

**FORMAT:** Compatible with Access 2007

**TABLE NAME:** YYYY IVG

**DESCRIPTION:** Annual Paid Claims by Participating Agency Code

Field	Field Name	Format	Description
1	YEAR PAID	Text – 4	Year Paid (YYYY)
2	AGENCY CODE	Text –5	5 Digit Agency Code (Customer ID#)
3	YEAR INC	Text – 4	Year Incurred (YYYY)
4	MM_PP	Text - 1	Left blank (NOT APPLICABLE)
5	EEDEP	Text – 11	1-Enrollee = Enrollee 2-Dependent = Dependent Child / Spouse / Domestic Partner
6	AGENCY TYPE	Text – 1	As identified by the Benefit Program (BP) Code: P = Participating Agency (P**) N = NYS Agencies and Participating Employers (BP = A**, M**, C**, R**, G**, L**, D** or E** )
7	CLAIMS	N	# of Claims
8	AMT PAID	N	Amount Paid
9	CARRIER	Text – 10	CONSTANT: D-DRUGS