

# ILLINOIS MEDICAID NCPDP VERSION E1 PAYOR SHEET

## ELIGIBILITY VERIFICATION REQUEST

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

### GENERAL INFORMATION

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

### FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	<b>RW</b>	"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
101-A1	NCPDP Field Name			Payer Situation
101-A1	BIN NUMBER	<b>017804</b>	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: <b>Illinois Medicaid Enterprise</b>	Date: <b>March 14, 2017</b>	
Plan Name/Group Name: <b>Illinois Medicaid</b>	BIN: <b>017804</b>	PCN: <b>ILPOP</b>

## 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	

Response Transaction Header Segment	NCPDP Field Name	Value	Payer Usage	Eligibility Verification Response – Accepted/Approved <i>Payer Situation</i>
Field #				
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.

Response Message Segment Identification (111-AM) = "20"	NCPDP Field Name	Value	Payer Usage	Eligibility Verification Response – Accepted/Approved <i>Payer Situation</i>
Field #				
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	<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 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	<i>Imp Guide:</i> Required if needed to identify the transaction.  <i>Payer Requirement:</i> Same as Imp. Guide
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	R	<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		R	<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	Free Text Information	R	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.  <i>Payer Requirement:</i> Same as Imp Guide

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Eligibility Verification Response – Accepted/Approved</b>
<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

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

	<b>Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"</b>			<b>Worker's Comp Claim Billing – Paid (Duplicate of Paid)</b>
<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	

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Eligibility Verification Response Accepted/Rejected</b>
<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	<a href="http://www.HFS.illinois.gov/pharmacy">www.HFS.illinois.gov/pharmacy</a>	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	

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	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.

Field #	Response Message Segment Segment Identification (111-AM) = "20"	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	

Field #	Response Status Segment Segment Identification (111-AM) = "21"	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



	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Eligibility Verification Response Accepted/Rejected</b>
<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	<a href="http://www.HFS.illinois.gov/pharmacy">www.HFS.illinois.gov/pharmacy</a>	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 \*\***