ATTACHMENT 34

NYS Detailed Claim File Layout (DCS) - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

FIELD NAME	FIELD TYPE	LENGTH
Record Type	A/N	2
Record Indicator	A/N	1
Formulary Tier	A/N	2
Cardholder ID	A/N	20
Last Name	A/N	35
First Name	A/N	25
Middle Initial	A/N	1
Cardholder Date of Birth	N	8
Patient Last Name	A/N	35
Patient First Name	A/N	25
Patient Middle Initial	A/N	1
Patient Date of Birth	N	8
Patient Gender Code	N	1
Eligibility/Patient Relationship Code	N	2
Patient Age	N	3
Group ID	A/N	15
Carrier Number	A/N	9
Policy Number	A/N	15
Billing Account Number	A/N	8
Copay Modifier ID	A/N	10
Other Coverage Code	N	2
Service Provider ID Qualifier	A/N	2
Service Provider ID	A/N	15
Pharmacy Name	A/N	35
Pharmacy Address Line 1	A/N	55
Pharmacy Address Line 2	A/N	55
City	A/N	30
State	A/N	2
Zip	A/N	15
Pharmacy Telephone Number	N	10
Pharmacy Dispenser Type	A/N	2
Network Reimbursement ID	A/N	10
Prescriber ID Qualifier	A/N	2
Prescriber ID	A/N	15
Prescriber Last Name	A/N	35
Prescriber First Name	A/N	25
Ordering Provider State Code	A/N	2
Ordering Provider Zip Code	A/N	15
Record Status Code	A/N	1

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FIELD NAME	FIELD TYPE	LENGTH
Claim Media Type	A/N	1
Processor Payment Clarification Code	A/N	2
Product/Service ID Qualifier	A/N	2
Product/Service ID	A/N	19
Date of Service	N	8
Adjudication Date	N	8
Billing Cycle End Date	N	8
D.0 RX NUMBER	N	15
RX NUMBER QUALIFIER	A/N	1
Quantity Dispensed	N	10
Days’ Supply	N	3
Date Prescription Written	A/N	8
Dispense as Written (DAW)/Product Selection Code	A/N	1
Number of Refills Authorized	N	2
Unit of Measure	A/N	2
Original Quantity	N	10
Original Day Supply	N	3
Compound Code	N	1
Reject Code 1	A/N	3
Reject Code 2	A/N	3
Reject Code 3	A/N	3
Database Indicator	A/N	1
Product/Service Name	A/N	30
Generic Name	A/N	30
Product Strength	A/N	15
Dosage Form Code	A/N	4
Drug Type	N	1
Maintenance Drug Indicator	A/N	1
Drug Category Code	A/N	1
Submission Clarification Code	N	2
GCN Number	A/N	6
Universal System Classification (USC)	A/N	6
Generic Product Identifier	A/N	14
Med B/Med D Indicator	A/N	1
Therapeutic Class Code - AHFS	A/N	6
Formulary Status	A/N	1
Ingredient Cost Paid	N	8
Dispensing Fee Paid	N	8

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FIELD NAME	FIELD TYPE	LENGTH
Total Amount Paid by all Sources	N	8
Amount Attributed To Sales Tax	N	8
Patient Pay Amount	N	8
Amount of Copay	N	8
Amount of Coinsurance	N	8
Amount Attributed To Product Selection	N	8
Amount Applied to Periodic Deductible	N	8
MAC Reduced Indicator	A/N	1
Client Pricing Basis of Cost	A/N	2
Generic Indicator	A/N	1
Out of Pocket Apply Amount	N	8
AWP Type Indicator	A/N	1
Average Wholesale Unit Price	N	10
Ingredient Cost Submitted	N	8