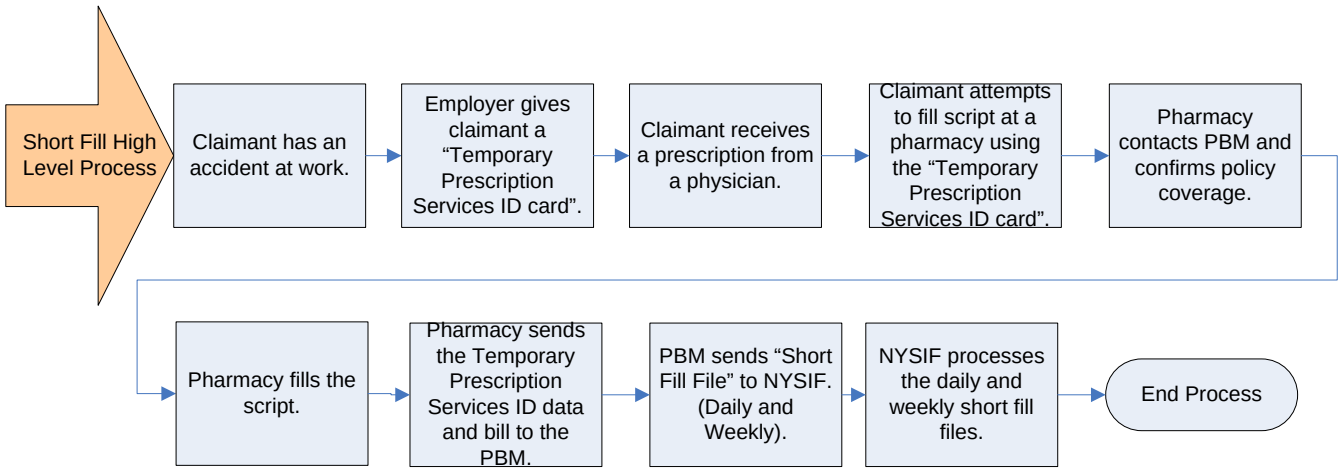
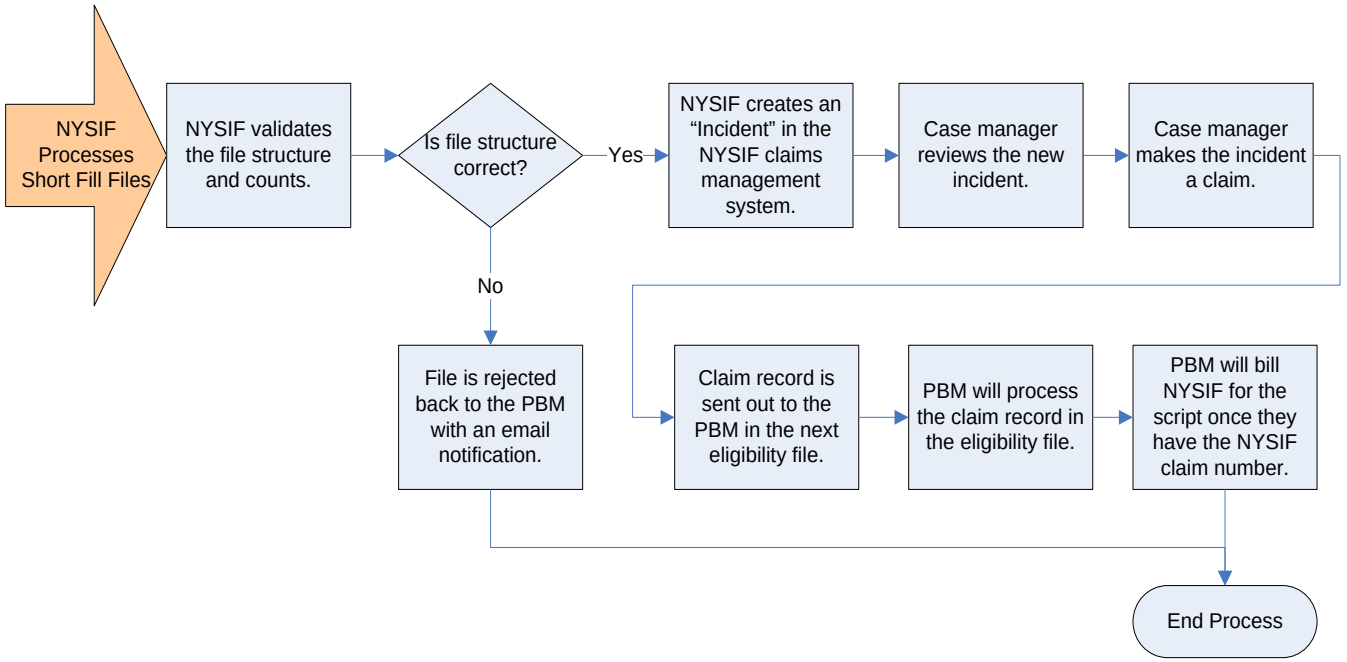
SHORT FILL PROCESS

SHORT FILL HIGH LEVEL PROCESS



SHORT FILL FILE PROCESSING DIAGRAM



SHORT FILL REQUIREMENTS

The PBM is required to submit a computerized daily short fill file via secure transfer with pharmacy bills for those injured workers of NYSIF policy holders where the bill cannot be matched to an established NYSIF claim. The report is due daily. Issue resolution timeframe: prior to the next scheduled submission.

The PBM is required to submit a computerized weekly short fill aging file via secure transfer with bills previously submitted in the Instant Enrollment/"Short Fill" file that remain unmatched to an established NYSIF claim. In the event there are not records meeting the above criteria, an empty file should be transmitted. The report is due each Monday. Issue resolution timeframe: prior to the next scheduled submission.

DAILY SHORT FILL FILE NAMING CONVENTION

nys.sf.yymmddhhmmss

DAILY SHORT FILL FILE NAMING CONVENTION LAYOUT

Name of Field	Field Format	Field Length	Comments
Processor	A	4	**Value: nys.**
File Type	A/N	7	**Value: sif.**
File Creation Date	N	6	**Format: YYMMDD**
File Creating Time	A/N	4	**Format: HHMMSS**

DAILY SHORT FILL PROCESS FILE LAYOUT

Short Fill File Layout (Daily)						
Header Record						
			Position			
Field Name	***Type***	***Length***	***Start***	***End***	***Required***	***Comments***
Process ID	A/N	3	1	3	Y	Must be "PBM".
Date Created	N	8	4	11	Y	Format: YYYYMMDD. File creation date.
Starting Fill Date	N	8	12	19	Y	Format: YYYYMMDD. Earliest date of fill included in the file.
Ending Fill Date	N	8	20	27	Y	Format: YYYYMMDD. Latest date of fill included 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	664	37	700	Y	

Short Fill File Layout (Daily)						
Detail Record						
			Position			
Field Name	**Type**	**Length**	**Start**	**End**	**Required**	***Comments***
Claim Date of Service	A/N	8	1	8	Y	Format: YYYYMMDD
Claimant Master Carrier	A/N	4	9	12	Y	Must be "WCN".
Claimant Subcarrier	A/N	4	13	16	Y	Must be "NYS".
Claimant Group	A/N	15	17	31	Y	Must be "NYSHORT", "HEALTH" OR "IF". HEALTH = Short Fill HIV Prophylactic NYSHORT = NYSIF Regular Short Fill IF = NYSIF standard Group
Claimant Last name	A/N	20	32	51	Y	
Claimant First Name	A/N	15	52	66	Y	
Claimant Mid Name	A/N	1	67	67	N	Fill with spaces if not available.
Claimant SSN	A/N	18	68	85	Y	
Claimant DOB	A/N	8	86	93	N	Default to 19111111 if not available. Format: YYYYMMDD
Claimant DOI	A/N	8	94	101	Y	Format: YYYYMMDD
Prescriber DEA/NPI	A/N	10	102	111	Y	
Prescriber Name	A/N	40	112	151	N	Fill with spaces if not available.
Prescriber Phone Number	A/N	10	152	161	N	Fill with spaces if not available.
Prescriber Phone Ext	A/N	5	162	166	N	Fill with spaces if not available.
Prescriber Address1	A/N	40	167	206	N	Fill with spaces if not available.
Prescriber Address2	A/N	40	207	246	N	Fill with spaces if not available.
Prescriber City	A/N	30	247	276	N	Fill with spaces if not available.
Prescriber State	A/N	2	277	278	N	Fill with spaces if not available.
Prescriber Zip	A/N	5	279	283	N	Fill with spaces if not available.
Prescriber Ext-zip	A/N	4	284	287	N	Fill with spaces if not available.
Pharmacy name	A/N	40	288	327	Y	
Pharmacy Phone Number	A/N	10	328	337	N	Fill with spaces if not available.
Pharmacy Phone-Ext	A/N	5	338	342	N	Fill with spaces if not available.
Pharmacy Address1	A/N	40	343	382	N	Fill with spaces if not available.
Pharmacy Address2	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	A/N	5	455	459	N	Fill with spaces if not available.
Pharmacy Ext-zip	A/N	4	460	463	N	Fill with spaces if not available.
Pharmacy Id	A/N	10	464	473	Y	

Claim ID	A/N	20	474	493	N	Fill with spaces if not available. If available, NYSIF claim number from eligibility file.
Filler	A/N	7	494	500	N	
ARS Number	N	15	501	515	N	If policy number = 00240960 or 240960 you will have an ARS number in most cases.
Entity Number	N	15	516	530	N	If policy number = 00240960 or 240960 you will have an Entity number in most cases.
Claimant Address Line 1	A/N	40	531	570	Y	
Claimant Address Line 2	A/N	40	571	610	N	Fill with spaces if not available.
Claimant City	A/N	20	611	630	Y	
Claimant State	A/N	2	631	632	Y	
Claimant Zip	A/N	9	633	641	Y	
Policy Number	N	15	642	656	Y	If available, NYSIF policy number from the eligibility file.
Filler	A/N	44	657	700	N	Fill with spaces.

Short Fill File Layout (Daily)						
Footer Record						
			Position			
Field Name	***Type***	***Length***	***Start***	***End***	***Required***	***Comments***
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.
Filler	A/N	664	37	700	Y	

(10) (Exclusive to NYSIF) The Offeror must provide an instant enrollment or "short fill" service to injured workers of NYSIF policyholders. This service should allow immediate acceptance by any pharmacy in the Offeror's Retail Pharmacy Network in order to provide a limited number of cost-effective medication benefits to the injured worker. The Offeror must have a strong implementation plan to ensure that the Programs will be fully functioning on January 1, 2019.

(a) Process

- The injured worker has an accident or condition at work.
- The Employer gives the claimant a "Temporary Prescription Services ID form":

  (Forms should be available in the following languages, with other languages to be possibly added:
  - English
  - Spanish
  - Polish
  - Russian
  - Traditional Chinese
  - Korean
  - Italian
  - Haitian-Creole
- The injured worker completes the form.
- The injured worker submits the form and prescription to the pharmacy.
- The pharmacy contacts the PBM, which in real time, confirms the policy coverage, and notifies the pharmacy whether the prescription can be filled through the PBM.

  Confirmation:
  - Injured worker's employer has a policy with NYSIF.
  - Injured worker's employer is the State of New York:
    - Confirm through NYS "Accident Reporting System (ARS)
      - ✓ Requires obtaining from DCS on real time basis, and utilizing on real time basis, data from ARS.
    - Confirm through policy number, plus other numbers.
- The pharmacy fills the prescription.
- The pharmacy submits the information electronically to the PBM.
- The PBM sends a "Short Fill File" to NYSIF, daily; and an "Aging File", weekly.
- NYSIF processes the "Short Fill Report File" and "Aging Bill Report File".

(b) Programming

- PBM's current system to handle "Short Fills" as per NYSIF specifications.
- In conjunction with DCS for ARS.
- Create daily "Short Fill Report File".
- Create weekly "Aging Bill Report File".
- Create an Error Report File

(c) Forms and Notices:

- "Temporary Prescription Services ID form" (*see pages 7 and 8*)
- Notification to Employers
- Posting

(d) Formulary

- Separate formulary for Short Fill program. Formulary shall include but not be limited

to HIV medications.
- Dollar limits
- Time limits for submissions
- Refills

(e) Staffing
- Handle responsibilities of the program, including 24/7/365 coverage.

SHORT FILL PROCESS BUSINESS RULES

- NYSIF "Short Fill" can be utilized for the first thirty (30) days after the date of accident.
- Pharmacy can only fill a fourteen (14) day supply when using a "Temporary Prescription Services ID card" or an ARS number.
- PBM must not allow a script to be filled at a pharmacy using a Temporary Prescription Services ID card or ARS number once they have received an eligibility record which is disallowed.
- Claimant must show their "Temporary Prescription Services ID" or give their ARS number.

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SHORT FILL FILE PROCESS BUSINESS RULES (DAILY/WEEKLY):

- If the Policy # is not missing, but is not a valid policy in our system, then the record shall be written to the NYSIF error report.
- If any required field is blank, then the entire file shall be rejected back to the PBM.
- If there is not one and only one header within the file, then the file shall be rejected.
- If there is not one and only one footer within the file, then the file shall be rejected.
- If each line in the file is not exactly 700 characters long, then the file shall be rejected.
- PBM must correct and resubmit all rejected files in a specific time frame to TBD.
- PMB must send an empty file if there are no records to process in the daily or weekly file.
- Weekly short fill file is also called the aging short fill report.
- The short fill data should remain on the weekly aging report until the PBM has billed NYSIF in a weekly billing file or the PBM has received the claim record in the NYSIF eligibility file.
- The PBM must retain a copy of the Short file card that was shown at the pharmacy. NYSIF may request a copy at any time.
- The PBM must retain a record of the ARS number given at the pharmacy.