

NCPDP Financial Information Reporting Standard

To implement the Financial Information Reporting Standard, the following are used:

- Financial Information Reporting Standard Implementation Guide (for transactions, segments, fields, rules)
- Data Dictionary (for field definitions and formats)
- External Code List (for field values)

These documents are available to NCPDP members at the Standards Download page

http://www.ncdp.org/members/members_download.aspx. Information on becoming an NCPDP member which includes all documents published is available at <http://www.ncdp.org/signup.aspx>.

Detailed information of the transactions, segments, fields, rules, syntax is found in the Financial Information Reporting Standard Implementation Guide. While there is much more information for a developer contained in the guide, for purposes of this information, note that the Financial Information Reporting Transaction Header Segment in the request, and the Financial Information Reporting Response Header Segment in the response are fixed length segments containing fixed length fields. The rest of the segments in the request or response (such as Financial Information Reporting Request Insurance Segment, Patient Segment, Financial Information Reporting Response Message Segment, Financial Information Reporting Response Status Segment, etc) are variable segments with variable fields (where applicable) and variable field lengths.

Transmission - The highest level of data transfer is the transmission. The transmission contains information, which is global to the entire data set. This includes routing information, identification, and information, which determine the parsing of the transactions within. A transmission must contain one transaction.

The Financial Information Reporting Transaction Header and Financial Information Reporting Response Header segments contain fixed length data elements. These segments do not use field separators to separate data elements. In these segments, each data element is transmitted at its **maximum length positionally**. The Financial Information Reporting Transaction Header Segment is required and must be first in the transmission. When a field is not used, depending upon trading partner needs, the field must be filled with zeroes or spaces, as appropriate. At the Transmission request level, the Financial Information Reporting Transaction Header Segment must appear first. The Financial Information Reporting Request Insurance Segment, Request Reference Segment, and Request Financial Segment can be submitted in either order, if they appear, regardless of whether they are mandatory or situational segments. Note the Segments must occur only once and according to the rules for that transaction.

The transmission of the Financial Information Reporting request does not have a Group Separator. It is extraneous since there are no "transaction level" segments on the request. The Financial Information Reporting response must have a Group Separator.

At the Transmission response level, the Financial Information Reporting Response Header Segment must appear first. The Financial Information Reporting Response Message Segment will then occur, if present. At the Transaction response level, the Group Separator occurs, and then the Financial Information Reporting Response Status Segment and Response Financial Segment may occur in any order. Note the Segments must occur only once and according to the rules for that transaction.

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Financial Information Reporting (FIR) F1 Inquiry Request and Response

Financial Information Reporting Transaction Header Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
101-A1	BIN NUMBER	N	6	M	Part D Plan BIN from CMS Eligibility File
102-A2	VERSION/RELEASE NUMBER	A/N	2	M	12
103-A3	TRANSACTION CODE	A/N	2	M	F1
104-A4	PROCESSOR CONTROL NUMBER	A/N	10	M	Part D Plan PCN from CMS Eligibility File
109-A9	TRANSACTION COUNT	A/N	1	M	1
650-S1	ACCUMULATOR YEAR	N	4	M	TROOP Plan Year in CCYY
651-S2	TRANSACTION IDENTIFIER	A/N	21	M	Generated by the PDTransFac system, will be the same across all Financial Information Reporting transactions in a series.
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	A/N	10	M	MEDDFTROOP

Financial Information Reporting Request Insurance Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	30 = Financial Information Reporting Request Insurance
302-C2	CARDHOLDER ID	A/N	20	M	Part D Plan Cardholder ID from CMS Eligibility File
A33-ZX	CMS PART D CONTRACT ID	A/N	5	M	Part D Plan Contract ID from CMS Eligibility File
A34-ZY	MEDICARE PART D PLAN BENEFIT PACKAGE (PBP)	A/N	3	M	Part D Plan PBP From CMS Eligibility File
301-C1	GROUP ID	A/N	15	S	Part D Plan Group ID from CMS Eligibility File

Patient Segment: Situational

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	01=Patient
304-C4	DATE OF BIRTH	N	8	R	In CCYYMMDD format.
305-C5	PATIENT GENDER CODE	N	1	S	

Financial Information Reporting Response Header Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
102-A2	VERSION/RELEASE NUMBER	A/N	2	M	12
103-A3	TRANSACTION CODE	A/N	2	M	F1
109-A9	TRANSACTION COUNT	N	1	M	1
501-F1	HEADER RESPONSE STATUS	A/N	1	M	A = Accepted or R = Rejected
650-S1	ACCUMULATOR YEAR	N	4	M	Same as Request
651-S2	TRANSACTION IDENTIFIER	A/N	21	M	Same as Request

Financial Information Reporting Response Message Segment: Situational

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	33=Response Message Segment
504-F4	MESSAGE	A/N	200	S	

Financial Information Reporting Response Status Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	34 = Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	A/N	1	M	A = Approved or R = Rejected
503-F3	AUTHORIZATION NUMBER	A/N	20	S	Processor generated
510-FA	REJECT COUNT	N	2	S	When 112-AN = R
511-FB	REJECT CODE	N	3	S**R	When 510-FA is returned

Financial Information Reporting (FIR) F1 Inquiry Request and Response

546-4F	REJECT FIELD OCCURRENCE INDICATOR	N	2	S**R	When a repeating field is in error
526-FQ	ADDITIONAL MESSAGE INFORMATION	A/N	100	S	

The Response Financial Segment is mandatory for a response when the Header Response Status (501-F1) of "A" (Accepted) and Transaction Response Status (112-AN) of "A" (Approved) for Financial Information Reporting Inquiry and Financial Information Reporting Exchange transactions.

Response Financial Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	35 = Response Financial
656-S7	ACCUMULATOR MONTH COUNT	N	2	M	Count of Accumulator Months Being Returned
655-S6	ACCUMULATOR MONTH	N	2	M**R	1 = January, 2 = February, etc... Repeat for each Accumulator Month Returned
652-S3	ACCUMULATED PATIENT TRUE OUT OF POCKET AMOUNT	N	8	M**R	Repeat for each Accumulator Month Returned s9(6)v99. Note this is a signed field
653-S4	ACCUMULATED GROSS COVERED DRUG COST AMOUNT	N	8	M**R	Repeat for each Accumulator Month Returned s9(6)v99. Note this is a signed field

M**R = Mandatory Repeating

S**R=Situations Repeating

General Note: Even if you do not have any values to report you must return at least one month (the first month the member was with the plan and \$.

Financial Information Reporting (FIR) F2 Update Request and Response

Financial Information Reporting Transaction Header Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
101-A1	BIN NUMBER	N	6	M	Part D Plan BIN from CMS Eligibility File
102-A2	VERSION/RELEASE NUMBER	A/N	2	M	12
103-A3	TRANSACTION CODE	A/N	2	M	F2
104-A4	PROCESSOR CONTROL NUMBER	A/N	10	M	Part D Plan PCN from CMS Eligibility File
109-A9	TRANSACTION COUNT	A/N	1	M	1
650-S1	ACCUMULATOR YEAR	N	4	M	TROOP Plan Year in CCYY
651-S2	TRANSACTION IDENTIFIER	A/N	21	M	Generated by the PDTransFac system, will be the same across all Financial Information Reporting transactions in a series.
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	A/N	10	M	MEDDFTROOP

Financial Information Reporting Request Insurance Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	30 = Financial Information Reporting Request Insurance
302-C2	CARDHOLDER ID	A/N	20	M	Part D Plan Cardholder ID from CMS Eligibility File
A33-ZX	CMS PART D CONTRACT ID	A/N	5	M	Part D Plan Contract ID from CMS Eligibility File
A34-ZY	MEDICARE PART D PLAN BENEFIT PACKAGE (PBP)	A/N	3	M	Part D Plan PBP From CMS Eligibility File
301-C1	GROUP ID	A/N	15	S	Part D Plan Group ID from CMS Eligibility File

Patient Segment: Situational

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	01=Patient
304-C4	DATE OF BIRTH	N	8	R	In CCYYMMDD format.
305-C5	PATIENT GENDER CODE	N	1	S	Returned if one exists on CMS Eligibility File

Request Reference Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	31 = Reference Segment
654-S5	DATETIME	A/N	17	M	Generated by the PDTransFac system

Request Financial Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	32 = Request Financial
656-S7	ACCUMULATOR MONTH COUNT	N	2	M	Count of Accumulator Months Being Returned
655-S6	ACCUMULATOR MONTH	N	2	M**R	1 = January, 2 = February, etc.... Repeat for each Accumulator Month Returned
652-S3	ACCUMULATED PATIENT TRUE OUT OF POCKET AMOUNT	N	8	M**R	Repeat for each Accumulator Month Returned s9(6)v99. Note this is a signed field
653-S4	ACCUMULATED GROSS COVERED DRUG COST AMOUNT	N	8	M**R	Repeat for each Accumulator Month Returned s9(6)v99. Note this is a signed field

Financial Information Reporting (FIR) F2 Update Request and Response

Financial Information Reporting Response Header Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	
102-A2	VERSION/RELEASE NUMBER	A/N	2	M	12
103-A3	TRANSACTION CODE	A/N	2	M	F2
109-A9	TRANSACTION COUNT	N	1	M	1
501-F1	HEADER RESPONSE STATUS	A/N	1	M	A = Accepted or R = Rejected
650-S1	ACCUMULATOR YEAR	N	4	M	Same as Request
651-S2	TRANSACTION IDENTIFIER	A/N	21	M	Same as Request

Financial Information Reporting Reponse Message Segment: Situational

Field	Field Name	Type	Maximum Bytes	M/S	
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	33=Response Message Segement
504-F4	MESSAGE	A/N	200	S	

Financial Information Reporting Response Status Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	34 = Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	A/N	1	M	A = Approved or R = Rejected
503-F3	AUTHORIZATION NUMBER	A/N	20	S	Processor generated
510-FA	REJECT COUNT	N	2	S	When 112-AN = R
511-FB	REJECT CODE	N	3	S**R	When 510-FA is returned
546-4F	REJECT FIELD OCCURRENCE INDICATOR	N	2	S**R	When a repeating field is in error
526-FQ	ADDITIONAL MESSAGE INFORMATION	A/N	100	S	

M**R = Mandatory Repeating

S**R=Situations Repeating

Financial Information Reporting (FIR) F3 Update Request and Response

Financial Information Reporting Transaction Header Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
1Ø1-A1	BIN NUMBER	N	6	M	Part D Plan BIN from CMS Eligibility File
1Ø2-A2	VERSION/RELEASE NUMBER	A/N	2	M	12
1Ø3-A3	TRANSACTION CODE	A/N	2	M	F3
1Ø4-A4	PROCESSOR CONTROL NUMBER	A/N	10	M	Part D Plan PCN from CMS Eligibility File
1Ø9-A9	TRANSACTION COUNT	A/N	1	M	1
65Ø-S1	ACCUMULATOR YEAR	N	4	M	TROOP Plan Year in CCYY
651-S2	TRANSACTION IDENTIFIER	A/N	21	M	Generated by the PDTransFac system, will be the same across all Financial Information Reporting transactions in a series.
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	A/N	10	M	MEDDFTROOP

Financial Information Reporting Request Insurance Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	30 = Financial Information Reporting Request Insurance
3Ø2-C2	CARDHOLDER ID	A/N	20	M	Part D Plan Cardholder ID from CMS Eligibility File
A33-ZX	CMS PART D CONTRACT ID	A/N	5	M	Part D Plan Contract ID from CMS Eligibility File
A34-ZY	MEDICARE PART D PLAN BENEFIT PACKAGE (PBP)	A/N	3	M	Part D Plan PBP From CMS Eligibility File
3Ø1-C1	GROUP ID	A/N	15	S	Part D Plan Group ID from CMS Eligibility File

Patient Segment: Situational

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	01=Patient
3Ø4-C4	DATE OF BIRTH	N	8	R	In CCYYMMDD format.
3Ø5-C5	PATIENT GENDER CODE	N	1	S	Returned if one exists on CMS Eligibility File

Request Reference Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	31 = Reference Segment
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652-S3	ACCUMULATED PATIENT TRUE OUT OF POCKET AMOUNT	N	8	M**R	Repeat for each Accumulator Month Returned s9(6)v99. Note this is a signed field
653-S4	ACCUMULATED GROSS COVERED DRUG COST AMOUNT	N	8	M**R	Repeat for each Accumulator Month Returned s9(6)v99. Note this is a signed field

Financial Information Reporting Response Header Segment: Mandatory

Field	Field Name	Type	Maximum Bytes	M/S	Comments
1Ø2-A2	VERSION/RELEASE NUMBER	A/N	2	M	12
1Ø3-A3	TRANSACTION CODE	A/N	2	M	F3

Financial Information Reporting (FIR) F3 Update Request and Response

109-A9	TRANSACTION COUNT	N	1	M	1
501-F1	HEADER RESPONSE STATUS	A/N	1	M	A = Accepted or R = Rejected
650-S1	ACCUMULATOR YEAR	N	4	M	Same as Request
651-S2	TRANSACTION IDENTIFIER	A/N	21	M	Same as Request

Financial Information Reporting Response Message Segment: Situational

Field	Field Name	Type	Maximum Bytes	M/S	
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	33=Response Message Segment
504-F4	MESSAGE	A/N	200	S	

Financial Information Reporting Response Status Segment: Mandatory

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503-F3	AUTHORIZATION NUMBER	A/N	20	S	Processor generated
510-FA	REJECT COUNT	N	2	S	When 112-AN = R
511-FB	REJECT CODE	N	3	S**R	When 510-FA is returned
546-4F	REJECT FIELD OCCURRENCE INDICATOR	N	2	S**R	When a repeating field is in error
526-FQ	ADDITIONAL MESSAGE INFORMATION	A/N	100	S	

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