OHIO MEDICAID NCPDP VERSION E1 PAYER SHEET

ELIGIBILITY VERIFICATION REQUEST

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

GENERAL INFORMATION

Payer Name: Ohio Department of Medicaid	Date: June 12, 2Ø16	
Plan Name/Group Name: Ohio Medicaid	BIN: Ø15863	PCN: OHPOP
Processor: Goold Health Systems (GHS)		
Effective as of: June 12, 2Ø16	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: July 2ØØ7	NCPDP External Code List Version Date: July 2013	
Contact/Information Source:		
Certification Testing Window:		
Certification Contact Information: 1-877-553-8455 POS Tech Support		
Provider Relations Help Desk Info: : 1-877-518-1545		
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.Ø*.

Transaction Header Segment Questions	Check	Eligibility Verification Request If Situational, *Payer Situation*
This Segment is always sent	X	Eligibility match will be attempted based on one of the following combinations: a. Cardholder ID to ODM Medicaid ID b. Last 4 digits of recipient SSN and DOB c. First 5 letters of last name, first 3 letters of first name, DOB and gender
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

	Transaction Header Segment			Eligibility Verification Response
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	Ø15863	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	E1	M	Eligibility verification
1Ø4-A4	PROCESSOR CONTROL NUMBER	OHPOP	M	
1Ø9-A9	TRANSACTION COUNT	1	M	1=One Occurrence
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1=National Provider Identifier (NPI)	M	Only the National Provider ID (NPI) is supported
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of the submitting pharmacy

	Transaction Header Segment			Eligibility Verification Response
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	No other values required

	Insurance Segment Segment Identification (111-AM) = "Ø1"			Eligibility Verification Response
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		RW	
3Ø5-C5	PATIENT GENDER CODE		RW	
31Ø-CA	PATIENT FIRST NAME		RW	
311-CB	PATIENT LAST NAME		RW	

	Patient Segment Segment Identification (111-AM) = "Ø4"			Eligibility Verification Response
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		RW	Member ID as issued to the Medicaid beneficiary *12 byte numeric ODM recipient number. For the E1, Eligibility Verification transaction, the last 4 bytes of recipient Social Security Number is allowed.*

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

RESPONSE ELIGIBILITY VERIFICATION PAYER SHEET
ELIGIBILITY VERIFICATION RESPONSE

<table>
<tr><td colspan="3">** Start of Response Eligibility Verification Response (E1) Payer Sheet **</td></tr>
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GENERAL INFORMATION			
Payer Name: Ohio Department of Medicaid	Date: June 12, 2016		
Plan Name/Group Name: Ohio Medicaid	BIN: Ø15863		PCN: OHPOP

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.Ø*.

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

	Response Transaction Header Segment			Eligibility Verification Response – Accepted/Approved
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	E1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Eligibility Verification Response – Accepted/Approved
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	Returned if text is needed for clarification or detail.

	Response Message Segment Segment Identification (111-AM) = "25"			Eligibility Verification Response – Accepted/Approved
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID		R	Member ID as issued to the Medicaid beneficiary

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

	Response Insurance Segment Segment Identification (111-AM) = "29"			Eligibility Verification Response – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	
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	
5Ø3-F3	AUTHORIZATION NUMBER		R	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Returned if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Returned if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION	Free Text Information	RW	Returned if additional text is needed for clarification or detail.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	R	
55Ø-8F	HELP DESK PHONE NUMBER	18775181545	R	

ELIGIBILITY VERIFICATION ACCEPTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Eligibility Verification Response Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	E1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

	Response Message Segment Segment Identification (111-AM) = "2Ø"				Eligibility Verification Response – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*		*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE			RW	Returned if text is needed for clarification or detail.

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

	Response Status Segment Segment Identification (111-AM) = "21"				Eligibility Verification Response Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*		*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject		M	
5Ø3-F3	AUTHORIZATION NUMBER			R	
51Ø-FA	REJECT COUNT	Maximum count of 5.		R	
511-FB	REJECT CODE			R	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.		RW	Returned If Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER			RW	Returned if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION			RW	Returned if additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY			RW	Returned 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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM		R	
55Ø-8F	HELP DESK PHONE NUMBER	18775181545		R	

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.Ø*.

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

	Response Transaction Header Segment			Eligibility Verification Response Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	E1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Eligibility Verification Response – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	Returned if text is needed for clarification or detail.

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

	Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification Response Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Returned if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Returned if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Returned if additional text is needed for clarification or detail.

	Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification Response Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Returned 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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	R	
55Ø-8F	HELP DESK PHONE NUMBER	18775181545	R	

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