ATTACHMENT 85

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service	Layout Specifications for NYSIF 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"

NYSIF Prescription Drug Program
Layout Specifications for NYSIF Program Informational Claims Data File

Purpose: To define data layout specifications for 2022 and 2023 NYSIF informational prescription drug paid claim files. **Format:**   Flat file format; (text file, pipe delimited)

Name of Field	*Field Format*	*Field Length*	*Definition of Field Value/Comments*
Date of Service (DOS)	Text	8	Date of Service for the dispensed drug. Format = *CCYYMMDD*
NDC	Text	11	NDC for the drug dispensed
Product Name	Text	70	The name for the drug dispensed based on the manufacturing code, product code and package code
New/Refill Code	Text	2	Indicator that identifies if the prescription was new or a refill on the drug dispensed. **00** = New script **01 -99** = Refill Number

Name of Field	Field Format	Field Length	Definition of Field Value/Comments
Quantity Dispensed	Number	(13,3)	Metric quantity for the drug dispensed. Format is a right-justified numeric field up to 13 total positions including a decimal point and up to 3 characters after the decimal point. Examples: Value of 180 will show as **180** Value of 30.5 will show as **30.5** Value of 1.258 will show as **1.258**
Days Supply	Number	(4,0)	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	8	Date of birth for the member. Format = *CCYYMMDD*
Person Code	Text	2	Person code that claim processed against
Benefit Program	Text	3	Member's Benefit Program indicator
Specialty Program Participation Indicator	Text	1	**Y** = Member participates in the Specialty Pharmacy Program **N** = Member does not participate in Specialty Pharmacy Program
DAW code	Text	1	Drug Dispensed As Written **0** = None indicated **1** = Physician prescribed brand **2** = Physician allowed substitution, patient selected brand **3** = Physician allowed substitution , pharmacist substituted brand **4** = No generic available **5** = Brand was dispensed as generic **6** = Override **7** = Substitution not allowed - brand drug mandated by law **8** = Substitution allowed - generic drug not available in marketplace **9** = Other

Name of Field	Field Format	Field Length	Definition of Field Value/Comments
Pharmacy NPI	Text	10	Unique number assigned to the dispensing pharmacy from the National Council for Prescription Drug Programs.
Generic Code Number	Text	5	The (First Data Bank) generic code number associated with the NDC dispensed.
Provider Class	Text	3	Provider Class: **E** = Direct Member Submit **F** = Retail **P** = Mail Order
Claim Status	Text	1	Claim status for the claim **P** = Paid
NYS Generic Brand Code	Text	1	The NYS brand/generic product indicator for the pharmacy submitted drug **0** = Brand **1** = Generic
Provider Zip Code	Text	5	Pharmacy Zip Code
Bill Date	Text	8	Date that the claim was billed to the client. Format = *CCYYMMDD*
Row Number	Number	(8,0)	Row number assigned sequentially. Format is right-justified numeric field. Example: Value of 234567 will show as **234567**
Pharmacy Type	Text	1	**R** = Retail Network Pharmacy **M** = Mail Service Pharmacy **D** = Direct Submit (Enrollee) Claim **N** = Non-network Pharmacy **S** = Specialty (See Instructions)