

ATTACHMENT 64



**Department of
Civil Service**

**NYSIF Aging Short Fill File Layout - RFP entitled:
“Pharmacy Benefit Services for The Empire Plan,
Student Employee Health Plan, and NYS Insurance
Fund Workers’ Compensation
Prescription Drug Programs”**

WEEKLY SHORT FILL AGING REPORT NAMING CONVENTION

WCN14.yyymmdd

WEEKLY SHORT FILL AGING REPORT NAMING CONVENTION LAYOUT

Name of Field	Field Format	Field Length	Comments
Processor	A	4	Value: WCN14.
File Creation Date	N	6	Format: YYMMDD

WEEKLY SHORT FILL AGING REPORT FILE LAYOUT

Short Fill File Layout (Weekly Aging File Report)						
Header Record						
Field Name	Type	Length	Position		Required	Comments
			Start	End		
Process ID	A/N	3	1	3	Y	Must be “PBM”.
Date Created	A/N	8	4	11	Y	Format: YYYYMMDD. File creation date.
Starting Fill Date	N	8	12	19	Y	Format: YYYYMMDD. Earliest fill date in the file.
Ending Fill Date	N	8	20	27	Y	Format: YYYYMMDD. Latest fill date in the file.
Record Count	N	9	28	36	Y	Record count must equal the number of detail records in the file.
Filler	A/N	924	37	960	Y	

Short Fill File Layout (Weekly Aging File Report)						
Detail Record						
Field Name	Type	Length	Position		Required	Comments
			Start	End		
Date of Service	A/N	8	1	8	Y	Format: YYYYMMDD
Master Carrier	A/N	4	9	12	Y	Must be “WCN”.
Subcarrier	A/N	4	13	16	Y	Must be “NYS”.
Group	A/N	15	17	31	Y	Must be “NYSHORT”, “HEALTH” OR “IF”. HEALTH = Short Fill HIVProphylactic NYSHORT = NYSIF RegularShort Fill IF = NYSIF standard Group
Last Name	A/N	20	32	51	Y	

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Field Name	Type	Length	Position		Required	Comments
			Start	End		
First Name	A/N	15	52	66	Y	
Middle Initial	A/N	1	67	67	N	Fill with spaces if not available.
SSN	A/N	18	68	85	Y	
Date of Birth	A/N	8	86	93	N	Default to 19111111 if not available. Format: YYYYMMDD
Date of Injury	A/N	8	94	101	Y	Format: YYYYMMDD
DEA/NPI	A/N	10	102	111	Y	
Doctor Name	A/N	40	112	151	N	Fill with spaces if not available.
Doctor Phone	A/N	10	152	161	N	Fill with spaces if not available.
Doctor Phone Extension	A/N	5	162	166	N	Fill with spaces if not available.
Doctor Address 1	A/N	40	167	206	N	Fill with spaces if not available.
Doctor Address 2	A/N	40	207	246	N	Fill with spaces if not available.
Doctor City	A/N	30	247	276	N	Fill with spaces if not available.
Doctor State	A/N	2	277	278	N	Fill with spaces if not available.
Doctor Zip 1-5	A/N	5	279	283	N	Fill with spaces if not available.
Doctor Zip 6-9	A/N	4	284	287	N	Fill with spaces if not available.
Pharmacy Name	A/N	40	288	327	Y	
Pharmacy Phone	A/N	15	328	342	N	Fill with spaces if not available.
Pharmacy Address 1	A/N	40	343	382	N	Fill with spaces if not available.
Pharmacy Address 2	A/N	40	383	422	N	Fill with spaces if not available.
Pharmacy City	A/N	30	423	452	N	Fill with spaces if not available.
Pharmacy State	A/N	2	453	454	N	Fill with spaces if not available.
Pharmacy Zip 1-5	A/N	5	455	459	N	Fill with spaces if not available.
Pharmacy Zip 6-9	A/N	4	460	463	N	Fill with spaces if not available.
Employer Name	A/N	30	464	493	N	Fill with spaces if not available.
Employer Address 1	A/N	40	494	533	N	Fill with spaces if not available.
Employer Address 2	A/N	40	534	573	N	Fill with spaces if not available.
Employer City	A/N	20	574	593	N	Fill with spaces if not available.
Employer State	A/N	2	594	595	N	Fill with spaces if not available.
Employer Zip	A/N	9	596	604	N	Fill with spaces if not available.
Employer Phone	A/N	10	605	614	N	Fill with spaces if not available.
NABP	A/N	10	615	624	Y	Pharmacy unique identifier.
Filler	A/N	7	625	631	N	Fill with spaces.
NDC	A/N	11	632	642	Y	
Drug Name	A/N	25	643	667	Y	
Customer Claim Number	A/N	20	668	687	N	Fill with spaces if not available. If you have received an eligibility file, this data should be populated.

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Field Name	Type	Length	Position		Required	Comments
			Start	End		
Status	A/N	1	688	688	Y	Status code in the NYSIF eligibilityfile.
Status Message Code	A/N	2	689	690	N	Fill with spaces if not available.
						If you have received an eligibility file,this data should be populated.
Status Message Code Desc	A/N	40	691	730	N	Fill with spaces if not available. If you have received an eligibility file,this data should be populated.
Days Aged	N	3	731	733	Y	Number of days since fill date.
Date Processed	N	8	734	741	Y	Fill date. Format: YYYYMMDD
Examiner Number	A/N	10	742	751	N	Fill with spaces if not available. NYSIF Unit number from eligibility file.If you have received an eligibility file, this data should be populated.
Filler	A/N	5	752	756	N	Fill with spaces if not available.
ARS Number	N	15	757	771	N	If policy number = 00240960 or240960 you will have an ARS number in most cases.
Entity Number	N	15	772	786	N	If policy number = 00240960 or240960 you will have an Entity number in most cases.
Claimant Address Line 1	A/N	40	787	826	Y	
Claimant Address Line 2	A/N	40	827	866	N	Fill with spaces if not available.
Claimant City	A/N	20	867	886	Y	
Claimant State	A/N	2	887	888	Y	
Claimant Zip	A/N	9	889	897	Y	
Policy Number	N	15	898	912	Y	Must get from temp id card. If noton temp card, script must not be filled. NYSIF policy number.
Script Number	N	12	913	924	Y	
Filler	A/N	36	925	960	Y	Fill with spaces.

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Short Fill File Layout (Weekly Aging File Report)						
Footer Record						
Field Name	Type	Length	Position		Required	Comments
			Start	End		
Process ID	A/N	3	1	3	Y	
Date Created	N	8	4	11	Y	Format: YYYYMMDD
Starting Fill Date	N	8	12	19	Y	Format: YYYYMMDD
Ending Fill Date	N	8	20	27	Y	Format: YYYYMMDD
Record Count	N	9	28	36	Y	Record count must equal the number of detail records in the file.
Filler	A/N	924	37	960	Y	