



OnePoint[®]
PATIENT CARE



ONEPOINT PATIENT CARE
PAYER SHEET



Table of Content

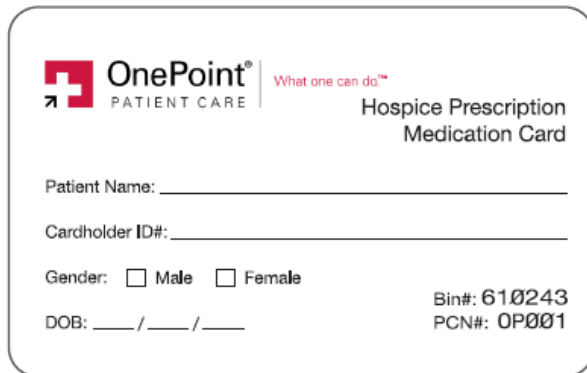
Sample Member Identification Cards	3
Hospice Patients	3
General Information	4
Claim Billing Transaction.....	4
Transaction Header Segment (Mandatory).....	4
Insurance Segment (Mandatory)	4
Patient Segment (Mandatory).....	4
Claim Segment (Mandatory).....	5
Prescriber Segment: Mandatory	5
COB/Other Payments Segment ***Not Utilized***	5
DUR/PPS Segment ***Not Utilized***	5
Pricing Segment (Mandatory)	6
Compound Segment (Situational).....	6
Claim Reversal Transaction	7
Transaction Header Segment (Mandatory).....	7
Insurance Segment (Mandatory)	7
Claim Segment (Mandatory).....	7



Sample Member Identification Cards

Hospice Patients

Hospice Patients often need medication urgently upon enrollment and will have a handwritten card provided by a hospice representative or patient caregiver. Relevant information can also be obtained from our web application and provided to Pharmacy verbally.



OnePoint® PATIENT CARE | What one can do™
Hospice Prescription Medication Card

Patient Name: _____

Cardholder ID#: _____

Gender: Male Female

DOB: ____ / ____ / ____

Bin#: 610243
PCN#: OP001



OnePoint Patient Care
PBM Services & Pharmacy Support
Phone: 877-791-6772, option #2
Fax: 877-791-6773

General Information

Payer Name: OnePoint Patient Care	Date: January 1, 2025	
Plan Name/Group Name: OnePoint Patient Care	BIN: 610243	PCN: OP001
Processor: OnePoint Patient Care		
Effective as of: 1/1/2012	NCPDP Version #: D.0	
Contact/Information Source: Provider-Services@oppc.com		
Provider Relations Help Desk Info: Variable; Refer to reject message		
Other versions supported: None		

Claim Billing Transaction

The following table lists the segments available in a Billing Transaction. Pharmacies are required to submit upper case values on B1/B2 transactions. The table also lists values as defined under Version D.0. The segment summaries included below list the mandatory data fields.

M – Mandatory as defined by NCPDP
RW – Situational as defined by Plan

R – Required as defined by the Processor
O – Optional

Transaction Header Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
101-A1	BIN Number	610243	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1	M	Billing Transaction
104-A4	Processor Control Number	OP001	M	Use value as printed on ID card
109-A9	Transaction Count	1-4	M	
202-B2	Service Provider ID Qualifier	01	M	01 = NPI
201-B1	Service Provider ID	10-digit NPI	M	NPI Only
401-D1	Date of Service		M	CCYYMMDD
110-AK	Software Vendor/Certification ID	Blank Fill	O	

Insurance Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	04	M	
302-C2	Cardholder ID		M	
301-C1	Group ID		RW	May not be required; Varies by plan
303-C3	Person Code	000	R	Always '000'
306-C6	Patient Relationship Code	1	R	Cardholder Only

Patient Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	01		
304-C4	Date of Birth		R	Format CCYYMMDD
305-C5	Patient Gender Code	1=male, 2=female, 0=not disclosed	R	
310-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
322-CM	Patient Street Address		O	
323-CN	Patient City Address		O	
324-CO	Patient State/Province Address		O	
325-CP	Patient Zip/Postal Zone		O	



Claim Segment (Mandatory)

Up to 4/submission.

Partial fills not supported.

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	Ø7	M	
455-EM	Rx/Service Reference # Qualifier	1=Rx billing	M	
402-D2	Prescription/Service Reference Number		M	Rx Number
436-E1	Product/Service ID Qualifier	Ø3=NDC	M	Must submit 00 if compound
4Ø7-D7	Product/Service ID	11-digit NDC or 0 for compound	M	Must submit 0 if compound
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code	1=not a compound 2=compound	R	Must submit 2 if compound
4Ø8-D8	Dispense as Written (DAW)	Ø-9	R	All values supported
414-DE	Date Prescription Written		R	Format CCYYMMDD
415-DF	# of Refills Authorized		R	
442-E7	Quantity Dispensed		R	
429-DT	Unit Dose Indicator		O	
419-DJ	Prescription Origin Code	1=Written 2=Telephone 3=Electronic 4=Facsimile	O	
354-NX	Submission Clarification Code	Maximum count of 3	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	Submission Clarification Code	All values supported	RW	<i>Payer Requirement: Required when claim explanation is needed for overrides.</i>
46Ø-ET	Quantity Prescribed		RW	Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document).

Prescriber Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	Ø3	M	
466-EZ	Prescriber ID Qualifier	Ø1=NPI	M	NPI Requested
411-DB	Prescriber ID	NPI	M	NPI should be submitted whenever possible
427-DR	Prescriber Last Name		R	
498-PM	Prescriber Phone Number		O	

COB/Other Payments Segment ***Not Utilized***

DUR/PPS Segment ***Not Utilized***



Pricing Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	11	M	
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
426-DQ	Usual and Customary Charge		R	
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when a percent sales tax is applicable
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when a 482-GE Percentage Sales Tax Amount submitted is applicable
484-JE	Percentage Sales Tax Basis Submitted	Ø2, Ø3	RW	Required when 483-HE Percentage Sales Tax Rate Submitted is applicable Ø2 – Ingredient Cost Ø3 – Ingredient Cost + Dispensing Fee
481-HA	Flat Sales Tax Amount	Applicable to claim	RW	Required when a flat sales tax amount is applicable

Compound Segment (Situational)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	1Ø	M	
45Ø-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	Valid values specific to members plan.
447-EC	Compound Ingredient Component Count		M	Maximum 25 ingredients
488-RE	Compound Product ID Qualifier	Ø3	M	Ø3- NDC
489-TE	Compound Product ID		M	Component NDCs of compound
448-ED	Compound Ingredient Quantity		M	Metric Quantity
449-EE	Compound Ingredient Drug Cost		R	Required for each ingredient
49Ø-UE	Compound Ingredient Basis of Cost Determination		R	
362-2G	Compound Ingredient Modifier Code Count		RW	Max. count of 1Ø. Required when Compound Ingredient Modifier Code (363-2H) is specified.
363-2H	Compound Ingredient Modifier Code		RW	Required when Compound Ingredient Modifier code Count (363-2G) is specified.



Claim Reversal Transaction

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

Transaction Header Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
101-A1	BIN Number	610243	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	Billing Transaction
104-A4	Processor Control Number	OP001	M	Use value as printed on ID card
109-A9	Transaction Count	1-4	M	
202-B2	Service Provider ID Qualifier	01	M	01 = NPI
201-B1	Service Provider ID	10-digit NPI	M	NPI Only
401-D1	Date of Service		M	CCYYMMDD
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Insurance Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	04	M	
302-C2	Cardholder ID		M	
301-C1	Group ID		RW	May not be required; Varies by plan

Claim Segment (Mandatory)

Up to 4/submission.

Partial fills not supported.

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	01	M	
455-EM	Rx/Service Reference # Qualifier	1=Rx billing	M	
402-D2	Prescription/Service Reference Number		M	Rx Number
436-E1	Product/Service ID Qualifier	03=NDC	M	Must submit 00 if compound
407-D7	Product/Service ID	11-digit NDC or 0 for compound	M	Must submit 0 if compound
403-D3	Fill Number		R	