**NYSIF Prescription Drug Program**

**Layout Specifications for NYSIF Program Informational Claims Data File**

**Purpose:** To define data layout specifications for 2016 NYSIF informational prescription drug paid claims file.

**Format:** Flat file format; (text file, pipe delimited)

| ***Name of Field*** | ***Field***  ***Format*** | ***Field***  ***Length*** | Definition of Field Value/Comments |
| --- | --- | --- | --- |
| **Date of Service (DOS)** | Text | 8 | Date of Service for the dispensed drug. Format = *CCYYMMDD* |
| **NDC** | Text | 11 | NDC for the drug dispensed |
| **Product Name** | Text | 70 | The name for the drug dispensed based on the manufacturing code, product code and package code |
| **New/Refill Code** | Text | 2 | Indicator that identifies if the prescription was new or a refill on the drug dispensed.  **00** = New script  **01 -99** = Refill Number |
| **Quantity Dispensed** | Number | (13,3) | Metric quantity for the drug dispensed. Format is a right-justified numeric field up to 13 total positions including a decimal point and up to 3 characters after the decimal point.  Examples:  Value of 180 will show as **180**  Value of 30.5 will show as **30.5**  Value of 1.258 will show as **1.258** |
| **Days Supply** | Number | (4,0) | 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 | 8 | Date of birth for the member. Format = *CCYYMMDD* |
| **Person Code** | Text | 2 | Person code that claim processed against |
| **Benefit Program** | Text | 3 | Member’s Benefit Program indicator |
| **Specialty Program Participation Indicator** | Text | 1 | **Y** = Member participates in the Specialty Pharmacy Program  **N** = Member does not participate in Specialty Pharmacy Program |
| **DAW code** | Text | 1 | Drug Dispensed As Written  **0** = None indicated  **1** = Physician prescribed brand  **2** = Physician allowed substitution, patient selected brand  **3** = Physician allowed substitution , pharmacist substituted brand  **4** = No generic available  **5** = Brand was dispensed as generic  **6** = Override  **7** = Substitution not allowed - brand drug mandated by law  **8** = Substitution allowed - generic drug not available in marketplace  **9** = Other |
| **Pharmacy NPI** | Text | 10 | Unique number assigned to the dispensing pharmacy from the National Council for Prescription Drug Programs. |
| **Generic Code Number** | Text | 5 | The (First Data Bank) generic code number associated with the NDC dispensed. |
| **Provider Class** | Text | 3 | Provider Class:  **E** = Direct Member Submit  **F** = Retail  **P** = Mail Order |
| **Claim Status** | Text | 1 | Claim status for the claim  **P** = Paid |
| **NYS Generic Brand Code** | Text | 1 | The NYS brand/generic product indicator for the pharmacy submitted drug  **0** = Brand  **1** = Generic |
| **Provider Zip Code** | Text | 5 | Pharmacy Zip Code |
| **Bill Date** | Text | 8 | Date that the claim was billed to the client. Format = *CCYYMMDD* |
| **Row Number** | Number | (8,0) | Row number assigned sequentially. Format is right-justified numeric field.  Example: Value of 234567 will show as **234567** |
| **Pharmacy Type** | Text | 1 | **R** = Retail Network Pharmacy  **M** = Mail Service Pharmacy  **D** = Direct Submit (Enrollee) Claim  **N** = Non-network Pharmacy  **S** = Specialty (See Instructions) |