

NYSIF Aging Short Fill File Layout

WEEKLY SHORT FILL AGING REPORT NAMING CONVENTION

WCN14.yymmdd

WEEKLY SHORT FILL AGING REPORT NAMING CONVENTION LAYOUT

Name of Field	Field Format	Field Length	Comments
Processor	A	4	Value: WCN14.
File Creation Date	N	6	Format: YYMMDD

WEEKLY SHORT FILL AGING REPORT FILE LAYOUT

Short Fill File Layout (Weekly Aging File Report)						
Header Record						
			Position			
Field Name	Type	Length	Start	End	Required	Comments
Process ID	A/N	3	1	3	Y	Must be "PBM".
Date Created	A/N	8	4	11	Y	Format: YYYYMMDD. File creation date.
Starting Fill Date	N	8	12	19	Y	Format: YYYYMMDD. Earliest fill date in the file.
Ending Fill Date	N	8	20	27	Y	Format: YYYYMMDD. Latest fill date in the file.
Record Count	N	9	28	36	Y	Record count must equal the number of detail records in the file.
Filler	A/N	924	37	960	Y	

Short Fill File Layout (Weekly Aging File Report)						
Detail Record						
			Position			
Field Name	Type	Length	Start	End	Required	Comments
Date of Service	A/N	8	1	8	Y	Format: YYYYMMDD
Master Carrier	A/N	4	9	12	Y	Must be "WCN".
Subcarrier	A/N	4	13	16	Y	Must be "NYS".
Group	A/N	15	17	31	Y	Must be "NYSHORT", "HEALTH"

Exhibit II.S

						OR "IF". HEALTH = Short Fill HIV Prophylactic NYSHORT = NYSIF Regular Short Fill IF = NYSIF standard Group
Last Name	A/N	20	32	51	Y	
First Name	A/N	15	52	66	Y	
Middle Initial	A/N	1	67	67	N	Fill with spaces if not available.
SSN	A/N	18	68	85	Y	
Date of Birth	A/N	8	86	93	N	Default to 19111111 if not available. Format: YYYYMMDD
Date of Injury	A/N	8	94	101	Y	Format: YYYYMMDD
DEA/NPI	A/N	10	102	111	Y	
Doctor Name	A/N	40	112	151	N	Fill with spaces if not available.
Doctor Phone	A/N	10	152	161	N	Fill with spaces if not available.
Doctor Phone Extension	A/N	5	162	166	N	Fill with spaces if not available.
Doctor Address 1	A/N	40	167	206	N	Fill with spaces if not available.
Doctor Address 2	A/N	40	207	246	N	Fill with spaces if not available.
Doctor City	A/N	30	247	276	N	Fill with spaces if not available.
Doctor State	A/N	2	277	278	N	Fill with spaces if not available.
Doctor Zip 1-5	A/N	5	279	283	N	Fill with spaces if not available.
Doctor Zip 6-9	A/N	4	284	287	N	Fill with spaces if not available.
Pharmacy Name	A/N	40	288	327	Y	
Pharmacy Phone	A/N	15	328	342	N	Fill with spaces if not available.
Pharmacy Address 1	A/N	40	343	382	N	Fill with spaces if not available.
Pharmacy Address 2	A/N	40	383	422	N	Fill with spaces if not available.
Pharmacy City	A/N	30	423	452	N	Fill with spaces if not available.
Pharmacy State	A/N	2	453	454	N	Fill with spaces if not available.
Pharmacy Zip 1-5	A/N	5	455	459	N	Fill with spaces if not available.
Pharmacy Zip 6-9	A/N	4	460	463	N	Fill with spaces if not available.
Employer Name	A/N	30	464	493	N	Fill with spaces if not available.
Employer Address 1	A/N	40	494	533	N	Fill with spaces if not available.
Employer Address 2	A/N	40	534	573	N	Fill with spaces if not available.
Employer City	A/N	20	574	593	N	Fill with spaces if not available.
Employer State	A/N	2	594	595	N	Fill with spaces if not available.
Employer Zip	A/N	9	596	604	N	Fill with spaces if not available.
Employer Phone	A/N	10	605	614	N	Fill with spaces if not available.
NABP	A/N	10	615	624	Y	Pharmacy unique identifier.
Filler	A/N	7	625	631	N	Fill with spaces.
NDC	A/N	11	632	642	Y	
Drug Name	A/N	25	643	667	Y	
Customer Claim Number	A/N	20	668	687	N	Fill with spaces if not available. If you have received an eligibility file, this data should be populated.
Status	A/N	1	688	688	Y	Status code in the NYSIF eligibility file.
Status Message Code	A/N	2	689	690	N	Fill with spaces if not available.

Exhibit II.S

						If you have received an eligibility file, this data should be populated.
Status Message Code Desc	A/N	40	691	730	N	Fill with spaces if not available. If you have received an eligibility file, this data should be populated.
Days Aged	N	3	731	733	Y	Number of days since fill date.
Date Processed	N	8	734	741	Y	Fill date. Format: YYYYMMDD
Examiner Number	A/N	10	742	751	N	Fill with spaces if not available. NYSIF Unit number from eligibility file. If you have received an eligibility file, this data should be populated.
Filler	A/N	5	752	756	N	Fill with spaces if not available.
ARS Number	N	15	757	771	N	If policy number = 00240960 or 240960 you will have an ARS number in most cases.
Entity Number	N	15	772	786	N	If policy number = 00240960 or 240960 you will have an Entity number in most cases.
Claimant Address Line 1	A/N	40	787	826	Y	
Claimant Address Line 2	A/N	40	827	866	N	Fill with spaces if not available.
Claimant City	A/N	20	867	886	Y	
Claimant State	A/N	2	887	888	Y	
Claimant Zip	A/N	9	889	897	Y	
Policy Number	N	15	898	912	Y	Must get from temp id card. If not on temp card, script must not be filled. NYSIF policy number.
Script Number	N	12	913	924	Y	
Filler	A/N	36	925	960	Y	Fill with spaces.

Short Fill File Layout (Weekly Aging File Report)						
Footer Record						
			<i>Position</i>			
<i>Field Name</i>	<i>Type</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Required</i>	<i>Comments</i>
Process ID	A/N	3	1	3	Y	
Date Created	N	8	4	11	Y	Format: YYYYMMDD
Starting Fill Date	N	8	12	19	Y	Format: YYYYMMDD
Ending Fill Date	N	8	20	27	Y	Format: YYYYMMDD
Record Count	N	9	28	36	Y	Record count must equal the number of detail records in the file.
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