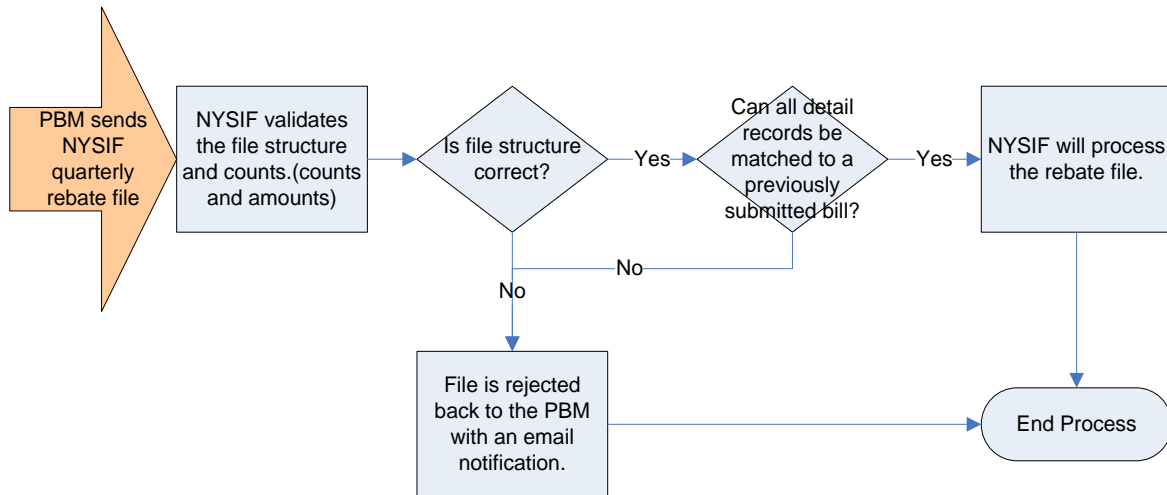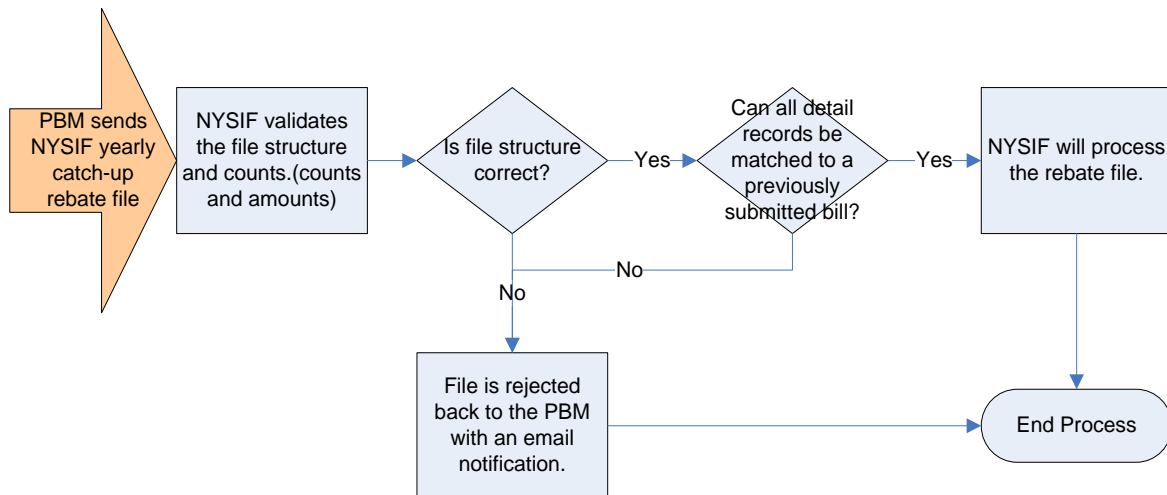Exhibit II.P

REBATE FILE PROCESSES (QUARTERLY/YEARLY)

QUARTERLY REBATE HIGH LEVEL WORKFLOW

YEARLY REBATE HIGH LEVEL WORKFLOW

REBATE REQUIREMENTS

The PBM is required to transmit a computerized file via secure transfer containing prescription rebate information for all earned rebates in a format specified by NYSIF. The pharmacy rebate records in the Rebate File must match all prescriptions billed to NYSIF by the PBM. The report is due one hundred eighty (180) Days after the end of the quarter. Issue resolution timeframe: within 1 week of the original submission. The total amount of the rebates in the file must match the rebate check amount. The rebate check will be mailed to NYSIF at a TBD address.

Exhibit II.P

The PBM is required to transmit a computerized rebate file via secure transfer containing a yearly true-up of rebate records in a format specified below. The catch-up rebate file must match all of the billing records provided by the PBM in the weekly pharmacy billing files. The yearly report is due one hundred fifty (150) Days after the end of the Calendar Year. Issue resolution timeframe: within 1 week of the original submission. The total amount of the rebates in the file must match the rebate check amount. The rebate check will be mailed to NYSIF at a TBD address.

NYSIF may request the PBM to send D.0 Compound Ingredient Count, D.0 Compound Level of Effort and Pharmacy professional service fee data in future rebate files.

Rebates fields will be delivered in the following manner.

Days Supply	Positive, No decimal - matches billing record. Example: 30, 60, 15
Metric quantity	Positive, No decimal - matches billing record. Example: 90, 30, 60
Ingredient Cost	Positive, has decimal - Matches billing record. Example: 177.90, 87.00
Dispensing Fee	Positive, has decimal - matches billing record. Example: 4.00, 88.00
CoPay Amt	Positive, has decimal - matches billing record. Example: 0.00, 25.00
Sales Tax	Positive, has decimal - matches billing record. Example: 0.10, 4.62
Amount Billed	Positive, has decimal - matches billing record. Example: 92.88, 1269.11
Rebate Amount	Positive, has decimal – 25.26, 224.52, 52.00 (still researching possibility of a negative amount for a rebate reversal)

QUARTERLY REBATE FILE NAMING CONVENTION

Name of Field	Field Format	Max Field Length	Comments
Processor	A	4	Value: NYS.
File Type	A/N	7	Value: Rebates.
File Quarter	N	6	Format: CCYYQQ QQ=quarter. Example: 02 = 2nd qtr
File Extension	A/N	4	Value: ".txt".

QUARTERLY REBATE FILE EXAMPLE NAMING CONVENTION

NYS.Rebates.200702.txt

REBATE YEARLY CATCH UP FILE NAMING CONVENTION

Name of Field	Field Format	Max Field Length	Comments
Processor	A	4	Value: NYS.
File Type	A/N	15	Format: Rebates.catchup.
File Year	N	4	Format: CCYY. Indicates the year of the rebates in the catch up file.
File Extension	A/N	4	Value: ".txt".

Exhibit II.P

REBATE YEARLY CATCH UP FILE NAMING EXAMPLE

NYS.Rebates.catchup.2007.txt

REBATE FILE LAYOUT (QUARTERLY/YEARLY)

Header Record			
Name of Field	**Field Format**	**Max Field Length**	**Comments**
Processor	A/N	3	**Value: PBM**
Delimiter	A	1	**Value: "|".**
File Creation Date	N	8	**Format: CCYYMMDD**
Delimiter	A	1	**Value: "|".**
Billing Quarter	N	6	**Format: CCYYQQ. QQ=quarter. Ex: 02 = 2nd qtr**
Delimiter	A	1	**Value: "|".**

Detail Record			
Name of Field	**Field Format**	**Max Field Length**	**Comments**
Billing Date	N	8	**Date Bill Created. Format: CCYYMMDD** **Field 14 in billing file layout.**
Delimiter	A	1	**Value: "|".**
Pharmacy Number	A/N	12	**Id assigned to a pharmacy** **Field 15 in billing file layout.**
Delimiter	A	1	**Value: "|".**
Pharmacy Name	A/N	20	**Name of Pharmacy** **Field 16 in billing file layout.**
Delimiter	A	1	**Value: "|".**
Pharmacy Address	A/N	20	**Address of Pharmacy** **Field 17 in billing file layout.**
Delimiter	A	1	**Value: "|".**
Pharmacy Location City	A/N	18	**City of Pharmacy** **Field 18 in billing file layout.**
Delimiter	A	1	**Value: "|".**
Pharmacy Location State	A/N	2	**State of Pharmacy** **Field 19 in billing file layout.**
Delimiter	A	1	**Value: "|".**
Pharmacy Zip Code	A/N	9	**Zip Code of Pharmacy** **Field 20 in billing file layout.**
Delimiter	A	1	**Value: "|".**
Pharmacy Telephone Number (Not Required)	N	10	**Telephone of Pharmacy. Format AAAEEENNNN** **AAA=Area Code** **EEE = Exchange Code** **NNNN = Number**

Exhibit II.P

			Field 21 in billing file layout.
Delimiter	A	1	Value: "|".
Prescription Number	N	12	**Prescription Number assigned by the pharmacy** Field 23 in billing file layout.
Delimiter	A	1	Value: "|".
Date Filled	N	8	**Dispensing Date of Rx. Format CCYYMMDD** Field 24 in billing file layout.
Delimiter	A	1	Value: "|".
NDC Number or Product ID	N	20	Field 26 in billing file layout.
Delimiter	A	1	Value: "|".
Drug Description	A/N	30	Field 29 in billing file layout.
Delimiter	A	1	Value: "|".
New Refill Code (Not Required)	N	2	**00=new prescription, 01-99 = Number of refills** Field 30 in billing file layout.
Delimiter	A	1	Value: "|".
Metric Quantity	N	7	**Number of metric units of medication dispensed** Field 31 in billing file layout.
Delimiter	A	1	Value: "|".
Days Supply	N	3	**Estimated Number of days the prescription will last** Field 32 in billing file layout.
Delimiter	A	1	Value: "|".
Ingredient Cost	D	10	**Cost of the drug dispensed** Field 34 in billing file layout.
Delimiter	A	1	Value: "|".
Dispensing Fee	D	10	**Contracted dispensing fee. If D.0 compound, will include the pharmacy professional service fee.** Field 35 in billing file layout.
Delimiter	A	1	Value: "|".
Co Pay Amount (Not Required)	D	10	**Correct Co-pay for plan billed** Field 36 in billing file layout.
Delimiter	A	1	Value: "|".
Sales Tax (Conditional)	D	10	**Sales tax for the prescription dispensed. Must be supplied if applicable.** Field 37 in billing file layout.
Delimiter	A	1	Value: "|".
Amount Billed	D	10	**Amount due net of co pay** Field 38 in billing file layout.
Delimiter	A	1	Value: "|".
Patient First Name	A/N	12	**First name of patient** Field 41 in billing file layout.
Delimiter	A	1	Value: "|".
Patient Last Name	A/N	15	**Last name of patient** Field 42 in billing file layout.
Delimiter	A	1	Value: "|".
Patient Middle Initial (Not Required)	A/N	1	**Middle initial of patient** Field 43 in billing file layout.
Delimiter	A	1	Value: "|".
Date of Birth(Not Required)	N	8	**Date of Birth of patient. Format: CCYYMMDD** Field 44 in billing file layout. Fill with zeros if not available.
Delimiter	A	1	Value: "|".
Sex Code (Not Required)	N	1	**0=Not specified, 1=Male, 2=Female** Field 45 in billing file layout.

Exhibit II.P

Delimiter	A	1	Value: "|".
Cardholder Id Number	A/N	18	**Claimant SSN** Field 46 in billing file layout.
Delimiter	A	1	**Value: "|".**
Prescriber Id	A/N	10	**Identification assigned to the prescriber** Field 49 in billing file layout.
Delimiter	A	1	**Value: "|".**
Dispense as written (DAW)/Product Selection Code (Not Required)	A/N	1	**Submitted Dispensed as Written** **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** Field 53 in billing file layout.
Delimiter	A	1	**Value: "|".**
Adjudicated DAW code (Not Required)	A/N	1	**Adjudicated Dispense as Written**
Delimiter	A	1	**Value: "|".**
Office Code	A/N	20	**NYSIF Office**
Delimiter	A	1	**Value: "|".**
Legacy Group code	A/N	2	**Id assigned to cardholder group or employer group** **Must be "IF".**
Delimiter	A	1	**Value: "|".**
Legacy Group description	A/N	15	**Must be "NYSIF – DEFAULT".**
Delimiter	A	1	**Value: "|".**
Claim Audit Number	A/N	14	**PBM Reference Number. Unique per script. PBM Claim Number.**
Delimiter	A	1	**Value: "|".**
Date of Injury	A/N	8	**Accident Date. Format: CCYYMMDD** Field 85 in billing file layout.
Delimiter	A	1	**Value: "|".**
PBM Claim Id	A/N	20	**PBM Claim Number**
Delimiter	A	1	**Value: "|".**
WCB Client Customer Id	N	20	**NYSIF Claim Number** Field 87 in billing file layout.
Delimiter	A	1	**Value: "|".**
Rebate Amount	A/N	9(4).9(2)	**Format: 9999.99**
Delimiter	A	1	**Value: "|".**

Footer Record			
Name of Field	**Field Format**	**Field Length**	**Comments**
Processor	A/N	3	**Value: PBM**
Delimiter	A	1	**Value: "|".**
Billing Quarter	N	6	**Format: CCYYQQ. QQ=quarter. Ex: 02 = 2nd qtr**

Exhibit II.P

Delimiter	A	1	Value: "|".
Record Count	N	7	Total record count in the rebate file
Delimiter	A	1	Value: "|".
Total Rebate Amount	N	9(8).9(2)	Format: 99999999.99
Delimiter	A	1	Value: "|".

REBATE FILE (QUARTERLY/YEARLY) BUSINESS RULES:

1.) Must have a header record as the first record otherwise the entire file shall be rejected.
2.) Must have a footer record as the last record otherwise the entire file shall be rejected.
3.) Must have a header with 3 fields and 4 pipe separators otherwise the entire file shall be rejected.
4.) Must have a footer with 4 fields and 5 pipe separators otherwise the entire file shall be rejected.
5.) First field in both the header and footer to be "PBM" otherwise the entire file shall be rejected.
6.) The billing quarter field must be numeric otherwise the entire file shall be rejected.
7.) The record count in the footer record must equal the number of billing records in the file otherwise the entire file shall be rejected.
8.) The Total Rebate Amount in the footer record must equal the total rebate amount in each bill record otherwise the entire file shall be rejected.
9.) Each bill record must contain 37 fields and 38 pipe separators otherwise the entire file shall be rejected.
10.) Each bill record must contain a valid NYSIF claim number otherwise the entire file shall be rejected.
11.) Each bill record must have an exact match in the NYSIF database otherwise the entire file shall be rejected. (Data to match on: Claim#, Fill date (exact), NDC#, and Prescription #)
12.) The naming convention must match the naming convention for the quarterly or yearly rebate file otherwise the file will be rejected.