ATTACHMENT 84

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service	**Layout Specifications for DCS Program Informational Claims Data File - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"**

Purpose: To define data layout specifications for the 2022 and 2023 DCS informational prescription drug paid claims file.

Format: Flat file format; (text file, pipe delimited).

Name of Field	*Field Format*	*Max Field Length*	*Definition of Field Value/Comments*
Service Date	Text	10	Date of Service for the dispensed drug. Format = *CCYY-MM-DD*
NDC Number Code	Text	11	NDC for the drug dispensed.
Product Name	Text	25	The name for the drug dispensed based on the manufacturing code, product code and package code.
Rx Refill Number	Text	3	Indicator that identifies if the prescription was new or a refill on the drug dispensed. **0** = New script **1 -99** = Refill Number
Metric Quantity Disp	Text	(10,3)	Metric quantity for the drug dispensed. The field is up to 10 total positions including a decimal point and up to 3 characters after the decimal point. Examples: Value of 180 will show as **180.000** Value of 30.5 will show as **30.500** Value of 1.258 will show as **1.258**

Name of Field	Field Format	Max Field Length	Definition of Field Value/Comments
Days Supply Rx	Text	3	Days supply for the drug dispensed. Format is right-justified numeric field. Examples: Value of 120 will show as **120** Value of 90 will show as **90** Value of 2 will show as **2**
Date of Birth	Text	10	Date of birth for the member. Format = *CCYY-MM-DD*
Medicare Indicator	Text	1	Medicare Part B indicator. Values: **Y**= Medicare primary; and **N**= Not Medicare primary.
Relationship	Text	30	The relationship of the member to the enrollee: **Child** **Domestic Partner** **Other** **Self** **Spouse**
Benefit Program Code	Text	5	Member's Benefit Program indicator.
Rx Dispensed as Written Code	Text	1	Drug Dispensed As Written: **0** = No product selection indicated **1** = Prescriber required (no substitution) **2** = Patient requested product **3** = Pharmacist selected product **4** = Generic drug not in stock **5** = Brand dispensed as generic **6** = Override **7** = Brand mandated by law (no substitution) **8** = Generic drug not available in marketplace (substitution allowed) **9** = Other

Name of Field	Field Format	Max Field Length	Definition of Field Value/Comments
Provider NPI ID	Text	10	Unique number assigned to the dispensing pharmacy. Note: claims for Specialty Drugs dispensed through the Specialty Pharmacy Process by the DCS Program's Designated Specialty Pharmacy must be identified by the pharmacy NPI. Attachment 87 lists the NPIs for the DCS Program's Designated Specialty Pharmacy.
Rx Mail or Retail Type	Text	30	Values: **Mail** or **Retail** Order
Adjustment Type Medstat	Text	30	Indicate whether the claim is an Original Submission or Replacement or a Voided Claim. Values: **Original or Replacement**, and **Void**
Provider Zip Code	Text	5	Pharmacy Zip Code
Claim ID	Text	30	Unique identifier for the claim
Formulary ID	Text	4	4-Digit Code to identify formulary
Formulary Description	Text	19	2375 Excelsior Formulary 2356 Flexible Formulary 2378 EGWP Formulary 2352 Advanced Flexible or EGWP OHI
De-identified Member ID	Text	19	8143214838043720000 (Representative and actual de-identified member ID)
Carrier ID	Text	4	4-Digit Code to identify Carrier
Carrier Description	Text	4	1207 NYSHIP Foreign Carrier 1268 NYSHIP COB 9482 NYSHIP EGWP 3413 EGWP OHI 6027 Empire Commercial

Name of Field	Field Format	Max Field Length	Definition of Field Value/Comments
Vaccine Claim	Text	8	VAC-ONLY VAC-ADM (BLANK IF NO VACCINE INDICATION)
Utilization Management	Text	47	DRUG NOT COVERED - NON-COVERED BENEFIT PRIOR AUTHORIZATION SGM PRIOR AUTHORIZATION SGM PA WITH FORMULARY EXCEPTION WHEN APPLICABLE DRUG NOT COVERED - NON-FORMULARY BRAND PENALTY EXCEPTION POST LIMIT PA MULTIPLE TYPES OF UM COPAY EXCEPTION UNKNOWN TYPE OF UM SGM UNKNOWN TYPE OF UM (BLANK IF NO UTILIZATION MANAGEMENT APPLICATION/INDICATION)