NCPDP Version F6 E1 Payer Sheet for Medicare Managed Care (Drug and Medical)

Effective Date: xx/xx/xxxx

Note: Formerly known as the Medicare Part D E1 Payer Sheet
Note: Medicare Managed Care includes:

- Medicare Advantage Only (MA)
- Medicare Advantage Prescription Drug (MAPD)
- Prescription Drug Program (PDP)

vF6 E1 Request for Medicare Managed Care

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	01172700	Facilitator IIN
104-A4	PROCESSOR CONTROL NUMBER	2222222222	Must be as indicated for E1
109-A9	TRANSACTION COUNT	1	
202-B2	SERVICE PROVIDER ID QUALIFIER	01	1=NPI
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 complete patient 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 Segment
302-C2	CARDHOLDER ID		Must include one of the following (without hyphens): – Full SSN – Last 4 digits of the SSN – Full MBI

vF6 E1: Accepted Response for Medicare Managed Care

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 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 There may be instances where a pharmacy has submitted a MBI that is no longer active for the patient.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 formatted Message field (504-F4) on the response.

Response Header Segment: Mandatory

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

Response Insurance Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	25	25=Response Insurance Segment
301-C1	GROUP ID		Returned if on CMS file.
302-C2	CARDHOLDER ID		The Part D Plan's Cardholder ID

Response Insurance Additional Information Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	27	27=Response Insurance Additional Information Segment

139-UR	MEDICARE PART D COVERAGE CODE		Indicates the position of Medicare Part D in the billing order
240-U1	CONTRACT NUMBER		Contract Number of Coverage
757-U6	BENEFIT ID		PBP Number of the coverage
140-US	NEXT MEDICARE PART D EFFECTIVE DATE		This field will not be returned if beneficiary does not have a future Part D plan relative to the submitted Date of Service.
141-UT	NEXT MEDICARE PART D TERMINATION DATE		This field will not be returned if beneficiary does not have a future Part D plan relative to the submitted Date of Service. If the beneficiary has a future plan and the termination date is blank in the CMS database, this field will not be returned.
600-96	PLAN NAME		Returned if on CMS file

Response Patient Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	29	29=Response Patient Segment
618-RR	PATIENT ID COUNT	1	
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 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	
C71-BG	HELP DESK SUPPORT TYPE	1	Value for Pharmacy Help Desk
C67-BB	HELP DESK BUSINESS UNIT TYPE COUNT	1	

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 Phone Number

RESPONSE OTHER PAYERS SEGMENT: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	28	28=Response Other Payers Segment
355-NT	OTHER PAYER ID COUNT		Maximum of 9 may be returned
338-5C	OTHER PAYER COVERAGE TYPE		Indicates whether Coverage is Primary, secondary, tertiary, etc.
D41-PQ	OTHER PAYER RELATIONSHIP TYPE	CE	Value for Centralized Eligibility
D50-P6	OTHER PAYER BENEFIT CLASSIFICATION	RX	Value for Prescription Coverage
C47-9T	OTHER PAYER ADJUDICATED PROGRAM TYPE	9	Value for Unknown
339-6C	OTHER PAYER ID QUALIFIER	03	Qualifier for IIN/BIN, when available*
340-7C	OTHER PAYER ID		IIN/BIN Number, when available*
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		When available*
356-NU	OTHER PAYER CARDHOLDER ID		When available*
992-MJ	OTHER PAYER GROUP ID		When available*
142-UV	OTHER PAYER PERSON CODE		Returned if on CMS file
127-UB	OTHER PAYER HELP DESK TELEPHONE NUMBER		Returned if on CMS file
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		Returned if on CMS file
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 file
D23-M5	OTHER PAYER NAME		Returned if on CMS file. Represents the Insurer Name.

*Certain insurances, such as Workers Compensation, Black Lung, and Liability do not utilize 4Rx fields. Therefore, no 4Rx data, or only certain 4Rx data, will be returned when they are available from the CMS eligibility file.

RESPONSE OTHER RELATED BENEFIT DETAIL SEGMENT: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	39	39=Response Other Related Benefit Detail Segment
C97-KS	PLAN TYPE		Formerly returned in the Messaging field (504-F4)
C88-KF	LIS LEVEL		Formerly returned in the Messaging field (504-F4)
C87-KD	LIS EFFECTIVE DATE		Formerly returned in the Messaging field (504-F4)
C89-KG	LIS TERMINATION DATE		Formerly returned in the Messaging field (504-F4)
C61-AH	DISABILITY EFFECTIVE DATE		Returned if on CMS file
C63-A5	ESRD INDICATOR		Returned if on CMS file
C62-AJ	ESRD EFFECTIVE DATE		Returned if on CMS file
C64-A6	ESRD TERMINATION DATE		Returned if on CMS file
C76-G4	HOSPICE EFFECTIVE DATE		Returned if on CMS file
C79-G7	HOSPICE TERMINATION DATE		Returned if on CMS file
C78-G6	HOSPICE PROVIDER NUMBER		Returned if on CMS file
C77-G5	HOSPICE FACILITY NAME		Returned if on CMS file
C65-A8	HOSPICE TELEPHONE NUMBER		Returned if on CMS file
C73-BJ	INSTITUTIONAL INDICATOR		Returned if on CMS file
C74-BK	INSTITUTIONAL EFFECTIVE DATE		Returned if on CMS file
C75-GD	INSTITUTIONAL TERMINATION DATE		Returned if on CMS file
D26-M8	OTHER BENEFIT COUNT		Returned if on CMS file
D40-PN	OTHER BENEFIT TYPE CODE		Will return value of ’02’ (Medicaid) when applicable.
D34-MZ	OTHER BENEFIT EFFECTIVE DATE		Will return the Beneficiary Medicaid Effective Date when D40-PN = 02.
D39-NN	OTHER BENEFIT TERMINATION DATE		Will return the Beneficiary Medicaid Termination Date when D40-PN = 02.
D37-N8	OTHER BENEFIT DETAIL INFORMATION COUNT	1	
D32-MS	OTHER BENEFIT DETAIL INFORMATION INDICATOR		Will return value below when applicable: 2 = QMB Only 4 = SLMB Only
D28-MM	OTHER BENEFIT DETAIL INFORMATION EFFECTIVE DATE		Note: QMB/SLMB dates are not maintained by CMS. The Date of Service will be returned in this field to meet transaction standard requirements for populating this field. Pharmacies should not use this data for eligibility or other purposes.

E1: Rejected Response for Medicare Managed Care

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

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

RESPONSE MESSAGE SEGMENT: Returned if needed by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	20=Response Message Segment
504-F4	MESSAGE		See “Rejected Response Message Text Field Examples” section below

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	R	Rejected
510-FA	REJECT COUNT		
511-FB	REJECT CODE		See “Reject Codes and Messages” section below
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		Populated if 526-FQ is returned
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		Populated if 526-FQ is returned
526-FQ	ADDITIONAL MESSAGE INFORMATION		Used for overflow from 504-F4, if needed (need for overflow is not expected)
C72-BH	HELP DESK SUPPORT TYPE COUNT		
C71-BG	HELP DESK SUPPORT TYPE		Value for Pharmacy
C67-BB	HELP DESK BUSINESS UNIT TYPE COUNT		

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

Reject Codes and Messages

Reject Message General Structure

A Reject (Non-Matched) Eligibility Response complies with the following general rules:

- The Reject Code field (511-FB) will contain an appropriate reject code based on the cause of the reject (see table below).

The Message field (504-F4) will contain appropriate descriptive rejection information; this will be a free text message that does not contain parsable information (see “Rejected Response Message Text Field Examples” below).

- If needed, overflow rejection information can be placed in Additional Message Information (526- FQ). However, such an overflow is highly unlikely.

Condition	Reject Code	Reject Description	Comments/Message (526-FQ)
Service Provider ID Qualifier is not a National Provider Identifier (NPI)	7B	Service Provider ID Qualifier Value Not Supported for Processor/Payer	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	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 or LASTKNOWN MM/YY TOO OLD

Condition	Reject Code	Reject Description	Comments/Message (526-FQ)
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 An Excluded 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	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

Rejected Response Message Text Field Examples

Key: b=blank

Example 1: Eligibility Rejected Response resulting from Cardholder ID matching but Name not matching

Reject Code (511-FB) will be "62 "(Patient/Cardholder ID Name Mismatch)
Message (504-F4)
MCARE ELIG;PATIENT NOT FOUND: CARDHOLDER ID MATCHED BUT LAST NAME DID NOT

Example 2: Eligibility Rejected Response resulting from inability to match the supplied request data to the database

Reject Code (511-FB) will be "52 "(Non-matched Cardholder ID)
Message (504-F4)
MCARE ELIG;NO PATIENT MATCH FOUND

Example 3: Eligibility Rejected Response resulting from a found patient not having active Part D coverage on the Date of Service submitted but subsequent coverage exists

Reject Code (511-FB) will be “15” (M/I Date of Service)
Message (504-F4)
MCARE ELIG;PATIENT FOUND BUT PART D COVERAGE OUTSIDE SUBMITTED DATE OF SERVICE

Example 4: Eligibility Rejected Response resulting from a found patient not having active Part D coverage on the Date Of Service submitted and no subsequent coverage exists

Reject Code (511-FB) will be “52” “(Non-matched Cardholder ID)
Message (504-F4)
MCARE ELIG;NO PATIENT MATCH FOUND