# Real-Time D.0 N Hospice Election Status Transaction Request (N1, N2, N3)

MODIFIED EFFECTIVE 2/9/2023 to include Patient Segment with Date of Birth and Gender fields.

## REQUEST HEADER SEGMENT: MANDATORY

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 101-A1 | BIN NUMBER |  | Part D plan BIN |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | Current version |
| 103-A3 | TRANSACTION CODE |  | N1, N2, N3 |
| 104-A4 | PROCESSOR CONTROL NUMBER |  | Part D PCN |
| 109-A9 | TRANSACTION COUNT | 1 | 1 |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 | 01=NPI |
| 201-B1 | SERVICE PROVIDER ID |  | (Hospice NPI) |
| 401-D1 | DATE OF SERVICE |  | The date the transaction facilitator received 837i or the effective date for a record being cancelled or the incorrect effective date being removed |
| 110-AK | SOFTWARE VENDOR /CERTIFICATION ID | HOSPICE | HOSPICE related N transactions |

## REQUEST INSURANCE SEGMENT: MANDATORY

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 04 | 04=Insurance |
| 302-C2 | CARDHOLDER ID |  | Part D Cardholder ID (Beneficiary MBI) |
| 312-CC | CARDHOLDER FIRST NAME |  | Cardholder First name of the beneficiary from CMS database. N1 and N3 only |
| 313-CD | CARDHOLDER LAST NAME |  | Cardholder Last name of the beneficiary from the CMS database. N1 and N3 only |
| 301-C1 | GROUP ID |  | Field is not sent if Group ID is unknown. |

## REQUEST PATIENT SEGMENT: MANDATORY (Included effective 2/9/2023)

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 01 | 01 = Patient Segment |
| 304-C4 | DATE OF BIRTH |  |  |
| 305-C5 | PATIENT GENDER CODE |  |  |

## REQUEST CLAIM SEGMENT: MANDATORY

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 07 | 07=Claim |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 2 | 2 |
| 402-D2 | PRESCRIPTION/ SERVICE REFERENCE NUMBER |  | 999999999999 or 3  -If N2 and = 999999999999 remove entire record for NPI in the Service Provider ID field as the only action to be completed  -If N2 and = 3 - multiple actions: remove entire record for NPI in the Service Provider ID and reinstate (remove termination date) of prior NPI |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | 99 | 99 |
| 407-D7 | PRODUCT/SERVICE ID |  | HOSPICE837 or HOSPICECWF |
| 880-K5 | TRANSACTION REFERENCE NUMBER |  | This number is generated by the Transaction Facilitator. |

## REQUEST CLINICAL SEGMENT: SITUATIONAL (N1 or N3)

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 13 | 13=Clinical |
| 493-XE | CLINICAL INFORMATION COUNTER |  | 1 |
| 494-ZE | MEASUREMENT DATE |  | The date associated with the clinical count being reported. If the counter is not applicable to the transaction the date will contain 99999999 |
| 493-XE | CLINICAL COUNTER |  | 2 |
| 494-ZE | MEASUREMENT DATE |  | The date associated with the clinical count being reported. If the counter is not applicable to the transaction the date will contain 99999999 |
| 493-XE | CLINICAL COUNTER |  | 3 |
| 494-ZE | MEASUREMENT DATE |  | The date associated with the clinical count being reported. If the counter is not applicable to the transaction the date will contain 99999999 |
| 493-XE | CLINICAL COUNTER |  | 4 |

Note: Clinical Information Counter number represents:

1 = Hospice Effective Date of Election – (NOE)

2 = Live Discharge – (NOT and NOTR)

3 = Hospice Transfer Date – (NOC)

4 = This represents the date that needs to be replaced or updated for a previously sent record, used with clinical counters 1, 2 or 3. It is the effective date, termination date or transfer date that needs to be replaced or updated.

Note: The Clinical Segment has been repurposed for the Hospice Election Status Nx transactions. The Clinical Information Counter value, along with the Measurement Date, indicate appropriate application of the transaction by the plan.

# Real-Time D.0 N Hospice Election Status Transaction Response (N1, N2, N3)

## RESPONSE HEADER SEGMENT: MANDATORY

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comment** |
| 102-A2 | VERSION/ RELEASE NUMBER | D0 | Current Version |
| 103-A3 | TRANSACTION CODE |  | N1, N2, or N3 |
| 109-A9 | TRANSACTION COUNT | 1 | 1 |
| 501-F1 | HEADER RESPONSE STATUS |  | A (Accepted) or R (Rejected) |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 | 01-NPI |
| 201-B1 | SERVICE PROVIDER ID |  | Hospice provider from the request |
| 401-D1 | DATE OF SERVICE |  | DOS provided on the N Request Transaction |

## RESPONSE STATUS SEGMENT: MANDATORY

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 21 | 21=Response Status |
| 112-AN | TRANSACTION RESPONSE STATUS |  | A= Approved (Accepted) or R=Rejected  C  CcC |
| 503-F3 | AUTHORIZATION NUMBER |  | N/A |
| 510-FA | REJECT COUNT |  | Required when Hospice Nx is rejected. |
| 511-FB | REJECT CODE |  | See NCPDP D.0 Reject Code list (if required field is missing or syntax error if response status is R, otherwise field is not sent. If 510-FA >1 then this field repeats) |
| 880-K5 | TRANSACTION REFERENCE NUMBER |  | Same information as provided N Request Transaction |

## RESPONSE CLAIM SEGMENT: MANDATORY

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 22 | 22=Response Claim Segment |
| 455-EM | PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER |  | Same information as provided on the N request from supplemental payer |
| 402-D2 | PRESCRIPTION/ SERVICE REFERENCE NUMBER |  | Same information as provided on the N request file from supplemental payer |