Exhibit V.B.1
Page 1 of 3

NYSIF Prescription Drug Program
Layout Specifications for NYSIF Program Informational Claims Data File

Purpose: To define data layout specifications for 2016 NYSIF informational prescription drug paid claims file.

Format: Flat file format; (text file, pipe delimited)

Name of Field	*Field Format*	*Field Length*	*Definition of Field Value/Comments*
Date of Service (DOS)	Text	8	Date of Service for the dispensed drug. Format = *CCYYMMDD*
NDC	Text	11	NDC for the drug dispensed
Product Name	Text	70	The name for the drug dispensed based on the manufacturing code, product code and package code
New/Refill Code	Text	2	Indicator that identifies if the prescription was new or a refill on the drug dispensed. **00** = New script **01 -99** = Refill Number
Quantity Dispensed	Number	(13,3)	Metric quantity for the drug dispensed. Format is a right-justified numeric field up to 13 total positions including a decimal point and up to 3 characters after the decimal point. Examples: Value of 180 will show as **180** Value of 30.5 will show as **30.5** Value of 1.258 will show as **1.258**
Days Supply	Number	(4,0)	Days supply for the drug dispensed. Format is right-justified numeric field. Examples: Value of 120 will show as **120** Value of 90 will show as **90** Value of 2 will show as **2**

Exhibit V.B.1
Page 2 of 3

Name of Field	Field Format	Field Length	Definition of Field Value/Comments
Date of Birth	Text	8	Date of birth for the member. Format = *CCYYMMDD*
Person Code	Text	2	Person code that claim processed against
Benefit Program	Text	3	Member's Benefit Program indicator
Specialty Program Participation Indicator	Text	1	**Y** = Member participates in the Specialty Pharmacy Program **N** = Member does not participate in Specialty Pharmacy Program
DAW code	Text	1	Drug Dispensed As Written **0** = None indicated **1** = Physician prescribed brand **2** = Physician allowed substitution, patient selected brand **3** = Physician allowed substitution , pharmacist substituted brand **4** = No generic available **5** = Brand was dispensed as generic **6** = Override **7** = Substitution not allowed - brand drug mandated by law **8** = Substitution allowed - generic drug not available in marketplace **9** = Other
Pharmacy NPI	Text	10	Unique number assigned to the dispensing pharmacy from the National Council for Prescription Drug Programs.
Generic Code Number	Text	5	The (First Data Bank) generic code number associated with the NDC dispensed.
Provider Class	Text	3	Provider Class: **E** = Direct Member Submit **F** = Retail **P** = Mail Order
Claim Status	Text	1	Claim status for the claim **P** = Paid

Exhibit V.B.1
Page 3 of 3

Name of Field	Field Format	Field Length	Definition of Field Value/Comments
NYS Generic Brand Code	Text	1	The NYS brand/generic product indicator for the pharmacy submitted drug **0** = Brand **1** = Generic
Provider Zip Code	Text	5	Pharmacy Zip Code
Bill Date	Text	8	Date that the claim was billed to the client. Format = *CCYYMMDD*
Row Number	Number	(8,0)	Row number assigned sequentially. Format is right-justified numeric field. Example: Value of 234567 will show as **234567**
Pharmacy Type	Text	1	**R** = Retail Network Pharmacy **M** = Mail Service Pharmacy **D** = Direct Submit (Enrollee) Claim **N** = Non-network Pharmacy **S** = Specialty (See Instructions)