



**NYSIF Error 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 Error Process

PBM CLAIM ELIGIBILITY PROCESS TECHNICAL SPECIFICATIONS FOR NYSIF CLAIM ELIGIBILITY FILE ERROR REPORT

PURPOSE OF CLAIM ELIGIBILITY ERROR PROCESS

The purpose of the NYSIF Claim Eligibility File Error Report is to ensure that the PBM has a standard method to communicate to NYSIF any processing errors that may occur during the PBM's processing and loading of the NYSIF Claim Eligibility File.

The PBM will:

- Process the NYSIF Claim Eligibility file and create a claim index database for NYSIF.
- Edit the NYSIF Claim Eligibility for any rejections.
- Reject any NYSIF Eligibility file claim records based on the rejection rules as defined below in PBM Claim Eligibility – PBM Claim Eligibility File Error Report Business Rules.
- Create an Error Report of rejected claims, if necessary, in the form of an ASCII Text file. The ASCII text file will be comma delimited, CR LF (ASCII char(13) char(10) record terminator).
Note: Any field that might use the delimiter “,” in the contents of the field, must be wrapped with double quotes to prevent the record from rejecting. (e.g. 01,“ABC, a company”)
- Create a Claim Eligibility Error Report for every Eligibility file delivered to the PBM. If no errors occurred when loading the Eligibility file, an empty Claim Eligibility Error Report must be delivered to NYSIF.
- Create the ASCII Text file using the Claim Eligibility File Error Report Layout defined below.
- Name the ASCII Text file using the Claim Eligibility File Error Report 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 for every NYSIF Claim Eligibility File.

PBM CLAIM ELIGIBILITY FILE ERROR REPORT NAMING CONVENTION

ieinj20091206052734.csv

<ie><inj><CCYYMMDDHHMMSS>.csv

PBM CLAIM ELIGIBILITY FILE ERROR REPORT SAMPLE RECORD

NYS,99465715,IF,61744788,JOHN,DOE,19521207,20040831,20101227,INVALID SUBGROUP,15/HI

PBM CLAIM ELIGIBILITY FILE ERROR REPORT FILE LAYOUT

The Claim Eligibility File Error Report will consist of data for each error encountered during the processing of the NYSIF claim eligibility file.

File Description: Claim eligibility error file

Usage: PBM will supply this file to NYSIF as a confirmation of the receipt and processing of the NYSIF eligibility claim file. All errors encountered during process must be included in this file.

Media: Electronic transfer comma delimited file


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Seq	Name of Field	Field Format	Field Length	Definition of Field value/comments
1	NYSIF Identifier Required	A/N	4	Value must be "NYS".
2	Delimiter Required	A/N	1	Value must be ",".
3	Claimant ID Required	A/N	18	This number is assigned to the claimant by NYSIF. This field usually contains the claimant's social security number.
4	Delimiter Required	A/N	1	Value must be ",".
5	NYSIF Group Identifier Required	A/N	15	Value must be "IF".
6	Delimiter Required	A/N	1	Value must be ",".
7	NYSIF Claim Number Required	A/N	20	NYSIF's claim number. Left justified.
8	Delimiter Required	A/N	1	Value must be ",".
9	Claimant First Name Required	A/N	15	This field will contain the claimant's first name. Left justified.
10	Delimiter Required	A/N	1	Value must be ",".
11	Claimant Last Name Required	A/N	20	This field will contain the claimant's last name. Modifiers such as JR, SR, etc. should follow the last name. Left justified.
12	Delimiter Required	A/N	1	Value must be ",".
13	Date of Birth Required	N	8	This field must Contain the date of birth of each claimant. Valid date CCYYMMDD
14	Delimiter Required	A/N	1	Value must be ",".
15	Date of injury Required	N	8	Claimant's date of Injury Date. Format: CCYYMMDD
16	Delimiter Required	A/N	1	Value must be ",".
17	Termination Date Required	N	8	The claimant term date is the date when the claimant's drug coverage ends. Format: CCYYMMDD
18	Delimiter Required	A/N	1	Value must be ",".

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 Department of Civil Service	NYSIF Error 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”
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19	Error Message Required	A/N	50	Error message text.
20	Delimiter Required	A/N	1	Value must be “,”.
21	Error Value Required	A/N	50	Value which caused the error.

PBM CLAIM ELIGIBILITY – PBM CLAIM ELIGIBILITY BUSINESS RULES

Rejection Reason	Description
Hard Error: Claim Number (field 6) length is not greater than 0.	The length of the claim number must contain at least one character.
Hard Error: SSN (field 3) is invalid.	The SSN cannot have all the same numbers or contain alpha characters. EXCEPTION: 999999999 will be considered a valid SSN.
Hard Error: Invalid Date Of Injury (field 4)	Date Of Injury would be invalid if the field is blank.
Hard Error: All records must be a length of 1500 characters.	The length of all records in the claimant eligibility file shall be 1500 characters.
Soft Error: Claimant DOB after claimant Date of Injury	Claimant date of birth must be prior to the claimant’s date of accident.
Soft Error: Undeliverable address received	Address does not pass internal address validation or default values are sent in City, State, Zip. Record will be loaded but id card cannot be mailed until corrected address received.
Soft Error: Merged Claim ID received not on file	ID in field 35 is not a claim currently on file at SRPS; record will be loaded but no merge will be completed.