>

Client Changes – Optional

These impacts introduce **new capabilities or data elements** that clients may choose to adopt.

Impacted Tool / Application	Possible Action	What This Means for Clients
Price Quote API	Inform ESI of Planned Changes	New F6 data fields are available. Clients can choose whether to consume additional data elements based on system readiness and business needs
Eligibility File	Inform ESI of Planned Changes	Client impact depends on whether a new eligibility file layout is adopted. No change required if current layout is retained
Prior Authorization (PA)	Inform ESI of Planned Changes	Clients may evaluate and optionally adopt updated file layouts or vendor integrations that include expanded F6 fields. If clients utilize in-house system, analysis should be conducted to determine if any changes are needed
Claims Profile API	Inform ESI of Planned Changes	Clients can continue using existing formats or update API contracts and systems to consume new F6 claim data fields

Pharmacy Claims Entity (PCE API)	Inform ESI of Planned Changes	Access to F6 data requires opt-in and potential API contract updates. Legacy data formats remain available
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Client / Member Experience Changes

These impacts reflect **updates to UI, reporting outputs, or visible data elements**. No client system changes are required.

Impacted Tool / Application	What This Means for Clients
Benefit Explorer (BE)	New or expanded fields will be visible in a read-only view. No action required
Point of Sale (POS)	Adjudication updates will be communicated for awareness. Minimal direct client process impact expected
Billing Reports	Billing reports will include expanded dollar fields. Clients may request updated layouts for integrated billing system reports, but are not required to change
Member-Facing Communications	Expanded dollar values will appear in reporting outputs and downstream documents, such as EOBs and notices
Trend Central	Reporting outputs and formats will change, and clients may require training to continue accurate report usage
CSP (Client Service Portal)	Clients will see new or modified fields and screens. Impact varies based on user access and functionality used
PULSE (PulseRx Reporting)	New reporting fields will be available, with enhanced data visibility through account team reporting
Adjustments (Reprice Reports)	Reports will include additional F6 fields. Reports remain informational and do not require system ingestion changes
Pharmacy Audit (PAA)	Potential reporting updates with new fields
OnePA	Clients may see additional data fields and require awareness or training. No significant workflow changes expected

Client Review Strongly Advised

These impacts require **client evaluation and validation**, though changes are not mandated.

Impacted Function	Client Action	What This Means for Clients
Custom Client Reporting	Inform ESI of any Necessary Changes	Clients should validate all custom reports, as underlying field definitions, formats, or calculations may change, potentially impacting reported values and outputs
Client & Regulatory Analytics	Inform ESI of any Necessary Changes	Clients should validate analytics and regulatory reporting to ensure continued alignment with expected metrics, definitions, and financial interpretations
Other Client Reporting Tools	Inform ESI of any Necessary Changes	Reporting outputs dependent on upstream data may change. Clients should confirm that dashboards, extracts, and downstream processes continue to produce expected results

Key Takeaways for Clients

- **File-based integrations** (e.g., billing, eligibility) represent the highest likelihood of required client action
- **APIs and integrations** provide flexibility but require client evaluation for F6 data readiness
- **UI and reporting changes** are largely informational but may require training or interpretation updates
- **Custom reporting** should be validated to ensure outputs remain aligned to client expectations
- **Vendor dependencies** should be evaluated and taken into consideration

F6 Contact Information

For questions or to discuss potential impacts in more detail, please contact your **Express Scripts Account Team** representative.

Glossary

Adjustments (Reprice Reports)

Reporting outputs that provide visibility into claim repricing or adjustments that show changes or recalculations made to previously processed claims. These reports are informational in nature and intended to support client review and evaluation.

Benefit Explorer (BE)

A client-facing, read-only application that provides visibility into benefit configuration and claim-related data. It is used to review how benefit structures are defined and applied.

Billing/Claims Files

A structured data file that contains detailed claim transaction information used for financial reporting, reconciliation, and downstream processing. It provides clients and vendors with claim-level data that supports analytics, invoicing alignment, and validation of pharmacy benefit activity.

Billing Reports

These reports are structured outputs that summarize financial and claim-related activity, such as invoices, payments, and transaction details. They provide visibility into pharmacy benefit costs and support reconciliation, monitoring, and business decision-making.

Claims Profile API

An application programming interface (API) that enables retrieval of pharmacy claims data and related information. It allows clients to integrate claims data into their systems for reporting and operational use.

Client & Regulatory Analytics

Reporting and analytical outputs that support both client business insights and regulatory reporting requirements. These analytics use claims, financial, and operational data to generate metrics, trends, and reports used for client decision-making, performance monitoring, and compliance with regulatory obligations.

Customer Service Platform (CSP)

A secure, client-facing platform that provides access to claims, prior authorization activity, and operational tools. It enables clients to view information and interact with their claims data as well as perform certain administrative and transactional functions.

Custom Client Reporting

Reporting solutions configured to meet client-specific requirements. These outputs are tailored to defined data elements, formats, and reporting needs.

Eligibility File

A data file that contains information about individuals (e.g., members or patients) and their



qualification for specific products, services, or benefits. It is used by systems or vendors to determine coverage, validate access, and support processes like enrollment, claims adjudication, and benefit verification.

Member-Facing Communications

Communications that contain payment-related outputs and claim documentation, including remittances and notices. These communications explain how claims were processed and provide members with visibility into financial responsibility and benefit coverage.

OnePA (One Prior Authorization)

A capability that supports prior authorization workflows and related visibility. It facilitates access to authorization activity and PA-related data elements.

Other Client Reporting Tools

A category encompassing reporting tools used to generate reports, dashboards, and analytical outputs based on underlying data sources. These tools support client access to information for monitoring activities and informing business decision-making.

PCE API (Pharmacy Claims Entity API)

An API that provides access to consolidated pharmacy claims data. It enables clients to retrieve claims information for reporting, analytics, and integration into downstream systems.

Pharmacy Audit (PAA)

A tool used to review and audit pharmacy claims and associated activities. It supports compliance monitoring and validation of claim accuracy through reporting outputs.

Point of Sale (POS)

The core adjudication platform that processes pharmacy claims in real time. It determines coverage, pricing, and claim response outcomes at the point of dispensing.

Price Quote API

An API that provides an estimate of prescription drug pricing for a specific patient and pharmacy based on applicable benefit design.

Prior Authorization (PA)

A pre-approval process and supporting capabilities used to evaluate whether coverage criteria are met before a medication is approved. It may involve system, file, or API-based interactions depending on client configuration.

PULSE (PulseRx Reporting)

A reporting capability that provides visibility into pharmacy trends and claim performance. It supports analysis and reporting needs through enhanced data availability.



Trend Central

A reporting tool that provides claims-based analytics and utilization trends. It is used to review performance metrics and pharmacy utilization patterns.

