

NCPDP VERSION D.Ø E1 ELIGIBILITY VERIFICATION RESPONSE PAYER SHEET
 Medicaid / CHIP / CSHCN / KHC

E1

A RESPONSE

****GENERAL INFORMATION****

Payer Name: Texas Health and Human Services Commission Medicaid/CHIP Vendor Drug Program	
Processor: ACS-Pharmacy	
Effective as of: April 1, 2012	Version/Release: D.Ø
Contact/Information Source: Texas Medicaid Vendor Drug Pharmacy Handbook Texas Medicaid Vendor Drug Prescription Drug Claim Procedures Manual Vendor Drug website (txvendordrug.com)	
Provider Relations Help Desk Info: 1-800-435-4165	

**** OTHER TRANSACTIONS SUPPORTED ****

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
E1	Eligibility Verification

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version D.Ø. The Transaction Header Segment is mandatory. The Segment summaries below list the mandatory data fields. Fields designed as “**Mandatory**” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version D.Ø and are the only fields designated mandatory. Fields designated as “**Required**” (R) will always be sent. Fields designated as “**Required When**” (RW) will be sent under circumstances that are explained in the Comment column.

Response Header Segment: Mandatory				
Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø2-A2	Version/Release Number	DØ = Version D.Ø	M	
1Ø3-A3	Transaction Code	E1 = Eligibility Verification	M	
1Ø9-A9	Transaction Count	1 = One occurrence	M	
5Ø1-F1	Header Response Status	A = Accepted	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1 = National Provider Identifier (NPI)	M	
2Ø1-B1	Service Provider ID		M	1Ø-digit NPI
4Ø1-D1	Date of Service		M	Format = CCYYMMDD

Response Status Segment: Mandatory				
Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	A = Approved	M	
13Ø-UF	Additional Message Information Count	Ø1 – 25	RW	
132-UH	Additional Message Information Qualifier	Ø1 – Ø9	RW (Repeating)	Sequence number of message for each transaction
526-FQ	Additional Message Information	4Ø bytes	RW (Repeating)	Cardholder ID is only returned when SSN is transmitted in field 3Ø2-C2. See “Field Response for an Accepted Eligibility Verification”.
131-UG	Additional message Information Continuity	+ = Current text continues	RW (Repeating)	

Field Response for an Accepted Eligibility Verification

Response Header Segment

- 1Ø2-A2 (Version/Release Number): NCPDP Telecommunication Standard Version D.Ø.
- 1Ø3-A3 (Transaction Code): "E1 = Eligibility Verification".
- 1Ø9-A9 (Transaction Count): "1 = one occurrence".
- 5Ø1-F1 (Header Response Status): Response will be "A = Accepted".
- 2Ø2-B2 (Service Provider ID Qualifier): "Ø1 – National Provider Identifier (NPI)".
- 2Ø1-B1 (Service Provider ID): Ten-digit National Provider Identifier (NPI).
- 4Ø1-D1 (Date of Service): Date prescription filled.

Response Status Segment

- 111-AM (Segment Identification): "21 = Response Status Segment".
- 112-AN (Transaction Response Status): Response will be "A = Approved".
- 526-FQ (Additional Message Information): An explanation of each message follows:
 - **Inquiry for Medicaid eligibility:**
 - **MEDmmddy-mmddy:** The most current or the last effective Medicaid prescription eligibility period pertaining to the date submitted in Field 4Ø1-D1 will be returned. This period could include an end date of eligibility if the client has been denied or will be denied prescription coverage (Ex: MED010103-073104). If the most current eligibility period reflects an active client with no denial of coverage, only the start date will be returned. Zeros will be returned as an end date (Ex: MED010103-000000).
 - **PACE ELIG:** No Medicaid Drug Benefit.
 - **MED NOT ELIGIBLE:** If the client number is found, but no Medicaid drug eligibility exists, this message will be returned.
 - **UNLIM-RX-mm/yy:** Designates whether the client qualifies for unlimited prescriptions. The response pertains only to the month of service of the date entered in Field 4Ø1-D1.
 - **3RX-LIMIT-mm/yy:** Designates whether the client is limited to three prescriptions per month. The response pertains only to the month of service of the date entered in Field 4Ø1-D1.
 - **PRIOR ELIG EXIST:** Returned only if prior occurrences exist to the Vendor Drug eligibility period returned in "MED" eligibility message.
 - **POST ELIG EXIST:** Returned only if post occurrences exist to the Vendor Drug eligibility period returned in "MED" eligibility message.
 - **MCBmmddy-mmddy:** Designates Medicare Part B eligibility and effective dates.
 - **MCDmmddy-mmddy:** Designates Medicare Part D eligibility and effective dates.
 - **OTHER COV EXIST:** (see next explanation)
 - **CSHCN ID#nnnnnnnnn:** CSHCN Cardholder ID. If the Cardholder ID equals Medicaid and the client is found to be dual eligible (Medicaid/CSHCN), the pharmacy must have a contract agreement in effect for the state program area before state program eligibility information can be returned. If the state program contract agreement is in effect, returned messages are:
 - **OTHER COV EXIST** message, along with CSHCN ID#nnnnnnnnn. In order to obtain CSHCN state program eligibility information, an Eligibility Verification Transaction needs to be submitted using the CSHCN Cardholder ID number.

If there is no state program contract agreement, only the Medicaid information and the "OTHER COV EXIST" message will be returned. Note: the Pharmacy must have a contract agreement in effect for the state program area (CHIP, CSHCN, KHC) before that state program eligibility information can be returned.

- **Inquiry for CSHCN eligibility**

- **CSHCNmddyy-mmdyy**: The most current or the last effective CSHCN prescription eligibility period pertaining to the date submitted in Field 4Ø1-D1 will be returned. This period could include an end date of eligibility if the client has been denied or will be denied prescription coverage (Ex: CSHCN010103-073104). If the most current eligibility period reflects an active client with no denial of coverage, only the start date will be returned. Zeros will be returned as an end date (Ex: CSHCN010103-000000).
- **ATmddyy-mmdyy**: Designates the client's most current period of prior approval for aerosolized Tobramycin if applicable. This eligibility period will always be returned, if in existence for the client, regardless of the date entered in Field 4Ø1-D1. It is important to note that prior approvals are granted for one-year periods and may not match the client's prescription eligibility period shown under "CSHCN". Should a client lose prescription eligibility within a prior approval period, the "one-year" prior approval period will be returned but the client's prescription eligibility will always take precedence.
- **OTHER COV EXIST**: Returned if the client is found to be dual eligible CSHCN and Medicaid. MED ID#nnnnnnnn - Medicaid Cardholder ID. In order to obtain Medicaid eligibility information, an Eligibility Verification Transaction needs to be submitted using the Medicaid Cardholder ID number.

- **Inquiry for KHC eligibility**

- **KHCmddyy-mmdyy**: The most current or the last effective KHC prescription eligibility period pertaining to the date submitted in Field 4Ø1-D1 will be returned. This period could include an end date of eligibility if the client has been denied or will be denied prescription coverage (Ex: KHC010103-073104). If the most current eligibility period reflects an active client with no denial or coverage, only the start date will be returned. Zeros will be returned as an end date (Ex: KHC010103-000000).
- **COPAY \$ØØ OR \$ØØ**: The co-payment level that applies to the client, for both brand and generic, will be returned.
- **COPAY MAY NOT APPLY FOR CLIENTS WITH MEDICARE**: Based upon the date submitted in field 4Ø1-D1, Patients with effective Medicare Part B and/or Medicare Part D coverage.
- **MCBmddyy-mmdyy**: Designates Medicare Part B eligibility and effective dates.
- **MCDmddyy-mmdyy**: Designates Medicare Part D eligibility and effective dates.