

ILLINOIS MEDICAID NCPDP VERSION E1 PAYOR SHEET

ELIGIBILITY VERIFICATION REQUEST

**** Start of Request Eligibility Verification (E1) Payer Sheet ****

GENERAL INFORMATION

Payer Name: Illinois Medicaid Enterprise	Date: March 14, 2017
Plan Name/Group Name: Illinois Medicaid	BIN: 017804 PCN: ILPOP
Processor: Change Healthcare (CHC)	
Effective as of: March 27, 2017	NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: July 2013
Contact/Information Source: 1-877-782-5565	
Certification Testing Window:	
Certification Contact Information: 1-877-782-5565	
Provider Relations Help Desk Info: 1-877-782-5565	
Other versions supported:	

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

ELIGIBILITY VERIFICATION TRANSACTION

The following lists the segments and fields in an Eligibility Verification Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Eligibility Verification Request If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

Field #	Transaction Header Segment	Value	Payer Usage	Eligibility Verification Response
	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
101-A1	BIN NUMBER	017804	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	E1	M	Eligibility verification
104-A4	PROCESSOR CONTROL NUMBER	ILPOP	M	
109-A9	TRANSACTION COUNT	1	M	1=One Occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	01=National Provider Identifier (NPI)	M	Only the National Provider ID (NPI) is supported
201-B1	SERVICE PROVIDER ID		M	NPI of the submitting pharmacy
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	No other values required

Response Patient Segment Questions	Check	Eligibility Verification Response Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "29"			Eligibility Verification Response
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
304-C4	DATE OF BIRTH		R	
310-CA	PATIENT FIRST NAME		RW	<i>Imp Guide:</i> Required when the patient has a first name. <i>Payer Requirement:</i> Required to be sent.
311-CB	PATIENT LAST NAME		R	

Response Insurance Segment Questions	Check	Eligibility Verification Response Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

	Insurance Segment Segment Identification (111-AM) = "25"			Eligibility Verification Response
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
302-C2	CARDHOLDER ID		R	Member ID as issued to the Medicaid beneficiary 9 byte numeric HFS recipient number. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

**** End of Request Eligibility Verification Response (E1) Payer Sheet ****

RESPONSE ELIGIBILITY VERIFICATION PAYER SHEET

ELIGIBILITY VERIFICATION RESPONSE

** Start of Response Eligibility Verification Response (E1) Payer Sheet **

GENERAL INFORMATION

Payer Name: Illinois Medicaid Enterprise	Date: March 14, 2017	
Plan Name/Group Name: Illinois Medicaid	BIN: 017804	PCN: ILPOP

ELIGIBILITY VERIFICATION ACCEPTED/APPROVED RESPONSE

ELIGIBILITY VERIFICATION TRANSACTION

The following lists the segments and fields in an Eligibility Verification Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	Check	Eligibility Verification Response Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Response Transaction Header Segment	Value	Payer Usage	Eligibility Verification Response – Accepted/Approved <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	E1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Eligibility Verification Response Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Returned when needed for transmission-level messaging.

Field #	Response Message Segment Identification (111-AM) = "20"	Value	Payer Usage	Eligibility Verification Response – Accepted/Approved <i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Will be returned when text information needs to be sent.

Response Insurance Segment Questions	Check	Eligibility Verification Response Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

Response Insurance Segment Segment Identification (111-AM) = "25"				Eligibility Verification Response – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		R	Member ID as issued to the Medicaid beneficiary 9 byte numeric HFS recipient number for all transactions. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

Response Patient Segment Questions	Check	Eligibility Verification Response Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Response Patient Segment Segment Identification (111-AM) = "29"				Eligibility Verification Response – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
310-CA	PATIENT FIRST NAME		R	Imp Guide: Required when the patient has a first name. Payer Requirement: Required to be sent.
311-CB	PATIENT LAST NAME		R	

Response Status Segment Questions	Check	Eligibility Verification Response Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"				Eligibility Verification Response – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A=Accepted	M	
503-F3	AUTHORIZATION NUMBER		R	Imp Guide: Required if needed to identify the transaction. Payer Requirement: Same as Imp. Guide
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	R	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		R	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION	Free Text Information	R	Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Same as Imp Guide

	Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification Response – Accepted/Approved
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	R	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Will be returned
55Ø-8F	HELP DESK PHONE NUMBER	1-877-782-5565	R	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Will be returned

Response Coordination of Benefits/Other Payers Segment Questions	Check	Worker's Comp Claim Billing – Paid (Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	<i>Will be returned when other payers involved.</i>

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Worker's Comp Claim Billing – Paid (Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	<i>Imp Guide:</i> Count of other payers with payment responsibility.
338-5C	OTHER PAYER COVERAGE TYPE	Default blank – not specified	M	<i>Imp Guide:</i> Code identifying the type of 'Other Payer ID' (34Ø-7C).
339-6C	OTHER PAYER ID QUALIFIER	'99' - other	RW	<i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	<i>Imp Guide:</i> Required if Other Payer ID Qualifier (339-6C) is used
992-MJ	OTHER PAYER GROUP ID		RW	ID assigned to the cardholder group or employer group by the secondary, tertiary, etc. payer.
144-UX	OTHER PAYER Benefit Effective Date		RW	Other Payer's effective date of the patient's benefit.
145-UY	OTHER PAYER Benefit Termination Date		RW	Other Payer's termination date of the patient's benefit.

ELIGIBILITY VERIFICATION ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Eligibility Verification Response Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Eligibility Verification Response Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	E1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Insurance Segment Questions	Check	Eligibility Verification Response Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Returned when needed for transmission-level messaging.

	Response Message Segment Segment Identification (111-AM) = "20"			Eligibility Verification Response – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Will be returned when text information needs to be sent.

Response Status Segment Questions	Check	Eligibility Verification Response Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification Response Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	<i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Same as Imp. Guide
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	

	Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification Response Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Will be returned
55Ø-8F	HELP DESK PHONE NUMBER	1-877-782-5565	RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as Imp Guide
987-MA	URL	www.HFS.illinois.gov/pharmacy	R	<i>Imp Guide:</i> Required for informational purposes only to relay health care communications via the Internet.

ELIGIBILITY VERIFICATION REJECTED/REJECTED RESPONSE

The following lists the segments and fields in an Eligibility Verification Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	Check	Eligibility Verification Response Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Response Transaction Header Segment	NCPDP Field Name	Value	Payer Usage	Eligibility Verification Response Rejected/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	E1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Insurance Segment Questions	Check	Eligibility Verification Response Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Returned when needed for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"	NCPDP Field Name	Value	Payer Usage	Eligibility Verification Response – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Will be returned when text information needs to be sent.

Response Status Segment Questions	Check	Eligibility Verification Response Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"	NCPDP Field Name	Value	Payer Usage	Eligibility Verification Response Accepted/Rejected <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	<i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Same as Imp. Guide
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide

	Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification Response Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Will be returned
55Ø-8F	HELP DESK PHONE NUMBER	1-877-782-5565	RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as Imp Guide
987-MA	URL	www.HFS.illinois.gov/pharmacy	R	<i>Imp Guide:</i> Required for informational purposes only to relay health care communications via the Internet.

**** End of Response Eligibility Verification Response (E1) Payer Sheet ****