ATTACHMENT A: File Layouts

I.   **Rejected Claims File Layout**

- Required File Format = ASCII File - Tab Delimited
- Do not include a header record
- Do not submit rejected claims for EGWPs that were not selected for analysis
- Filename extension should be ".TXT"
- Naming Convention:
  - Use the following file naming convention for your Contract ID (CID):
    *CID*_CY14_FAA_RC.txt

#	Data Element	Field Description	Field Value/ Format
1	HICN	Medicare Health Insurance Claim Number (HICN). If the HICN contains a leading zero, please include. Otherwise, **do not** zero-pad.	CHAR(20)
2	Cardholder ID	Plan identification of the enrollee.	CHAR(20)
3	Contract ID	Unique number CMS assigns to each contract that a Part D plan has with CMS.	CHAR(5)
4	Plan ID	Plan Benefit Package identifier assigned by CMS (include leading zeros).	CHAR(3)
5	Employer	Employer Name (This field is required for all contracts. For EGWPs, this field must exactly match the Employer Name in the FAA selection e-mail. For Non-EGWPs, this field should be left blank)	CHAR(90)
6	Formulary ID	Unique ID assigned to each newly created formulary (This field is required for all contracts. For EGWPs, this field must be populated For Non-EGWPs, this field should be left blank)	CHAR(8)
7	NDC 11	National Drug Code (include leading zeros).	CHAR(11)
8	Date of Service	Date of service.	YYYYMMDD
9	Date of Service Timestamp	Timestamp of the Date of Service	HH:MM:SS
10	Date of Rejection	Date the claim was rejected.	YYYYMMDD
11	Date of Rejection Timestamp	Timestamp of the Date of Rejection	HH:MM:SS
12	Claim Quantity	Quantity of drug submitted on claim.	0-9999999.999
13	Claim Days Supply	Number of days' supply of drug submitted on claim.	0-999
14	Place of Service	CMS Place of Service Value.	CHAR(2)
15	Patient Residence	Code identifying the patient's place of residence.	9(2)
16	Pharmacy Service Type	The type of service being performed by a pharmacy when different contractual terms exist between a payer and the pharmacy, or when benefits are based upon the type of service performed.	9(2)
17	CMS Part D Defined Qualified Facility	Indicates that the patient resides in a facility that qualifies for the CMS Part D benefit.	CHAR(1)

#	Data Element	Field Description	Field Value/ Format
18	Patient Location	Code identifying the location of the patient when receiving pharmacy services.	9(2)
19	Compound Code Value	Indicates whether or not the prescription is a compound.	0 = Not specified 1 = Not a compoun d 2 = Compound
20	Rejection Category	Reason for which claim was rejected.	1=Non-Formulary 2=PA 3=ST 4=QL
21	Reject Code 1	NCPDP Reject Code One.	
22	Pharmacy Message 1	Pharmacy Rejected Claim Message-One.	
23	Reject Code 2	NCPDP Reject Code Two.	
24	Pharmacy Message 2	Pharmacy Rejected Claim Message-Two.	
25	Reject Code 3	NCPDP Reject Code Three.	
26	Pharmacy Message 3	Pharmacy Rejected Claim Message-Three.	

II.   Formulary File Layout (EGWPs Only)

- Required File Format = ASCII File - Tab Delimited
- Do not include a header record
- Filename extension should be ".TXT"
- Submit one Formulary File per contract - the 2014 formularies for all employers included in the analysis should be included in one file
- Naming Convention:
    - Use the following file naming convention for your Contract ID (CID): *CID*_CY14_FAA_FF.txt

#	Data Element	Field Description	Field Value/ Format
1	Contract ID	Unique number CMS assigns to each contract that a Part D plan has with CMS.	CHAR(5)
2	Plan ID	Plan Benefit Package identifier assigned by CMS (include leading zeros).	CHAR(3)
3	Formulary ID	Unique ID assigned to each newly created formulary	CHAR(8)
4	Employer	Employer Name (Required for EGWPs- field must exactly match the Employer Name in the FAA selection e-mail	CHAR (90)
5	Year	Contract Year (CY) for Formulary	YYYY
6	Change_Type	Defines the type of change that is being made to the formulary. Please submit ADD for all records.	CHAR(3)
7	RxCUI	RxNorm concept unique identifier from the active Formulary Reference File.	CHAR(8)
8	Tier_Level	Cost Share tier value	CHAR(2)

#	Data Element	Field Description	Field Value/ Format
9	Drug_Type_Label	Defines the Drug Type Label for the drug. Enter the label value for the Drug Type from the defined list of labels.	CHAR(1)
10	Quantity_Limit_YN	Does the drug have a quantity limit restriction?	CHAR(1)
11	Quantity_Limit_Amount	If Quantity_Limit_YN = 1 (Limits Apply), enter the quantity limit unit amount for a given prescription or time period. The units for this amount must be defined by a unit of measure e.g., number of tablets, milliliters, grams, etc.	9(7)
12	Quantity_Limit_Days	Enter the number of days associated with the quantity limit.	9(3)
13	Prior_Authorization_Type	Is Prior Authorization required for the drug?	CHAR(1)
14	Prior_Authorization_Group_Desc	Description of the drug's Prior Authorization group as it appears on the submitted Prior Authorization attachment.	CHAR(100)
15	Limited_Access_YN	Is access to this drug limited to certain pharmacies?	CHAR(1)
16	Therapeutic_Category_Name	Enter the name of the category for the drug.	CHAR(100)
17	Therapeutic_Class_Name	Enter the name of the class for the drug.	CHAR(100)
18	Step_Therapy_Type	Does step therapy apply to this drug?	CHAR(1)
19	Step_Therapy_Total_Groups	Enter the total number of step therapy drug treatment groups in which the drug is included.	9(2)
20	Step_Therapy_Group_Desc	Description of step therapy drug treatment group. Field should be repeated in the record based upon number of groups declared in Step_Therapy_Total_Groups.	CHAR(100)
21	Step_Therapy_Step_Value	Identifies the step number or level within the sequence for the Step Therapy Group. Field should be repeated in the record based upon the number of groups declared in Step_Therapy_Total_Groups	9(2)