Real-Time F6 N Hospice Election Status Transaction Request (N1, N2, N3)

REQUEST HEADER SEGMENT: MANDATORY FOR N1, N2 AND N3

Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	F6	Current version
103-A3	TRANSACTION CODE		N1, N2, N3
101-A1	IIN NUMBER		Part D Plan IIN from CMS Eligibility File
104-A4	PROCESSOR CONTROL NUMBER		Part D PCN from CMS Eligibility File
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 FOR N1, N2 AND N3

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 CLAIM SEGMENT: MANDATORY FOR N1, N2 AND N3

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		HOSPICE837 or HOSPICECWF
880-K5	TRANSACTION REFERENCE NUMBER		This number is generated by the Transaction Facilitator.
B98-34	RECONCILIATION ID		This field is not included on the N1. On the N2 and N3 the field will contain the Reconciliation ID (B98-34) returned by the Part D Plan processor on the N1 response. If no N1 was sent this field will blank on an N2 or N3.

REQUEST CLINICAL SEGMENT: SITUATIONAL (N1 or N3)

Field	Field Name	Value	Comments
111-AM	SEGMENT	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 INFORMATION COUNTER		2
494-ZE	MEAUREMENT 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 INFORMATION 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 INFORMATION COUNTER		4
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

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 F6 N Hospice Election Status Transaction Response (N1, N2, N3)
RESPONSE HEADER SEGMENT: MANDATORY

Field	Field Name	Value	Comment
102-A2	VERSION/RELEASE NUMBER	F6	Current Version
103-A3	VERSION/RELEASE NUMBER		N1, N2, or N3
109-A9	TRANSACTION COUNT	1	1
501-F1	HEADER RESPONSE		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
503-F3	AUTHORIZATION NUMBER		N/A
510-FA	REJECT COUNT		Required when Hospice Nx is rejected
511-FB	REJECT CODE		See NCPDP F6 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
B98-34	RECONCILIATION ID		A unique identifier assigned by the Part D processor for the transaction response statuses of Paid/Duplicate of Paid, Capture/Duplicate of Capture, or Approved/Duplicate of Approved that provides a means to identify that transaction should any subsequent transaction or other associated activity occur.
C72-BH	HELP DESK SUPPORT TYPE COUNT	01	
C71-BG	HELP DESK SUPPORT TYPE	4	4= Other Payer

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		Same information as provided on the N request file from supplemental payer