



Indiana State
Department of Health

NCPDP Version D.Ø

**Telecommunication
Payer Sheet**

November 2Ø16

Payer Sheet – NCPDP Version D.Ø

Address any comments concerning the contents of this manual to:

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1. REVISION HISTORY

| Document Version Number | Revision Date | Revision Page Number(s) | Reason for Revisions | Revisions Completed By |
|-------------------------|----------------|-------------------------|---|------------------------|
| Version 1.0 | March 2007 | All | New document | ISDH HIPAA |
| Version 1.1 | May 2007 | 9, 18, 28 | Added NPI | ISDH HIPAA |
| Version 1.2 | August 2007 | All | Correct phone number | ISDH HIPAA |
| Version 1.2 | August 2007 | 9 | System rejects | ISDH HIPAA |
| Version 1.2 | August 2007 | 13 | IOT contact information | ISDH HIPAA |
| Version 1.2 | August 2007 | 14 | Message format | ISDH HIPAA |
| Version 1.4 | May 2008 | 9,18,26,28 | NPI update | ISDH HIPAA |
| Version 1.5 | July 2009 | 17,21,23 | COB clarification | ISDH HIPAA |
| Version 2.0 | January 2011 | All | Version D.0 Implementation | ISDH HIPAA |
| Version 2.1 | September 2011 | 7, 9 | COB clarification | ISDH HIPAA |
| Version 2.2 | January 2012 | 9, 10 | COB clarification | ISDH HIPAA |
| Version 2.3 | November 2016 | All | Correct phone number and typographical errors | ISDH HIPAA |

2. NCPDP VERSION D.0 CLAIM BILLING TEMPLATE

2.1 REQUEST CLAIM BILLING PAYER SHEET TEMPLATE

** Start of Request Claim Billing (B1) Payer Sheet Template **

GENERAL INFORMATION

| | | |
|---|--|--|
| Payer Name: ISDH | | Date: 12/31/2010 |
| Plan Name/Group Name: ISDH-001 CSHCS: Children's Special Health Care Services | BIN: 636104 | PCN: ISDH-001 (production) ISDH-T (testing) |
| Processor: | | |
| Effective as of: 1/1/2012 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: July 2007 | NCPDP External Code List Version Date: June 2010 | |
| Contact/Information Source: 1-800-475-1355 opt. #5 and then opt. #1 or 317-233-1351 | | |
| Certification Testing Window: 1/3/2011 – 9/30/2011 and then on-going for new providers | | |
| Certification Contact Information: 1-800-475-1355 opt. #5 and then opt. #1 or 317-233-1351 | | |
| Provider Relations Help Desk Info: 1-800-475-1355 opt. #5 and then opt. #3 | | |
| Other versions supported: 5.1 until 12/31/2011 | | |

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

| Transaction Code | Transaction Name |
|------------------|-------------------------|
| B1 | Billing Request |
| B2 | Billing Reversal |

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 |

Fields that are not used in the Claim Billing transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING TRANSACTIONS

The following lists the segments and fields in a Claim Billing Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

| Transaction Header Segment Questions | Check | Claim Billing <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued | X | Assigned by ISDH Contact EDI Department @ 1-800-475-1355 opt. #5 and then opt. #1 |

| Field # | Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing <i>Payer Situation</i> |
|---------|---|--|-------------|---|
| 101-A1 | BIN NUMBER | 636104 | M | BIN for ISDH |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | B1 | M | Claim Billing |
| 104-A4 | PROCESSOR CONTROL NUMBER | ISDH-T (Testing) ISDH-001 (CSHCS Production) | M | Assigned by Indiana State Department of Health. Different Processor Control Numbers are used for Testing and Production. |

| Transaction Header Segment | | | | Claim Billing |
|----------------------------|----------------------------------|---------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 109-A9 | TRANSACTION COUNT | 1 | M | Valid values are '1' through '4' |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 = National Provider ID | M | |
| 201-B1 | SERVICE PROVIDER ID | | M | National Provider Identifier (NPI) |
| 401-D1 | DATE OF SERVICE | | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | Assigned by ISDH | M | Contact EDI Department @ 1-800-475-1355 opt. #5 and then opt. #1 |

| Insurance Segment Questions | Check | Claim Billing |
|-----------------------------|-------|---------------------------------|
| | | If Situational, Payer Situation |
| This Segment is always sent | X | |

| Insurance Segment Segment Identification (111-AM) = "04" | | | | Claim Billing |
|--|------------------|---|-------------|------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | 6 Digit Patient ID number assigned by ISDH program. | M | Member's ID as shown on card |

| Patient Segment Questions | Check | Claim Billing |
|-----------------------------|-------|---------------------------------|
| | | If Situational, Payer Situation |
| This Segment is always sent | X | |
| This Segment is situational | | |

| Patient Segment Segment Identification (111-AM) = "01" | | | | Claim Billing |
|--|---------------------|-------------------------------|-------------|--|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 304-C4 | DATE OF BIRTH | | R | |
| 305-C5 | PATIENT GENDER CODE | All code set values supported | R | |
| 310-CA | PATIENT FIRST NAME | | RW | Imp Guide: Required when the patient has a first name. Payer Requirement: Required as all patients are enrolled with a first name |
| 311-CB | PATIENT LAST NAME | | R | |

| Claim Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|---|-------|--|
| This Segment is always sent | X | |
| This payer does not support partial fills | X | |

| Field # | Claim Segment Segment Identification (111-AM) = "Ø7" | Value | Payer Usage | Claim Billing Payer Situation |
|---------|---|--|----------------|---|
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | CSHCS only accepts RX billing in Real-Time transactions. Supplies (DME claims) must be submitted on an 837. |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | ØØ = Compound Ø3 = National Drug Code (NDC) | M | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | Enter the 11-digit National Drug Code (NDC) for the drug dispensed; for Compound, this field should be a single digit 'Ø'. |
| 442-E7 | QUANTITY DISPENSED | | R | |
| 4Ø3-D3 | FILL NUMBER | | R | |
| 4Ø5-D5 | DAYS SUPPLY | | R | |
| 4Ø6-D6 | COMPOUND CODE | 1 = Not a compound 2 = Compound | R | |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | All values supported | R | |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | | RW | <i>Imp Guide:</i> Required if necessary for plan benefit administration. <i>Payer Requirement: 1 or more refills have been authorized by physician.</i> |
| 3Ø8-C8 | OTHER COVERAGE CODE | Ø: Not Specified 1: No Other Coverage (OC) 2: Other Coverage Exists- Payment Collected 3: OC Billed-Claim not Covered 4: OC Exists-payment not collected | RW | <i>Imp Guide:</i> Required, if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. <i>Payer Requirement: Required for COB processing</i> |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | 1 = Prior Authorization | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement: ISDH follows standard IG</i> |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement: 7 digit Prior Authorization # if available</i> |

| Pricing Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|-----------------------------|-------|--|
| This Segment is always sent | X | |

| | Pricing Segment Segment Identification (111-AM) = "11" | | | Claim Billing |
|---------|---|-------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 409-D9 | INGREDIENT COST SUBMITTED | | R | |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R | <i>Imp Guide:</i> Required if needed per trading partner agreement. <i>Payer Requirement: As payer of last resort, ISDH requires to determine payment.</i> |
| 430-DU | GROSS AMOUNT DUE | | R | |

| Coordination of Benefits/Other Payments Segment Questions | Check | Claim Billing If Situational, Payer Situation |
|--|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | <i>Required only for secondary, tertiary, etc claims.</i> |
| Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs) | X | ISDH is <u>ALWAYS</u> Payer of last resort according to State Law 410 IAC 3.2-5-1(d) Health insurance information and utilization . If a participant has one or more other payers including Medicaid, any claim must be submitted to the primary and/or secondary payer(s) first before submitting to ISDH for reimbursement. ISDH can only accept up to 9 COB Payer information segments. <i>As payer of last resort, we have to verify that all prior payers have been considered based on the information we have on hand as well as information submitted with the Billing Transaction.</i> |

| | Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05" | | | Claim Billing |
|---------|---|---------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | Maximum count of 9. | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Payer ID (340-7C) is used. <i>Payer Requirement: ISDH follows standard IG</i> |
| 340-7C | OTHER PAYER ID | | RW | <i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication. <i>Payer Requirement: Required if available</i> |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | Maximum count of 9. | RW | <i>Imp Guide:</i> Required if Other Payer Amount Paid Qualifier (342-HC) is used. <i>Payer Requirement: ISDH follows standard IG</i> |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Payer Amount Paid (431-DV) is used. <i>Payer Requirement: ISDH follows standard IG</i> |
| 431-DV | OTHER PAYER AMOUNT PAID | | RW | <i>Imp Guide:</i> Required if other payer has approved payment for some/all of the billing. |

| | Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing |
|---------|---|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | <p>Not used for patient financial responsibility only billing.</p> <p>Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted.</p> <p>Payer Requirement: Required if Other Payer has approved payment for some or all of the billing.</p> |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW | <p>Imp Guide: Required if Other Payer Reject Code (472-6E) is used.</p> <p>Payer Requirement: ISDH follows standard IG</p> |
| 472-6E | OTHER PAYER REJECT CODE | | RW | <p>Imp Guide: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered).</p> <p>Payer Requirement: When coverage code=3, all previous payer(s) have denied the claim.</p> |
| 353-NR | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | Maximum count of 25. | RW | <p>Imp Guide: Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.</p> <p>Payer Requirement: ISDH follows standard IG</p> |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | <p>Ø1: Amount Applied to Periodic</p> <p>Ø2: Amount Attributed to Product Selection/Brand</p> <p>Ø3: Amount Attributed to Sales Tax</p> <p>Ø4: Amount Exceeding Periodic Benefit Maximum</p> <p>Ø5: Amount of Co-pay</p> <p>Ø6: Patient Pay Amount</p> <p>Ø7: Amount of Coinsurance</p> <p>Ø8: Amount Attributed to Product Selection/Non-Preferred Formulary Selection</p> <p>Ø9: Amount Attributed to Health Plan Assistance Amount</p> <p>1Ø: Amount Attributed to Provider Network Selection</p> <p>11: Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection</p> | RW | <p>Imp Guide: Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.</p> <p>Payer Requirement: ISDH follows standard IG</p> <p>For Qualifier Ø6: Should only be used when secondary payers (or additional payers) are passing on the Patient Responsibility amount from the Primary payer.</p> |

| | Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs) |
|---------|---|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | <p>12: Amount Attributed to Coverage Gap (137-UP)</p> <p>13: Amount Attributed to Processor Fee</p> | | |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | | RW | <p><i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing.</p> <p>Required if necessary for state/federal/regulatory agency programs.</p> <p>Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.</p> <p><i>Payer Requirement:</i> ISDH requires if after other payer has made payment or denied and there is still a balance that is the patient responsibility.</p> <p>For Qualifier Ø6: Should only be used when secondary payers (or additional payers) are passing on the Patient Responsibility amount from the Primary payer.</p> |

| Compound Segment Questions | Check | Claim Billing <i>If Situational, Payer Situation</i> |
|-----------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | <i>Required when Compound Code (406-D6) = 2 (compound).</i> |

| | Compound Segment Segment Identification (111-AM) = "1Ø" | | | Claim Billing |
|----------------|--|-------------------------------|--------------------|------------------------|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 45Ø-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | | M | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | | M | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 ingredients. | M | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | Ø3 = National Drug Code (NDC) | M | |
| 489-TE | COMPOUND PRODUCT ID | 11-digit NDC | M | |
| 448-ED | COMPOUND INGREDIENT QUANTITY | | M | |

**** End of Request Claim Billing (B1) Payer Sheet Template ****

2.2 RESPONSE CLAIM BILLING PAYER SHEET TEMPLATE

2.2.1 CLAIM BILLING ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

**** Start of Response Claim Billing (B1) Payer Sheet Template ****

GENERAL INFORMATION

| | | |
|--|-------------------------|--|
| Payer Name: ISDH | Date: 12/31/2010 | |
| Plan Name/Group Name: ISDH-001 CSHCS: Children's Special Health Care Services | BIN: 636104 | PCN: ISDH-001 (production) ISDH-T (testing) |

CLAIM BILLING PAID (OR DUPLICATE OF PAID) RESPONSE

The following lists the segments and fields in a Claim Billing Response (Paid or Duplicate of Paid) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

| Response Transaction Header Segment Questions | Check | Claim Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| Field # | Response Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing– Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i> |
|---------|--|--------------------------|-------------|---|
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | B1 | 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 Header Segment Questions | Check | Claim Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | ISDH will return information that is relevant to the claim. |

| Field # | Response Message Segment Segment Identification (111-AM) = "20" | Value | Payer Usage | Claim Billing– 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. Payer Requirement: ISDH will return information that is relevant to the claim. |

| Response Status Segment Questions | Check | Claim Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| Field # | Response Status Segment Segment Identification (111-AM) = "21" | Value | Payer Usage | Claim Billing– Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i> |
|---------|---|-------------------------------|-------------|---|
| 112-AN | TRANSACTION RESPONSE STATUS | P=Paid D=Duplicate of Paid | M | |

| Response Status Segment Segment Identification (111-AM) = "21" | | | | Claim Billing– Accepted/Paid (or Duplicate of Paid) |
|---|----------------------------------|--------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> ISDH will return the System assigned Claim Number for this claim. |
| 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 | 8ØØ4751355 | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Will be returned. |

| Response Claim Segment Questions | Check | Claim Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|----------------------------------|-------|--|
| This Segment is always sent | X | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | | | Claim Billing– Accepted/Paid (or Duplicate of Paid) |
|--|---|----------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

| Response Pricing Segment Questions | Check | Claim Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is always sent | X | |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | | | Claim Billing– Accepted/Paid (or Duplicate of Paid) |
|--|--------------------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 5Ø5-F5 | PATIENT PAY AMOUNT | | R | |
| 5Ø6-F6 | INGREDIENT COST PAID | | R | |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. <i>Payer Requirement:</i> Will be returned. |
| 5Ø9-F9 | TOTAL AMOUNT PAID | | R | |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | 8: Contract Pricing – Price based upon contractual agreement between trading partners. | RW | <i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. <i>Payer Requirement:</i> Will be returned. |

2.2.2 CLAIM BILLING ACCEPTED/REJECTED RESPONSE

CLAIM BILLING ACCEPTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing Accepted/Rejected <i>If Situational, Payer Situation</i> |
|---|-------|---|
| This Segment is always sent | X | |

| Field # | Response Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing Accepted/Rejected <i>Payer Situation</i> |
|---------|--|--------------------------|-------------|---|
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B1 | 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 | Claim Billing Accepted/Rejected <i>If Situational, Payer Situation</i> |
|------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | <i>ISDH will return information that is relevant to the claim.</i> |

| Field # | Response Message Segment Segment Identification (111-AM) = "20" | Value | Payer Usage | Claim Billing Accepted/Rejected <i>Payer Situation</i> |
|---------|--|-------|-------------|--|
| 504-F4 | MESSAGE | | RW | <i>Imp Guide: Required if text is needed for clarification or detail.</i> <i>Payer Requirement: ISDH will return information that is relevant to the claim.</i> |

| Response Status Segment Questions | Check | Claim Billing Accepted/Rejected <i>If Situational, Payer Situation</i> |
|-----------------------------------|-------|---|
| This Segment is always sent | X | |

| Field # | Response Status Segment Segment Identification (111-AM) = "21" | Value | Payer Usage | Claim Billing Accepted/Rejected <i>Payer Situation</i> |
|---------|---|---------------------|-------------|--|
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide: Required if needed to identify the transaction.</i> <i>Payer Requirement: ISDH will return the System assigned Claim Number for this claim.</i> |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.</i> <i>Payer Requirement: Will be returned.</i> |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3 = Processor/PBM | RW | <i>Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.</i> <i>Payer Requirement: Will be returned.</i> |
| 55Ø-8F | HELP DESK PHONE NUMBER | 8ØØ4751355 | RW | <i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> <i>Payer Requirement: Will be returned.</i> |

| Response Claim Segment Questions | Check | Claim Billing Accepted/Rejected <i>If Situational, Payer Situation</i> |
|----------------------------------|-------|---|
| This Segment is always sent | X | |

| | Response Claim Segment Segment Identification (111-AM) = "22" | | | Claim Billing Accepted/Rejected |
|---------|--|----------------|-------------|---------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

| Response Coordination of Benefits/Other Payers Segment Questions | Check | Claim Billing Accepted/Rejected <i>If Situational, Payer Situation</i> |
|--|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | If ISDH is unable to adjudicate claim because the patient has Other Insurance and Coordination of Benefits/Other Payers Segment that was not submitted with the claim or the number of Other Payer segments does not match the number of other payers on record. |

| | Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | | Claim Billing Accepted/Rejected |
|---------|--|----------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 355-NT | OTHER PAYER ID COUNT | Maximum count of 3. | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | All values supported | M | |
| 356-NU | OTHER PAYER CARDHOLDER ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> ISDH will return any Cardholder information we have on file. |
| 992-MJ | OTHER PAYER GROUP ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> ISDH will return any Group# information we have on file. |

2.2.3 CLAIM BILLING REJECTED/REJECTED RESPONSE

CLAIM BILLING REJECTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing Rejected/Rejected <i>If Situational, Payer Situation</i> |
|---|-------|---|
| This Segment is always sent | X | |

| Field # | Response Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing Rejected/Rejected <i>Payer Situation</i> |
|---------|--|--------------------------|-------------|---|
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B1 | 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 Message Segment Questions | Check | Claim Billing Accepted/Rejected <i>If Situational, Payer Situation</i> |
|------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | <i>ISDH will return information that is relevant to the claim.</i> |

| Field # | Response Message Segment Segment Identification (111-AM) = "2Ø" | Value | Payer Usage | Claim Billing Accepted/Rejected <i>Payer Situation</i> |
|---------|--|-------|-------------|--|
| 504-F4 | MESSAGE | | RW | <i>Imp Guide: Required if text is needed for clarification or detail.</i> <i>Payer Requirement: ISDH will return information that is relevant to the claim.</i> |

| Response Status Segment Questions | Check | Claim Billing Rejected/Rejected <i>If Situational, Payer Situation</i> |
|-----------------------------------|-------|---|
| This Segment is always sent | X | |

| Field # | Response Status Segment Segment Identification (111-AM) = "21" | Value | Payer Usage | Claim Billing Rejected/Rejected <i>Payer Situation</i> |
|---------|---|---------------------------|-------------|--|
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide: Required if needed to identify the transaction.</i> <i>Payer Requirement: Will be returned.</i> |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3 = Processor/PBM | RW | <i>Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.</i> <i>Payer Requirement: Will be returned.</i> |
| 55Ø-8F | HELP DESK PHONE NUMBER | 8ØØ4751355 | RW | <i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> <i>Payer Requirement: Will be returned.</i> |

**** End of Response Claim Billing (B1) Payer Sheet Template ****

3. NCPDP VERSION D.Ø CLAIM REVERSAL TEMPLATE

3.1 REQUEST CLAIM REVERSAL PAYER SHEET TEMPLATE

**** Start of Request Claim Reversal (B2) Payer Sheet Template ****

GENERAL INFORMATION

| | |
|--|---|
| Payer Name: ISDH | Date: 12/31/2Ø1Ø |
| Plan Name/Group Name: ISDH-ØØ1 CSHCS: Children's Special Health Care Services | BIN: 6361Ø4 PCN: ISDH-ØØ1 (production) ISDH-T (testing) |

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 |

| Question | Answer |
|--|------------------------|
| What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) | 2 Business Days |

CLAIM REVERSAL TRANSACTION

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

| Transaction Header Segment Questions | Check | Claim Reversal <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued | X | Assigned by ISDH Contact EDI Department @ 1-8ØØ-475-1355 opt. #5 and then opt. #1 |

| Field # | Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal <i>Payer Situation</i> |
|---------|---|--|-------------|---|
| 1Ø1-A1 | BIN NUMBER | 6361Ø4 | M | BIN for ISDH |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | M | Claim Reversal |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | ISDH-T (Testing) ISDH-ØØ1 (CSHCS Production) | M | Assigned by Indiana State Department of Health. Different Processor Control Numbers are used for Testing and Production. |
| 1Ø9-A9 | TRANSACTION COUNT | 1 | M | Valid values are '1' through '4' |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1 = National Provider ID | M | |
| 2Ø1-B1 | SERVICE PROVIDER ID | | M | National Provider Identifier (NPI) |
| 4Ø1-D1 | DATE OF SERVICE | | M | |
| 11Ø-AK | SOFTWARE VENDOR/CERTIFICATION ID | Assigned by ISDH | M | Contact EDI Department @ 1-8ØØ-475-1355 opt. #5 and then opt. #1 |

| Insurance Segment Questions | Check | Claim Reversal <i>If Situational, Payer Situation</i> |
|-----------------------------|-------|--|
| This Segment is always sent | X | |
| This Segment is situational | | |

| | Insurance Segment Segment Identification (111-AM) = "Ø4" | | | Claim Reversal |
|---------|---|---|-------------|------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 3Ø2-C2 | CARDHOLDER ID | 6 Digit Patient ID number assigned by ISDH Program. | M | Member's ID as shown on card |

| Claim Segment Questions | Check | Claim Reversal <i>If Situational, Payer Situation</i> |
|-----------------------------|-------|--|
| This Segment is always sent | X | |

| | Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Reversal |
|---------|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1=RX Billing | M | CSHCS only accepts RX billing in Real-Time transactions. Supplies (DME claims) must be submitted on an 837. |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | ØØ = Compound Ø3 = National Drug Code (NDC) | M | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | Enter the 11-digit National Drug Code (NDC) for the drug dispensed; for Compound, this field should be a single digit 'Ø'. |

**** End of Request Claim Reversal (B2) Payer Sheet Template ****

3.2 RESPONSE CLAIM REVERSAL PAYER SHEET TEMPLATE

3.2.1 CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

**** Start of Claim Reversal Response (B2) Payer Sheet Template ****

GENERAL INFORMATION

| | | |
|---|------------------|--|
| Payer Name: ISDH | Date: 12/31/2Ø1Ø | |
| Plan Name/Group Name: ISDH-ØØ1 CSHCS: Children's Special Health Care Services | BIN: 6361Ø4 | PCN: ISDH-ØØ1 (production) ISDH-T (testing) |

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.Ø.

| Response Transaction Header Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| | Response Transaction Header Segment | | | Claim Reversal – Accepted/Approved |
|---------|-------------------------------------|--------------------------|-------------|------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | M | |
| 1Ø9-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 5Ø1-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |

| Response Transaction Header Segment | | | | Claim Reversal – Accepted/Approved |
|-------------------------------------|-------------------------------|--------------------------|-------------|------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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 Header Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | <i>ISDH will return information that is relevant to the claim.</i> |

| Response Message Segment Segment Identification (111-AM) = “20” | | | | Claim Reversal – Accepted/Approved |
|--|------------------|-------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement: ISDH will return information that is relevant to the claim.</i> |

| Response Status Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| Response Status Segment Segment Identification (111-AM) = “21” | | | | Claim Reversal – Accepted/Approved |
|---|----------------------------------|--------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | A = Approved | M | |
| 503-F3 | AUTHORIZATION NUMBER | | R | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement: ISDH will return the System assigned Claim Number for this claim.</i> |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | 03 = Processor/PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement: Will be returned.</i> |
| 550-8F | HELP DESK PHONE NUMBER | 8004751355 | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement: Will be returned.</i> |

| Response Claim Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|----------------------------------|-------|--|
| This Segment is always sent | X | |

| Response Claim Segment Segment Identification (111-AM) = “22” | | | | Claim Reversal – Accepted/Approved |
|--|---|----------------|-------------|------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

3.2.2 CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Reversal - Accepted/Rejected <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| Field # | Response Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal – Accepted/Rejected <i>Payer Situation</i> |
|---------|--|--------------------------|-------------|--|
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B2 | 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 | Claim Reversal - Accepted/Rejected <i>If Situational, Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | <i>ISDH will return information that is relevant to the claim.</i> |

| Field # | Response Message Segment Segment Identification (111-AM) = “2Ø” <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal – Accepted/Rejected <i>Payer Situation</i> |
|---------|---|-------|-------------|--|
| 504-F4 | MESSAGE | | RW | <i>Imp Guide: Required if text is needed for clarification or detail.</i> <i>Payer Requirement: ISDH will return information that is relevant to the claim.</i> |

| Response Status Segment Questions | Check | Claim Reversal - Accepted/Rejected <i>If Situational, Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| Field # | Response Status Segment Segment Identification (111-AM) = “21” <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal – Accepted/Rejected <i>Payer Situation</i> |
|---------|--|---------------------------|-------------|--|
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | R | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | <i>Ø3 = Processor/PBM</i> | RW | <i>Imp Guide: Required if Help Desk Phone Number (550-8F) is used.</i> <i>Payer Requirement: Will be returned.</i> |
| 550-8F | HELP DESK PHONE NUMBER | <i>8004751355</i> | RW | <i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> <i>Payer Requirement: Will be returned.</i> |

| Response Claim Segment Questions | Check | Claim Reversal - Accepted/Rejected <i>If Situational, Payer Situation</i> |
|----------------------------------|-------|--|
| This Segment is always sent | X | |

| Field # | Response Claim Segment Segment Identification (111-AM) = “22” <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal – Accepted/Rejected <i>Payer Situation</i> |
|---------|---|----------------|-------------|--|
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

3.2.3 CLAIM REVERSAL REJECTED/REJECTED RESPONSE

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Reversal - Rejected/Rejected <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| | Response Transaction Header Segment | | | Claim Reversal – Rejected/Rejected |
|---------|-------------------------------------|--------------------------|-------------|------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B2 | 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 Status Segment Questions | Check | Claim Reversal - Rejected/Rejected <i>If Situational, Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Reversal – Rejected/Rejected |
|---------|---|---------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | R | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 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: Will be returned.</i> |
| 55Ø-8F | HELP DESK PHONE NUMBER | 8ØØ4751355 | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement: Will be returned.</i> |

**** End of Claim Reversal (B2) Response Payer Sheet Template ****