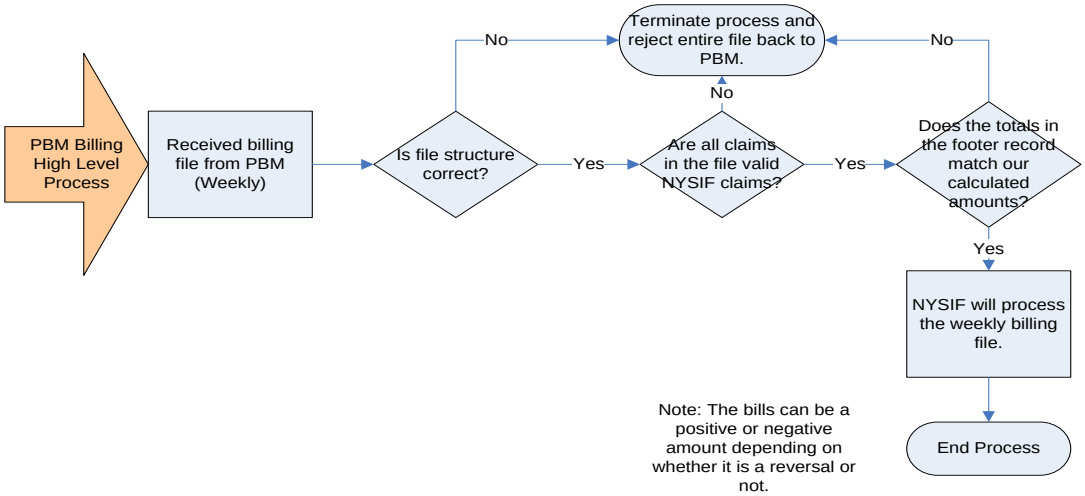
Exhibit II.O

NYSIF Billing Process

PBM BILLING PROCESS



TECHNICAL SPECIFICATIONS FOR BILL PROCESSING

PURPOSE OF BILLING PROCESS

This process will log the pharmacy bills sent by the PBM electronically.

The PBM shall:

- The billing file shall have the correct naming convention and format.
- Encrypt the file using pgp encryption methodology.
- Transmit the data file weekly using SFTP or SSH connection.

NYSIF shall:

- Validate the file structure and reject back to PBM if the file structure is not correct.
  1.) There must be only one header record.
  2.) There must be only one footer record.
  3.) There must be at least one billing record.
  4.) There should not be any other records in the file other than header, footer, and billing/detail records.
  5.) The length of each record must be exactly 1500.
  6.) The header record processor id must match what NYSIF has in database.
  7.) The claim processor id must match the header record processor id
  8.) All claim numbers must exist in the NYSIF database.
  9.) Total Claim Amt calculated must equal the Total Claim amount in the footer.
  10.) Total Billed Amt calculated must equal the Total Billed Amt in the footer.
  11.) Total Admin Amt calculated must equal the Total Admin amount in the footer.

PBM BILL FILE NAMING CONVENTION

Name	Type & Length	Description
Submitter ID	Char(7)	EXPbill
Separator	Char(1)	.
PayerID	Char(3)	NYS
Separator	Char(1)	.
Identifier	Char(4)	F145
Separator	Char(1)	.
Creation Dt	Char(5)	YYDDD – Julian Date

PBM BILL FILE SAMPLE RECORD

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EXPbill.NYS.F145.<YYDDD> (example - EXPbill.NYS.F145.11341 for 12/7/2011)
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PBM BILL FILE LAYOUT

0 = PROCESSOR RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM / TO		DEFINITION OF FIELD VALUE/COMMENTS
1	Record Identifier	N	1	1	1	0=Processor Record
2	Processor Number	N	10	2	11	***PBM: will contain a value of 0000003858***
3	Billing Date	N	8	12	19	The date of the billing. Format=CCYYMMDD
4	Processor Name	A/N	20	20	39	Processor Name
5	Processor Address	A/N	20	40	59	Processor Address
6	Processor Location City	A/N	18	60	77	Processor City
7	Processor Location State	A/N	2	78	79	Processor State
8	Processor Zip Code	N	9	80	88	Processor Zip Code
9	Processor Telephone Number	N	10	89	98	Telephone Number Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
10	Run Date	N	8	99	106	Date on which file was generated by PBM. Format=CCYYMMDD
11	Filler	A/N	1394	107	1500	Space-filled reserved area

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
12	Record Identifier	N	1	1	1	4=Claim Record
13	Processor Number	N	10	2	11	***PBM: will contain a value of 0000003858***
14	Billing Date	N	8	12	19	The date of the billing. Format=CCYYMMDD
15	Pharmacy Number	A/N	12	20	31	ID assigned to a pharmacy
16	Pharmacy Name	A/N	20	32	51	Name of Pharmacy
17	Pharmacy Address	A/N	20	52	71	Address of Pharmacy
18	Pharmacy Location City	A/N	18	72	89	City of Pharmacy
19	Pharmacy Location State	A/N	2	90	91	State of Pharmacy
20	Pharmacy Zip Code	A/N	9	92	100	Zip Code of Pharmacy Expanded
21	Pharmacy Telephone Number	A/N	10	101	110	Telephone Number of Pharmacy Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
22	Provider Federal Tax ID	N	9	111	119	Assigned by Federal Agency
23	Prescription Number	N	12	120	131	Prescription Number assigned by the Pharmacy
24	Date Filled	N	8	132	139	Dispensing Date of Rx Format=CCYYMMDD
25	Filler	A/N	2	140	141	Future use
26	NDC Number - OR – Product ID	A/N	20	142	161	For Legend Compounds Use: 99999999999 Schedule II: 99999999992 Schedule III: 99999999993 Schedule IV: 99999999994 Schedule V: 99999999995 Compounds: 99999999996 D.0 Compounds: use primary NDC Provide NDC number. If it is a D.0 compound, provide the primary NDC.
27	D.0 Compound Ingredient Count	N	2	162	163	Will be minimum value of 2 and maximum value of 25 for a D.0 compound; otherwise will be zeros.
28	D.0 Compound Level of Effort	N	2	164	165	Will be value of 11,12,13,14, or 15 for D.0 compounds. Will be value of zeros for all other claims, including non-D.0 compounds.
29	Drug Description	A/N	30	166	195	Necessary for Compounds and those items not in carrier drug file
30	New/Refill Code	N	2	196	197	00=New Prescription

						01-99=Number of Refill
31	Metric Quantity	N	7	198	204	Number of metric units of medication dispensed
4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
32	Days Supply	N	3	205	207	Estimated Number of Days the prescription will last
33	Basis of Cost Determination	A/N	2	208	209	00=Not Specified 01=AWP 06=MAC 07=Usual and Customary 10 – Pass thru 16 – NYS Fee Schedule
34	Ingredient Cost	D	10	210	219	Cost of the drug dispensed
35	Dispensing Fee	D	10	220	229	Contracted dispensing fee; IF a D.0 compound, will include the pharmacy Professional Service Fee
36	Co-Pay Amount	D	10	230	239	Correct Co-Pay for plan billed
37	Sales Tax	D	10	240	249	Sales Tax for the prescription dispensed. The tax calculation is based on the claim costs paid to the pharmacy, including paid ingredient cost plus dispensing fee, or ingredient cost only based on state law. Tax is based on the full amount payable regardless of who pays the claims: i.e. client, patient copay, or other payer. Once tax is calculated (on paid costs) NYSIF would pay a percentage of the tax based on the apportionment percentage, when applicable.
38	Amount Billed	D	10	250	259	Amount due net of copay = **((Ingredient Cost + Dispensing Fee - Co-Pay Amount + Sales Tax) + Admin Fee.**
39	Admin-Fee	D	10	260	269	Contracted administrative fee
40	Professional Service Fee	D	10	270	279	Fee paid to pharmacy for Level of Effort associated with D.0 compound
41	Patient First Name	A/N	12	280	291	First Name of Patient
42	Patient Last Name	A/N	15	292	306	Last Name of Patient
43	Patient Middle Initial	A/N	1	307	307	Middle Initial of Patient
44	Date of Birth	N	8	308	315	Date of Birth of Patient. FORMAT=CCYYMMDD
45	Sex Code	N	1	316	316	0=Not Specified

						1=Male 2=Female
46	Cardholder ID Number	A/N	18	317	334	ID assigned to cardholder PBM unique id assigned to cardholder.
47	Relationship Code	N	1	335	335	1=Cardholder 2=Spouse 3=Child 4=Other
48	Group Number	A/N	15	336	350	ID assigned to cardholder group or employer group
49	Prescriber ID	A/N	10	351	360	Identification assigned to the prescriber
50	Cardholder First Name	A/N	12	361	372	Cardholder First Name
51	Cardholder Last Name	A/N	15	373	387	Cardholder Last Name

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
52	Prior Authorization/Medical Certification Code and Number	N	12	388	399	***First position values:*** 0=Not Specified 1=Prior Authorization
53	Dispense As Written (DAW)/Product Selection Code	A/N	1	400	400	0=No production selection indicated 1=Substitution not allowed by prescriber 2=Substitution allowed - patient requested product dispensed 3=Substitution allowed - pharmacist selected product dispensed 4=Substitution allowed - generic drug not in stock 5=Substitution allowed - brand drug dispensed as a generic 6=Override 7=Substitution not allowed - brand drug mandated by law 8=Substitution allowed - generic drug not available in marketplace 9=Other
54	Filler	A/N	3	401	403	Future Use
55	Compound Code	N	1	404	404	Code indicating whether or not the prescription is a compound 0=Not Specified 1=Compound 2=Not a Compound
56	Prescription Origin	N	1	405	405	Code indicating the origin of prescription

	Code					0=Not Specified 1=Written Prescription 2=Telephone Prescription 5= Paper Bills - deferred 6= Paper Bill (Network) – Prior to eligibility 7= Paper Bill (Network) – After eligibility sent, prior to notification 8= Paper Bill (Network) – After Eligibility, after notification 9=Paper Bill (Non-Network) ***PBM will provide value as submitted with claim***
57	Drug Type	N	1	406	406	Code to indicate the type of drug dispensed 0=Not Specified 1=Single Source Brand 2=Branded Generic 3=Generic 4=O.T.C. Brand (Over the Counter) 5=M/S Brand 6=O.T.C Generic (Over the Counter)
58	Full AWP	D	10	407	416	Full AWP. This field should have a negative amount for reversals.
59	Master Carrier	A/N	4	417	420	**Code assigned** **Must be "WCN".**

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM – TO		DEFINITION OF FIELD VALUE/COMMENTS
60	Sub-Carrier	A/N	4	421	424	**Code assigned** **Must be "NYS".**
61	Claim Type	A/N	1	425	425	P=Paid, R=Reversed
62	PBM Sub-Group	A/N	20	426	445	Client defined miscellaneous value from member record Should be field #20 from the eligibility file. Two digit office number, followed by three character office code.
63	Plan Designator	A/N	1	446	446	Designates client plan paying claim: blank = not provided (assume pharmacy) P=pharmacy M=medical

64	MAC Amount	D	10	447	456	Must be greater than zero if generic is assigned a MAC price. This should be the calculated MAC amount for the # units dispensed, not the per unit amount.
65	Filler	A/N	10	457	466	Future Use
66	Filler	A/N	2	467	468	Future Use
67	Filler	A/N	9	469	477	Future Use
68	NYSIF Formulary Indictor	A/N	1	478	478	Must be 'Y' or 'N'. Y = Part of standard or shortfill NYSIF formulary N = Not part of standard or shortfill NYSIF formulary
69	Formulary Flag	A/N	1	479	479	If field 68 = 'Y', then this field (69) is blank. If field 68 = 'N', then this field (69) should indicate how the authorization was obtained: 'P' = Authorization was received via the portal; or 'E' = Authorization was received via the Eligibility file.
70	GCN - Generic Classification Number	A/N	14	480	493	Must enter a GCN code.
71	Therapeutic class - AHFS	A/N	6	494	499	

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM – TO		DEFINITION OF FIELD VALUE/COMMENTS
72	Filler	A/N	1	500	500	Future use
73	Billed Basis Code	A/N	2	501	502	00 = Not Specified 01 = AWP 06 = MAC 07 = Usual and Customary 10 = Pass-Thru 16 = NYS Fee Schedule
74	Usual & Customary Charge	D	10	503	512	This field should have a negative amount for reversals.
75	Filler	A/N	10	513	522	Future Use
76	Drug Strength	A/N	10	523	532	Drug Strength **PBM takes from NDC file**

77	Original Member	A/N	2	533	534	Original Member ID
78	PBM Reference Number	A/N	14	535	548	PBM unique bill number.
79	License-nbr	A/N	15	549	563	Doctor license number
80	Pharmacy NPI	N	10	564	573	Pharmacy NPI Number. Required.
81	Pharmacy Submitted Indicator	A/N	1	574	574	L if NCPDP was submitted. Nation council prescription drug program (NCPDP). N if NPI was submitted. Required.
82	Prescriber NPI	N	10	575	584	Doctor NPI Number. Required.
83	Prescriber Submitted Indicator	A/N	1	585	585	L if DEA was submitted. N if NPI was submitted. Required.
84	Pharmacist Id	A/N	15	586	600	Pharmacist License Number (Currently only the State of Florida requires a pharmacist id).
85	Pharmacist Type	A/N	2	601	602	Pharmacist Id Qualifier . Not Specified value ' ' . DEA value '01' . State License value '02' . SSN value '03' . Name value '04' . NPI value '05' . HIN value '06' . State Issued value '07' . Other value '99' PBM identification method for the pharmacist id. Must be '02' if FL, otherwise spaces.

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM – TO		DEFINITION OF FIELD VALUE/COMMENTS
86	Date of Injury	N	8	603	610	WC Date of Injury Format=CCYYMMDD
87	Fee Amount	D	10	611	620	WC Fee Schedule Amount
88	Client Customer Id	A/N	20	621	640	NYSIF Claim Number
89	GPI Code	N	14	641	654	14 digit GPI code.
90	Filler	A/N	1	655	655	Future Use
91	Claimant Address1	A/N	40	656	695	Claimant Address Line 1
92	Claimant Address2	A/N	40	696	735	Claimant Address Line 2
93	City	A/N	20	736	755	Claimant City
94	State or Province code	A/N	2	756	757	Claimant State

95	Postal Code	N	9	758	766	Claimant Zip Code
96	State of Jurisdiction	A	2	767	768	WC State of Jurisdiction Is this were it is filled or claim jurisdiction.
97	SVC BCO	A/N	3	769	771	WC Servicing BCO Field #20 on eligibility file. 2 digit office number, followed by first character of office code.
98	Policy Number	A/N	14	772	785	WC Policy Number Policy number field (#33) on eligibility file.
99	Filler	A/N	15	786	800	Future Use
100	Client Claim Examiner	A/N	10	801	810	WC Client Claim Examiner Field #24 on eligibility file.
101	Insured Name	A/N	30	811	840	Claimant Name
102	Insured Address1	A/N	40	841	880	Claimant Address Line 1
103	Insured Address2	A/N	40	881	920	Claimant Address Line 2
104	Insured City	A/N	20	921	940	Claimant City
105	Insured State	A/N	2	941	942	Claimant State
106	Insured Zip	N	9	943	951	Claimant Zip Code
107	Location Code	A/N	15	952	966	WC Location Code Fill with spaces.
108	W/C Comm Board	A/N	25	967	991	WC Comm Board Fill with spaces.
109	Emp Tax ID	A/N	10	992	1001	WC Employer Tax ID Fill with spaces.
110	Sec Mail Name	A/N	30	1002	1031	Claimant Secondary Mailing Name
111	Sec Mail Address1	A/N	30	1032	1061	Claimant Secondary Mailing Addr Line 1

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM – TO		DEFINITION OF FIELD VALUE/COMMENTS
112	Sec Mail Address2	A/N	30	1062	1091	Claimant Secondary Mailing Address Line 2
113	Sec Mail City	A/N	20	1092	1111	Claimant Secondary Mailing City
114	Sec Mail State	A/N	2	1112	1113	Claimant Secondary Mailing State
115	Sec Mail Zip	N	9	1114	1122	Claimant Secondary Mailing Zip
116	Sec Mail Phone	A/N	14	1123	1136	Claimant Secondary Phone Number
117	Filler	A/N	3	1137	1139	Future use
118	Prescriber Last Name	A/N	15	1140	1154	
119	Company TPA	A/N	5	1155	1159	WC Client's Company-TPA
120	Policy TPA	A/N	25	1160	1184	WC Policy Number-TPA Fill with spaces.
121	Apportionment	N	5	1185	1189	WC Apportionment % from wccopay-

	Percent					amt 999v99. Co-Pay amt field (#31) on eligibility file.
122	Doctor Phone	A/N	18	1190	1207	WC Doctor Phone
123	Doctor State	A/N	2	1208	1209	WC Doctor State
124	Adjudication Date	N	8	1210	1217	Claim Adjudication Date ccyymmdd Date script is filled.
125	Pre-Auth indicator	A/N	2	1218	1219	Fill with spaces.
126	Resub Indicator	A/N	1	1220	1220	Fill with spaces.
127	Invoice Number	A/N	10	1221	1230	Generated by PBM. Ten (10) character invoice number (8 character invoice and 2 character line number).
128	Participating Pharmacy Indicator	N	1	1231	1231	1 =Participating Pharmacy 2 = Mail Order 3 = Non-participating Pharmacy
129	Date NYSIF received Paper Bill	N	8	1232	1239	Field is required if it is a billing transaction for a paper. Format=CCYYMMDD
130	Date Helios received Paper Bill	N	8	1240	1247	Field is required if it is a billing transaction for a paper bill. Format = CCYYMMDD
131	Date of Paper Bill Payment	N	8	1248	1255	Field is required if it is a billing transaction for a paper bill. Format = CCYYMMDD
132	PBM Reserved Area	A/N	244	1256	1500	Reserved for Expansion

5 = D.0 COMPOUND DETAIL RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
133	Record Identifier	N	1	1	1	5=D.0 Compound Detail Record
134	Billing Date	N	8	2	9	The date of the billing. Format=CCYYMMDD
135	Invoice Number	A/N	10	10	19	Generated by PBM. Ten (10) character invoice number (8 character invoice and 2 character line number).
136	PBM Reference Number	A/N	14	20	33	Internally Assigned Ref. No. 1-5 = script # (last 5) 6-8 = adjudication date (julian ddd) 9-14 = adjudication time (hhmmss) PBM can use a unique identifier as well. Must match field #77 (04 record).
137	Pharmacy	A/N	12	34	45	ID assigned to a pharmacy

	Number					
138	Prescription Number	N	12	46	57	Prescription Number assigned by the Pharmacy
139	Date Filled	N	8	58	65	Dispensing Date of Rx Format=CCYYMMDD
140	Product Qualifier Id	A/N	2	66	67	03 = NDC; all other values indicate a non-NDC compound ingredient
141	NDC Number - OR – Product ID	A/N	20	68	87	Product Id can be the UPC code of a non-NDC ingredient
142	D.0 Compound Ingredient Count	N	2	88	89	This will be a sequential number (01-25) representing the ingredients of the D.0 compound claim, per the Ingredient Count
143	Drug Type	N	1	90	90	Code to indicate the type of drug dispensed 0=Not Specified 1=Single Source Brand 2=Branded Generic 3=Generic 4=O.T.C. Brand (Over the Counter) 5=M/S Brand 6=O.T.C Generic
144	Drug Description	A/N	30	91	120	Necessary for Compounds and those items not in carrier drug file
145	GCN - Generic Classification Number	A/N	14	121	134	Must enter a GCN code.
146	Therapeutic class - AHFS	A/N	6	135	140	
147	Drug Strength	A/N	10	141	150	Drug Strength -**PBM takes from NDC file**
148	Basis of Cost Determination	A/N	2	151	152	00=Not Specified 01=AWP 06=MAC 07=Usual and Customary 10 – Pass thru 16 – NYS Fee Schedule
149	Metric Quantity	N	7	153	159	Number of metric units of medication dispensed
150	Full AWP	D	10	160	169	Full AWP. This field should have a negative amount for reversals.
151	Ingredient Cost	D	10	170	179	Cost of the drug dispensed All 05 records for the Ingredient Cost must total the Ingredient Cost in record 04.
152	Dispensing Fee	D	10	180	189	Contracted dispensing fee; IF a D.0 compound, will include the pharmacy Professional Service Fee

						All 05 records for the Dispensing Fee must total the Dispensing Fee in record 04.
153	Co-Pay Amount	D	10	190	199	Correct Co-Pay for plan billed All 05 records for the Co-pay Amount must total the Co-pay Amount in record 04.
154	Sales Tax	D	10	200	209	Sales Tax for the prescription dispensed. The tax calculation is based on the claim costs paid to the pharmacy, including paid ingredient cost plus dispensing fee, or ingredient cost only based on state law. Tax is based on the full amount payable regardless of who pays the claims: i.e. client, patient copay, or other payer. Once tax is calculated (on paid costs) NYSIF would pay a percentage of the tax based on the apportionment percentage, when applicable. All 05 records for the Sales Tax must total the Sales Tax Billed in record 04.
155	Amount Billed	D	10	210	219	Amount due net of copay = **((Ingredient Cost + Dispensing Fee - Co-Pay Amount + Sales Tax) + Admin Fee.** All 05 records for the Amount Billed must total the Amount Billed in record 04.
156	Admin-Fee	D	10	220	229	Contracted administrative fee All 05 records for the Admin fee must total the Admin fee in record 04.
157	Billed Basis Code	A/N	2	230	231	00=Not Secified01=AWP 06= MAC 07=Usual and Customary 10=Pass-Thru 16 = NYS Fee Schedule
158	Usual & Customary Charge	D	10	232	241	This field should have a negative amount for reversals.
159	Fee Amount	D	10	242	251	WC Fee Schedule Amount
160	GPI Code	N	14	252	265	14 digit GPI code.
161	MAC Amount	D	10	266	275	Must be greater than zero if generic is assigned a MAC price. This should be the calculated MAC amount for the # units dispensed, not the per unit amount.
162	PBM Reserved	A/N	1224	276	1500	Reserved for Expansion

	Area					

8 = BATCH CONTROL RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
163	Record Identifier	N	1	1	1	8=File Batch Control Record
164	Processor Number	N	10	2	11	***PBM: will contain a value of 0000003858***
165	Billing Date	N	8	12	19	The date of the billing. Format=CCYYMMDD
166	Total Claim Count	N	8	20	27	total number of claims on file
167	Total Billed Amount	D	12	28	39	total billed amount (including admin fee on file)
168	Total Admin Fee	D	12	40	51	total admin fee on file
169	Filler	A/N	1449	52	1500	Reserved for Expansion

BILLING PROCESS BUSINESS RULES

- Any reversals will be posted as a negative by NYSIF. PBM should include the data items in the following manner for billing reversals.
  - Negative Ingredient Cost
  - Negative Dispensing Fee
  - Negative Co-Pay Amount if applicable
  - Negative Sales Tax if applicable
  - Negative Admin fee.
  - R in field 61
  - Negative Usual & Customary Charge
  - Negative Full AWP