

Medicare Part D E1 Transaction NCPDP vD.0 Test Cases

Version 2: Includes MA and QMB responses

Version 2.1: Updated 9/20/23 to include QMB positive test

NOTE: The Service Provider ID must be an NPI contracted for services. All other information must be submitted EXACTLY as provided. Some optional fields may not be shown in the segments below.

M= Mandatory | O = Optional | R= Required

Table of Contents

Test Case 1A: REQUEST FOR A BENEFICIARY WHERE BENEFICIARY IS FOUND AND DOES NOT HAVE LOW INCOME SUBSIDY (LIS) AND IS NOT A QUALIFIED MEDICARE BENEFICIARY (QMB).....	1
Test Case 1A: RESPONSE: ACCEPTED (NO LIS, NO QMB)	3
Test Case 1B: REQUEST FOR A BENEFICIARY WHERE BENEFICIARY IS FOUND THAT HAS LOW INCOME SUBSIDY (LIS).....	6
Test Case 1B: RESPONSE: ACCEPTED, LIS ELIGIBLE	7
Test Case 2: REQUEST FOR A BENEFICIARY WHERE MULTIPLE COVERAGES ARE FOUND.....	10
Test Case 2: RESPONSE: ACCEPTED – MULTIPLE COVERAGES.....	11
Test Case 3: REQUEST FOR A BENEFICIARY WHERE MEDICARE ADVANTAGE (MA) COVERAGE IS FOUND	14
Test Case 3: RESPONSE: ACCEPTED – BENEFICIARY IS IN MEDICARE ADVANTAGE (MA) PLAN	15

Test Case 1A: REQUEST FOR A BENEFICIARY WHERE BENEFICIARY IS FOUND WHO DOES NOT HAVE LOW INCOME SUBSIDY (LIS) AND IS NOT A QUALIFIED MEDICARE BENEFICIARY (QMB)

Transaction Header Segment: Mandatory Segment

Field	Field Name	Value	Comments
101-A1	BIN NUMBER	011727	M – Facilitator BIN
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	222222222	M – Must be as indicated
109-A9	TRANSACTION COUNT	1	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	SEND PHARMACY NPI	M – Left justified, space filled Use a contracted NPI

401-D1	DATE OF SERVICE	2022121	M – Must be within 9 months before or 4 months after current date
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Must be as indicated

Patient Segment: Required for Proper Matching

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
304-C4	DATE OF BIRTH	19400615	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	D0TEST1	R - Must be as indicated
311-CB	PATIENT LAST NAME	D0TEST1	R - Must be as indicated
325-CP	PATIENT ZIP/POSTAL ZONE	34567	R – Zip Code (5 digit zip)

Insurance Segment: Mandatory Segment

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	1SS1SS1SS11	M – Must be as indicated

Test Case 1A Request String:

011727D0E122222222221010000000006
 20221231D0TEST -AM01C419400615C51CAD0TEST1CBD0TEST1CP34567-AM04C21SS1SS1SS11

Note:0000000006 is used to represent your pharmacy NPI and the actual request string will return your NPI

Test Case 1A: RESPONSE: ACCEPTED (NO LIS, NO QMB)

The Facilitator sends this response when the data provided in the E1 Request results in an exact match to a beneficiary who has Part D coverage that is active on the requested Date of Service. This test represents a beneficiary enrolled in MAPD with no LIS and no active QMB.

Response Header Segment: Always Returned by the Transaction Facilitator

Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	RETURN PHARMACY NPI	M – Contains the same value provided in the Request
401-D1	DATE OF SERVICE	20221231	M – Contains the same value provided in the Request

Response Message Segment: Always Returned by the Transaction Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – Response Patient Segment
504-F4	MESSAGE		R – This segment will always contain the structure message values, and if data exists for these, will contain the applicable information. In this example the patient does not have LIS or QMB. The response will be structured as indicated below

Test Case 1A Message string:

LISLVL: ;LISEFF: ;LISTERM: ;PLAN:MAPD;MBI:1SS1SS1SS11;ED:20220101;QMB:N;QED: ;QTERM: ;

Response Insurance Additional Information Segment: Always Returned by the Transaction Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATIN	27	M – Response Insurance Segment
139-UR	MEDICARE PART D COVERAGE CODE	1	R – Indicates the position of Medicare Part D in the billing order
138-UQ	CMS LOW INCOME COST SHARING (LICS) LEVEL	N	R – Y for Yes or N for No
240-UI	CONTRACT NUMBER	TESTZ	R – Contract Number of Coverage
757-U6	BENEFIT ID	001	R – PBP Number of the coverage

140-US	NEXT MEDICARE PART D EFFECTIVE DATE	ccyymmdd	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	ccyymmdd	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

Response Patient Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	29	M – Response Patient Segment
310-CA	PATIENT FIRST NAME	DOTEST1	R – Will contain the first name of the patient the eligibility query matched on in the TrOOP Database
311-CB	PATIENT LAST NAME	DOTEST1	R - Will contain the last name of the patient the eligibility query matched on in the TrOOP Database
304-C4	DATE OF BIRTH	19400615	R - Will contain the Date of Birth of the patient the eligibility query matched on in the TrOOP Database

Response Status: Always Returned by the Transaction Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	21	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	A	M – Approved

Response Coordination of Benefits/Other Payers Segment: Always Returned by the Transaction Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	28	M – Response Patient Segment
355-NT	OTHER PAYER ID COUNT	1	R – Will contain the count of the number of occurrences of Other Payer Information
338-5C	OTHER PAYER COVERAGE TYPE	01	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.

339-6C	OTHER PAYER ID QUALIFIER	03	O –03 (BIN) for of all plan types excluding MA plans or 10 (Payer Name) for MA plans
340-7C	OTHER PAYER ID	220022	O – BIN Number for Coverage of all plan types excluding MA plans or The first 10 bytes of the Payer Name for MA Plans
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	D0TEST1	O – Processor Control Number for Coverage of all plan types excluding MA
356-NU	OTHER PAYER CARDHOLDER ID	D0TEST1	O – Cardholder ID for Coverage of all plan types excluding MA Or “NOTAVAILABLE” as a default for MA Plans
992-MJ	OTHER PAYER GROUP ID	D0TEST1	R – Group Number for Coverage
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	R – Patient Relationship Code for Coverage
127-UB	OTHER PAYER HELP DESK NUMBER	999999999	O – Payer Helpdesk for coverage. Provided if on file
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20220101	R – Effective Date of Coverage
145-UY	OTHER PAYER BENEFIT TERMINATION DATE	20221231	O – Termination Date of Coverage. Provided if on file

Test Case 1A Response String:

DOE11A010000000006 20221231-AM20F4LISLVL: ;LISEFF: ;LISTERM:
;PLAN:MAPD;MBI:1SS1SS1SS11;ED:20220101;QMB:N;QED: ;QTERM:
;-AM27UR1UQNU1TESTZU6001-AM29CAD0TEST1CBD0TEST1C419400615-AM21ANA-AM28NT15C016C037C220022MHD0TEST1NU
D0TEST1MJD0TEST1UB9999999999UW1UX20220101UY20221231

Note:0000000006 is used to represent your pharmacy NPI and the actual response string will return your NPI

Test Case 1B: REQUEST FOR A BENEFICIARY WHERE BENEFICIARY IS FOUND THAT HAS LOW INCOME SUBSIDY (LIS) AND IS QMB ELIGIBLE

Transaction Header Segment: Mandatory Segment

Field	Field Name	Value	Comments
101-A1	BIN NUMBER	011727	M – Facilitator BIN
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	2222222222	M – Must be as indicated
109-A9	TRANSACTION COUNT	1	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	SEND PHARMACY NPI	M – Left justified, space filled Use a contracted NPI
401-D1	DATE OF SERVICE	20221231	M – Must be within 9 months before or 4 months after current date
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

Patient Segment: Required for Proper Matching

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
304-C4	DATE OF BIRTH	19400615	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	D0TEST1B	R - Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME	D0TEST1B	R - Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE	34567	R – Zip Code (5 digit zip)

Note: Other optional fields not shown in these segments are not used

Insurance Segment: Mandatory

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	2LL2LL2LL22	M – Must include one of the following: – MBI

Test Case 1B Request String:

011727D0E122222222221010000000006

20221231D0TEST -AM01C419400615C51CAD0TEST1BCBD0TEST1BCP34567-AM04C22LL2LL2LL22

Note:0000000006 is used to represent your pharmacy NPI and the actual request string will return your NPI

Test Case 1B: RESPONSE: ACCEPTED, LIS AND QMB ELIGIBLE

The Facilitator sends this response when the data provided in the E1 Request results in an exact match to a beneficiary who has Part D coverage that is active on the requested Date of Service. This test represents a beneficiary enrolled in MAPD, that is LIS eligible and has active QMB eligibility between 01/01/2020 – 01/01/2023.

Response Header Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	SEND PHARMACY NPI	M – Contains the same value provided in the Request
401-D1	DATE OF SERVICE	20221231	M – Contains the same value provided in the Request

Response Message Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – Response message segment
504-F4	MESSAGE		R – This segment will always contain the structure message values, and if data exists for these, will contain the applicable information. In this example the beneficiary has LIS that is effective, with no termination date and is not QMB. The response will be structure as indicated below.

Test Case 1B Message string:

LISLVL:3;LISEFF:20220301;LISTERM: ;PLAN:MAPD;MBI:2LL2LL2LL22;ED:20220101;QMB:Y;QED:20200101;QTERM:20230101;

Response Insurance Additional Information Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATIN	27	M – Response Insurance Segment

139-UR	MEDICARE PART D COVERAGE CODE	1	R – Indicates the position of Medicare Part D in the billing order	
138-UQ	CMS LOW INCOME COST SHARING (LICS) LEVEL	Y	R – Y for Yes or N for No	
240-UI	CONTRACT NUMBER	TESTZ	R – Contract Number of Coverage	
757-U6	BENEFIT ID	001	R – PBP Number of the coverage	
140-US	NEXT MEDICARE PART D EFFECTIVE DATE	ccyymmdd	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	ccyymmdd	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	

Response Patient Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	29	M – Response Patient Segment
310-CA	PATIENT FIRST NAME	DOTEST1B	R – Will contain the first name of the patient the eligibility query matched on in the TrOOP Database
311-CB	PATIENT LAST NAME	DOTEST1B	R - Will contain the last name of the patient the eligibility query matched on in the TrOOP Database
304-C4	DATE OF BIRTH	19400615	R - 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	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	A	M – Approved

Response Coordination of Benefits/Other Payers Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	28	M – Response Patient Segment
355-NT	OTHER PAYER ID COUNT	1	R – Will contain the count of the number of occurrences of Other Payer Information
338-5C	OTHER PAYER COVERAGE TYPE	01	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	03	O –03 (BIN) for of all plan types excluding MA plans or 10 (Payer Name) for MA plans
340-7C	OTHER PAYER ID	220022	O – BIN Number for Coverage of all plan types excluding MA plans Or The first 10 bytes of the Payer Name for MA Plans
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	D0TEST1	O – Processor Control Number for Coverage of all plan types excluding MA
356-NU	OTHER PAYER CARDHOLDER ID	D0TEST1	O – Cardholder ID for Coverage of all plan types excluding MA Or “NOTAVAILABLE” as a default for MA Plans
992-MJ	OTHER PAYER GROUP ID	D0TEST1	R – Group Number for Coverage
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	R – Patient Relationship Code for Coverage
127-UB	OTHER PAYER HELP DESK NUMBER	999999999	O – Payer Helpdesk for coverage. Provided if on file
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20220201	R – Effective Date of Coverage
145-UY	OTHER PAYER BENEFIT TERMINATION DATE	20221231	O – Termination Date of Coverage. Provided if on file

Test Case 1B Response String:

DOE11A010000000006 20221231-AM20F4LISLVL:3;LISEFF:20220301;LISTERM: ;PLAN:MAPD;MBI:2LL2LL2LL22;ED:20220101;QMB:Y;QED:20200101;QTERM:20230101;-AM27UR1UQUYU1TESTZU6001-AM29CAD0TEST1BCBD0TEST1BC419400615-AM21ANA-AM28NT15C016C037C220022MHD0TEST1NUD0TEST1MJD0TEST1UB9999999999UW1UX20220201UY20221231

Note:0000000006 is used to represent your pharmacy NPI and the actual response string will return your NPI

Test Case 2: REQUEST FOR A BENEFICIARY WHERE MULTIPLE COVERAGES ARE FOUND

Transaction Header Segment: Mandatory

Field	Field Name	Value	Comments
101-A1	BIN NUMBER	011727	M – Facilitator BIN
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	2222222222	M – Must be as indicated
109-A9	TRANSACTION COUNT	1	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	SEND PHARMACY NPI	M – Left justified, space filled Use a contracted NPI
401-D1	DATE OF SERVICE	20221231	M – Must be within 9 months before or 4 months after current date
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

Patient Segment: Required for Proper Matching

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
304-C4	DATE OF BIRTH	19410610	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	D0TEST2	R - Must be as indicated
311-CB	PATIENT LAST NAME	D0TEST2	R - Must be as indicated
325-CP	PATIENT ZIP/POSTAL ZONE	30329	R – Zip Code (5 digit zip)

Insurance Segment: Mandatory

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	30030030033	M - Must be as indicated

Test Case 2 Request String:

011727D0E122222222221010000000006
20221231D0TEST -AM01C419410610C51CAD0TEST2CBD0TEST2CP30329-AM04C230030030033

Note:0000000006 is used to represent your pharmacy NPI and the actual request string will return your NPI

Test Case 2: RESPONSE: ACCEPTED – MULTIPLE COVERAGES

The Facilitator sends this response when the data provided in the E1 Request enables the Facilitator to find exactly one matching beneficiary who has two Part D coverages that are active on the requested Date of Service.

Response Header Segment: Mandatory

Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	SEND PHARMACY NPI	M – Contains the same value provided in the Request
401-D1	DATE OF SERVICE	20221231	M – Contains the same value provided in the Request

Response Message Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – Response Patient Segment
504-F4	MESSAGE		R – R – This segment will always contain the structure message values, and if data exists for these, will contain the applicable information. In this example the patient does not have LIS or QMB. The response will be structured as indicated below

Test Case 2 Message string:

LISLVL: ;LISEFF: ;LISTERM: ;PLAN:TEST;MBI:30030030033;ED:20220101;QMB:N;QED: ;QTERM: ;

Response Insurance Additional Information Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATIN	27	M – Response Insurance Segment
139-UR	MEDICARE PART D COVERAGE CODE	1	R – Indicates the position of Medicare Part D in the billing order
138-UQ	CMS LOW INCOME COST SHARING (LICS) LEVEL	N	R – Y for Yes or N for No
240-UI	CONTRACT NUMBER	TESTA	R – Contract Number of Coverage
757-U6	BENEFIT ID	002	R – PBP Number of the coverage

140-US	NEXT MEDICARE PART D EFFECTIVE DATE	ccyymmdd	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	ccyymmdd	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

Response Patient Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	29	M – Response Patient Segment
310-CA	PATIENT FIRST NAME	D0TEST2	R – Will contain the first name of the patient the eligibility query matched on in the TrOOP Database
311-CB	PATIENT LAST NAME	D0TEST2	R - Will contain the last name of the patient the eligibility query matched on in the TrOOP Database
304-C4	DATE OF BIRTH	19410610	R - 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	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	A	M – Approved

Response Coordination of Benefits/Other Payers Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	28	M – Response Patient Segment
355-NT	OTHER PAYER ID COUNT	2	R – Will contain the count of the number of occurrences of Other Payer Information
338-5C	OTHER PAYER COVERAGE TYPE	01	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.

339-6C	OTHER PAYER ID QUALIFIER	03	O –03 (BIN) for of all plan types excluding MA plans or 10 (Payer Name) for MA plans
340-7C	OTHER PAYER ID	220022	O – BIN Number for Coverage of all plan types excluding MA plans Or The first 10 bytes of the Payer Name for MA Plans
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	D0TEST2A	O – Processor Control Number for Coverage of all plan types excluding MA
356-NU	OTHER PAYER CARDHOLDER ID	D0TEST2A	O – Cardholder ID for Coverage of all plan types excluding MA Or “NOTAVAILABLE” as a default for MA Plans
992-MJ	OTHER PAYER GROUP ID	D0TEST2A	R – Group Number for Coverage
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	R – Patient Relationship Code for Coverage
127-UB	OTHER PAYER HELP DESK NUMBER	999999999	O – Payer Helpdesk for coverage. Provided if on file
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20220301	R – Effective Date of Coverage
145-UY	OTHER PAYER BENEFIT TERMINATION DATE	20221231	O – Termination Date of Coverage. Provided if on file
338-5C	OTHER PAYER COVERAGE TYPE	02	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	03	O –03 (BIN) for of all plan types excluding MA plans or 10 (Payer Name) for MA plans
340-7C	OTHER PAYER ID	220022	O – BIN Number for Coverage of all plan types excluding MA plans Or The first 10 bytes of the Payer Name for MA Plans
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	D0TEST2B	O – Processor Control Number for Coverage of all plan types excluding MA
356-NU	OTHER PAYER CARDHOLDER ID	D0TEST2B	O – Cardholder ID for Coverage of all plan types excluding MA Or “NOTAVAILABLE” as a default for MA Plans
992-MJ	OTHER PAYER GROUP ID	D0TEST2B	R – Group Number for Coverage
142-UV	OTHER PAYER PERSON CODE	01	O –Patient Person Code for coverage. Provided if on file

143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	R – Patient Relationship Code for Coverage
127-UB	OTHER PAYER HELP DESK NUMBER	9999999999	O – Payer Helpdesk for coverage. Provided if on file
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20220301	R – Effective Date of Coverage
145-UY	OTHER PAYER BENEFIT TERMINATION DATE	20221231	O – Termination Date of Coverage. Provided if on file

Test Case 2 Response String:

DOE11A010000000006 20221231-AM20F4LISLVL: ;LISEFF: ;LISTERM: ;PLAN:TEST;MBI:30030030033;ED:20220101;QMB:N;QED: ;QTERM: ;-AM27UR1UQNU1TESTAU6002-AM29CAD0TEST2CBD0TEST2C419410610-AM21ANA-AM28NT25C016C037C220022MHD0TEST2AN UD0TEST2AMJD0TEST2AUB9999999999UW1UX20220301UY202212315C026C037C220022MHD0TEST2BNUD0TEST2BMJD0TEST2BU V01UB9999999999UW1UX20220301UY20221231

Note:0000000006 is used to represent your pharmacy NPI and the actual response string will return your NPI

Test Case 3: REQUEST FOR A BENEFICIARY WHERE MEDICARE ADVANTAGE (MA) COVERAGE IS FOUND

Transaction Header Segment: Mandatory

Field	Field Name	Value	Comments
101-A1	BIN NUMBER	011727	M – Facilitator BIN
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Format
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	222222222	M – Must be as indicated
109-A9	TRANSACTION COUNT	1	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	SEND PHARMACY NPI	M – Left justified, space filled Use a contracted NPI
401-D1	DATE OF SERVICE	20221231	M – Must be within 9 months before or 4 months after current date
110-AK	SOFTWARE VENDOR / CERTIFICATION ID	D0TEST	M - Field must be submitted but is not validated

Patient Segment: Required for Proper Matching

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	01	M – PATIENT SEGMENT
304-C4	DATE OF BIRTH	19410610	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	D0TEST3	R - Must be as indicated
311-CB	PATIENT LAST NAME	D0TEST3	R - Must be as indicated
325-CP	PATIENT ZIP/POSTAL ZONE	30329	R – Zip Code (5 digit zip)

Insurance Segment: Mandatory

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	04	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	30030030034	M – Must be as indicated

Test Case 3 Request String:

011727D0E122222222221010000000006
 20221231D0TEST -AM01C419410610C51CAD0TEST3CBD0TEST3CP30329-AM04C230030030034

Note:0000000006 is used to represent your pharmacy NPI and the actual request string will return your NPI

Test Case 3: RESPONSE: ACCEPTED – BENEFICIARY IS IN MEDICARE ADVANTAGE (MA) PLAN

The Facilitator sends this response when the data provided in the E1 Request enables the Facilitator to find exactly one matching beneficiary who has MA coverage that is active on the requested Date of Service.

Response Header Segment: Mandatory

Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	D0	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	E1	M – Eligibility Verification
109-A9	TRANSACTION COUNT	1	M – One occurrence
501-F1	HEADER RESPONSE STATUS	A	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M – NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	SEND PHARMACY NPI	M – Contains the same value provided in the Request

401-D1	DATE OF SERVICE	20221231	M – Contains the same value provided in the Request
--------	-----------------	----------	---

Response Message Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	20	M – Response Patient Segment
504-F4	MESSAGE		R – This segment will always contain the structure message values, and if data exists for these, will contain the applicable information. In this example the patient does not have LIS or QMB. The response will be structured as indicated below

Test Case 3 Message String:

LISLVL: ;LISEFF: ;LISTERM: ;PLAN:MA ;MBI:30030030034;ED:20220101;QMB: ;QED: ;QTERM: ;

Response Insurance Additional Information Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATIN	27	M – Response Insurance Segment
139-UR	MEDICARE PART D COVERAGE CODE	1	R – Indicates the position of Medicare Part D in the billing order
240-UI	CONTRACT NUMBER	TESTM	R – Contract Number of Coverage
757-U6	BENEFIT ID	002	R – PBP Number of the coverage

Response Patient Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	29	M – Response Patient Segment
310-CA	PATIENT FIRST NAME	D0TEST3	R – Will contain the first name of the patient the eligibility query matched on in the TrOOP Database
311-CB	PATIENT LAST NAME	D0TEST3	R - Will contain the last name of the patient the eligibility query matched on in the TrOOP Database
304-C4	DATE OF BIRTH	19410610	R - 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	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	A	M – Approved

Response Coordination of Benefits/Other Payers Segment: Always Returned by the Facilitator

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	28	M – Response Patient Segment
355-NT	OTHER PAYER ID COUNT	1	R – Will contain the count of the number of occurrences of Other Payer Information
338-5C	OTHER PAYER COVERAGE TYPE	01	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	10	O –03 (BIN) for of all plan types excluding MA Only 10 (Payer Name) for MA plans
340-7C	OTHER PAYER ID	PAYER NAME	O – BIN Number for Coverage of all plan types excluding MA Only Payer Name for MA Plans
356-NU	OTHER PAYER CARDHOLDER ID	NOTAVAILABLE	R – Cardholder Id for Coverage For MA plans return NOTAVAILABLE
127-UB	OTHER PAYER HELP DESK NUMBER	9999999999	O – Payer Helpdesk for coverage. Provided if on file
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20220301	R – Effective Date of Coverage
145-UY	OTHER PAYER BENEFIT TERMINATION DATE	20221231	O – Termination Date of Coverage. Provided if on file

Test Case 3 Response String:

DOE11A010000000006 20221231-AM20F4LISLVL: ;LISEFF: ;LISTERM: ;PLAN:MA
;MBI:30030030034;ED:20220101;QMB: ;QED: ;QTERM:
;-AM27UR1U1TESTMU6002-AM29CAD0TEST3CBD0TEST3C419410610-AM21ANA-AM28NT15C016C107CPAYER
NAMENUNOTAVAILABLEUB9999999999UX20220301UY20221231

Note: Note:0000000006 is used to represent your pharmacy NPI and the actual request string will return your NPI

The question marks represent hex separators