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Q TIPS

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RAC Preparations

By Tony Petras, Vice President, EDI Services

Looming ominously on the horizon, "Section 302 of the Tax Relief and Health Care Act of 2006 makes the RAC (Recovery Audit Contractor) Program permanent and requires the Secretary [of Health and Human Services] to expand the program to all 50 states by no later than 2010". CMS plans to have four RACs in place by 2010 and each RAC will be responsible for identifying overpayment and underpayments in approximately one quarter of the country.

This announcement has brought a mixture of reactions from our clients ranging from panic to indifference which, for the most part, correlates to the level of confidence in the staff, policies, and practices of each facility.

The Quadax perspective is that Xpeditor and its Tracking provides highly supportable levels of documentation to explain how individual claims are billed—from how the claim was imported initially to who touched it and what was changed before it was released. Following that, the portion of the 837 sent to the payer is made available to each client, allowing them to verify that our conversion and mapping processes maintain the integrity of the data supplied.

However, we strongly encourage a review of two of Xpeditor's extensively utilized capabilities: *Custom Converts* and *Xpress-Billers*. This review should pay particular attention to automatic changes to procedure and diagnosis codes with a critical eye to the addition of modifiers to resolve edit conflicts.

In This Issue

The Quadax position is that Custom Converts are created at the written request of a client with the philosophy being that the rationale for such a modification of claim data is controlled by the customer. Likewise, an XpressBiller rule that changes data is coded by the end user and includes detailed logging as to the individual responsible for creating it.

In both situations, it is incumbent on you to maintain documentation in the patient's record to support the various actions.

As an example, among our clients the addition of a 59 modifier to satisfy errors raised on claims is a common practice. In November of 2006, CMS produced a white paper (http://www.oig.hhs.gov/oei/reports/oei-03-02-00771.pdf) on the use of the 59 modifier as a means to bypass Medicare's Correct Coding Initiative edits as well as a document (http://www.cms.hhs.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf) that further defines the code (also noted in the June 2007 issue of Connections). Within it, CMS warns, "Modifier -59 is an important NCCI-associated modifier that is often used incorrectly".

Use the opportunity of the recent announcement—the final Medicare Administrative Contractors (MACs) and the automatic stay on audits due to the protest—to review your facility's usage of Custom Converts and XpressBillers to satisfy edit concerns. The EDI Services support team is standing by to help you in whatever capacity we can.♦

Adam Tolowitzki (right) accepts the EDI Employee of the Year award from EDI Services Vice President, Tony Petras (left), and EDI Services CEO, Tom Kish (center). Read more about the EDI department on page 4.

Final MAC Jurisdictions

By Katherine Doerfler, Technical Writer

CMS has completed the Medicare Administrative Contractors (MACs) assignments by announcing the final five MACs responsible for processing Medicare claims in five remaining jurisdictions. Each new MAC is expected to be fully responsible for claims processing in its jurisdiction by March of 2010, and, in the meantime, work toward a smooth transition by educating healthcare providers, state medical associations, and beneficiaries of the implementation process and what to expect.

CMS instituted the MACs in order to consolidate the processing of claims by jurisdiction to encourage efficient and correct claim submission and payment. Nineteen MACs were awarded contracts spanning 19 jurisdictions. These include 15 A/B MACs, which are responsible for institutional (UB-04) and professional (CMS1500) claims, and four specialty MACs, which are responsible for durable medical equipment suppliers. After the respective "go-live" date, each MAC will be responsible for the receipt, processing, and payment of Medicare fee-for-service claims within the states assigned to its jurisdiction. Previously, Medicare claims were processed by many fiscal intermediaries and carriers, which often resulted in incorrect submission and slower payment. For more details from CMS regarding the MAC transition and implementation, see http://www.cms.hhs.gov/MedicareContractingReform/.

Now that the final five A/B MACs have been announced, please note the following to encourage a smooth transition:

- Some providers may need to complete new Electronic Data Interchange Enrollment Forms or ERA Enrollment forms. Quadax Service Representatives contact providers if these forms need to be completed.

- On the UB side, specialty services (home health and hospice) may go to a regional MAC, which is different than the contractor for part A and B claims. When this occurs, a new claim type is needed for UB billing. Quadax identifies these situations and makes the necessary changes so the claims go to the correct MAC.

- As the "go-live" date nears, the MAC may impose "dark days" in order to switch their system to the new provider. During this time, the Medicare claims processing system will not be available for normal business operations and claims will not be processed.

- A "payment floor release" may be temporarily instituted, typically two weeks, to ensure all provider payments are cleared from the previous system by the end of the transition period. During this time, providers will see increased payments; however, providers will see smaller checks as the system starts up for the new workloads because the payment floor will be beginning in the new processing environment.

As the transition process continues, Quadax will keep you informed as issues arise. If you have any questions about how the transition will affect you, contact your Quadax Service Representative.♦

Final MAC Jurisdictions (new contracts in red)

Jurisdiction #	States Included in Jurisdiction	Contract Awarded to	Go-Live Dates
1	American Samoa, California, Guam, Hawaii, Nevada, and Northern Marianas	Palmetto GBA	August 2008
2	Alaska, Idaho, Oregon, and Washington	National Heritage Insurance Corp.	December 2008
3	Arizona, Montana, North Dakota, South Dakota, Utah, and Wyoming	Noridian Administrative Services	March 2007
4	Colorado, New Mexico, Oklahoma, and Texas	TrailBlazer Health Enterprises	March to June 2008
5	Iowa, Kansas, Missouri, and Nebraska	Wisconsin Physicians Health Insurance Corp.	December 2007 to June 2008
6	Illinois, Minnesota, and Wisconsin	Noridian Administrative Services	March 2010
7	Arkansas, Louisiana, and Mississippi	Pinnacle Business Solutions, Inc.	February 2009
8	Indiana and Michigan	National Government Services	March 2010
9	Florida, Puerto Rico, and U.S. Virgin Islands	First Coast Service Options, Inc.	March 2009
10	Alabama, Georgia, and Tennessee	Cahaba GBA	March 2010
11	North Carolina, South Carolina, Virginia, and West Virginia	Palmetto GBA	March 2010
12	Delaware, District of Columbia, Maryland, new Jersey, and Pennsylvania	Highmark Medicare Services	July to December 2008
13	Connecticut and New York	National Government Services	July to November 2008
14	Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont	NHIC	May 2009
15	Kentucky and Ohio	Highmark Medicare Services	March 2010

Annual Partners' Dinner

By Cyndi Palmer, Marketing/Communications Manager

At the annual Partners' Dinner held January 14, 2009, John Leskiw cited the recent statistic that average tenure of service sector employees in the United States ranges between two and five years. Given that four Quadax Partners were being recognized that evening for passing their twentieth anniversaries with the company, and that the average tenure among all Partners is 16.7 years, it's easy to see that there's something different—something special—about Quadax Incorporated.

That something special is embodied in the individuals who represent the Quadax Partner program. The program was established nine years ago to honor employees performing at an exemplary level and meeting certain eligibility criteria, including years of service and contributions to the company's profitability. Each year since the program's inception, an annual dinner meeting affords the opportunity to review accomplishments, applaud special achievements, reinforce vision, and welcome new Partners who will help make that vision reality.

The applause for our four twenty-year honorees was well-deserved: **Catherine Sicker**, Corporate Compliance Officer; **Mark Sprowls**, Vice President, Systems; **Brent Pagel**, Operations Manager, EDI Services; and **Nick Halpin**, Technical Manager on the Xpeditor Implementation Team. Each has made numerous significant contributions to corporate success through the last two decades.

Special recognition was also given to **Mark Tibbs**, Quadax Partner and Corporate Controller, for his monumental efforts in 2008 related to the purchase of our new building and other financial matters. Mark works behind the scenes, but the effect of his effort is transparent only because of the diligence and excellence with which he performs every task. John Leskiw, Chief Executive Officer, explained that Mark's "clean, timely, and hair-free output empowers us to make good business decisions."

John called 2008 "a tumultuous year for Quadax" in his remarks to the group. The move of our corporate headquarters from Fairview Park to Middleburg Heights was just one of the events contributing to the hectic feel, others being the adoption of a completely new phone system, the move of all our systems to datacenter host Expedient, changes in the market and our client base, and the retirement of our long-time Human Resources Manager. In such a year, everyone's contributions are important, and exceptional demonstrations of integrity, dependability, innovation, and loyalty shine all the more brightly. Those are the defining characteristics of members of the Quadax Partner program, and they are characteristics readily apparent in this year's two inductees, **Alana Papp** and **Art Juarez**.

Entry into new territories was one of the bright spots that John Leskiw highlighted in his remarks to the assembled Partners about the year behind us and the year before us. Pressures exist, as they do for everyone in today's business community, but we have reasons to be encouraged, with new opportunities before us. As we pursue those, while continuing to deliver innovative, relational service with integrity and dedication, we will remain strong—for the benefit of our valued clients, and our valuable employees, whatever their tenure might be. ♦

RAC Audit Readiness with ECM

By Phil Conard , Vice President of ECM Services

With the Tax Relief and Health Care Act of 2006, the Medicare Recovery Audit Contractor (RAC) program is projected to be fully commissioned by 2010. To the provider community, the commissioning of the program is raising many concerns in audit readiness. These concerns have manifested themselves through the following:

Documentation required for RAC audits

In the unfortunate event that an appointed RAC initiates an audit, the provider will be required to respond with the provisioning of Medical Records. Depending on the capability of the appointed RAC, the provisioned Medical Records can be submitted in either a hardcopy or an electronic (i.e. image) manner. In most cases, request for Medical Records will not encompass Claims or Remits, as the commissioned RACs have access to the said items through the CMS National Claims History repository.

Timelines governing RAC audits

A provider will have 45 calendar days to respond to a RAC's request for Medical Records. In responding to the RAC's request, the provider can either provision the Medical Records or request an extension. In requesting an extension, the provider must formally reach out to the appointed RAC within the 45 calendar-day window.

Administrative costs associated with RAC audits

Many variables come into play in assessing the administrative costs associated with RAC audits. How prone is the provider's practice/medical discipline to RAC scrutiny? Can provisioned Medical Records be efficiently gathered for submission to the requesting RAC? Unfortunately, with the said variables, there is

(Continued on page 8)

EDI State of the Department

By Emily Emmerich, Marketing Communications Specialist

The annual Quadax EDI State of the Department Meeting is a much-anticipated event attended by all members of EDI Services, EDI Systems, as well as officers of the company and specially invited guests. The purpose of the meeting is to outline the previous year's achievements and to illustrate the goals for the new year. EDI Services Vice President Tony Petras deliveres the key presentation and annual awards, while selected departments within EDI Services also provide informative updates on their respective areas.

A review of 2008 would be incomplete without mention of the move of the Quadax corporate headquarters from Fairview Park to Middleburg Heights. Following a year of waiting and watching the remodeling and construction project, three hundred and fifty employees relocated to the new location in one nearly seamless weekend. The move consolidated satellite offices to provide all teams with a pleasant and collaborative workplace environment.

EDI employees honored as "Unsung Heroes" during the 2008 State of the Department meeting: (front row from left to right) Margo McCarthy, Ann Chesney, Dean Lauria, (back row) Barb Ballas, Candy Thompson, and Nelson Laracuente.

A number of significant accomplishments of 2008 were highlighted during the meeting, including these statistics:

- Over 45 million transactions were processed.
- Our Service Team performed 2,608 on-site visits to clients.
- Our Transmissions team conducted 96,810 transmissions which was a 23% increase from last year.
- Fifteen new payers were added for direct-connect transmissions.

While the numbers are impressive, we recognize that statistics are meaningful only because they represent real value provided to our customers. These and other accomplishments for 2008 have a direct bearing on our clients' success. For example:

- A Quality Assurance area was developed within EDI Technical Services as a way to provide a greater focus to the testing of edits and enhancements.
- Quadax submitted to review and was successfully reaccredited according to EHNAC standards of excellence. EHNAC is a nationally recognized authority for electronic healthcare transactions and healthcare information management.
- The establishment of XpressBiller Online improved the efficiency of client-configured custom programming and enhanced documentation and tracking.
- Templates, created for entering Help Desk events and enabled for client use, improved the capture of key information, thereby reducing the time from entry to successful resolution.

Another milestone accomplishment for 2008 was the transition from Classic Xpeditor to Xpeditor Five Series as our exclusively sold product. As 2008 opened, Five Series was installed in only three facilities. By May, Five Series was established as our single product and sold in two versions, Xp5E for enterprise installations and Xp5i for hosted engagements.

Xpeditor Five Series is Quadax's premier electronic processing machine, which offers claim management, claim status, remittance transactions, reporting, and denial management. Associated with this accomplishment was the migration of all Xp Online clients to the browser-based Xp5i. Converting most, if not all of the remaining Classic Xpeditor Enterprise clients to either Xp5E or Xp5i is one of the goals for 2009.

Other goals and special projects planned for 2009 include instituting additional Quality Assurance improvements; the completion of the Denial Management application which will generate more revenue for our clients by monitoring, analyzing, and managing claim denials; the development of a Customer Relations Management Dashboard; and creating a Recovery Audit Contractor (RAC) solution.

The message of the afternoon was clear: though uncertainty characterizes nearly everything in today's economic environment, Quadax EDI Services has a strong foundation and is well-positioned to offer our clients stability and success. ♦

Your Quadax/Xpeditor Top Ten List for 2009

By Len C. Stusek, General Manager, EDI Services

With 2009 in full swing, this is a good time to look at ways to get more out of Quadax and Xpeditor! Specific resolutions may be unique to every environment, but these goals make sense for just about any of our valuable clients.

#1: Get five series serious!

If you haven't already jumped in and migrated to our browser based version of Xpeditor, climb aboard! Enterprise users can accomplish this by adding a webserver and scheduling the migration with Quadax. If adding equipment and maintaining an enterprise environment is not desirable, the Quadax hosted Xp5i version is a viable alternative. Migrating to either platform is straightforward and offers very little learning curve and no interruption in your production environment.

#2: Plan to attend the annual user conference.

Mark your calendars for May 5th and 6th for our Annual User Conference. This year we will be in Middleburg Heights, Ohio, just minutes from our new corporate headquarters. We will have much to talk about as RACs, MACs, 5010, ICD10, denial management, and other industry changes and opportunities take shape. Sign up early for the discounted rate!

#3: Remits, remits, remits.

Review your inventory of electronic remits and determine additional opportunities to eliminate manual posting of these records. Also take advantage of the ability to workflow the payer rejections and automate the creation and transmission of secondary claims.

#4: Review custom edits/converts, Xpressbiller tasks and globals.

Take time either on your own or in coordination with your service representative to review your custom edits/converts, Xpressbiller routines, and your Global scripts. If you have been a user for over a year, it is very possible that some of these very well intentioned tools are now causing unintended results. By undertaking a review you may be able to clean up your edits, enhance your clean claim rate, and accelerate your AR.

#5: Monitor clean claim rate and remove 100% review.

Do you know what your clean claim rate is? Do you know your top ten errors and if there are solutions to eliminating any of those errors? Are you stopping all of your claims because that is the way you have always done it? Allow us to review your claim rate andtop errors, and further automate your claims process so it is more efficient and productive!

#6: Explore the multiple levels of eligibility verification.

Quadax offers several levels of eligibility verification, both real-time and batch that may fit into one or more of your information workflows. Quadax can integrate the 270 and 271 transaction from your HIS system, automate large batch (self pay) interfaces, and offer front end applications for real-time inquiries. Are you eligible? Yes!

#7: Learn about our upcoming denial management module.

In 2009, your best approach to managing denials will not be another bolt-on process or product, but rather a solution that offers integration with each point on the revenue cycle continuum to prevent, monitor, analyze, and manage claim denials. Make it a point this year to investigate how Quadax can cost effectively weave this application into your revenue cycle tool kit.

#8: Get ready for our new and improved portal.

If you like our existing Portal and all the valuable information available, just wait—the new and improved look is coming soon. The new interface offers a pleasing experience for you to utilize the tools and content we have developed for you over the years. Plus—new training modules and client forums! If the Portal is still uncharted territory, contact us for an introduction and training.

#9: Attend a RUG.

We have been hosting Regional User Group meetings for several years now. Watch for announcements as to upcoming events close to you. These meetings are great opportunities to catch up with what Quadax is doing and what additional functionality is being implemented in Xpeditor, and to discuss key industry happenings.

#10: Tweak your secondary claims process with CASPR.
(Client Automated Secondary Process Review)

Many functions and features have been implemented to assist your navigation through the creation and submission of secondary claims. Learn how you can improve your process and adjust your remittance settings to maximize output and reduce much of the previous manual intervention.

As you see, there are many opportunities in the coming year to further enlist Quadax to meet your revenue cycle objectives. We look forward to assisting you with realizing any of these objectives. ♦

FTC's Red Flag Rules Apply to Most Health Care Providers

By Catherine Sicker, Corporate Compliance Officer

The Federal Trade Commission (FTC) issued regulations known as the Red Flag Rules, requiring "creditors" to establish and enforce written identity theft prevention programs, as part of the Fair and Accurate Transaction (FACT) Act of 2003 (http://ftc.gov/os/statutes/fcrajump.shtm). Originally, the programs were to be in place by November 1, 2008, but the deadline was extended until May 2009 because many entities, including health care practices, were unaware of its existence.

The Red Flag Rules (http://www.ftc.gov/opa/2007/10/redflag.shtm) apply to financial institutions and creditors. The FTC announced that "Health care providers are creditors if they bill consumers after their services are completed. Health care providers that accept insurance are considered creditors if the consumer ultimately is responsible for the medical fees." In order to be a creditor, a provider has to regularly accept deferred payment for services. The AMA has challenged the FTC, stating that the rule should not apply to physicians, but the association doesn't know when it might get a response from the FTC.

The rule requires that a creditor develop a written identity theft program that contains reasonable policies and procedures to detect, prevent and mitigate identity theft. The regulations set forth guidelines for the establishment of an identity theft prevention program and a supplement identifying the relevant warning signs, or red flags, of identity theft that should be incorporated into the program.

The World Privacy Forum has issued *Suggestions for Health Care Providers* (http://www.worldprivacyforum.org/pdf/WPF_RedFlagReport_09242008fs.pdf) which outlines provider obligations and best practices, including procedures for addressing:

- A complaint or question from a patient based on the patient's receipt of a bill for another individual, a bill for a service that the patient denies receiving, a bill from a provider that the patient has never seen, or an insurance EOB for services never received.
- Records showing medical treatment that is inconsistent with a physical exam or with a medical history as reported by the patient.
- A dispute of a bill by a patient who claims to be a victim of any type of identity theft.
- A patient who has an insurance number but never produces an insurance card.

The basic organizational requirements mandate that the program must include reasonable policies and procedures to:

- Identify relevant Red Flags for the accounts that the provider offers or maintains and incorporate those Red Flags into its program;
- Detect Red Flags that have been incorporated into its program;
- Respond appropriately to any Red Flags that are detected;
- Update the program periodically to reflect changes in risks from identity theft to patients;

There are also four elements to the administration of the program including:

- Obtain approval of the initial written program from either its board of directors or an appropriate committee of the board of directors;
- Involve the board of directors or a designated employee at the level of senior management in the oversight, development, implementation, and administration of the program;
- Train staff, as necessary, to effectively implement the program;
- Exercise appropriate and effective oversight of service provider arrangements.♦

Formatting HARP Reports in Excel

By Candace Wintering, TechComm Services Manager

HARP reports provide essential information for managing your A/R. In the last issue of the Quadax newsletter, you learned about downloading report files and importing them into Excel®. This article will cover some of the formatting options that will improve the look and readability of report spreadsheet files. Keep in mind that we are referring to report files in the comma-separated value format and not the actual HARP report.

Column headings. When you first open a report file in Excel, most reports show the report title, number, and other information in the first row, followed by column headings in the second row. It is easier to work with data when column headings are first, so delete the first row. (If you chose to begin importing report data at the second row, then the column heading should already be on top.) But before deleting the row, consider including unique report information (report name, number, date, etc.) in the worksheet name, which appears on the worksheet tab, or the file name.

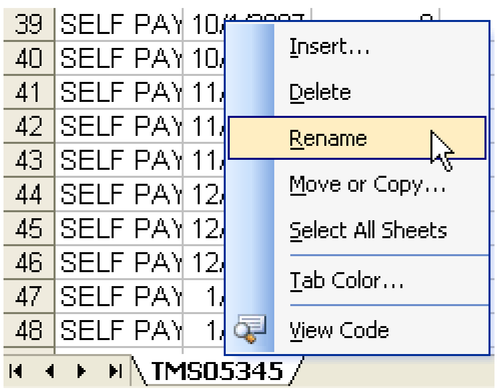
To rename a worksheet, right-click the tab, and then Rename, or on the **Format** menu, point to **Sheet** and then click **Rename**.*

** The specific paths in Excel in this article are for Excel 2003. In Excel 2007, many of the options are displayed on the Ribbon so will be easier to find.*

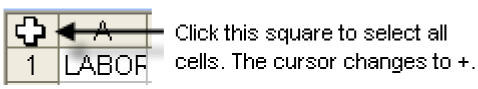
(Continued on page 7)

(Continued from page 6)

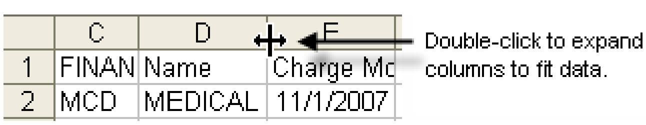
Rename Worksheet



Changing the look of all cells in the worksheet. If you want to apply changes to all the cells in the worksheet, an easy way to select all of them is to click the square in the upper left corner. This square is the Select All button. You can then go to Format > Cells and change the font size, color, border, alignment, etc.



Fitting columns to data. When you open the spreadsheet, the complete column headings or column data may not be in sight because the columns are too narrow. A quick way to expand all of them at once is to click the Select All button in the upper left corner, and then double-click the boundary between any columns. This method will also shrink the columns to fit. For example, if you change to a smaller font size, click the Select All button again, select the font size, and then double-click the column boundary.



Data format. When you imported the file into Excel, you selected a broad formatting category for data (number, text, etc.). Now you can apply specific formatting to the numbers and dates by selecting Format > Cells > Number tab.

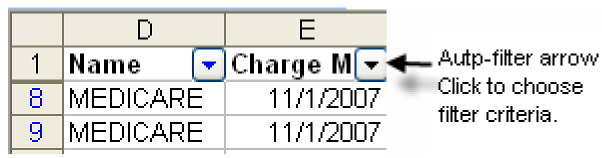
- For dollar amounts, select the Currency category, and then the number of decimal places and negative number format. If you prefer to have the decimal points and dollar signs aligned, select the Accounting category instead of Currency.

- For percentages, change the cells to the Percentage category, and then specify the number of decimals.

For dates, change the cells to the Date category, and then choose the date format.

Freeze Panes. For long or wide reports, you can select rows (typically the column headings) or columns that will always be displayed while you scroll through the data. To freeze a row or column, select the row beneath or the column to the right of the one that should be frozen, and then choose Window > Freeze Panes.

Sorting. Excel allows you to sort data in ways that are different from the original report sort criteria in HARP. For example, you can sort a Charge Summary that includes referrals by the year-to-date charge amount to easily see the highest performing physicians. To sort, first select a range of cells. In most cases, the range should be all the cells because you want to preserve the data associations in each row. Select all data by clicking the Select All button, and then choose Data > Sort. The Sort By drop-down menus list all the column heading for the sort selection. You can also choose to sort in ascending order (0 to 9 or A to Z) or descending order (9 to 0 or Z to A).



Filtering. Another powerful feature available in Excel is the ability to filter data. Filters allow you to see a subset of data that matches specific criteria while retaining all the data on the spreadsheet. Filtering just hides rows you do not want displayed. You can edit, format, chart, and print the subset without affecting other rows on the report.

To activate filtering, select Data > Auto Filter. An arrow will appear next to each column heading. When you click the arrow, a list of items in the column is displayed. From the list, select the item you want to see. For numbers or dates, the Top 10 option opens a box where you can specify the number of items or percent of total items to show. You can apply filters to multiple columns.

Immediately after data is filtered, the results of the filter are displayed in the lower-left corner of the status bar (ex. 412 of 2155 records found). After a time, the number of records changes to **Filter Mode**, indicating that some data is hidden. The filter arrow in a filtered column changes to a different color so it is apparent which columns have been filtered.

To show all data on the worksheet again, select Data > Filter > Show All, or Show All in the filter arrow list.

I hope this article provided some useful tips about how to customize HARP report spreadsheets to show the data you want. The next article in this series will deal with pivot tables.♦

RAC Audit Readiness with ECM

(Continued from page 3)

no true way to forecast provider administrative costs.

So where does this leave the provider community in regards to RAC audit readiness? Apart from the obvious effort of avoiding RAC scrutiny by billing in accordance with CMS's guidelines, providers should prepare themselves to react to RAC requests in an efficient and timely manner. One such way to prepare is to maximize any Electronic Medical Record (EMR) or Enterprise Content Management (ECM) systems available for use. Both EMR and ECM solutions adequately enable providers to efficiently respond to RAC requests for Medical Records, thus reducing the administrative burden associated with hardcopy retrieval, copying, and re-filing. The said solutions also reduce the element of missing Medical Records, therefore equipping the provider with a chance to defend RAC audits.

For those in the provider community who have not adopted an EMR or ECM solution and have interest, you will be happy to learn that Quadax has service offerings in this area. Quadax's ECM Services' team specializes in the deployment of ECM solutions, offering the solutions in either an affordable SaaS or premise installed business model.♦

For service inquires, please reach out to Phil Conard, VP of ECM Services at 440-788-2176 or philconard@quadax.com.

Resources:

http://www.cms.hhs.gov/RAC

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RETURN SERVICE REQUESTED