

**Medicare Part D E1 Transaction
NCPDP vD.0 Test Cases
Testing Can Begin 05/23/2013**

NOTE: The Service Provider ID must be an NPI contracted for services. All other information must be submitted EXACTLY as provided.

M= Mandatory | O = Optional | R= Required

Test Case 1A: REQUEST FOR A BENEFICIARY WHERE BENEFICIARY IS FOUND AND DOES NOT HAVE LOW INCOME SUBSIDY (LIS).

Transaction Header Segment Mandatory Segment			
Field	Field Name	Value	Comments
1Ø1-A1	BIN NUMBER	011727	M – Facilitator BIN
1Ø2-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
1Ø3-A3	TRANSACTION CODE	E1	M – Eligibility Verification
1Ø4-A4	PROCESSOR CONTROL NUMBER	2222222222	M – Must be as indicated
1Ø9-A9	TRANSACTION COUNT	1	M – One occurrence
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
2Ø1-B1	SERVICE PROVIDER ID	1234567890bbbbbb	M – Left justified, space filled Use a contracted NPI
4Ø1-D1	DATE OF SERVICE	20130301	M – Must be within 9 months before or 4 months after current date
11Ø-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

Patient Segment Required for Proper Matching			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
3Ø4-C4	DATE OF BIRTH	19400615	R – Field must be populated
3Ø5-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
31Ø-CA	PATIENT FIRST NAME	D0TEST1A	R - Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME	D0TEST1	R - Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE	34567	R – Zip Code (5 digit zip)
Note: Other optional fields not shown in these segments are not used.			

Insurance Segment Mandatory Segment			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	Ø4	M – INSURANCE SEGMENT
3Ø2-C2	CARDHOLDER ID	D0TEST001A	M – Must include one of the following: – HICN – ID from Medicare Part A card

			<ul style="list-style-type: none"> - ID from Medicare Part B card - Full SSN - Railroad Board Number - Last 4 digits of the SSN
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Test Case 1A Request String:

011727D0E1 1011234567890
 20130301D0TEST -AM01C419400615C51CAD0TEST1CBD0TEST1CP34567 -AM04C2D0TEST001
 A

Test Case 1A: RESPONSE: ACCEPTED

The Facilitator sends this response when the data provided in the E1 Request enables the Facilitator to find exactly one matching patient who has Part D coverage that is active on the requested Date of Service.

Response Header Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request
401-D1	DATE OF SERVICE	20130301	M – Contains the same value provided in the Request

Response Message Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – Response Patient Segment
504-F4	MESSAGE		R – This segment will always contain the structure message values, and if data exists for these, will contain the applicable information. In this example the patient does not have LIS. The response will be structured as indicated below.
LISLVL: ;LISEFF: ;LISTERM: ;PLAN:MAPD;			

Response Insurance Additional Information Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATIN	27	M – Response Insurance Segment

139-UR	MEDICARE PART D COVERAGE CODE	1	R – Indicates the position of Medicare Part D in the billing order
138-UQ	CMS LOW INCOME COST SHARING (LICS) LEVEL	N	R – Y for Yes or N for No
240-UI	CONTRACT NUMBER	TESTZ	R – Contract Number of Coverage
757-U6	BENEFIT ID	001	R – PBP Number of the coverage

Mandatory Segment Response Status Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	21	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	A	M – Approved

Response Coordination Of Benefits / Other Payers Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	28	M – Response Patient Segment
355-NT	OTHER PAYER ID COUNT	1	R – Will contain the count of the number of occurrences of Other Payer Information
338-5C	OTHER PAYER COVERAGE TYPE	01	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	03	R – Always 03 for BIN
340-7C	OTHER PAYER ID	220022	R – BIN Number for Coverage
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	D0TEST1	R – Processor Control Number for Coverage
356-NU	OTHER PAYER CARDHOLDER ID	D0TEST1	R – Cardholder Id for Coverage
992-MJ	OTHER PAYER GROUP ID	D0TEST1	R – Group Number for Coverage
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	R – Patient Relationship Code for Coverage
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20130301	R – Effective Date of Coverage

Test Case 1A Response String:

D0E11A011234567890 20130301-AM20F4LISLVL: ;LISEFF: ;LISTERM: ;PLAN:MAPD;-AM27UR1UQNU1TESTZU6001-AM29CAD0TEST1CBD0TEST1C419400615-AM21ANA-AM28NT15C016C037C220022MHD0TEST1NUD0TEST1MJD0TEST1UW1UX20130301

Test Case 1B: REQUEST FOR A BENEFICIARY WHERE BENEFICIARY IS FOUND AND HAS LOW INCOME SUBSIDY (LIS) ELIGIBLE.

Transaction Header Segment Mandatory Segment			
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Field	Field Name	Value	Comments
101-A1	BIN NUMBER	011727	M – Facilitator BIN
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	222222222	M – Must be as indicated
109-A9	TRANSACTION COUNT	1	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Left justified, space filled Use a contracted NPI
401-D1	DATE OF SERVICE	20130301	M – Must be within 9 months before or 4 months after current date
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

Patient Segment Required for Proper Matching			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
304-C4	DATE OF BIRTH	19400615	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	D0TEST1B	R - Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME	D0TEST1B	R - Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE	34567	R – Zip Code (5 digit zip)
Note: Other optional fields not shown in these segments are not used.			
Insurance Segment Mandatory Segment			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	D0TEST001B	M – Must include one of the following: – HICN – ID from Medicare Part A card – ID from Medicare Part B card – Full SSN – Railroad Board Number – Last 4 digits of the SSN

Test Case 1B Request String:

011727D0E1 1011234567890
20130301D0TEST -AM01C419410615C51CAD0TEST1BCBD0TEST1BCP31258 -AM04C2D0TEST0
01B

Test Case 1B: RESPONSE: ACCEPTED

The Facilitator sends this response when the data provided in the E1 Request enables the Facilitator to find exactly one matching patient who has Part D coverage that is active on the requested Date of Service. The patient has LIS.

Response Header Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request
401-D1	DATE OF SERVICE	20130301	M – Contains the same value provided in the Request

Response Message Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – Response message segment
504-F4	MESSAGE		R – This segment will always contain the structure message values, and if data exists for these, will contain the applicable information. In this example the patient has LIS that is effective, with no termination date. The response will be structure as indicated below.
LISLVL:3;LISEFF:20130301;LISTERM: ;PLAN:MAPD;			

Response Insurance Additional Information Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATIN	27	M – Response Insurance Segment
139-UR	MEDICARE PART D COVERAGE CODE	1	R – Indicates the position of Medicare Part D in the billing order
138-UQ	CMS LOW INCOME/COST SHARING (LICS) LEVEL	Y	R – Y for Yes or N for No
240-UI	CONTRACT NUMBER	TESTZ	R – Contract Number of Coverage
757-U6	BENEFIT ID	001	R – PBP Number of the coverage

Mandatory Segment Response Status Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	21	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	A	M – Approved

Response Coordination Of Benefits / Other Payers Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	28	M – Response Patient Segment
355-NT	OTHER PAYER ID COUNT	1	R – Will contain the count of the number of occurrences of Other Payer Information
338-5C	OTHER PAYER COVERAGE TYPE	01	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	03	R – Always 03 for BIN
340-7C	OTHER PAYER ID	220022	R – BIN Number for Coverage
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	D0TEST1	R – Processor Control Number for Coverage
356-NU	OTHER PAYER CARDHOLDER ID	D0TEST1	R – Cardholder Id for Coverage
992-MJ	OTHER PAYER GROUP ID	D0TEST1	R – Group Number for Coverage
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	R – Patient Relationship Code for Coverage
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20130301	R – Effective Date of Coverage

Test Case 1B Response String:

D0E11A011234567890 20130301-AM20F4LISLVL:3;LISEFF:20130301;LISTERM:
;PLAN:MAPD;-AM27UR1UQYU1TESTZU6001-AM29CAD0TEST1BCBD0TEST1BC419410615-AM21AN
A-AM28NT15C016C037C220022MHD0TEST1BNUD0TEST1BMJD0TEST1BUW1UX20130301

Test Case 2: REQUEST for ACCEPTED – MULTIPLE COVERAGES RESPONSE

Transaction Header Segment Mandatory Segment			
Field	Field Name	Value	Comments
101-A1	BIN NUMBER	011727	M – Facilitator BIN
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	222222222	M – Must be as indicated
109-A9	TRANSACTION COUNT	1	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Left justified, space filled Use a contracted NPI
401-D1	DATE OF SERVICE	20130301	M – Must be within 9 months before or 4 months after current date
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

**Patient Segment
Required for Proper Matching**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
304-C4	DATE OF BIRTH	19410610	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	D0TEST2	R - Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME	D0TEST2	R - Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE	30329	R – Zip Code (5 digit zip)

Note: Other optional fields not shown in these segments are not used.

Insurance Segment Mandatory Segment			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	D0TEST002A	M – Must include one of the following: – HICN – ID from Medicare Part A card – ID from Medicare Part B card – Full SSN – Railroad Board Number – Last 4 digits of the SSN

Test Case 2 Request String:

011727D0E1 1011234567890
20130301D0TEST -AM01C419410610C52CAD0TEST2CBD0TEST2CP30329 -AM04C2D0TEST002
A

Test Case 2: RESPONSE: ACCEPTED – MULTIPLE COVERAGES

The Facilitator sends this response when the data provided in the E1 Request enables the Facilitator to find exactly one matching patient who has Part D coverage that is active on the requested Date of Service.

Response Header Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments

102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request
401-D1	DATE OF SERVICE	20130301	M – Contains the same value provided in the Request

Response Message Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – Response Patient Segment
504-F4	MESSAGE		R – Will contain the first name of the patient the eligibility query matched on in the TrOOP Database
311-CB	PATIENT LAST NAME		Will contain structured text below
LISLVL: ;LISEFF: ;LISTERM: ;PLAN:MAPD;			

Response Insurance Additional Information Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATIN	27	M – Response Insurance Segment
139-UR	MEDICARE PART D COVERAGE CODE	1	R – Indicates the position of Medicare Part D in the billing order
138-UQ	CMS LOW INCOME/COST SHARING (LICS) LEVEL	N	R – Y for Yes or N for No
240-UI	CONTRACT NUMBER	TESTA	R – Contract Number of Coverage
757-U6	BENEFIT ID	002	R – PBP Number of the coverage

Response Patient Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	29	M – Response Patient Segment
310-CA	PATIENT FIRST NAME	D0TEST2	R – Will contain the first name of the patient the eligibility query matched on in the TrOOP Database
311-CB	PATIENT LAST NAME	D0TEST2	R - Will contain the last name of the patient the eligibility query matched on in the TrOOP Database
304-C4	DATE OF BIRTH	19410610	R - Will contain the Date of Birth of the patient the eligibility query matched on in the TrOOP Database

Mandatory Segment Response Status Segment			
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Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	21	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	A	M – Approved

Response Coordination Of Benefits / Other Payers Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	28	M – Response Patient Segment
355-NT	OTHER PAYER ID COUNT	2	R – Will contain the count of the number of occurrences of Other Payer Information
338-5C	OTHER PAYER COVERAGE TYPE	01	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	03	R – Always 03 for BIN
340-7C	OTHER PAYER ID	220022	R – BIN Number for Coverage
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	D0TEST2A	R – Processor Control Number for Coverage
356-NU	OTHER PAYER CARDHOLDER ID	D0TEST2A	R – Cardholder Id for Coverage
992-MJ	OTHER PAYER GROUP ID	D0TEST2A	R – Group Number for Coverage
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	R – Patient Relationship Code for Coverage
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20130301	R – Effective Date of Coverage
338-5C	OTHER PAYER COVERAGE TYPE	02	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	03	R – Always 03 for BIN
340-7C	OTHER PAYER ID	220022	R – BIN Number for Coverage
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	D0TEST2B	R – Processor Control Number for Coverage
356-NU	OTHER PAYER CARDHOLDER ID	D0TEST2B	R – Cardholder Id for Coverage
992-MJ	OTHER PAYER GROUP ID	D0TEST2B	R – Group Number for Coverage
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	R – Patient Relationship Code for Coverage
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20130301	R – Effective Date of Coverage

Test Case 2 Response String:

D0E11A011234567890 20130301-AM20F4LISLVL: ;LISEFF: ;LISTERM:
 ;PLAN:TEST;-AM27UR1UQNU1TESTAU6002-AM29CAD0TEST2CBD0TEST2C419410610-AM21ANA-
 AM28NT25C016C037C220022MHD0TEST2ANUD0TEST2AMJD0TEST2AUW1UX201303015C026C037
 C220022MHD0TEST2BNUD0TEST2BMJD0TEST2BUX20130301

Test Case 3: REQUEST for REJECTED – REQUIRED FIELDS MISSING RESPONSE

Transaction Header Segment Mandatory Segment			
Field	Field Name	Value	Comments
1Ø1-A1	BIN NUMBER	011727	M – Facilitator BIN
1Ø2-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
1Ø3-A3	TRANSACTION CODE	E1	M – Eligibility Verification
1Ø4-A4	PROCESSOR CONTROL NUMBER	2222222222	M – Must be as indicated for
1Ø9-A9	TRANSACTION COUNT	1	M – One occurrence
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M –NPI Number of Requesting Pharmacy
2Ø1-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Left justified, space filled Use a contracted NPI
4Ø1-D1	DATE OF SERVICE	20130301	M – Must be within 9 months before or 4 months after current date
11Ø-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

Patient Segment Required for Proper Matching			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
3Ø4-C4	DATE OF BIRTH	19420505	R – Field must be populated,
3Ø5-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
31Ø-CA	PATIENT FIRST NAME	D0TEST3	R - Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME		R - Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE	30052	R – Zip Code (5 digit zip)

Note: Other optional fields not shown in these segments are not used.

Insurance Segment: Mandatory Segment			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	Ø4	M – INSURANCE SEGMENT
3Ø2-C2	CARDHOLDER ID		M – Must include one of the following: – HICN – ID from Medicare Part A card – ID from Medicare Part B card – Full SSN – Railroad Board Number – Last 4 digits of the SSN

Test Case 3 Request String:

011727D0E12222222221010000002408
20130301D0TEST -AM01C41942505C51CAD0TEST3CBCP30052-AM04C2

Test Case 3: RESPONSE: REJECTED – REQUIRED FIELDS MISSING

Response Header Segment			
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Mandatory Segment			
Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request.
401-D1	DATE OF SERVICE	20130301	M – Contains the same value provided in the Request

Response Message Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – RESPONSE STATUS SEGMENT
504-F4	MESSAGE	MCARE ELIG;Missing Required Field	R – Varies; four different types depending on reject reason.

Response Status Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	21	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	R	M – Rejected
510-FA	REJECT COUNT	1	R
511-FB	REJECT CODE	07	R – Varies; three different codes depending on reject reason.
526-FQ	ADDL MESSAGE INFORMATION		O – Used for overflow from 504-F4, if needed (need for overflow not expected)

Test Case 3 Response String:

D0E11A010000002408 20130301-AM20F4MCARE ELIG;Missing Required Field-AM21ANRFA1FB07

Test Case 4: REQUEST for More Than One Possible Match RESPONSE

Transaction Header Segment Mandatory Segment			
Field	Field Name	Value	Comments
101-A1	BIN NUMBER	011727	M – Facilitator BIN
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format

103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	2222222222	M – Must be as indicated for
109-A9	TRANSACTION COUNT	1	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Left justified, space filled Use a contracted NPI
401-D1	DATE OF SERVICE	20130301	M – Must be within 9 months before or 4 months after current date
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

**Patient Segment
Required for Proper Matching**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
304-C4	DATE OF BIRTH	19430202	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	D	R - Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME	D0TEST4	R - Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE		R – Zip Code (5 digit zip)

Note: Other optional fields not shown in these segments are not used.

**Insurance Segment
Mandatory Segment**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	9999	M – Must include one of the following: – HICN – ID from Medicare Part A card – ID from Medicare Part B card – Full SSN – Railroad Board Number – Last 4 digits of the SSN

Test Case 4 Request String:

011727D0E12222222221010000002408
20130301D0TEST -AM01C419430202C51CAD0TEST4CBDCP-AM04C29999

Test Case 4: RESPONSE: More Than One Possible Match

**Response Header Segment
Mandatory Segment**

Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard

103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request.
401-D1	DATE OF SERVICE	20130301	M – Contains the same value provided in the Request

Response Message Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – RESPONSE STATUS SEGMENT
504-F4	MESSAGE	MCARE ELIG;NO PATIENT MATCH FOUND	R – Varies; four different types depending on reject reason.

Response Status Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	21	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	R	M – Rejected
510-FA	REJECT COUNT	1	R
511-FB	REJECT CODE	52	R – Varies; three different codes depending on reject reason.
526-FQ	ADDL MESSAGE INFORMATION		O – Used for overflow from 504-F4, if needed (need for overflow not expected)

Test Case 4 Response String:

D0E11A010000002408 20130301-AM20F4MCARE ELIG;NO PATIENT MATCH
FOUND-AM21ANRFA1FB52

Test Case 5: REQUEST for Cardholder Match, Last Name Mismatch RESPONSE

Transaction Header Segment Mandatory Segment			
Field	Field Name	Value	Comments
101-A1	BIN NUMBER	011727	M – Facilitator BIN
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification

104-A4	PROCESSOR CONTROL NUMBER	2222222222	M – Must be as indicated
109-A9	TRANSACTION COUNT	1	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Left justified, space filled Use a contracted NPI
401-D1	DATE OF SERVICE	20130301	M – Must be within 9 months before or 4 months after current date
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

**Patient Segment
Required for Proper Matching**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
304-C4	DATE OF BIRTH	19440303	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	D0TEST5	R - Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME	D0TEST5	R - Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE	30061	R – Zip Code (5 digit zip)

Note: Other optional fields not shown in these segments are not used.

**Insurance Segment
Mandatory Segment**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	D0TEST005A	M – Must include one of the following: – HICN – ID from Medicare Part A card – ID from Medicare Part B card – Full SSN – Railroad Board Number – Last 4 digits of the SSN

Test Case 5 Request String:

011727D0E12222222221010000002408
20130301D0TEST -AM01C419440303C51CAD0TEST5CBD0TEST5CP30061-AM04C2D0TEST005A

Test Case 5: RESPONSE: Cardholder Match, Last Name Mismatch

**Response Header Segment
Mandatory Segment**

Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification

109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request.
401-D1	DATE OF SERVICE	20130301	M – Contains the same value provided in the Request

Response Message Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – RESPONSE STATUS SEGMENT
504-F4	MESSAGE	MCARE ELIG;PATIENT NOT FOUND-CARDHOLDER ID MATCHED BUT LAST NAME DID NOT	R – Varies; four different types depending on reject reason.

Response Status Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	21	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	R	M – Rejected
510-FA	REJECT COUNT	1	R
511-FB	REJECT CODE	62	R – Varies; three different codes depending on reject reason.
526-FQ	ADDL MESSAGE INFORMATION		O – Used for overflow from 504-F4, if needed (need for overflow not expected)

Test Case 5 Response String:

D0E11A010000002408 20130301-AM20F4MCARE ELIG;PATIENT NOT FOUND: CARDHOLDER ID MATCHED BUT LAST NAME DID NOT-AM21ANRFA1FB62

Test Case 6: REQUEST for No Patient Match Found RESPONSE

Transaction Header Segment Mandatory Segment			
Field	Field Name	Value	Comments
101-A1	BIN NUMBER	011727	M – Facilitator BIN
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
104-A4	PROCESSOR CONTROL	2222222222	M – Must be as indicated

	NUMBER		
109-A9	TRANSACTION COUNT	1	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Left justified, space filled Use a contracted NPI
401-D1	DATE OF SERVICE	20130301	M – Must be within 9 months before or 4 months after current date
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

Patient Segment Required for Proper Matching			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
304-C4	DATE OF BIRTH	19390101	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	D0TEST6	R - Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME	D0TEST6	R - Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE	30082	R – Zip Code (5 digit zip)
Note: Other optional fields not shown in these segments are not used.			

Insurance Segment Mandatory Segment			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	D0TEST006A	M – Must include one of the following: – HICN – ID from Medicare Part A card – ID from Medicare Part B card – Full SSN – Railroad Board Number – Last 4 digits of the SSN

Test Case 6 Request String:

011727D0E12222222221010000002408
20130301D0TEST -AM01C419390101C51CAD0TEST6CBD0TEST6CP30082-AM04C2D0TEST006A

Test Case 6: RESPONSE: No Patient Match Found

Response Header Segment Mandatory Segment			
Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence

501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request.
401-D1	DATE OF SERVICE	20130301	M – Contains the same value provided in the Request

Response Message Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – RESPONSE STATUS SEGMENT
504-F4	MESSAGE	MCARE ELIG;NO PATIENT MATCH FOUND	R – Varies; four different types depending on reject reason.

Response Status Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	21	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	R	M – Rejected
510-FA	REJECT COUNT	1	R
511-FB	REJECT CODE	52	R – Varies; three different codes depending on reject reason.
526-FQ	ADDL MESSAGE INFORMATION		O – Used for overflow from 504-F4, if needed (need for overflow not expected)

Test Case 6 Response String:

D0E11A010000002408 20130301-AM20F4MCARE ELIG;NO PATIENT MATCH FOUND-AM21ANRFA1FB52

Test Case 7: REQUEST for Patient Found but Part D Coverage Outside Submitted Date of Service RESPONSE

Transaction Header Segment Mandatory Segment			
Field	Field Name	Value	Comments
101-A1	BIN NUMBER	011727	M – Facilitator BIN
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	222222222	M – Must be as indicated
109-A9	TRANSACTION COUNT	1	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy

201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Left justified, space filled Use a contracted NPI
401-D1	DATE OF SERVICE	20120601 <i>or insert a date that is more than 4 months after the test submission date</i>	M – Must be within 9 months before or 4 months after current date
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

Patient Segment Required for Proper Matching			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
304-C4	DATE OF BIRTH	19380202	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	D0TEST7	R - Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME	D0TEST7	R - Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE	30080	R – Zip Code (5 digit zip),

Note: Other optional fields not shown in these segments are not used.

Insurance Segment Mandatory Segment			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	D0TEST007A	M – Must include one of the following: – HICN – ID from Medicare Part A card – ID from Medicare Part B card – Full SSN – Railroad Board Number – Last 4 digits of the SSN

Test Case 7 Request String:

011727D0E1 1011234567890
20130301D0TEST -AM01C419380202C52CAD0TEST7CBD0TEST7CP30080 -AM04C2D0TEST007
A

Test Case 7: RESPONSE: Patient Found but Part D Coverage Outside Submitted Date of Service

Response Header Segment Mandatory Segment			
Field	Field Name	Value	Comments

102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request.
401-D1	DATE OF SERVICE	20130301	M – Contains the same value provided in the Request

Response Message Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – RESPONSE STATUS SEGMENT
504-F4	MESSAGE	MCARE ELIG;PATIENT FOUND BUT PART D COVERAGE OUTSIDE SUBMITTED DATE OF SERVICE	R – Varies; four different types depending on reject reason.

Response Patient Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	29	M – RESPONSE STATUS SEGMENT
310-CA	PATIENT FIRST NAME	D0TEST7	R - Patient First Name
311-CB	PATIENT LAST NAME	D0TEST7	R - Patient Last Name
304-C4	PATIENT DATE OF BIRTH	19380202	R - Patient Date of Birth

Response Status Segment Always Returned by Facilitator			
Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	21	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	R	M – Rejected
510-FA	REJECT COUNT	1	R
511-FB	REJECT CODE	15	R – Varies; three different codes depending on reject reason.
526-FQ	ADDL MESSAGE INFORMATION		O – Used for overflow from 504-F4, if needed (need for overflow not expected)

Test Case 7 Response String:

D0E11A010000002408 20120601[*or future date submitted more than 4 months from test date*]-AM20F4MCARE ELIG;PATIENT FOUND BUT PART D COVERAGE OUTSIDE SUBMITTED DATE OF SERVICE-AM29CAD0TEST7CBD0TEST7C419380202-AM21ANRFA1FB15