

ATTACHMENT 48



Department of
Civil Service

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

Feedback File Layout (.txt)

FIELD NAME	FIELD LENGTH
Medicare ID	20
Member SSN	09
Alternate ID with Dependent Benef Number	20
FILLER	09
Cust ID	05
FIRST_NAME	20
MIDDLE_INITIAL	01
LAST_NAME	30
BIRTH_DATE	08
GENDER	01
FILLER	20
FILLER	20
benefit program	20
EFFECTIVE_DATE	08
TRC Code	03
TERM_DATE	08
DATE_OF_DEATH	08
LIS_AMOUNT	10
LEP_AMOUNT	10
FILE_CREATION_DATE	08