

ATTACHMENT 59

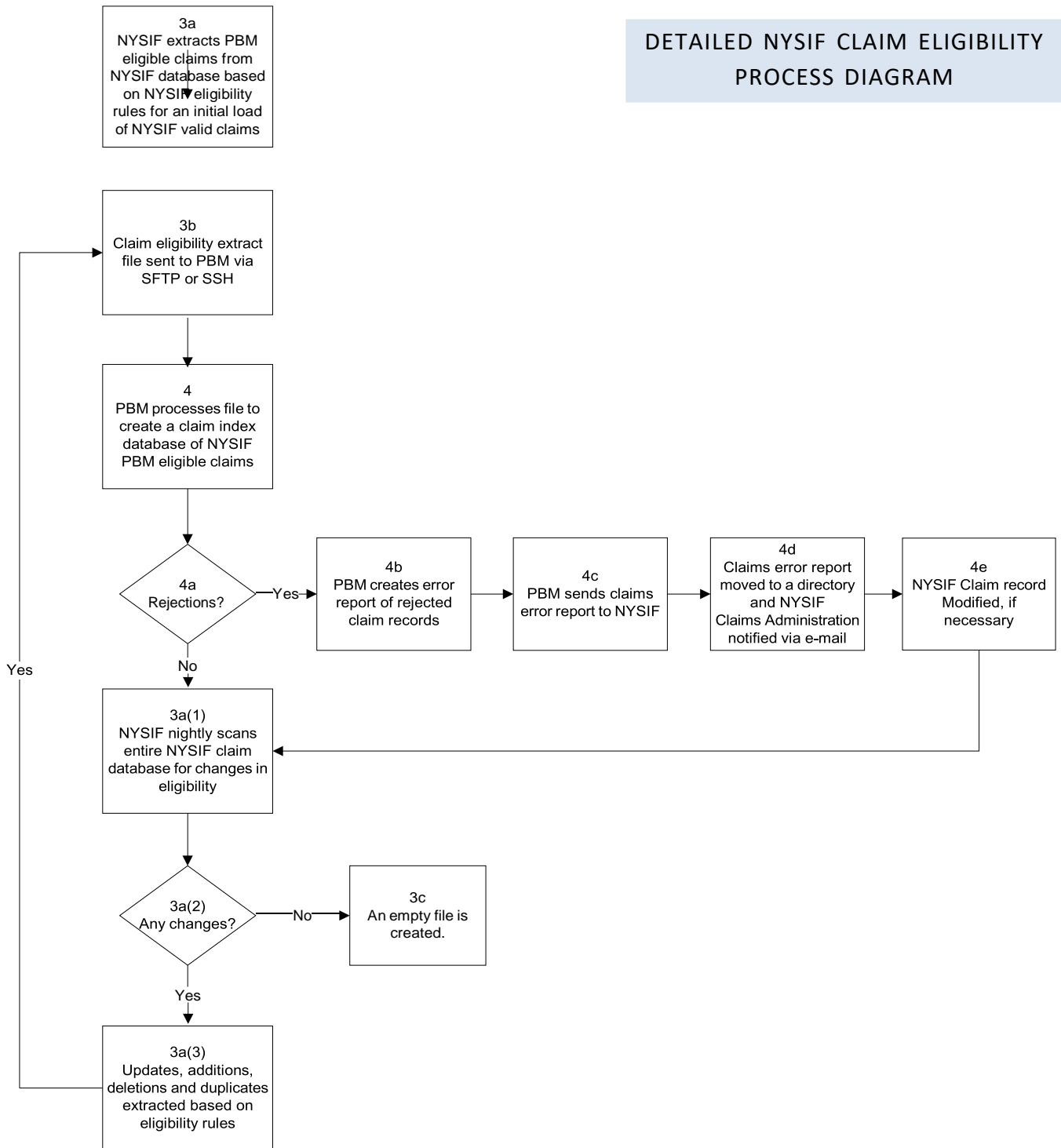


Department of Civil Service

NYSIF Eligibility Process - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

NYSIF CLAIM ELIGIBILITY PROCESS DIAGRAM

DETAILED NYSIF CLAIM ELIGIBILITY PROCESS DIAGRAM



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NYSIF CLAIM ELIGIBILITY PROCESS

PURPOSE OF CLAIM FILE

The purpose of the Claim Eligibility Process is to ensure that the Pharmacy submits bills for valid NYSIF Carrier Case Numbers (i.e. Claims Numbers) only.

NYSIF shall:

- Create a daily extract of eligible Claims based on the business rules defined by the NYSIF Claims Department. This information will include all additions, modifications and deletions that have occurred since the previous transmission.
- Create this Claims Eligibility file in the form of an ASCII Text file.
- Each line in the file shall not exceed 1500 characters
- Create the ASCII Text file using the NYSIF Claim Eligibility File Layout defined below.
- Name the ASCII Text file using the NYSIF Claim Eligibility File Naming Convention defined below.
- Encrypt the ASCII Text file using pgp encryption methodology.
- Transmit the ASCII Text file using SFTP or SSH connection.
- Transmit the ASCII Text file on a daily basis, the specific time(s) to be determined.

NYSIF CLAIM ELIGIBILITY FILE NAMING CONVENTION

| Name | Type | Description |
|-----------------------|---------|-------------|
| Submitter ID | Char(2) | NS |
| 6 Digit Creation Date | Char(6) | YYMMDD |
| 4 Digit Time | Char(4) | HHMM |
| Extension | Char | .injury |

CLAIM ELIGIBILITY FILE NAMING CONVENTION SAMPLE RECORD

NS1310041430.injury

NYSIF CLAIM ELIGIBILITY FILE LAYOUT SPECIFICATIONS

File Description: Claimant Eligibility File

Usage: Will provide the PBM with the necessary eligibility data based upon the claimant’s current status.

Media: Electronic transfer (1500 record size, ASCII character set, carriage control/line feeds).

| Seq | Name of Field | Field Format | Field Length | Field Location From - To | | Definition of Field value/comments |
|-----|--|--------------|--------------|--------------------------|---|---|
| 1 | Record Type Required | A/N | 1 | 1 | 1 | This field describes the type of eligibility record being sent. Value must be “W”. |
| 2 | NYSIF PBM Type Required | A/N | 4 | 2 | 5 | Value must be “WCN”. |

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|----|--|-----|----|-----|-----|---|
| 3 | NYSIF Identifier Required | A/N | 4 | 6 | 9 | Value must be “NYS”. |
| 4 | NYSIF Group Identifier Required | A/N | 15 | 10 | 24 | Value must be “IF”. |
| 5 | Claimant ID Required | A/N | 18 | 25 | 42 | This number is assigned to the claimant by NYSIF. This field will always contain the claimant’s social security number. In the future it may be changed to a unique id. Non-Blank No Embedded spaces Left Justified, Space Filled Will default to all 9’s if not available. |
| 6 | Claimant Last Name Required | A/N | 20 | 43 | 62 | This field will contain the claimant’s last name. Modifiers such as JR, SR, etc. should follow the last name. Left Justified Non-Blank |
| 7 | Claimant First Name Required | A/N | 15 | 63 | 77 | This field will contain the claimant’s first name. Left Justified Non-Blank |
| 8 | Claimant Middle Initial Required | A/N | 1 | 78 | 78 | This field will contain the claimant’s middle initial. Space filled if unknown. |
| 9 | New Address1 Required | A/N | 40 | 79 | 118 | This field will contain the first line of the claimant’s address. If any address is invalid for mailing, it will be included on the error file as a warning message. Left justified |
| 10 | New Address2 Required | A/N | 40 | 119 | 158 | This field will contain the second line of the claimant’s address. If any address is invalid for mailing, it will be included on the error file as a warning message. Left justified, Fill with space if none. |
| 11 | City Required | A/N | 20 | 159 | 178 | Claimant City If any address is invalid for mailing, it will be included on the error file as a warning message. Will put “X” if unknown. Left justified |

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|----|---|-----|----|-----|-----|---|
| 12 | State Required | A/N | 2 | 179 | 180 | <p>Claimant state.</p> <p>If any address is invalid for mailing, it will be included on the error file as a warning message.</p> <p>Will put “XX” if unknown.</p> |
| 13 | Postal Code Required | N | 9 | 181 | 189 | <p>Claimant Zip Code</p> <p>If any address is invalid for mailing, it will be included on the error file as a warning message.</p> <p>If extended zip is unknown zero fill the last 4 positions. If cannot be provided field should be 900000000.</p> |
| 14 | Date of Birth Required | N | 8 | 190 | 197 | <p>This field must Contain the date of birth of each claimant.</p> <p>Valid date CCYMMDD Must be less than the claimant’s date of accident.</p> |
| 15 | Gender Code Required | A/N | 1 | 198 | 198 | <p>Claimant’s gender.</p> <p>M – Male F – Female U – Unknown</p> |
| 16 | Date of injury Required | N | 8 | 199 | 206 | <p>Claimant’s date of Injury Date.</p> <p>Format: CCYMMDD Must be greater than the date of birth of claimant.</p> |
| 17 | Termination Date Required | N | 8 | 207 | 214 | <p>The claimant term date is the date when the claimant’s drug coverage ends.</p> <p>Must be a valid date and equal to or greater than effective date if supplied. Zero fill if no term date. Format: CCYMMDD</p> |
| 18 | NYSIF Claim Number Required | A/N | 20 | 215 | 234 | <p>NYSIF’s claim number</p> <p>Left justified or blank</p> |
| 19 | State of Jurisdiction Required | A/N | 2 | 235 | 236 | <p>State in which claim is filed.</p> <p>Will always be “NY”.</p> |
| 20 | Office identifier Required | A/N | 10 | 237 | 246 | <p>This field identified the office the claim is from.</p> <p>Ex: 03NAU</p> <p>Left Justified or blank</p> |
| 21 | Status Flag Required | A/N | 1 | 247 | 247 | <p>Claimant’s eligibility status indicator.</p> <p>A – Allow D – Disallowed</p> |

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|----|---|-----|----|-----|-----|---|
| 22 | Denial Msg Code Required | A/N | 2 | 248 | 249 | See list of Denial Msg Codes in next section. |
| 23 | Merge Claim ID | A/N | 10 | 250 | 259 | this field is used to merge this record into an existing claim ID |
| 24 | Client Claim Examiner Required | A/N | 10 | 260 | 269 | Claim unit number. Alpha/numeric |
| 25 | Filler Required | A/N | 55 | 270 | 324 | Future Use |
| 26 | Co-pay Amt Required | N | 5 | 325 | 329 | Co-pay dollar amount or percentage for co-pay liability. NYSIF will populate this field with the percentage of non NYSIF liability. Format: 9(3)v99 NYSIF will use 0 to 100. 0 represents 100% NYSIF liability. |
| 27 | Co-pay Ind Required | A/N | 1 | 330 | 330 | Indicated if the Co-pay Amt field is a dollar or percent amount. NYSIF uses “P”, which stands for percent. |
| 28 | Policy number Required | N | 15 | 331 | 345 | NYSIF claim policy number. Left justified. |
| 29 | Province Name Required | A/N | 30 | 346 | 375 | If any address is invalid for mailing, it will be included on the error file as a warning message. Province name Filled with spaces if no Province Name |
| 30 | Foreign Postal Code Required | A/N | 15 | 376 | 390 | If any address is invalid for mailing, it will be included on the error file as a warning message. Foreign Postal Code Filled with spaces if no Province |
| 31 | Apartment Required | A/N | 40 | 391 | 430 | If any address is invalid for mailing, it will be included on the error file as a warning message. Apartment Filled with spaces if no Apartment |
| 32 | Country Required | A/N | 35 | 431 | 465 | If any address is invalid for mailing, it will be included on the error file as a warning message. Country Filled with spaces if no Country |

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|----|--|-----|-----|------|------|--|
| 33 | Care Of Required | A/N | 50 | 466 | 515 | <p>If any address is invalid for mailing, it will be included on the error file as a warning message.</p> <p>Care Of Filled with spaces if no Care Of</p> |
| 34 | Prior Authorized Drugs Required | A/N | 620 | 516 | 1135 | <p>Prior authorized drugs. Uses GPI codes. Up to 20 occurrences. Up to 14 character GPI, though NYSIF will typically send a 10 character code. GPI is left justified, beginning immediately after end date. Up to four spaces will precede the A(pproval) or D(denial) flag.</p> <p>Format:< Begin Date><End Date><GPI><Approval/Denied> Date format: CCYMMDD Ex: 20120712201307122140200000 A Ex: 20120712201307122140200000 D</p> |
| 35 | Filler Required | A/N | 364 | 1136 | 1499 | Future Use |
| | | | | 1500 | | |

CLAIM ELIGIBILITY FILE SAMPLE RECORD

```

WWCN NYS IF      011111111      Sally      Billy      D27 Leaside Drive
St Catharines    ONL2M 7X1  19820603U20111203201605071111111      NY08BUF      DN8
081                                00000P13763784      ONTARIO      L2M 7X1
CANADA
201207122013072253992000000000A201107122013072223992000000000D
    
```

CLAIM ELIGIBILITY PROCESS

NYSIF may require that a data extract from the current PBM be used in lieu of an Initial Claim Eligibility Extract from NYSIF.

In addition to those fields in the Claim Eligibility Extract, the PBM will need to accept and utilize additional fields from the current PBM.

NYSIF extracts PBM eligible claims from NYSIF database based on NYSIF eligibility rules for an initial load of

INITIAL CLAIM ELIGIBILITY EXTRACT

- NYSIF valid claims.
1. Claim eligibility extract file is sent to PBM using SFTP or SSH connection.
 2. PBM processes file to create a claim index database for NYSIF.
 3. PBM system will scan extract for any rejections in the claimant information file.
 4. PBM rejects individual claim records based on PBM rejection rules and creates error report.
 5. PBM sends claims error report to NYSIF.
 6. Claims Administration will determine if it is necessary for the claim record will be modified in the NYSIF system.
 7. NYSIF will not send an eligibility record if the first name, last name, gender, address line 1, date of injury, case unit number or approval status is not available.
 8. The date of injury must be a valid date.

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9. If NYSIF does not have a claimant's valid date of birth, the default value of 19111111 will be sent in the file.
10. If NYSIF does not have a city for the claimant's address, the default value of "X" will be sent in the file.
11. If NYSIF does not have a state for the claimant's address, the default value of "XX" will be sent in the file.
12. If NYSIF does not have a zip code for the claimant's address, the default value of "90000" will be sent in the file.
13. If there is no effective date, the default value of all spaces will be sent in the file.
14. If there is no drug authorization date, the default value of all zeros will be sent in the file.
15. If the state jurisdiction is not NY, the default value of all spaces will be sent in the file.
16. PBM shall be able to accept multiple claim eligibility files in a day if necessary. In most cases NYSIF will only send one file per day.
17. If NYSIF does not have the claimant's SSN, the default value of 999999999 will be sent in the file.

SUBSEQUENT CLAIM ELIGIBILITY EXTRACT

1. NYSIF nightly scans entire NYSIF claim database for changes in eligibility
2. Program determines if there are any changes in eligibility.
3. Updates, additions, deletions and duplicates will be extracted based on subsequent file eligibility rules
4. If there are no changes or updates to PBM claim eligibility, an empty file will be created and sent to PBM using SFTP or SSH connection.
5. Claim eligibility extract file sent to PBM using SFTP or SSH connection.
6. The PBM shall update their claim index of claimant eligibility records appropriately and timely.
7. NYSIF will not send an eligibility record if the first name, last name, gender, address line 1, date of injury, case unit number or approval status is not available.
 - a. The date of injury must be a valid date.
8. If NYSIF does not have a claimant's valid date of birth, the default value of 19111111 will be sent in the file.
9. If NYSIF does not have a city for the claimant's address, the default value of "X" will be sent in the file.
10. If NYSIF does not have a state for the claimant's address, the default value of "XX" will be sent in the file.
11. If NYSIF does not have a zip code for the claimant's address, the default value of "90000" will be sent in the file.
12. If there is no effective date, the default value of all spaces will be sent in the file.
13. If there is no drug authorization date, the default value of all zeros will be sent in the file.
14. If the state jurisdiction is not NY, the default value of all spaces will be sent in the file.
15. The case shall be re-sent to the PBM if the Jurisdiction, original claim number, percentage of NYSIF liability, unit number, accident date, policy number, claimant SSN, claimant date of birth, claimant gender and/or claimant address has changed.
16. PBM shall be able to accept multiple claim eligibility files in a day if necessary. In most cases NYSIF will only send one file per day.

NYSIF CLAIM ELIGIBILITY PROCESS BUSINESS RULES

NYSIF CLAIM ELIGIBILITY DENIAL REASONS

| DENIAL CODE | DESCRIPTION |
|-------------|--|
| | NYSIF ALLOWED |
| N1 | NYSIF is Controverting the Claim |
| N2 | Claimant has Died |
| N3 | Per Legal Department, NYSIF Not Liable |
| N4 | 3rd Party Settlement, NYSIF Not Liable |
| N5 | NYSIF Does Not Cover This Claim |
| N6 | Duplicate Claim, Obtain Correct Number |
| N8 | The Claim is Retired |
| N9 | Lump Sum Settlement, NYSIF Not Liable |
| NA | Section 32, NYSIF Not Liable |

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| | |
|-----------|-------------------------------------|
| ND | Possible 25-a Case-Call NYSIF |
| NE | Employer Paying Bill |
| NF | Reopened case- ? of NYSIF Liability |
| NG | Question of Unrelated Treatment |
| NK | Death Claim Number |
| NL | Apportionment Claim Number |
| NM | NYS Credit Acct Claim |
| NN | Vendor Claim Unit |
| NO | Invalid Unit |
| NP | Failed Initial Eligibility Edits |
| NQ | End Prescription Eligibility |

NYSIF CLAIM ELIGIBILITY EXTRACT BUSINESS RULES

- 3a. The nightly extract contains allowed and disallowed records.
- If a claim is brand new, it is an allowed record.
 - If the claim is no longer considered for PBM eligibility, it is disallowed.
- 3b. Claim updates (containing new or changed claimant information) will be extracted daily and the file will be sent securely to PBM at a time to be determined.