

# ATTACHMENT 59

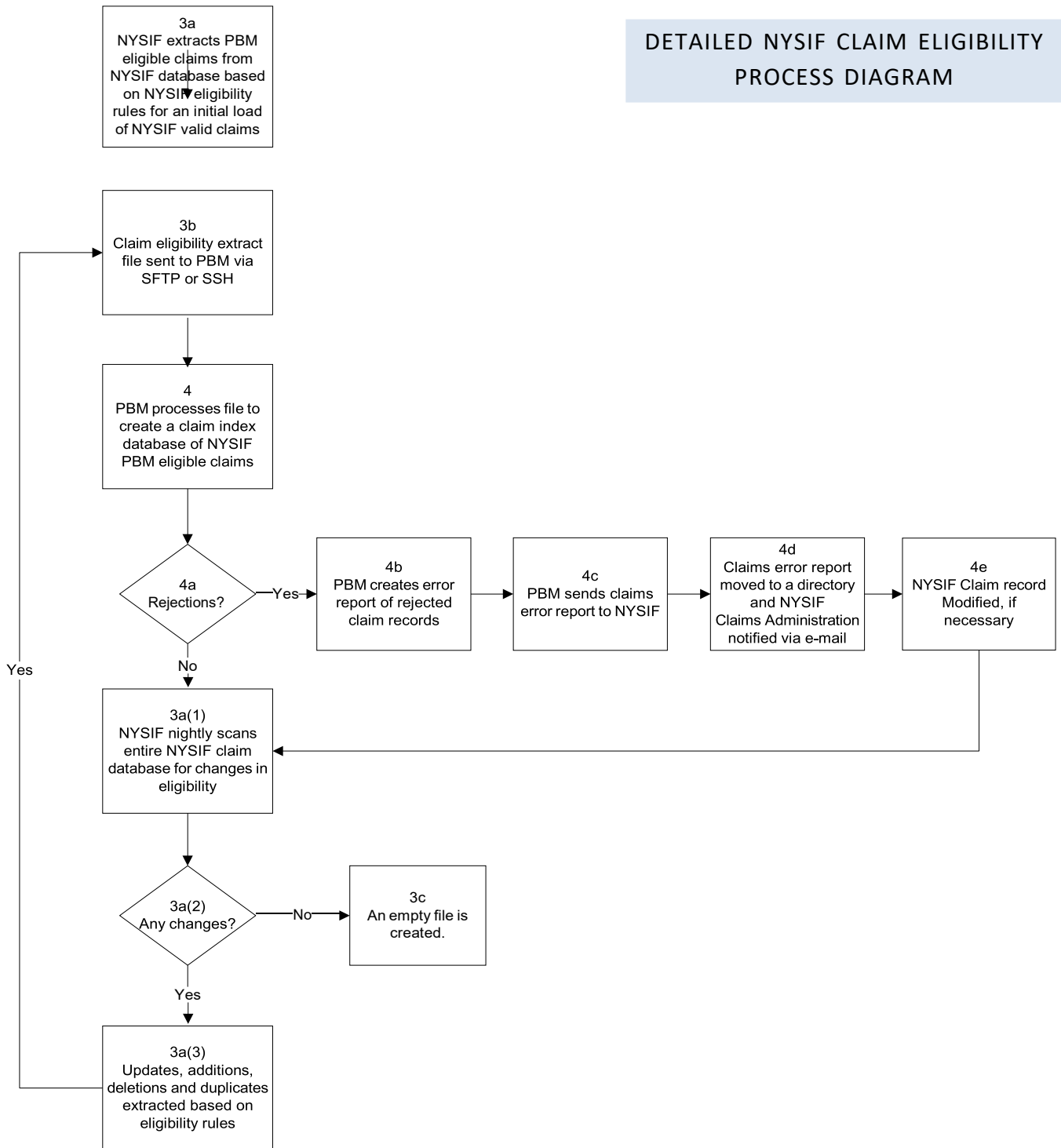


Department of Civil Service

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

## NYSIF CLAIM ELIGIBILITY PROCESS DIAGRAM

### DETAILED NYSIF CLAIM ELIGIBILITY PROCESS DIAGRAM



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## NYSIF CLAIM ELIGIBILITY PROCESS

### PURPOSE OF CLAIM FILE

The purpose of the Claim Eligibility Process is to ensure that the Pharmacy submits bills for valid NYSIF Carrier Case Numbers (i.e. Claims Numbers) only.

NYSIF shall:

- Create a daily extract of eligible Claims based on the business rules defined by the NYSIF Claims Department. This information will include all additions, modifications and deletions that have occurred since the previous transmission.
- Create this Claims Eligibility file in the form of an ASCII Text file.
- Each line in the file shall not exceed 1500 characters
- Create the ASCII Text file using the NYSIF Claim Eligibility File Layout defined below.
- Name the ASCII Text file using the NYSIF Claim Eligibility File Naming Convention defined below.
- Encrypt the ASCII Text file using pgp encryption methodology.
- Transmit the ASCII Text file using SFTP or SSH connection.
- Transmit the ASCII Text file on a daily basis, the specific time(s) to be determined.

### NYSIF CLAIM ELIGIBILITY FILE NAMING CONVENTION

Name	Type	Description
Submitter ID	Char(2)	NS
6 Digit Creation Date	Char(6)	YYMMDD
4 Digit Time	Char(4)	HHMM
Extension	Char	.injury

### CLAIM ELIGIBILITY FILE NAMING CONVENTION SAMPLE RECORD

NS1310041430.injury

### NYSIF CLAIM ELIGIBILITY FILE LAYOUT SPECIFICATIONS

File Description: Claimant Eligibility File

Usage: Will provide the PBM with the necessary eligibility data based upon the claimant’s current status.

Media: Electronic transfer (1500 record size, ASCII character set, carriage control/line feeds).

Seq	Name of Field	Field Format	Field Length	Field Location From - To		Definition of Field value/comments
1	<b>Record Type</b> <b>Required</b>	A/N	1	1	1	This field describes the type of eligibility record being sent.  Value must be “W”.
2	<b>NYSIF PBM Type</b> <b>Required</b>	A/N	4	2	5	Value must be “WCN”.

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3	<b>NYSIF Identifier</b> <b>Required</b>	A/N	4	6	9	Value must be “NYS”.
4	<b>NYSIF Group Identifier</b> <b>Required</b>	A/N	15	10	24	Value must be “IF”.
5	<b>Claimant ID</b> <b>Required</b>	A/N	18	25	42	This number is assigned to the claimant by NYSIF. This field will always contain the claimant’s social security number. In the future it may be changed to a unique id.  Non-Blank No Embedded spaces Left Justified, Space Filled Will default to all 9’s if not available.
6	<b>Claimant Last Name</b> <b>Required</b>	A/N	20	43	62	This field will contain the claimant’s last name. Modifiers such as JR, SR, etc. should follow the last name.  Left Justified Non-Blank
7	<b>Claimant First Name</b> <b>Required</b>	A/N	15	63	77	This field will contain the claimant’s first name.  Left Justified Non-Blank
8	<b>Claimant Middle Initial</b> <b>Required</b>	A/N	1	78	78	This field will contain the claimant’s middle initial.  Space filled if unknown.
9	<b>New Address1</b> <b>Required</b>	A/N	40	79	118	This field will contain the first line of the claimant’s address.  If any address is invalid for mailing, it will be included on the error file as a warning message.  Left justified
10	<b>New Address2</b> <b>Required</b>	A/N	40	119	158	This field will contain the second line of the claimant’s address.  If any address is invalid for mailing, it will be included on the error file as a warning message.  Left justified, Fill with space if none.
11	<b>City</b> <b>Required</b>	A/N	20	159	178	Claimant City  If any address is invalid for mailing, it will be included on the error file as a warning message.  Will put “X” if unknown. Left justified

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12	<b>State Required</b>	A/N	2	179	180	<p>Claimant state.</p> <p>If any address is invalid for mailing, it will be included on the error file as a warning message.</p> <p>Will put “XX” if unknown.</p>
13	<b>Postal Code Required</b>	N	9	181	189	<p>Claimant Zip Code</p> <p>If any address is invalid for mailing, it will be included on the error file as a warning message.</p> <p>If extended zip is unknown zero fill the last 4 positions. If cannot be provided field should be 900000000.</p>
14	<b>Date of Birth Required</b>	N	8	190	197	<p>This field must Contain the date of birth of each claimant.</p> <p>Valid date CCYMMDD Must be less than the claimant’s date of accident.</p>
15	<b>Gender Code Required</b>	A/N	1	198	198	<p>Claimant’s gender.</p> <p>M – Male F – Female U – Unknown</p>
16	<b>Date of injury Required</b>	N	8	199	206	<p>Claimant’s date of Injury Date.</p> <p>Format: CCYMMDD Must be greater than the date of birth of claimant.</p>
17	<b>Termination Date Required</b>	N	8	207	214	<p>The claimant term date is the date when the claimant’s drug coverage ends.</p> <p>Must be a valid date and equal to or greater than effective date if supplied. Zero fill if no term date. Format: CCYMMDD</p>
18	<b>NYSIF Claim Number Required</b>	A/N	20	215	234	<p>NYSIF’s claim number</p> <p>Left justified or blank</p>
19	<b>State of Jurisdiction Required</b>	A/N	2	235	236	<p>State in which claim is filed.</p> <p>Will always be “NY”.</p>
20	<b>Office identifier Required</b>	A/N	10	237	246	<p>This field identified the office the claim is from.</p> <p>Ex: 03NAU</p> <p>Left Justified or blank</p>
21	<b>Status Flag Required</b>	A/N	1	247	247	<p>Claimant’s eligibility status indicator.</p> <p>A – Allow D – Disallowed</p>

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22	<b>Denial Msg Code Required</b>	A/N	2	248	249	See list of Denial Msg Codes in next section.
23	<b>Merge Claim ID</b>	A/N	10	250	259	this field is used to merge this record into an existing claim ID
24	<b>Client Claim Examiner Required</b>	A/N	10	260	269	Claim unit number.  Alpha/numeric
25	<b>Filler Required</b>	A/N	55	270	324	Future Use
26	<b>Co-pay Amt Required</b>	N	5	325	329	Co-pay dollar amount or percentage for co-pay liability.  NYSIF will populate this field with the percentage of non NYSIF liability.  Format: 9(3)v99 NYSIF will use 0 to 100.  0 represents 100% NYSIF liability.
27	<b>Co-pay Ind Required</b>	A/N	1	330	330	Indicated if the Co-pay Amt field is a dollar or percent amount.  NYSIF uses “P”, which stands for percent.
28	<b>Policy number Required</b>	N	15	331	345	NYSIF claim policy number.  Left justified.
29	<b>Province Name Required</b>	A/N	30	346	375	If any address is invalid for mailing, it will be included on the error file as a warning message.  Province name Filled with spaces if no Province Name
30	<b>Foreign Postal Code Required</b>	A/N	15	376	390	If any address is invalid for mailing, it will be included on the error file as a warning message.  Foreign Postal Code Filled with spaces if no Province
31	<b>Apartment Required</b>	A/N	40	391	430	If any address is invalid for mailing, it will be included on the error file as a warning message.  Apartment Filled with spaces if no Apartment
32	<b>Country Required</b>	A/N	35	431	465	If any address is invalid for mailing, it will be included on the error file as a warning message.  Country Filled with spaces if no Country



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9. If NYSIF does not a claimant's valid date of birth, the default value of 19111111 will be sent in the file.
10. If NYSIF does not have a city for the claimant's address, the default value of "X" will be sent in the file.
11. If NYSIF does not have a state for the claimant's address, the default value of "XX" will be sent in the file.
12. If NYSIF does not have a zip code for the claimant's address, the default value of "90000" will be sent in the file.
13. If there is no effective date, the default value of all spaces will be sent in the file.
14. If there is no drug authorization date, the default value of all zeros will be sent in the file.
15. If the state jurisdiction is not NY, the default value of all spaces will be sent in the file.
16. PBM shall be able to accept multiple claim eligibility files in a day if necessary. In most cases NYSIF will only send one file per day.
17. If NYSIF does not have the claimant's SSN, the default value of 999999999 will be sent in the file.

## SUBSEQUENT CLAIM ELIGIBILITY EXTRACT

1. NYSIF nightly scans entire NYSIF claim database for changes in eligibility
2. Program determines if there are any changes in eligibility.
3. Updates, additions, deletions and duplicates will be extracted based on subsequent file eligibility rules
4. If there are no changes or updates to PBM claim eligibility, an empty file will be created and sent to PBM using SFTP or SSH connection.
5. Claim eligibility extract file sent to PBM using SFTP or SSH connection.
6. The PBM shall update their claim index of claimant eligibility records appropriately and timely.
7. NYSIF will not send an eligibility record if the first name, last name, gender, address line 1, date of injury, case unit number or approval status is not available.
  - a. The date of injury must be a valid date.
8. If NYSIF does not a claimant's valid date of birth, the default value of 19111111 will be sent in the file.
9. If NYSIF does not have a city for the claimant's address, the default value of "X" will be sent in the file.
10. If NYSIF does not have a state for the claimant's address, the default value of "XX" will be sent in the file.
11. If NYSIF does not have a zip code for the claimant's address, the default value of "90000" will be sent in the file.
12. If there is no effective date, the default value of all spaces will be sent in the file.
13. If there is no drug authorization date, the default value of all zeros will be sent in the file.
14. If the state jurisdiction is not NY, the default value of all spaces will be sent in the file.
15. The case shall be re-sent to the PBM if the Jurisdiction, original claim number, percentage of NYSIF liability, unit number, accident date, policy number, claimant SSN, claimant date of birth, claimant gender and/or claimant address has changed.
16. PBM shall be able to accept multiple claim eligibility files in a day if necessary. In most cases NYSIF will only send one file per day.

## NYSIF CLAIM ELIGIBILITY PROCESS BUSINESS RULES

### NYSIF CLAIM ELIGIBILITY DENIAL REASONS

DENIAL CODE	DESCRIPTION
	NYSIF ALLOWED
N1	NYSIF is Controverting the Claim
N2	Claimant has Died
N3	Per Legal Department, NYSIF Not Liable
N4	3rd Party Settlement, NYSIF Not Liable
N5	NYSIF Does Not Cover This Claim
N6	Duplicate Claim, Obtain Correct Number
N8	The Claim is Retired
N9	Lump Sum Settlement, NYSIF Not Liable
NA	Section 32, NYSIF Not Liable

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<b>ND</b>	Possible 25-a Case-Call NYSIF
<b>NE</b>	Employer Paying Bill
<b>NF</b>	Reopened case- ? of NYSIF Liability
<b>NG</b>	Question of Unrelated Treatment
<b>NK</b>	Death Claim Number
<b>NL</b>	Apportionment Claim Number
<b>NM</b>	NYS Credit Acct Claim
<b>NN</b>	Vendor Claim Unit
<b>NO</b>	Invalid Unit
<b>NP</b>	Failed Initial Eligibility Edits
<b>NQ</b>	End Prescription Eligibility

## NYSIF CLAIM ELIGIBILITY EXTRACT BUSINESS RULES

- 3a. The nightly extract contains allowed and disallowed records.
- If a claim is brand new, it is an allowed record.
  - If the claim is no longer considered for PBM eligibility, it is disallowed.
- 3b. Claim updates (containing new or changed claimant information) will be extracted daily and the file will be sent securely to PBM at a time to be determined.