

Appendix S

File Layout

Empire Plan Prescription Drug Program (1995 - 2005)
 Claims Data
 (ExpressScripts, Inc)

<i>Name of Field</i>	<i>Field Format</i>	<i>Field Length</i>	<i>Columns</i>	<i>Definition of Field Value/Comments</i>
Julian Date Calculated using run date	D	5	1 – 5	Batch Number: This number is assigned by the processor. Format = <i>YYDDD</i> where <i>YY</i> = Year, <i>DDD</i> = Julian Date; i.e. 92252=Sept 8, 1992 Note: This number is carried through all processing and returned in each payment detail record.
Rx No	N	7	6 – 12	Prescription number assigned by provider for the dispensed drug
Date of Service (DOS)	D	8	13 – 20	Date of Service for the dispensed drug. Format = <i>CCYYMMDD</i>
Constant	N	1	21 – 21	“0” (zero)
Manufacturing Code	A	5	22 – 26	Manufacturer code for the drug dispensed
Product Code	A	4	27 – 30	Product code for the drug dispensed
Package Code	A	2	31 – 32	Package code for the drug dispensed
Brand Name	A	30	33 – 62	The name for the drug dispensed based on the manufacturing code, product code and package code (with strength)
New/Refill Code	A	1	63 – 63	Indicator that identifies if the prescription was new or a refill on the drug dispensed 0 = New script 1 = Refilled script
Quantity Dispensed	N	11	64 – 74	Metric quantity for the drug dispensed
Days Supply	N	4	75 – 78	Days supply for the drug dispensed
Reimbursement Method	A	2	79 – 80	Reimbursement Method (basis of cost) determination for the drug invoiced 1, 6 = MAC (Maximum Allowable Cost) 2 = AWP (Average Wholesale Price) 3 = Full (Submitted) 4 = U&C (Usual & Customary) 5 = Baseline 7, 9 = WAC (Wholesale Acquisition Cost) 8 = 100% Copay 10 = Pass-thru/Bill as Paid (Provider costs)
Ingredient Client Cost	N	10	81 – 90	The invoiced ingredient cost of the drug dispensed
Dispensing Admin Fees	N	10	91 – 100	The invoice administration fees of the drug dispensed (dispensing fee)
Co Pay Amount	N	10	101– 110	The invoiced copay amount of the drug dispensed
Sales Tax	N	10	111 – 120	The invoiced sales tax of the drug dispensed
Invoice Amount	N	10	121 – 130	The Invoice Amount. Amount = ingredient cost + disps fee + + Sales Tax - Copay
First Name	A	11	131 – 141	First name of the member for whom the drug was dispensed
Middle Initial	A	1	142 – 142	Middle initial of the member for whom the drug was dispensed
Date of Birth	D	8	143 – 150	Date of birth for the member. Format = <i>CCYYMMDD</i>
Gender Code	A	1	151 – 151	Gender/sex code 0 = Unknown 1 = Male 2 = Female
Member Subscriber Id	A	9	152 – 160	Contract number for the member. <i>Number is encrypted</i>

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Client Dependent Code	A	2	161 – 162	Dependent code from the State Health Insurance Card 01 = Cardholder 02 = Dependent #1 03 = Dependent #2, ...
Client Group Id	A	18	163 – 180	Client three digit BP identifier
DEA Identifier	A	10	181 – 190	Unique drug enforcement agency identifier assigned to the physician
Subscriber First Name	A	11	191 – 201	Cardholder's first name
Subscriber Middle Initial	A	1	202 – 202	Cardholder's middle initial
Original Rx Date	D	8	203 – 210	The date the prescription was written is being populated at the time the pharmacy submits the claims. Format = <i>CCYYMMDD</i>
DAW Code	A	1	211 – 211	Drug Dispensed As Written Space = No DAW submitted A = Ancillary charge D = Requested by physician S = Submitted cost paid 0 = No DAW code submitted 1 = Physician requested dispensed as written 2 = Member requested dispensed as written 3 = Requested by pharmacy 4 = No DAW submitted 5 = Requested by other (same as 3) 6 = No DAW submitted 7 = No DAW submitted 8 = No DAW submitted 9 = No DAW submitted
Claim Status	A	1	212 – 212	Claim status for the claim C = Canceled P = Paid R = Reversal
Prior Auth Code	A	8	213 – 220	Prior authorization code to allow the drug dispensed to be paid based on State approved rules (PA #)
Audit Number	N	9	221 – 229	Audit Number (Xmit Id) - Unique identifier assigned by the Express Scripts' System to a prescription received from a pharmacy. A pharmacy submitting on-line will have a unique identifier for each claim status. Manual submitted claims could have the same unique identifier for each claim status.
NABP Number	N	12	230 – 241	Unique assigned number for the pharmacy from the National Association Board Pharmacy. The pharmacy number dispensed the drug.
Drug GCN	N	5	242 – 246	Generic code number for the drug dispensed
Pharm Claim Ingredient Cost	N	10	247 – 256	The claim ingredient cost submitted by the pharmacy
Provider Class	A	3	257 – 259	Provider Class E = Direct Member Submit F = Retail P = Mail Order R = Out of State Pharmacy Chain and Independents (prior to 2004) S = New York Pharmacy Chain (prior to 2004) T = New York Independent Pharmacy (prior to 2004)

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Date Received	D	8	260 – 267	Date the prescription and receipt was received for manual processing. Format = <i>CCYYMMDD</i>
Processed Date	D	8	268 – 275	The date the prescription was processed by the pharmacy or Express Scripts' Claims Administration department. Format = <i>CCYYMMDD</i>
Constant	A	1	276 – 276	"Y"
Route of Administration Code	A	2	277 – 278	Route of Administration Code A = Intravenous L = Translingual B = Buccal M = Miscell. (Medical Supplies;Non-Drugs) C = Intramuscular 1 = Oral D = Dental 2 = Injection E = Epidural 3 = Rectal F = Perfusion 4 = Mucous Membrane G = Subcutaneous 5 = Topical H = Inhalation 6 = Ophthalmic I = Intracavernosal 7 = Nasal J = Intraarterial 8 = OTIC K = Intraarticular 9 = Intradermal
Client Relationship Code	A	1	279 – 279	Relationship code for the member 0 = Cardholder 1 = Spouse 3 = Son 4 = Daughter 7 = Male Domestic 8 = Female Domestic 9 = Unknown
Constant "0"	N	1	280 – 280	"0" (zero)
GPI code	A	1	281 – 281	The First Data Bank generic product indicator for the pharmacy submitted drug 1 = Generic 2 = Brand 3 = Cross Licensed
Gen Brand Code	A	1	282 – 282	Indicates if the prescription was reimbursed at Brand or Generic 0 = Brand 1 = Generic
Provider Zip Code	A	13	283 – 295	Provider zip code (5 digit zip – 4 digit zip)
Pharmacy Reim Code	A	4	296 – 299	Provider Cost Basis – how the claim was reimbursed 0 = Unspecified 1 = MAC 2 = AWP discount (prior to 2004) 3 = Submitted (prior to 2004) 4 = U&C (prior to 2004) 5 = Baseline (prior to 2004) 7 = Enforced Generic WAC 9 = Standard WAC 11 = Gross Amount Due (GAD) (prior to 2004)

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Claim Source	A	1	300 – 300	Source of the claim for manual claims A = Allergy C = Coordination of Benefits (COB) M = Member Submit N = Nursing Home O = Out of Network/non-PAR S = State Agency X = Expatriate
Drug Strength	N	10	301 – 310	The drug strength for the drug dispensed
AWP	N	11	311 – 321	The average wholesale price invoiced for the drug dispensed
Network	N	3	322 – 324	The pharmacy network code assigned by Express Scripts 4 = NYK04 (post 2004) 16 = Out of State Chain and Independent Pharmacies 32 = New York Chain and Independent Pharmacies
Customer Id	N	5	325 – 329	Customer Id
Bill Date	D	8	330 – 337	Date that the claim was billed to the client. Format = <i>CCYYMMDD</i>
Pharmacy Corporate ID	N	4	338 – 341	Corporate ID of the Pharmacy that was paid for the claim
Most Common Indicator Description	A	22	342 – 363	The medical condition which is commonly treated by this class of medication (therapy)
Formulary Status Code	A	1	364 – 364	The Formulary Status Code N = Non-Preferred P = Preferred
Ancillary Amount	N	11	365 – 375	Amount paid by the member that was in excess of the maximum allowable cost (MAC) for a brand drug
Member Alternate Id	A	9	376 – 384	Alternate ID number for the member. <i>Number is encrypted</i>
Filler	A	16	385 – 400	Spaces