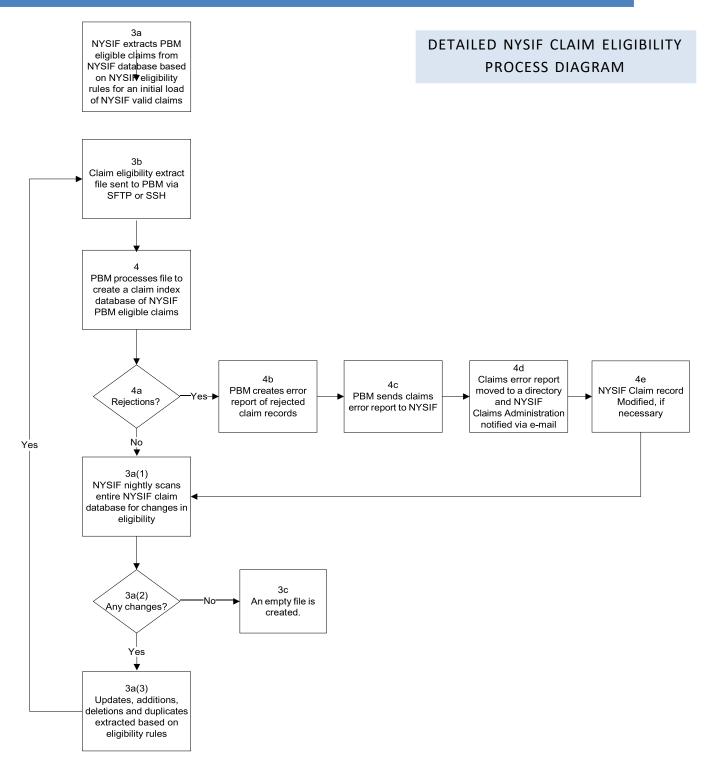


NYSIF Eligibility Process - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

NYSIF CLAIM ELIGIBILITY PROCESS DIAGRAM





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

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.

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

NYSIF CLAIM ELIGIBILITY FILE NAMING CONVENTION

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	Record Type Required	A/N	1	1	1	This field describes the type of eligibility record being sent. Value must be "W".
2	NYSIF PBM Type Required	A/N	4	2	5	Value must be "WCN".



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3	NYSIF Identifier	A/N	4	6	9	Value must be "NYS".		
	Required							
4	NYSIF Group Identifier Required	A/N	15	10	24	Value must be "IF".		
5	Claimant ID Required	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	Claimant Last Name Required	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	Claimant First Name Required	A/N	15	63	77	This field will contain the claimant's first name. Left Justified Non-Blank		
8	Claimant Middle Initial Required	A/N	1	78	78	This field will contain the claimant's middle initial. Space filled if unknown.		
9	New Address1 Required	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	New Address2 Required	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	City Required	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		



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"

Image: Second	12	State	A/N	2	179	180	Claimant state.	
13 Postal Code Required N 9 181 189 Claimant Zip Code If any address is invalid for mailing, it will be included of the error file as a warning message. 14 Date of Birth Required N 8 190 197 This field must Contain the date of birth of each claimant. 15 Gender Code Required A/N 1 198 198 Claimant's gender. 16 Date of injury Required N 8 199 206 Claimant's date of linjury Date. 17 Termination Date Required N 8 207 214 The claimant term date is the date when the claimant. 17 Termination Date Required N 8 207 214 The claimant term date is the date when the claimant's drug coverage ends. 18 NYSIF Claim Number Required A/N 20 215 234 NYSIF's claim number Left justified or blank 19 State of Jurisdiction Required A/N 2 235 236 State in which claim is filed.		Required					If any address is invalid for mailing, it will be included on the error file as a warning message.	
RequiredImage: Second Seco							Will put "XX" if unknown.	
14 Date of Birth Required N 8 190 197 This field must Contain the date of birth of each claimant. 14 Date of Birth Required N 8 190 197 This field must Contain the date of birth of each claimant. 15 Gender Code Required A/N 1 198 198 Claimant's gender. 16 Date of injury Required N 8 199 206 Claimant's date of linjury Date. 17 Termination Date Required N 8 207 214 The claimant term date is the date when the claimant's drug coverage ends. 18 NYSIF Claim Number Required A/N 20 215 234 NYSIF's claim number Left justified or blank 19 State of Jurisdiction Required A/N 2 235 236 State in which claim is filed.	13		N	9	181	189		
14 Date of Birth Required N 8 190 197 This field must Contain the date of birth of each claimant. 15 Gender Code Required A/N 1 198 198 Claimant's gender. Must be less than the claimant's date of accident. 15 Gender Code Required A/N 1 198 198 Claimant's gender. M - Male F - Female U - Unknown 16 Date of injury Required N 8 199 206 Claimant's date of lnjury Date. Format: CCYYMMDD Must be greater than the date of birth of claimant. 17 Termination Date Required N 8 207 214 The claimant term date is the date when the claimant's drug coverage ends. 18 NYSIF Claim Number Required A/N 20 215 234 NYSIF's claim number Left justified or blank 19 State of Jurisdiction Required A/N 2 235 236 State in which claim is filed.							-	
Image:							the error me us a warning message.	
RequiredImage: Second seco							If extended zip is unknown zero fill the last 4 positions. If cannot be provided field should be 900000000.	
Image: Second	14		N	8	190	197		
Required Image: Second sec								
Image: Second	15		A/N	1	198	198	Claimant's gender.	
16Date of injury RequiredN8199206Claimant's date of Injury Date. Format: CCYYMMDD Must be greater than the date of birth of claimant.17Termination Date RequiredN8207214The claimant term date is the date when the claimant's drug coverage ends.17Termination Date RequiredN8207214The claimant term date is the date when the claimant's drug coverage ends.18NYSIF Claim Number RequiredA/N20215234NYSIF's claim number Left justified or blank19State of Jurisdiction RequiredA/N2235236State in which claim is filed.		Required					M – Male F – Female	
RequiredRequiredImage: Second s							U – Unknown	
Image: Construction of the image	16		N	8	199	206	Claimant's date of Injury Date.	
17Termination Date RequiredN8207214The claimant term date is the date when the claimant's drug coverage ends.18NYSIF Claim Number RequiredA/N20215234NYSIF's claim number Left justified or blank19State of Jurisdiction RequiredA/N2235236State in which claim is filed.		Required					Format: CCYYMMDD	
RequiredRequiredImage: Second s								
Image: State of Jurisdiction RequiredA/N20215234NYSIF's claim number Left justified or blank19State of Jurisdiction RequiredA/N2235236State in which claim is filed.	17		N	8	207	214		
Image: Constraint of the second sec							Must be a valid date and equal to or greater than	
18NYSIF Claim Number RequiredA/N20215234NYSIF's claim number Left justified or blank19State of Jurisdiction RequiredA/N2235236State in which claim is filed.								
Required Image: Constraint of the system Required <th requ<="" td=""><td>18</td><td>NYSIF Claim Number</td><td>A/N</td><td>20</td><td>215</td><td>234</td><td></td></th>	<td>18</td> <td>NYSIF Claim Number</td> <td>A/N</td> <td>20</td> <td>215</td> <td>234</td> <td></td>	18	NYSIF Claim Number	A/N	20	215	234	
19 State of Jurisdiction Required A/N 2 235 236 State in which claim is filed.								
Required A	10		A /N	2	225	226	-	
	19		A/N	2	235	236	State in which claim is filed.	
							Will always be "NY".	
20 Office identifier A/N 10 237 246 This field identified the office the claim is from.	20		A/N	10	237	246	This field identified the office the claim is from.	
Required Ex: 03NAU		Requirea					Ex: 03NAU	
Left Justified or blank							Left Justified or blank	
21 Status Flag A/N 1 247 247 Claimant's eligibility status indicator.	21	-	A/N	1	247	247	Claimant's eligibility status indicator.	
Required A – Allow		Required						
D – Disallowed								



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22	Denial Msg Code Required	A/N	2	248	249	See list of Denial Msg Codes in next section.
23	Merge Claim ID	A/N	10	250	259	this field is used to merge this record into an existing claim ID
24	Client Claim Examiner Required	A/N	10	260	269	Claim unit number. Alpha/numeric
25	Filler Required	A/N	55	270	324	Future Use
26	Co-pay Amt <mark>Required</mark>	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	Co-pay Ind Required	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	Policy number <mark>Required</mark>	N	15	331	345	NYSIF claim policy number. Left justified.
29	Province Name Required	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	Foreign Postal Code Required	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	Apartment Required	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	Country Required	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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33	Care Of Required	A/N	50	466	515	If any address is invalid for mailing, it will be included on the error file as a warning message. Care Of Filled with spaces if no Care Of
34	Prior Authorized Drugs Required	A/N	620	516	1135	Prior authorized drugs. Uses GPI codes. Up to 20 occurrences. Up to 14 character GPI, though NYSIF will typically send a 10 character code. GPI is left justified, beginning immediately after end date. Up to four spaces will precede the A(pproval) or D(enial) flag. Format:< Begin Date> <end Date><gpi><approval denied=""> Date format: CCYYMMDD Ex: 20120712201307122140200000 A Ex: 20120712201307122140200000 D</approval></gpi></end
35	Filler Required	A/N	364	1136	1499	Future Use
				1500		

CLAIM ELIGIBILITY FILE SAMPLE RECORD

WWCN NYS IF	011111111	Sally	Billy	D27 Leaside	Drive		
St Catharines	ONL2M 7X1 198206	603U2011120	320160507111	11111	NY08BUF	DN8	
081		000	00P13763784	ONTARIO		L2M 7X1	
CANADA							
2012071220130	7225399200000000A	2011071220	1307222399200	D000000D			

CLAIM ELIGIBILITY PROCESS

NYSIF may require that a data extract from the current PBM be used in lieu of an Initial Claim Eligibility Extract from NYSIF.

In addition to those fields in the Claim Eligibility Extract, the PBM will need to accept and utilize additional fields from the current PBM.

NYSIF extracts PBM eligible claims from NYSIF database based on NYSIF eligibility rules for an initial load of

INITIAL CLAIM ELIGIBILITY EXTRACT

NYSIF valid claims.

- 1. Claim eligibility extract file is sent to PBM using SFTP or SSH connection.
- 2. PBM processes file to create a claim index database for NYSIF.
- 3. PBM system will scan extract for any rejections in the claimant information file.
- 4. PBM rejects individual claim records based on PBM rejection rules and creates error report.
- 5. PBM sends claims error report to NYSIF.
- 6. Claims Administration will determine if it is necessary for the claim record will be modified in the NYSIF system.
- 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.
- 8. The date of injury must be a valid date.



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"

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