

**FORMAT:** Compatible with Access 2007

**TABLE NAME:** 1A YYYY

**DESCRIPTION:** Monthly Summary of Paid Claims by Month of Incurral

Field	Field Name	Format	Description
1	MONTH PAID	Text – 2	Month Paid (MM)
2	YEAR PAID	Text – 4	Year Paid (YYYY)
3	MONTH INC	Text – 2	Month Incurred (MM)
4	YEAR INC	Text – 4	Year Incurred (YYYY)
5	CARRIER	Text – 1	Carrier: 1 = Commercial 2 = EGWP 3 = Wrap 4 = EGWP Foreign Claims 5 = EGWP COB – Dual Empire Cov Only 6 = Total
6	BP	Text – 3	Benefit Program Code
7	PHARMACY TYPE	Text – 1	Pharmacy Type (see table below)
8	EE CLAIMS	N	# of Claims: Enrollees
9	EE PAID	N	\$ Amount Paid: Enrollees
10	DEP CLAIMS	N	# of Claims: Dependents
11	DEP PAID	N	\$ Amount Paid: Dependents
12	TOTAL CLAIMS	N	# of Claims: Total
13	TOTAL PAID	N	\$ Amount Paid: Total
14	REPORT PERIOD	Text – 6	Report Period (MMYYYY)

Pharmacy Type	Category	Description
A	DIRECT	Enrollee Submit/Other
B	PHARMACY	NY Chain Pharmacy
C	PHARMACY	NY Independent Pharmacy
D	PHARMACY	Non NY Retail
E	PHARMACY	Specialty Pharmacy
F	MAIL ORDER	Mail Order