

Supplemental Drug Program Input and Response File Data Layouts

**Version Effective Date:
February 9, 2006**

Supplemental Drug Program Input File Layout for Part D – 249 bytes

Supplemental Drug Program Input File Layout for Part D – 249 bytes					
Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Numeric	Social Security Number – Required Populate with spaces if unavailable.
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number Required if SSN not provided. Populate with spaces if unavailable.
3.	Surname	6	22-27	Text	Surname of Covered Individual - Required
4.	First Initial	1	28-28	Text	First Initial of Covered Individual - Required
5.	DOB	8	29-36	Date	Date of Birth of Covered Individual - Required CCYYMMDD
6.	Sex Code	1	37-37	Numeric	Sex of Covered Individual - Required 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Date	Effective Date of SDP - Required CCYYMMDD
8.	Termination Date	8	46-53	Date	Termination Date of SDP -Required CCYYMMDD *Use all zeros if open-ended
9.	N-PLAN ID	10	54-63	Filler	Future use for National Health Plan Identifier. Fill with spaces only
10.	Rx ID/Policy Number	20	64-83	Text	Covered Individual Pharmacy Benefit ID for SDP Rx ID Required if Coverage Type = U Policy Number Required if Coverage Type = V

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Field	Name	Size	Displacement	Data Type	Description
11.	Rx Group	15	84-98	Text	SDP Pharmacy Benefit Group Number
12.	Part D PCN	10	99-108	Text	SDP (Part D specific) Pharmacy Benefit Processor Control Number
13.	Part D RxBIN	6	109-114	Text	SDP (Part D specific) Pharmacy Benefit International Identification Number
14.	Toll-Free Number	18	115-132	Text plus “(“ and “)”	Pharmacy Benefit Toll-Free Number
15.	Document Control Number	15	133-147	Text	Document Control Number Assigned by SDP- Required
16.	Coverage Type	1	148-148	Alpha-Numeric	Coverage Type Indicator - Required U: Network (electronic, point-of-sale benefit) V: Non-Network (other type of benefit)
17.	Insurance Type	1	149-149	Alpha-Numeric	Insurance Type - Required N: Non-qualified State Program O: Other P: PAP R: Charity S: ADAP
18.	Filler	100	150-249	Alpha-Numeric	Unused Field Fill with spaces only
<i>HEADER RECORD – All fields required</i>					
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: ‘H0’
2.	SDP-ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: ‘S0000’
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Filler	229	21-249	Alpha-Numeric	Unused Field Fill with Spaces.
<i>TRAILER RECORD – All fields required</i>					
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: ‘T0’
2.	SDP-ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: ‘S0000’
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Record Count	9	21-29	Numeric	Number of records on file

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Field	Name	Size	Displacement	Data Type	Description
6.	Filler	220	30-249	Alpha-Numeric	Unused Field Fill with Spaces.

Supplemental Drug Program Response File Layout for Part D – 417 bytes

Supplemental Drug Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Alpha-Numeric	Social Security Number
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number
3.	Surname	6	22-27	Alpha-Numeric	Surname of Covered Individual
4.	First Initial	1	28-28	Alpha-Numeric	First Initial of Covered Individual
5.	DOB	8	29-36	Alpha-Numeric	Date of Birth of Covered Individual CCYYMMDD
6.	Sex Code	1	37-37	Alpha-Numeric	Sex of Covered Individual 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Alpha-Numeric	Effective Date of SDP Coverage CCYYMMDD
8.	Termination Date	8	46-53	Alpha-Numeric	Termination Date of SDP Coverage CCYYMMDD *Use all zeros if open-ended
9.	N-PLAN ID	10	54-63	Alpha-Numeric	Future use for National Health Plan Identifier
10.	Rx ID	20	64-83	Alpha-Numeric	Covered Individual Pharmacy Benefit ID for SDP
11.	Rx Group	15	84-98	Alpha-Numeric	SDP Pharmacy Benefit Group Number
12.	Part D PCN	10	99-108	Alpha-Numeric	SDP (Part D specific) Pharmacy Benefit Processor Control Number
13.	Part D RxBIN	6	109-114	Alpha-Numeric	SDP (Part D specific) Pharmacy Benefit International Identification Number
14.	Toll-Free Number	18	115-132	Alpha-Numeric	Pharmacy Benefit Toll-Free Number
15.	Original Document Control Number	15	133-147	Alpha-Numeric	Document Control Number Assigned by SDP

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Field	Name	Size	Displacement	Data Type	Description
16.	COBC Document Control Number	15	148-162	Alpha-Numeric	Document Control Number Assigned by COBC
17.	Coverage Type	1	163-163	Alpha-Numeric`	Coverage Type Indicator U: Network (Electronic, Point-of-Sale Benefit) V: Non-Network (Other type of Benefit)
18.	Insurance Type	1	164-164	Alpha-Numeric	N: Non-qualified State Program O: Other P: PAP R: Charity S: ADAP
19.	Rx Current Disposition Code	2	165-166	Alpha-Numeric	Rx Result from BENEMSTR/ MBD (Action taken by COBC).
20.	Current Disposition Date	8	167-174	Alpha-Numeric	Date of Rx Result from BENEMSTR/MBD (CCYYMMDD)
21.	Edit Code 1	4	175-178	Alpha-Numeric	Error Code
22.	Edit Code 2	4	179-182	Alpha-Numeric	Error Code
23.	Edit Code 3	4	183-186	Alpha-Numeric	Error Code
24.	Edit Code 4	4	187-190	Alpha-Numeric	Error Code
25.	Part D Eligibility Start Date	8	191-198	Alpha-Numeric	Earliest Date that Beneficiary is eligible to enroll in Part D- Refer to Field 46 for Part D Plan Enrollment Date CCYYMMDD
26.	Part D Eligibility Stop Date	8	199-206	Alpha-Numeric	Date Beneficiary is no longer eligible to receive Part D Benefits – Refer to Field 47 for Part D Plan Termination Date CCYYMMDD
27.	Medicare Beneficiary Date of Death	8	207-214	Alpha-Numeric	Medicare Beneficiary Date of Death CCYYMMDD
28.	Filler	8	215-222	Alpha-Numeric	Unused Field
29.	Filler	8	223-230	Alpha-Numeric	Unused Field

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Field	Name	Size	Displacement	Data Type	Description
30.	Filler	3	231-233	Alpha-Numeric	Unused Field
31.	Filler	8	234-241	Alpha-Numeric	Unused Field
32.	Filler	1	242-242	Alpha-Numeric	Unused Field
33.	Filler	1	243-243	Alpha-Numeric	Unused Field
34.	Filler	1	244-244	Alpha-Numeric	Unused Field
35.	Filler	1	245-245	Alpha-Numeric	Unused Field
36.	Filler	1	246-246	Alpha-Numeric	Unused Field
37.	Filler	1	247-247	Alpha-Numeric	Unused Field
38.	Filler	1	248-248	Alpha-Numeric	Unused Field
39.	Filler	1	249-249	Alpha-Numeric	Unused Field
40.	Filler	1	250-250	Alpha-Numeric	Unused Field
41.	Filler	1	251-251	Alpha-Numeric	Unused Field
42.	Filler	2	252-253	Alpha-Numeric	Unused Field
43.	Filler	9	254-262	Alpha-Numeric	Unused Field
44.	Filler	8	263-270	Alpha-Numeric	Unused Field
45.	Current Medicare Part D Plan Contractor Number	5	271-275	Alpha-Numeric	Contractor Number of the Current Part D Plan in which the Beneficiary is Enrolled
46.	Current Part D Plan Enrollment Date	8	276-283	Alpha-Numeric	Effective Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD
47.	Current Part D Plan Termination Date	8	284-291	Alpha-Numeric	Termination Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD

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Field	Name	Size	Displacement	Data Type	Description
48.	Filler	8	292-299	Alpha-Numeric	Unused Field
49.	Filler	8	300-307	Alpha-Numeric	Unused Field
50.	Filler	2	308-309	Alpha-Numeric	Unused Field
51.	Filler	2	310-311	Alpha-Numeric	Unused Field.
52.	PBP	3	312-314	Alpha-Numeric	Part D Plan Benefit Package (PBP)
53.	Filler	3	315-317	Alpha-Numeric	Unused Field
54.	Filler	1	318	Alpha-Numeric	Unused Field
55.	Filler	99	319-417	Alpha-Numeric	Unused Field.
<i>HEADER RECORD</i>					
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: 'H0'
2.	SDP-ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD
5.	Filler	397	21-417	Alpha-Numeric	Unused Field
<i>TRAILER RECORD</i>					
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: 'T0'
2.	SDP ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD
5.	Record Count	9	21-29	Alpha-Numeric	Number of records on file

Supplemental Drug Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
6.	Filler	388	30-417	Alpha-Numeric	Unused Field