



## E1 Specifications for Medicare Part A&B – Effective Date: 01/01/2019

### NCPDP VD.0

**Note.** If a "Value" contains quotation marks around it, then the value are literal characters that must be included in the transaction. If a "Value" is listed but does not contain quotation marks, then the value is an example.

M= Mandatory | O = Optional | R= Required

### vd.0 E1:01/01/2011 Request for Part A/B

Transaction Header Segment: Mandatory Segment			
Field	Field Name	Value	Comment
1Ø1-A1	BIN NUMBER	"012361"	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 E1
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
4Ø1-D1	DATE OF SERVICE	20060101	M – Current date only
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	bbbbbbbbbb	M – Field must be submitted but is not validated

Patient Segment: Required for Proper Matching			
Field	Field Name	Value	Comment
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	JOHN	R – Must submit at least first digit of patient name
311-CB	PATIENT LAST NAME	DOE	R – Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE	34567	O – inclusion of the zip code fields increases the chances for a match

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

Insurance Segment: Mandatory Segment			
Field	Field Name	Value	Comment
111-AM	SEGMENT IDENTIFICATION	"Ø4"	M – Insurance Segment
3Ø2-C2	CARDHOLDER ID	998877665	M – Must include one of the following (without hyphens): <ul style="list-style-type: none"> <li>– Full HICN</li> <li>– Full SSN</li> <li>– Last 4 digits of the SSN</li> <li>– Full MBI</li> <li>– HICN (during transition period only)</li> <li>– RRB (during transition period only)</li> </ul>

## **vD.0 E1:01/01/2011 Response: Accepted for Medicare Part A&B**

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

The MBI that will be returned is the MBI that is effective as of the receipt date of the E1 transaction. There may be instances where a pharmacy has submitted a MBI that is no longer active for the patient. In that instance the facilitator will crosswalk to the current MBI and will return the current MBI (based on receipt date) in the structured Additional Message Information field (526-FQ) on the response.

M= Mandatory | O = Optional | R= Required

<b>Response Header Segment: Always Returned by Facilitator</b>			
<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comment</b>
1Ø2-A2	VERSION/RELEASE NUMBER	“D0”	M – D.0 Transaction Standard
1Ø3-A3	TRANSACTION CODE	“E1”	M – Eligibility Verification
1Ø9-A9	TRANSACTION COUNT	“1”	M – One occurrence
5Ø1-F1	HEADER RESPONSE STATUS	“A”	M – Accepted
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	“01”	M – NPI Number of Requesting Pharmacy
2Ø1-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request
4Ø1-D1	DATE OF SERVICE	ccyymmdd	M – i.e., 20060101 Contains the same value provided in the Request

<b>Response Message Segment: Always Returned by Facilitator</b>			
<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comment</b>
111-AM	SEGMENT IDENTIFICATION	“20”	M – Response Status Segment
5Ø4-F4	MESSAGE	" <b>MEDICARE A/B CHECK;</b> " + standardized response"	R – see sample standardized response below

<b>Response Status Segment: Always Returned by Facilitator</b>			
<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comment</b>
111-AM	SEGMENT IDENTIFICATION	“21”	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	“A”	M – Approved
130-UF	ADDITIONAL MESSAGE INFORMATION	“1”	M
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIER	“01”	M

526-FQ	ADDL MESSAGE INFORMATION		O- Example of where MBI is available: MBI: 1EG4TE5MK73;ED:20170101; Example where MBI is not available: MBI;;ED;;
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Mandatory Segment- This Segment will always be sent. If the MBI is not available the structured text identifier will be available, however no values will be populated. See example above.

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

### ***vD.0 E1:01/01/2011 Response: Rejected for Medicare Part A&B***

The Facilitator sends this response when the data provided in the E1 Request does not enable the Facilitator to find one unique patient.

M= Mandatory | O = Optional | R= Required

<b>Response Header Segment: Mandatory Segment</b>			
<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comment</b>
1Ø2-A2	VERSION/RELEASE NUMBER	“D0”	M – D.0 Transaction Standard
1Ø3-A3	TRANSACTION CODE	“E1”	M – Eligibility Verification
1Ø9-A9	TRANSACTION COUNT	“1”	M – One occurrence
5Ø1-F1	HEADER RESPONSE STATUS	“A”	M – Accepted
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	“01”	M –NPI Number of Requesting Pharmacy
2Ø1-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request.
4Ø1-D1	DATE OF SERVICE	ccyymmdd	M – i.e., 20110101 Contains the same value provided in the Request

<b>Response Status Segment: Always Returned by Facilitator</b>			
<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comment</b>
111-AM	SEGMENT IDENTIFICATION	“21”	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	“R”	M – Rejected
51Ø-FA	REJECT COUNT	“1”	R
511-FB	REJECT CODE	“62”	R – Patient Cardholder ID Name Mismatch
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	“1”	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	“1”	
526-FQ	ADDL MESSAGE INFORMATION		O – Used for overflow from 5Ø4-F4
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	“+”	

# Standardized Messaging on Medicare Part A/B Eligibility Response

## 504-F4 Message Example

Field 504-F4 will contain a string in the following Format. Field Identifier: Field Value; The Field Identifier describes what the Field Value means. For example, the Field Identifier could be “ID,” which means that the Field Value represents the beneficiaries ID.

The Field Value contains the actual value for the beneficiary. For example, the Field Value could be “123456,” which means that the beneficiary’s ID is 123456.

Field Identifiers are followed by a colon. Field Values are followed by a semicolon. The Field Identifiers are, in order:

Field Identifier Name	Field Identifier Description
ID	Patient ID for Part A or Part B coverage (THIS WILL CONTAIN THE FIELD IDENTIFIER NAME FOLLOWED BY A SEMI COLON ONCE MBI IS AVAILABLE)
DOB	Date of Birth of the beneficiary
LN	Last Name of the beneficiary
FN	First Name of the beneficiary
ZIP	ZIP code of the beneficiary
AB	Contains “A” if the beneficiary is covered by Part A. Contains “B” if the beneficiary is covered by Part B. Contains “AB” if the beneficiary is covered by both Part A and Part B.

*EXAMPLE WHEN MBI IS AVAILABLE (HICN WILL NOT BE RETURNED)*  
*MEDICARE A/B CHECK;ID:;DOB:19190101;LN:JONES;FN:JOHN;ZIP:12345;AB:A;*

*EXAMPLE WHEN MBI IS NOT AVAILABLE (HICN WILL BE RETURNED):*  
*MEDICARE A/B*  
*CHECK;ID:123456789;DOB:19190101;LN:JONES;FN:JOHN;ZIP:12345;AB:A;*

## 526-FQ Message Example

Field Identifier Name	Field Identifier Description
MBI	MBI:11 BYTES UNLESS NO MBI (THIS WILL CONTAIN THE FIELD IDENTIFIER NAME FOLLOWED BY A SEMI COLON IF NO MBI EXISTS) MBI;;ED;;
MBI EFFECTIVE DATE	ED:YYYYMMDD, UNLESS NO MBI EXISTS THEN IT WILL ED;;

*EXAMPLE WITH MBI AVAILABLE:*  
*FQ:MBI:12A34A78B1C;ED:20170101;*

*EXAMPLE NO MBI AVAILABLE:*  
*FQ:MBI;;ED;;*

# Reject codes

## Reject Conditions and Associated Codes and Messages

The Facilitator system will return the following reject codes and messages for each condition listed:			
Condition	Reject Code	Reject Description	Comments/Message
Service Provider ID Qualifier is not an NPI	7B	Service Provider ID Qualifier Value Not Supported for Processor/Paver	QUALIFIER MUST BE AN NPI
Not all the required information is provided, even if the submitted Cardholder ID information is correct.	07	M/I Cardholder ID	MCARE ELIG;MISSING REQUIRED FIELD
Full Cardholder ID matches exactly but first 4 characters of Last Name do not match	62	Patient/Card Holder ID Name Mismatch	MCARE ELIG;PATIENT NOT FOUND: CARDHOLDER ID MATCHED BUT LAST NAME DID NOT
Patient not found	52	Non-Matched Cardholder ID	MCARE ELIG;NO PATIENT MATCH FOUND
Patient found but Part D coverage is not active during the submitted Date of Service	15	M/I Date of Service	MCARE ELIG;PATIENT FOUND BUT PART D COVERAGE OUTSIDE SUBMITTED DATE OF SERVICE
OS on the E1 exceeds the allowable “look back or look forward” timeframe	VD	Eligibility Search Time Frame Exceeded	MCARE ELIG;DATE OF SERVICE OUT OF RANGE
Pharmacy not Contracted with Transaction Facilitator	50	Non-matched pharmacy number	MCARE ELIG;SUBMITTER IS NOT CONTRACTED FOR E1
NPI does not appear to be valid	05	M/I Service Provider Number	MCARE ELIG;INVALID NPI
Provider is on the OIG sanction list	559	ID Submitted is associated with a Sanctioned Pharmacy	MCARE ELIG;PROVIDER ON SANCTION LIST
Provider is not active on the NPPES file	877	Service Provider ID Terminated on NPPES File	MCARE ELIG;PROVIDER TERMINATED ON NPPES FILE
Provider is not enrolled with CMS	878	Service Provider ID Not Found On NPPES File	MCARE ELIG;PROVIDER NOT ON NPPES
Pharmacy is on the CMS precluded list	930	ID Submitted Is Associated To A Precluded Pharmacy	MCARE ELIG;PHARMACY IS ON CMS PRECLUDED LIST

NPI is does not have an NPPES taxonomy code = pharmacy	879	Service Provider ID Excluded From Receiving CMS Enrollment Data	MCARE ELIG;NPI IS NOT A PHARMACY
CMS does not allow this provider to receive eligibility data	879	Service Provider ID Excluded From Receiving CMS Enrollment Data	PROVIDER QUESTIONS- CONTACT PARTD_COB@CMS.HHS.GOV