


ATTACHMENT 84

AMENDED 10/6/23



**Department of
Civil Service**

Layout Specifications for DCS Program Informational Claims Data File - RFP entitled: “Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers’ Compensation Prescription Drug Programs”

Purpose: To define data layout specifications for 2022 DCS informational prescription drug paid claims file.

Format: Flat file format; (text file, comma delimited).

<i>Name of Field</i>	<i>Field Format</i>	<i>Field Length</i>	<i>Definition of Field Value/Comments</i>
Service Date	Text	10	Date of Service for the dispensed drug. Format = <i>CCYY-MM-DD</i>
NDC Number Code	Text	11	NDC for the drug dispensed.
Product Name	Text	50	The name for the drug dispensed based on the manufacturing code, product code and package code.
Rx Refill Number	Text	3	Indicator that identifies if the prescription was new or a refill on the drug dispensed. 0 = New script 1 -99 = Refill Number
Metric Quantity Dispensed Rx	Text	(10,3)	Metric quantity for the drug dispensed. The field is up to 10 total positions including a decimal point and up to 3 characters after the decimal point. Examples: Value of 180 will show as 180.000 Value of 30.5 will show as 30.500 Value of 1.258 will show as 1.258

Name of Field	Field Format	Field Length	Definition of Field Value/Comments
Days Supply Rx	Text	3	Days supply for the drug dispensed. Format is right-justified numeric field. Examples: Value of 120 will show as 120 Value of 90 will show as 90 Value of 2 will show as 2
Date of Birth	Text	10	Date of birth for the member. Format = <i>CCYY-MM-DD</i>
Medicare Indicator	Text	1	Medicare Part B indicator. Values: Y = Medicare primary; and N = Not Medicare primary.
Relationship	Text	30	The relationship of the member to the enrollee: Daughter Domestic Partner Ex-Spouse Other Self Son Spouse
Benefit Program Code	Text	5	Member's Benefit Program indicator.
Rx Dispensed as Written Code	Text	1	Drug Dispensed As Written: 0 = No product selection indicated 1 = Prescriber required (no substitution) 2 = Patient requested product 3 = Pharmacist selected product 4 = Generic drug not in stock 5 = Brand dispensed as generic 6 = Override 7 = Brand mandated by law (no substitution) 8 = Generic drug not available in marketplace (substitution allowed) 9 = Other

<i>Name of Field</i>	<i>Field Format</i>	<i>Field Length</i>	<i>Definition of Field Value/Comments</i>
Provider NPI ID	Text	10	Unique number assigned to the dispensing pharmacy. Note: claims for Specialty Drugs dispensed through the Specialty Pharmacy Process by the DCS Program's Designated Specialty Pharmacy must be identified by the pharmacy NPI. Exhibit V.B.2 lists the NPIs for the DCS Program's Designated Specialty Pharmacy.
Rx Mail or Retail	Text	30	Values: Mail or Retail Order
Adjustment Type Medstat	Text	30	Indicate whether the claim is an Original Submission or Replacement or a Voided Claim. Values: Original or Replacement , and Void
Provider Zip Code	Text	5	Pharmacy Zip Code
Claim ID	Text	30	Unique identifier for the claim
Formulary ID	Text	4	4-Digit Code to identify formulary
Formulary ID Description	Text	17	2375 Excelsior 2356 Flexible 2378 EGWP 2352 Advanced Flexible and EGWP OHI
De-identified Member ID	Text	19 max	5964315729720920264 (Representative and actual de-identified member ID)
Carrier ID	Text	4	4-Digit Code to identify Carrier
Carrier Description	Text	4	1207 NYSHIP Foreign Carrier 1268 NYSHIP COB 9482 EGWP Primary 3413 EGWP OHI 6027 Commercial

Name of Field	Field Format	Field Length	Definition of Field Value/Comments
Vaccine Claim	Text	8 max	VAC-ONLY VAC-ADM (BLANK IF NO VACCINE INDICATION)
Utilization Management	Text	47 max	DRUG NOT COVERED - NON-COVERED BENEFIT PRIOR AUTHORIZATION SGM PRIOR AUTHORIZATION SGM PA WITH FORMULARY EXCEPTION WHEN APPLICABLE DRUG NOT COVERED - NON-FORMULARY BRAND PENALTY EXCEPTION POST LIMIT PA MULTIPLE TYPES OF UM COPAY EXCEPTION UNKNOWN TYPE OF UM SGM UNKNOWN TYPE OF UM (BLANK IF NO UTILIZATION MANAGEMENT APPLICATION/INDICATION)