



*Vermont Medicaid / OVHA
Consolidated Payer Sheet for VT Pharmacy Use
Updated – 07-28-08*

July 28, 2008

Bin #: 610593
States: Vermont
Destination: SXC Health Solutions / RxClaim
Accepting: Claim Adjudication, Reversals
Format: NCPDP Version 5.1

1. Segment And Field Requirements By Transaction Type

BILLING (B1), REVERSAL (B2), and REBILLING (B3) TRANSACTION DATA ELEMENTS **(M = Mandatory, S = Situational, ***R = Repeat Field)**

NOTE: A "Situational" data element means the NCPDP Standard does not require data on all claims, but the PLAN SPONSOR reserves the possibility of use in specific claim situations. The "Mandatory" and "Required" fields within a "Situational" segment are only mandatory IF the segment is being utilized.

Situational segments can be transmitted; however, not all segments are supported. Please contact the information number for more information regarding the support of claim segments.

ELIGIBILITY VERIFICATION (E1) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT eligibility verification transactions.

PRIOR AUTHORIZATION (P1, P2, P3) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT prior authorization transactions.
- The use of the Prior Authorization Segment is NOT SUPPORTED.

INFORMATION (N1, N2, N3) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT informational transactions.

CONTROLLED SUBSTANCE REPORTING (C1, C2, C3) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT controlled substance reporting transactions

PARTIAL FILL TRANSACTION REPORTING

- **USE OF PARTIAL FILE DATA ELEMENTS is NOT SUPPORTED**
- Reverse original partial claim and resubmit with final dispensed quantity.

COORDINATION OF BENEFITS REPORTING

- COB is fully supported.
- COB is required by this client for claims that are secondary to Part D or commercial insurance.

COUPON REPORTING

- **USE OF THE COUPON SEGMENT DATA ELEMENTS is NOT FULLY SUPPORTED**
- Submit value of coupon in COB Segment's Other Payer Amount field.

MULTIPLE-INGREDIENT COMPOUND CLAIMS SUBMISSION

- The COMPOUND SEGMENT for multi-ingredient compound claims is supported
- Single-ingredient compound claims are no longer accepted by this client.

Transaction Header Segment - Mandatory			Segment is Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	COMMENTS/VALUES
1Ø1-A1	BIN NUMBER	M	610593
1Ø2-A2	VERSION/RELEASE NUMBER	M	51
1Ø3-A3	TRANSACTION CODE	M	123
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	VTM or VTD (Members with Medicare Part D use VTD)
1Ø9-A9	TRANSACTION COUNT	M	Up to 4 allowed
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Use 01 - NPI ID
2Ø1-B1	SERVICE PROVIDER ID	M	NPI ID
4Ø1-D1	DATE OF SERVICE	M	CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use value for Switch's requirements.
Patient Segment – Mandatory			Segment is REQUIRED to locate correct member.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	01
331-CX	PATIENT ID QUALIFIER	S	Required.
332-CY	PATIENT ID	S	Medicaid ID
3Ø4-C4	DATE OF BIRTH	S	Required (Correct DOB will be returned if incorrect DOB is submitted.)
3Ø5-C5	PATIENT GENDER CODE	S	Required
31Ø-CA	PATIENT FIRST NAME	S	Required.
311-CB	PATIENT LAST NAME	S	Required.
322-CM	PATIENT STREET ADDRESS	S	Not Required.
323-CN	PATIENT CITY ADDRESS	S	Not Required.
324-CO	PATIENT STATE / PROVINCE ADDRESS	S	Not Required.
325-CP	PATIENT ZIP/POSTAL ZONE	S	Not Required.
326-CQ	PATIENT PHONE NUMBER	S	Not Required.
3Ø7-C7	PATIENT LOCATION	S	Required for nursing home claims 03 = Nursing Home
333-CZ	EMPLOYER ID	S	Not Required.
334-1C	SMOKER / NON-SMOKER CODE	S	Not Required.
335-2C	PREGNANCY INDICATOR	S	Not Required.

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Insurance Segment – Situational			Segment is Required for B1 and B3 transactions. Not Required for B2 transactions.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	04 – transmit ONLY if the segment is transmitted.
302-C2	CARDHOLDER ID	M	Required if segment is used. From Medicaid ID Card.
312-CC	CARDHOLDER FIRST NAME	S	Not Required.
313-CD	CARDHOLDER LAST NAME	S	Not Required.
314-CE	HOME PLAN	S	Not Required.
524-FO	PLAN ID	S	Not Required.
309-C9	ELIGIBILITY CLARIFICATION CODE	S	As needed to override a reject.
336-8C	FACILITY ID	S	Not Required.
301-C1	GROUP ID	S	Not Required.
303-C3	PERSON CODE	S	Not Required.
306-C6	PATIENT RELATIONSHIP CODE	S	Not Required.
Claim Segment – Mandatory			Segment is Required for B1, B2, B3 transactions.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	07
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Only value “01” is accepted.
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Only supports 7-digit Rx number.
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	03
407-D7	PRODUCT/SERVICE ID	M	Required. NDC Number For compound claims submit 11 zeros (and complete COMPOUND SEGMENT.)
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	S	Not Required.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	Not Required.
458-SE	PROCEDURE MODIFIER CODE COUNT	S	Not Required.
459-ER	PROCEDURE MODIFIER CODE	S***R***	Not Required.
442-E7	QUANTITY DISPENSED	S	Required for B1 & B3 claims.
403-D3	FILL NUMBER	S	Required for B1 & B3 claims.
405-D5	DAYS SUPPLY	S	Required for B1 & B3 claims.
406-D6	COMPOUND CODE	S	Required for B1 & B3 claims. Use '1' if product is not a compound, '2' if product is a compound.
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	Required for B1 & B3 claims.
414-DE	DATE PRESCRIPTION WRITTEN	S	Required for B1 & B3 claims.
415-DF	NUMBER OF REFILLS AUTHORIZED	S	Not Required.
419-DJ	PRESCRIPTION ORIGIN CODE	S	Not Required.
420-DK	SUBMISSION CLARIFICATION CODE	S	As needed to override a reject (required for early refill override)
460-ET	QUANTITY PRESCRIBED	S	Not Required. Partial Fills not supported.
308-C8	OTHER COVERAGE CODE	S	Required.
429-DT	UNIT DOSE INDICATOR	S	Not Required.
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S	Partial Fills not supported.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	Partial Fills not supported.
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	Partial Fills not supported.
330-CW	ALTERNATE ID	S	Not Required.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	Not Required.
600-28	UNIT OF MEASURE	S	Not Required.
418-DI	LEVEL OF SERVICE	S	Not Required.
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	Not supported

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462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	Not required
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	Not Required.
464-EX	INTERMEDIARY AUTHORIZATION ID	S	Not Required.
343-HD	DISPENSING STATUS	S	Partial Fills not supported.
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	Partial Fills not supported.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	Partial Fills not supported.
Pharmacy Provider Segment – Situational			Segment is Not Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	10 – transmit ONLY if the segment is transmitted.
465-EY	PROVIDER ID QUALIFIER	S	Not Required.
444-E9	PROVIDER ID (NCPDP #)	S	Not Required.
Prescriber Segment – Situational			Segment is Required for B1 and B3 transactions.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	03
466-EZ	PRESCRIBER ID QUALIFIER	S	Required. Use 01 only
411-DB	PRESCRIBER ID	S	Required. NPI ID
467-1E	PRESCRIBER LOCATION CODE	S	Not Required.
427-DR	PRESCRIBER LAST NAME	S	Not Required.
498-PM	PRESCRIBER PHONE NUMBER	S	Not Required.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	Not Required.
421-DL	PRIMARY CARE PROVIDER ID	S	Not Required.
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	Not Required.
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	Not Required.
COB/Other Payments Segment – Situational			Segment is Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	05 – Transmit ONLY if the segment is transmitted.
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	Required if Segment is used. Maximum = 3.
338-5C	OTHER PAYER COVERAGE TYPE	M***R***	01 if other payer was Primary, 02 if other payer was Secondary, 03 if other payer was Tertiary
339-6C	OTHER PAYER ID QUALIFIER	S***R***	Required Use 99 – Other for state-issued ID
340-7C	OTHER PAYER ID	S***R***	Required Refer to state list(s) of other payer IDs
443-E8	OTHER PAYER DATE	S***R***	Required Date of service of other payer claim
341-HB	OTHER PAYER AMOUNT PAID COUNT	S	Required if Other Coverage Code is 2; # of claims paid
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	S***R***	Required if Other Coverage Code is 2; Use 07 – Drug Benefit or 08 - Sum of all Reimbursement
431-DV	OTHER PAYER AMOUNT PAID	S***R***	Required if Other Coverage Code is 2; COB Amount- Do Not leave this field Blank
471-5E	OTHER PAYER REJECT COUNT	S	Required if Other Coverage Code is 3 # of claims rejected by other payer
472-6E	OTHER PAYER REJECT CODE	S***R***	Required if Other Coverage Code is 3. NCPDP Reject Code received from other payer

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Workers' Compensation Segment – Situational			Segment is Not Required. Not Required for B2 transactions.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	06 – transmit ONLY if the segment is transmitted.
434-DY	DATE OF INJURY	M	Not Required.
315-CF	EMPLOYER NAME	S	Not Required.
316-CG	EMPLOYER STREET ADDRESS	S	Not Required.
317-CH	EMPLOYER CITY ADDRESS	S	Not Required.
318-CI	EMPLOYER STATE/PROVINCE ADDRESS	S	Not Required.
319-CJ	EMPLOYER ZIP/POSTAL ZONE	S	Not Required.
320-CK	EMPLOYER PHONE NUMBER	S	Not Required.
321-CL	EMPLOYER CONTACT NAME	S	Not Required.
327-CR	CARRIER ID	S	Not Required.
435-DZ	CLAIM/REFERENCE ID	S	Not Required.
DUR/PPS Segment -- Situational			Segment is Not Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	08 -transmit ONLY if the segment is transmitted.
473-7E	DUR/PPS CODE COUNTER	S***R***	Required if segment used. Up to 9 occurrences are supported.
439-E4	REASON FOR SERVICE CODE	S***R***	Required if segment used. DD, ID, and TD accepted.
440-E5	PROFESSIONAL SERVICE CODE	S***R***	Required if segment used. MR, MO, and RO accepted.
441-E6	RESULT OF SERVICE CODE	S***R***	Required if segment used. 1B, 1C, 1D, and 3E accepted.
474-8E	DUR/PPS LEVEL OF EFFORT	S***R***	Not Required
475-J9	DUR CO-AGENT ID QUALIFIER	S***R***	Not Required.
476-H6	DUR CO-AGENT ID	S***R***	Not Required.
Pricing Segment – Mandatory			Segment is Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	11
409-D9	INGREDIENT COST SUBMITTED	S	Required.
412-DC	DISPENSING FEE SUBMITTED	S	Required.
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	Not Required.
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	Required on secondary claims. (Amount of member copay required by primary payer)
438-E3	INCENTIVE AMOUNT SUBMITTED	S	Not Required.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S	Not supported.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***R***	Not supported.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	S***R***	Not supported.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S	Required in applicable locations.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	Required in applicable locations.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	Required if 482-GE submitted.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	Required if 482-GE submitted.
426-DQ	USUAL AND CUSTOMARY CHARGE	S	Required
430-DU	GROSS AMOUNT DUE	S	Required
423-DN	BASIS OF COST DETERMINATION	S	Not Required.

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Coupon Segment – Situational			Required in B1 and B3 transactions ONLY if Coupons apply to the Claim. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	09 – transmit ONLY if the segment is transmitted.
485-KE	COUPON TYPE	M	Not supported.
486-ME	COUPON NUMBER	M	Not supported.
487-NE	COUPON VALUE AMOUNT	S	Not supported.
Compound Segment – Situational			Not Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	10 – transmit ONLY if the segment is transmitted.
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	Not Required.
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	Not Required.
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	Not Required.
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	Not Required.
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	Required 03
489-TE	COMPOUND PRODUCT ID	M***R***	NDC of each ingredient
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	Quantity of each ingredient
449-EE	COMPOUND INGREDIENT DRUG COST	S***R***	Cost of each NDC dispensed.
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***	Not Required.
Prior Authorization Segment – Situational			Not Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	08 - transmit ONLY if the segment is transmitted.
498-PA	REQUEST TYPE	M	Not Required.
498-PB	REQUEST PERIOD DATE-BEGIN	M	Not Required.
498-PC	REQUEST PERIOD DATE-END	M	Not Required.
498-PD	BASIS OF REQUEST	M	Not Required.
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	S	Not Required.
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	S	Not Required.
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	S	Not Required.
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	S	Not Required.
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	S	Not Required.
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	S	Not Required.
498-PY	PRIOR AUTHORIZATION NUMBER--ASSIGNED	S	Not Required.
503-F3	AUTHORIZATION NUMBER	S	Not Required.
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	S	Not Required.
Clinical Segment – Situational			Not Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	13 – transmit ONLY if the segment is transmitted.
491-VE	DIAGNOSIS CODE COUNT	S	Not Required. Not Supported.
492-WE	DIAGNOSIS CODE QUALIFIER	S***R***	Not Required. Not Supported.
424-DO	DIAGNOSIS CODE	S***R***	Not Required. Not Supported.
493-XE	CLINICAL INFORMATION COUNTER	S***R***	Not Required. Not Supported.

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494-ZE	MEASUREMENT DATE	S***R***	Not Required. Not Supported.
495-H1	MEASUREMENT TIME	S***R***	Not Required. Not Supported.
496-H2	MEASUREMENT DIMENSION	S***R***	Not Required. Not Supported.
497-H3	MEASUREMENT UNIT	S***R***	Not Required. Not Supported.
499-H4	MEASUREMENT VALUE	S***R***	Not Required. Not Supported.

2. GENERAL INFORMATION

Live Date: 01/01/2006 (Payer Sheet revisions 04/23/08)

Maximum prescriptions per transaction: 4

Plan specific information, customer service: (800) 250-8427 VT Member Services Unit

Technical assistance, pharmacy help desk: (866) 715-0876 SXC Health Solutions, Inc.

Vendor certification required: Yes

Pharmacy Registration with Payer Required: No

Switch Support: NDC Health Emdeon/WebMD eRx

2. OTHER INFORMATION

- NPI Provider ID required for adjudication and reimbursement. Client will transition to use of NPI ID for Prescribers beginning May 23, 2008.

- Vermont Medicaid requires that compound claims be submitted using the COMPOUND SEGMENT for multi-ingredient compound claims. Single-ingredient compound claim submission is no longer supported.

- **Other Payer Coverage Code (NCPDP Field #308-C8):** Required on all secondary claims. The Other Payer Coverage Code indicates the type of coverage the other insurer is providing for the claim. (See chart below for possible scenarios and circumstances.)

Other Coverage Code / Description	Processing Policy Vermont Coverage Secondary to Alternate Insurance	Processing Policy Vermont Coverage Secondary to Medicare Part D Plan
0 = Not Specified	Claim will reject	Claim will reject.
1 = No other coverage identified	Claim will reject	Claim will reject.
5 = Managed Care Plan denial	Claim will reject	Claim will reject.
6 = Other coverage Denied, not a participating provider	Claim will reject	Claim will reject.

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OCCURRENCE	CORRECT OTHER COVERAGE CODE TO USE	(OVHA – VTM) Processing Policy Vermont Coverage Secondary to Alternate Insurance	(OVHAD – VTD) Processing Policy Vermont Coverage Secondary to Medicare Part B and Part D
The primary insurance plan pays a portion of the claim.	2 = Other coverage exists, payment collected from primary insurance.	Requires Submitted Patient Pay field and COB segment, detailing information on paid claim, including Other Payer ID and Other Payer Paid Amount. Claim will process based on Medicaid allowed amount. <u>Leaving this field blank is not permitted as it will result in the State paying the entire claim in full. These claims will be subject to recoupment.</u>	Requires Submitted Patient Pay field and COB segment, detailing information on paid claim, including Other Payer ID and Other Payer Paid Amount – claim will pay based on member cost share from PDP. OCC2 does not apply to full-benefit duals (except for Part B claims). <u>Leaving this field blank is not permitted as it will result in the State paying the entire claim in full. These claims will be subject to recoupment.</u>
The primary insurance rejects the claim.	3 = Other coverage exists, claim rejected by primary insurance.	<u>Only to be used for over-the-counter drugs.</u> Claims submitted with an OCC = 3 will be subject to an edit to determine if drug is OTC; if so, the state will pay claim if all other state criteria is met. State would prefer Other Payer Reject Code, but field is not currently required. <u>For non-OTC drugs:</u> If the primary payer denies a claim because the drug requires a prior authorization or it is a non-formulary drug, then the primary carrier’s prior authorization procedures must be followed.	Claims submitted with an OCC = 3 will be subject to an edit to determine if drug class is Excluded from Part D coverage by CMS; if so, state will pay claim if all other state criteria is met. If product is not an Excluded Drug from CMS for Part D coverage, state will reject claim. State would prefer Other Payer Reject Code, but field is not currently required. OCC=3 does not apply to Medicare Part B.
The primary insurance carrier processes the claim but does not make a payment because: a) The member is in a deductible period, b) The member is in the Part D donut hole, or c) The payment is less than the patient’s copayment.	4 = Other coverage exists, payment not collected from primary	Requires Submitted Patient Pay field and complete COB segment. Claim will pay based on Medicaid allowed amount. OCC = 4 is not to be used when the primary claim has been denied by the primary insurance plan because the drug requires a prior authorization or it is a non-formulary drug. If found during a State audit, these claims will be subject to recoupment.	To be used when member has deductible or “donut hole” and primary payer is not making payment on claim; requires Submitted Patient Pay field and complete COB segment. Claim will pay based on member cost share from PDP. Also used for Part B deductible. OCC4 does not apply to Part D claims for full-benefit duals (but may be used for Part B claims). OCC = 4 is not to be used when the primary claim has been denied by the Part D Plan because the drug requires a prior authorization or it is a non-formulary drug. If found during a State audit, these claims will be subject to recoupment.

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The primary insurance plan rejects the claim because coverage no longer exists.	7 = Other coverage exists, not in effect on Date of Service (DOS)	To be used if member’s other coverage no longer exists; state will process claim.	Claim will reject.
The Part D Plan processes the claim with a negative amount for payment.	8 = Billing for Copay	Not applicable	<i>(Only used when Other Payer Paid Amount is \$<0)</i> Requires Submitted Patient Pay field and COB segment, detailing information on paid claim, including Other Payer ID and <i>negative</i> Other Payer Paid Amount. Claim will pay based on member cost sharing.

Other Payer ID Qualifier (NCPDP Field #339-6C): Required on claims where the Other Coverage Code (OCC) = “2” or “8”. The Other Payer ID Qualifier will always be “99 – Other”, since the list is a state-issued list of payers.

Other Payer ID (NCPDP Field #339-7C): Required on claims where the Other Coverage Code (OCC) = “2” or “8”. The Other Payer ID is a unique three-digit carrier code that identifies the other insurer; the state issues and maintains that list of codes. For Medicare Part D secondary claims, the state maintains a list of the Part D plan sponsors. For other Medicaid secondary claims, the state maintains a complete list of potential insurers.

Other Payer Amount Paid (NCPDP Field #431-DV): Required on claims where the Other Coverage Code (OCC) = “2” or “8”. The Other Payer Amount Paid is the dollar amount of the payment received from the primary payer(s).

Other Payer Date (NCPDP Field #443-E8): Required on all secondary claims. The Other Payer Date is the payment or denial date of the claim submitted to the other payer.

Other Payer Reject Code (NCPDP Field #472-6E): The Other Payer Reject Code is not currently required, but is supported by the state when the Other Coverage Code (OCC) = 3.