**ATTACHMENT A: File Layouts**

1. **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) |
| 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 compound  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. |  |

1. **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) |
| 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) |