



Vendor Drug Program Payer Specifications

NCPDP Eligibility Verification (E1) Transaction

- **Last Updated:** Sept. 21, 2020

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General Information

- **Payer Name:** Texas Vendor Drug Program
 - ▶ Traditional Medicaid
 - ▶ Children's Health Insurance Program (CHIP)
 - ▶ Children with Special Health Care Needs (CSHCN) Services Program
 - ▶ Healthy Texas Women (HTW) Program
 - ▶ Kidney Health Care (KHC) Program
- **Processor name:** Conduent (since Jan. 1, 2017)
- **Version/Release:** D.Ø (since Feb. 1, 2012)
- **Transaction Code / Name:** E1 / Eligibility Verification
- **Contact/Information Source:**
 - ▶ Pharmacy Benefits Access Help Desk: 1-800-435-4165
 - ▶ Texas Pharmacy Provider Procedure Manual: txvendordrug.com
- **Notes:**
 - ▶ All submitted data elements are edited for valid format and values.
 - ▶ Provider software should support all data elements on the required segments.
 - ▶ In cases where multiple iterations of a field ("repeating fields") are allowed, the maximum number of iterations is indicated.
- **Field Usage Description:**
 - ▶ Mandatory (M): Submitted following the NCPDP Telecommunication Implementation Guide Version D.Ø.
 - ▶ Required (R): Always submitted.
 - ▶ Required When (RW): Submitted under circumstances explained in the Comment column.
 - ▶ Optional (O): Submitted at the discretion of the pharmacy provider.
 - ▶ Repeating (**R**): Designates a repeating field.

Transaction: Eligibility Request

Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
101-A1	BIN Number	610084	M	
102-A2	Version/Release Number	D0 = Version D.0	M	
103-A3	Transaction Code	E1 = Eligibility Verification	M	Eligibility Verification Request
104-A4	Processor Control Number	DRTXPROD	M	
109-A9	Transaction Count	1 = One Occurrence	M	
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier (NPI)	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD
110-AK	Software Vendor/Certification ID		M	Three-digit software identification number with space fill.

Insurance Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	04 = Insurance Segment	M	

Field #	NCPDP Field Name	Value	Usage	Comment
302-C2	Cardholder ID		R	<p>Recipient Program ID Number.</p> <p>Medicaid, CHIP, and HTW cardholder ID numbers begin with 1-6.</p> <p>CSHCN cardholder ID numbers begin with 9.</p> <p>KHC cardholder ID numbers begin with 8.</p> <p>The client's SSN proceeded with "S" (e.g. SSN 123456789 is entered as "S123456789".)</p>
313-CD	Cardholder Last Name		O	Optional, if transmitted, must match.
301-C1	Group ID	MEDICAID CHIP CSHCN KHC	R	<p>Enter the name of the payer program.</p> <p>For HTW cardholder IDs, enter 'MEDICAID'</p>

Patient Segment (required)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	01 = Patient Segment	M	
304-C4	Date of Birth		R	Format = CCYYMMDD
305-C5	Patient Gender Code	1 = Male 2 = Female	R	

Transaction: Accepted Response

Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	DØ = Version D.Ø	M	
103-A3	Transaction Code	E1 = Eligibility Verification	M	Eligibility Verification Response
109-A9	Transaction Count	1 = One Occurrence	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Ø1 = National Provider Identifier (NPI)	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD

Response Status Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	A=Approved		
130-UF	Additional Message Information Count	Ø1 – 25	RW	
132-UH	Additional Message Information Qualifier	Ø1 – Ø9	RW ***R***	The sequence number of message for each transaction

Field #	NCPDP Field Name	Value	Usage	Comment
526-FQ	Additional Message Information		RW ***R***	40 bytes Cardholder ID is only returned when SSN is transmitted in field 302-C2. See "Field Response for an Accepted Eligibility Verification".
131-UG	Additional message Information Continuity	+ = Current text continues	RW ***R***	

Field Responses for an Accepted Eligibility Verification

Pharmacies must have an executed pharmacy provider agreement with VDP for participation in other programs (CHIP, CSHCN, and KHC) before eligibility information is returned.

Medicaid & Healthy Texas Women (HTW) program

Message	Explanation
MEDmddyy-mmddyy	The most current or the last effective Medicaid prescription eligibility period based on the date submitted in the "Date of Service" field (401-D1) is returned. This period could include an end date of eligibility if the person has been denied or will be denied for prescription coverage (e.g. MED010103-073104). If the most current eligibility period reflects an actively-enrolled person with no denial of coverage, then only the start date is returned. Zeros are returned as an end date (e.g. MED010103-000000).
PACE ELIG	The person is enrolled in the Programs of All-Inclusive Care for the Elderly (PACE) and has no Medicaid drug benefit.
CONTACT (Plan name). CLIENT ENROLLED IN THIS PLAN	The person is enrolled in an MCO. The message will return the name of the MCO the person is enrolled in. Pharmacy staff should refer to the Pharmacy Assistance Chart for MCO-specific BIN, PCN, and Group values.

Message	Explanation
MED NOT ELIGIBLE	Returned if the person's number is found but no Medicaid drug eligibility exists.
UNLIM-RX-mm/yy	Designates whether the person qualifies for unlimited prescriptions. The response pertains only to the month of service of the date entered in the "Date of Service" field (4Ø1-D1).
3RX-LIMIT-mm/yy	Designates whether the person is limited to three prescriptions per month. The response pertains only to the month of service of the date entered in the "Date of Service" field (4Ø1-D1).
PRIOR ELIG EXIST	Returned only if prior occurrences exist to the Vendor Drug eligibility period returned in the "MED" eligibility message.
POST ELIG EXIST	Returned only if post occurrences exist to the Vendor Drug eligibility period returned in the "MED" eligibility message.
MCBmddy-mmddy	Designates Medicare Part B eligibility and effective dates.
MCDmddy-mmddy	Designates Medicare Part D eligibility and effective dates.
OTHER COV EXIST	<p>For pharmacies enrolled in CSHCN: OTHER COV EXIST CSHCN ID#nnnnnnnn: If the Cardholder ID equals Medicaid and the person is dually-eligible for both Medicaid and CSHCN, then to obtain CSHCN eligibility information, submit an eligibility verification transaction using the CSHCN Cardholder ID number.</p> <p>For pharmacies not enrolled in CSHCN: OTHER COV EXIST: indicates coverage through another state program.</p>

Children with Special Health Care Needs (CSHCN) Services Program

Message	Explanation
CSHCNmmddy-mmddy	<p>The most current or the last effective CSHCN prescription eligibility period based on the date submitted in the "Date of Service" field (401-D1) is returned. This period could include an end date of eligibility if the person has been denied or will be denied prescription coverage (e.g. CSHCN010103-073104).</p> <p>If the most current eligibility period reflects an actively-enrolled person with no denial of coverage, only the start date is returned. Zeros are returned as an end date (e.g. CSHCN010103-000000).</p>
ATmmddy-mmddy	<p>Designates the person's most current period of prior approval for aerosolized Tobramycin if applicable. This eligibility period is always returned, if it exists, regardless of the date entered in the "Date of Service" field (401-D1).</p> <p>Prior approvals are granted for one-year periods and may not match the person's prescription eligibility period shown under "CSHCN". Should a person lose prescription eligibility within a prior approval period, the "one-year" prior approval period is returned but the person's prescription eligibility will always take precedence.</p>
OTHER COV EXIST	<p>Returned if the person is dually eligible for CSHCN and Medicaid.</p> <p>MED ID#nnnnnnnnn - Medicaid Cardholder ID. To obtain Medicaid eligibility information, submit an eligibility verification transaction using the Medicaid Cardholder ID number.</p>

Kidney Health Care (KHC) Program

Message	Explanation
KHCmmddy-mmddy	<p>The most current or the last effective KHC prescription eligibility period based on the date submitted in the "Date of Service" field (401-D1) is returned. This period could include an end date of eligibility if the person has been denied or will be denied prescription coverage (e.g. KHC010103-073104).</p> <p>If the most current eligibility period reflects an actively-enrolled person with no denial or coverage, only the start date is returned. Zeros are returned as an end date (e.g. KHC010103-000000).</p>
COPAY \$00 OR \$00	The co-payment level of the person, for both brand and generic, is returned.
COPAY MAY NOT APPLY FOR CLIENTS WITH MEDICARE	Based on the date submitted in the "Date of Service" field (401-D1) for people with effective Medicare Part B and/or Medicare Part D coverage.
MCBmmddy-mmddy	Designates Medicare Part B eligibility and effective dates.
MCDmmddy-mmddy	Designates Medicare Part D eligibility and effective dates.

Children's Health Insurance Program (CHIP)

Message	Explanation
CONTACT (Plan name). CLIENT ENROLLED IN THIS PLAN	The person is enrolled in a CHIP MCO. The message returns the name of the MCO the person is enrolled in. Pharmacy staff should then refer to the Pharmacy Assistance Chart for MCO-specific BIN, PCN, and Group values.

Transaction: Rejected Response

Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	DØ = Version D.Ø	M	
103-A3	Transaction Code	E1 = Eligibility Verification	M	Eligibility Verification Response
109-A9	Transaction Count	1 = One Occurrence	M	
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	Ø1 = National Provider Identifier (NPI)	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD

Response Status Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	R = Rejected	M	
510-FA	Reject Count	1-5	R	
511-FB	Reject Code		R Repeating	
130-UF	Additional Message Information Count	1 – 25	R	
132-UH	Additional Message Information Qualifier	1-9	R Repeating	The sequence number of message for each transaction

Field #	NCPDP Field Name	Value	Usage	Comment
526-FQ	Additional Message Information		R Repeating	40 bytes
131-UG	Additional message Information Continuity	+ = Current text continues	R Repeating	

Document History Log

STATUS ¹	REVISION ²	EFFECTIVE	DESCRIPTION ³
Revision	1.1	Sept. 21, 2020	<ul style="list-style-type: none">• Format update
Baseline	1.0	Jan. 1, 2017	<ul style="list-style-type: none">• Initial update

1. Status is represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions
2. Revisions are numbered according to the version of the issuance and sequential numbering of the revision; e.g., "1.2" refers to the first version of the document and the second revision.
3. Brief description of the changes to the document made in the revision.

