

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

E1

REQUEST

****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: <ul style="list-style-type: none"> • 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. Fields designated as “**Optional**” (O) may be submitted at the discretion of the provider.

Transaction Header Segment: Mandatory in all cases				
Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	61ØØ84	M	
1Ø2-A2	Version/Release Number	DØ = Version D.Ø	M	
1Ø3-A3	Transaction Code	E1 = Eligibility Verification	M	
1Ø4-A4	Processor Control Number	DRTXPROD	M	
1Ø9-A9	Transaction Count	1 = One occurrence	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1 = National Provided Identifier (NPI)	M	
2Ø1-B1	Service Provider ID		M	1Ø-digit NPI
4Ø1-D1	Date of Service		M	Format = CCYYMMDD
11Ø-AK	Software Vendor/Certification ID		M	Three-digit software identification number with space fill.

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Insurance Segment: Mandatory				
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW/O</i>	<i>Comment</i>
111-AM	Segment Identification	Ø4 = Insurance Segment	M	
3Ø2-C2	Cardholder ID		R	Recipient Program ID Number. Required by Vendor Drug. Medicaid ID numbers begin with 1-6. CHIP ID numbers begin with A, D, G, J, M, or P. CSHCN ID numbers begin with 9. KHC ID numbers begin with 8. Client's SSN preceded with "S" (for example, SSN 123456789 would be entered as "S123456789".)
313-CD	Cardholder Last Name		O	Optional, if transmitted, must match.
3Ø1-C1	Group ID	Medicaid CHIP CSHCN KHC	R	Enter the value for the Program the eligibility inquiry is requested.

Patient Segment: Required				
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø1 = Patient Segment	M	
3Ø4-C4	Date of Birth		R	Format = CCYYMMDD
3Ø5-C5	Patient Gender Code	1 = Male 2 = Female	R	Must match.

Guide for Field Completion of Online Eligibility Verification

Transaction Header Segment

- 1Ø1-A1 (Bank Information Number, BIN): Is an identification number assigned to the Texas Vendor Drug Program and used for network routing by the switch. Texas Medicaid Vendor Drug Program’s BIN number is 61ØØ84.
- 1Ø2-A2 (Version/Release Number): NCPDP Telecommunication Standard Version D.Ø.
- 1Ø3-A3 (Transaction Code): E1 = Eligibility Verification.
- 1Ø4-A4 (Processor Control Number, PCN): DRTXPROD.
- 1Ø9-A9 (Transaction Count): Only one transaction per transmission is permitted. Valid transaction Count is: “Ø1 – one occurrence”.
- 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): Enter the date the prescription was filled, or the date eligibility verification pertains to in CCYYMMDD format.
- 11Ø-AK (Software Vendor/Certification ID): Three-digit ID assigned by Vendor Drug to identify the software source.

Insurance Segment

- 111-AM (Segment Identification): “Ø4 Insurance Segment”.
- 3Ø2-C2 (Cardholder ID):
 - Nine-digit client identification number:
 - Medicaid ID numbers begin with numbers 1-6.
 - CHIP ID numbers begin with alpha characters A, D, G, J, M, or P.
 - KHC ID numbers begin with number 8.
 - CSHCN ID numbers begin with number 9.
 - Client’s Social Security Number (SSN) preceded with “S”.
 - For example, SSN 123456789 would be entered as “S123456789”.
- 313-CD (Cardholder Last Name): Optional.
 - Enter only the first two letters of the last name. If submitted it must match with what is on file with VDP.
- 3Ø1-C1 (Group ID):
 - If inquiry by either nine-digit identification number or SSN:
 - “Medicaid” when inquiry is for Medicaid eligibility.
 - “CHIP” when inquiry is for Children’s Health Insurance Program eligibility.
 - “KHC” when inquiry is for Kidney Health Care program eligibility.
 - “CSHCN” when inquiry is for Children with Special Health Care Needs Services Program eligibility.

Patient Segment

- 111-AM (Segment Identification): “Ø1 Patient Segment”.
- 3Ø4-C4 (Date of Birth): Patient’s date of birth.
- 3Ø5-C5 (Patient Gender Code): “1” = Male; “2” = Female.