

# NCPDP Version F6 E1 Payer Sheet for Medicare Part A/B

Effective Date: xx/xx/xxxx

## vF6 E1 Request for Medicare Part A/B

### *Transaction Header Segment: Mandatory*

Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	F6	
103-A3	TRANSACTION CODE	E1	Eligibility Verification
101-A1	IIN NUMBER	01236100	Facilitator IIN
104-A4	PROCESSOR CONTROL NUMBER	222222222	Must be as indicated for E1
109-A9	TRANSACTION COUNT	1	One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	1	1 = NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID		Actual NPI must be padded on the right to 15 spaces if significant values are less than 15. Note: If the NPI starts with leading zero(s) they are significant and must be sent.
401-D1	DATE OF SERVICE		
110-AK	SOFTWARE VENDOR/ CERTIFICATION ID		Field must be submitted but is not validated

### *Patient Segment: Required for Proper Matching*

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	01=Patient Segment
304-C4	DATE OF BIRTH		Field must be populated
305-C5	PATIENT GENDER CODE		
310-CA	PATIENT FIRST NAME		Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME		Must submit patient complete last name
325-CP	PATIENT ZIP/POSTAL CODE		Inclusion of the zip code fields increases the chances for a match

### *Insurance Segment: Mandatory*

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	04=Insurance
302-C2	CARDHOLDER ID		Must include one of the following (without hyphens): <ul style="list-style-type: none"> <li>- Full SSN</li> <li>- Last 4 digits of the SSN</li> <li>- Full MBI</li> </ul>

## **vF6 E1: Accepted Response 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.

Note: If the pharmacy needs to determine if the beneficiary is enrolled in Medicare Advantage, they should submit a Medicare Managed Care E1 (formerly known as Medicare Part D E1 request) to IIN 01172700. Medicare Advantage Contract ID information will be returned in the Contract ID (240-U1) field.

### ***Response Header Segment: Mandatory***

<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comments</b>
102-A2	VERSION RELEASE NUMBER	F6	
103-A3	TRANSACTION CODE	E1	Eligibility Verification
109-A9	TRANSACTION COUNT	1	One occurrence
501-F1	HEADER RESPONSE STATUS	A	Accepted Transaction
202-B2	SERVICE PROVIDER ID QUALIFIER	01	Qualifier sent on the E1 Request
201-B1	SERVICE PROVIDER ID		ID sent on the E1 Request
401-D1	DATE OF SERVICE		DOS sent on the E1 Request

### ***Response Patient Segment: Always Returned by the Facilitator***

<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comments</b>
111-AM	SEGMENT IDENTIFICATION	29	29=Response Patient Segment
618-RR	PATIENT ID COUNT	1	One occurrence
331-CX	PATIENT ID QUALIFIER	09	Qualifier for Medicare Beneficiary ID (MBI)
332-CY	PATIENT ID		MBI that is active on the submitted Date of Service
310-CA	PATIENT FIRST NAME		Will contain the first name of the patient the eligibility query matched on in the TrOOP Database
311-CB	PATIENT LAST NAME		Will contain the last name of the patient the eligibility query matched on in the TrOOP Database
304-C4	DATE OF BIRTH		Will contain the Date of Birth of the patient the eligibility query matched on in the TrOOP Database

**RESPONSE OTHER PAYERS SEGMENT: Always Returned by the Facilitator**

Note: If the beneficiary is reported by CMS in both Part A and Part B, two loops of Other Payer data will be returned.

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	28	28=Response Other Payers Segment
355-NT	OTHER PAYER ID COUNT		
338-5C	OTHER PAYER COVERAGE TYPE		
D41-PQ	OTHER PAYER RELATIONSHIP TYPE	CE	Value for Centralized Eligibility
D50-P6	OTHER PAYER BENEFIT CLASSIFICATION	MEDICAL	Value for Medical Coverage
C47-9T	OTHER PAYER ADJUDICATED PROGRAM TYPE		12=Medicare Part A 16=Medicare Part B
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		Effective Date of Coverage
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		Termination Date of Coverage. Provided if on CMS file.

**RESPONSE STATUS SEGMENT: Always Returned by the Facilitator**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	21	21=Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	A	Approved
C72-BH	HELP DESK SUPPORT TYPE COUNT	1	One occurrence
C71-BG	HELP DESK SUPPORT TYPE	1	Value for Pharmacy
C67-BB	HELP DESK BUSINESS UNIT TYPE COUNT	1	One occurrence
C66-BA	HELP DESK BUSINESS UNIT TYPE	1	Value for Pharmacy Help Desk
C70-BF	HELP DESK CONTACT INFORMATION QUALIFIER	1	Value for Telephone Number
C68-BC	HELP DESK CONTACT INFORMATION		Pharmacy Help Desk Telephone Number

## **E1: Rejected Response 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.

### ***RESPONSE HEADER SEGMENT: Mandatory***

<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comments</b>
102-A2	VERSION RELEASE NUMBER	F6	
103-A3	TRANSACTION CODE	E1	Eligibility Verification
109-A9	TRANSACTION COUNT	1	One occurrence
501-F1	HEADER RESPONSE STATUS	R	Rejected
202-B2	SERVICE PROVIDER ID QUALIFIER		Qualifier sent on the E1 Request
201-B1	SERVICE PROVIDER ID		ID sent on the E1 Request
401-D1	DATE OF SERVICE		DOS sent on the E1 Request

### ***RESPONSE MESSAGE SEGMENT: Returned if needed by the Facilitator***

<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comments</b>
111-AM	SEGMENT IDENTIFICATION	20	20=Response Message Segment
504-F4	MESSAGE		

### ***RESPONSE STATUS SEGMENT: Always Returned by the Facilitator***

<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comments</b>
111-AM	SEGMENT IDENTIFICATION	21	21=Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	R	Rejected
510-FA	REJECT COUNT		
511-FB	REJECT CODE		
C72-BH	HELP DESK SUPPORT TYPE COUNT	1	One occurrence
C71-BG	HELP DESK SUPPORT TYPE	1	Value for Pharmacy
C67-BB	HELP DESK BUSINESS UNIT TYPE COUNT	1	One occurrence
C66-BA	HELP DESK BUSINESS UNIT TYPE	1	Value for Pharmacy Help Desk
C70-BF	HELP DESK CONTACT INFORMATION QUALIFIER	1	Value for Telephone Number
C68-BC	HELP DESK CONTACT INFORMATION		Pharmacy Help Desk Telephone Number