



TN Department of Finance & Administration Drug Claims Functional Specification

DESCRIPTION / GENERAL INFORMATION

This interface is designed to produce a prescription drug claims file for plan participants.

FILE / DATA FORMATTING AND SUBMISSION

DATA SUBMISSION

The data will be submitted on a monthly basis.

FILE FORMAT

- Fixed-Record Length, ASCII File
- Contains Detail (Data) Layout and Trailer Layout for each layout group

CHARACTER FIELDS

- Includes A - Z (lower or upper case), 0 – 9, and spaces
- Left justified, right blank/space filled
- Unrecorded or missing values in character fields are blank/spaces

DATE FIELDS

- Format of all dates should be MM/DD/CCYY

NUMERIC FIELDS

- All numeric fields should be right-justified and left zero-filled
- Unrecorded or missing values in numeric fields should be set to zero

FINANCIAL FIELDS

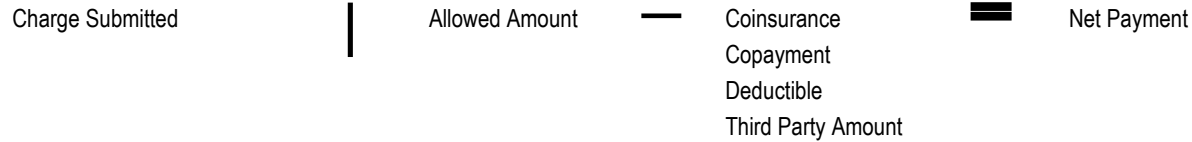
- All financial fields should be right-justified and left zero-filled
- Negative signs should be the leading value in the first position.
- Unrecorded or missing values in numeric fields should be zero (000 to accommodate the 2-digit implied decimal)

INVALID CHARACTERS

Please note that the following characters should not be included in the data or the descriptions in the data dictionary.

* ? % _ (under score) , (comma)

FINANCIAL RELATIONSHIP



CORRECTIONS TO PAID CLAIMS

VOID / REPLACEMENT

A void is a claim that reverses or backs out a previously paid one. All financials and quantities are negated on the void record. A replacement record that contains the corrected information generally follows it. The original, void and replacement need not appear in the same file.

Record Type	Service Count	Charge Submitted	Allowed Amount	Copayment	Deductible	Net Payment
Original	1	\$75.00	\$75.00	\$25.00	\$0.00	\$50.00
Void	-1	(\$75.00)	(\$75.00)	(\$25.00)	\$0.00	(\$50.00)
Replacement	1	\$75.00	\$75.00		\$25.00	\$50.00

ADJUSTMENT

A financial adjustment is a claim line where one or more of the financial fields display the difference between the original amount and the final amount. Any financial not being adjusted should be zero. All quantities should be zero on the adjustment as well. The original and adjustment need not appear in the same file.

Record Type	Service Count	Charge Submitted	Allowed Amount	Copayment	Net Payment
Original	1	\$75.00	\$75.00	\$25.00	\$50.00
Adjustment	0			(\$15.00)	\$15.00



HDMS Pharmacy Layout

Data Fields and Definitions

Pharmacy Claims File

- This list should be considered a reference guide and may not include unique fields required to support a Plan's data requirements.
- Please include any additional data fields that may be required for reporting and analytics.
- Monthly/Biweekly/Weekly File provides claim paid by the PBM on behalf of the customer for designated period.
- Please provide data in a tab or pipe delimited text file.
- Please provide a header record that lists the data field names.
- Please provide a trailer record or separate control file with record counts.

Critical Data Fields	Data Fields	Description	Data Type	Recommended Field Length*	Common Potential Values or Example	Comments	Data Dictionary /Lookup Table
Y	EESN	Employee Social Security Number	Character	9	123456789	Actual Employee-level SSN is required on the file, not a scrambled version or any other employee ID, used in constructing unique universal member identifiers	
	EEID	Employee ID	Character	25	17345	Any other non-SSN employee identifiers used to identify claimants. This is not a critical field but it's strongly requested	
	PTID	Member ID	Character	25	12345678901	Any other non-SSN member identifiers used to identify claimants. This is not a critical field but it's strongly requested	
Y	PATDOB	Member Date of Birth	Date	8	19760104	Format of CCYYMMDD. HDMS can accept other date formats as well	
Y	PATSEX	Member Gender	Character	1	M, F, U	Required - used to construct unique universal member identifiers. If there are vendor specific values then HDMS will require to have data dictionary	Y
Y	EEZPCODE	Zipcode	Character	5	441223674	Employee Zip Code	
Y	PRODUCT	Detailed plan type	Character	40	Indemnity, PPO, POS, EPO Self-Insured, EPO Fully Insured, HMO Self-Insured, HMO Fully Insured, Consumer-Driven Health Plan, HDHP	If there are vendor specific values then HDMS will require to have data dictionary. This is requested on claims to help fill in the gaps for those cases where a claims does not match an enrollment record.	Y
Y	PLANNAME	Name of Plan	Character	40	Ex: 80/20 PPO, High deductible buy-up plan	Detailed Plan Name (med, dental, rx, dis, or other). If there are vendor specific values then HDMS will require to have data dictionary. This is requested on claims to help fill in the gaps for those cases where a claims does not match an enrollment record.	Y
Y	EMPSTATUS	Employee Status	Character	25	Active Retired Under 65 Over65 Active Retired and over COBRA Leave of Absence Etc.	Critical for accurate comparisons to benchmarks and other analyses. If there are vendor specific values then HDMS will require to have data dictionary. This is requested on claims to help fill in the gaps for those cases where a claims does not match an enrollment record.	Y
Y	COVCOD	Coverage Tier	Character	30	Emp Only, Emp+Spouse, Emp+Child, Emp+Family, Emp+Other Dep, Spouse Only, Child Only, Family Only, Other	Member Coverage Tier. if client requires reporting at a more detailed level, HDMS will require data dictionary	Y
	GROUP	Client account structure info	Character	12	Automotive, 120001, 120002	Client assigned group number, used to identify divisions, subdivisions, business units, locations, etc. Additional account structure document will be helpful to map this field.	Y
	GRPSUB	Client account structure info	Character	12	Production, 1001, 1002	Can be used to identify subdivisions, business units, etc. within divisions. Additional account structure document will be helpful to map this field.	Y

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Data Fields and Definitions

	LOCATION	Client account structure info	Character	70	Transmissions	Can be used to identify subdivisions, business units, etc. within divisions. Additional account structure document will be helpful to map this field.	Y
Y	CLMNO	Claim Number	Character	25	11950679001	Series of numeric or alpha characters identifying a claim.	Y
Y	LINENO	Line number	Character	3	001, 002, etc.	Sequence number representing lines associated with a claim.	Y
Y	WRITDATE	Prescribed Date	Date	8	20200413	Date prescription was written.	
Y	DISPDATE	Dispense Date	Date	8	20200415	Date prescription was dispensed.	
Y	PAIDDATE	Paid Date	Date	8	20200526	Date the prescription claim was paid by the PBM.	
Y	VENCLMSTATUS	Vendor Claim Status	Character	20	Original, Reversal, Replacement	Indicates if the claim line is an Original, Reversal, Replacement or other.	Y
Y	DRUGPLAN	Drug Plan Type	Character	1	M, R	Indicates if prescription was dispensed at Retail pharmacy or via mail order.	Y
	ICD CODE TYPE	ICD10 Indicator	Character	2	10	"09" for ICD9 diagnosis codes, "10" for ICD10 diagnosis codes	
	DIAG1	Principal Diagnosis	Character	7	M24412	Diagnosis associated with prescription. Decimal points should be removed.	
Y	NDC	National Drug Code	Character	11	29300012510	11 digit National Drug Code.	
Y	FORMULARYIND	Formulary Indicator	Character	1	Y, N	Indicates whether drug is included on the plan's formulary.	Y
Y	REFILL	Refill Indicator	Character	1	Y, N	Indicates whether the prescription dispensed is the original or a refill.	Y
Y	REFILLALLOW	Refills Allowed	Numeric	8	6	Number of refills allowed per the prescription.	
						Prescriber's instructions regarding generic substitution. 0 = No product selection indicated 1 = Substitution not allowed by provider 2 = Substitution allowed- patient requested product dispensed 3 = Substitution allowed- pharmacist selected product dispensed 4 = Substitution allowed- generic drug not in stock 5 = Substitution allowed- brand drug dispensed as generic 6 = Override 7 = Substitution not allowed- brand drug mandated by law 8 = Substitution allowed- generic drug not available in marketplace	
Y	DAW	Dispense as written code	Character	1	0 through 9		Y
Y	DAYSSUPPLY	Days Supply	Numeric	8	30, 60, 90	Number of days for which a prescription is expected to last.	
Y	UNITS	Quantity dispensed	Numeric	8	2.5, 90	Metric quantity dispensed.	
Y	TOTCHG	Total Charge	Numeric	8	112.99	The amount billed by the pharmacy.	
Y	NOTCOV1	Not Covered 1	Numeric	8	0	Any amount not covered by the plan.	
Y	REASON1	Reason 1	Character	5	N/A	The reason for the amount not covered.	Y
Y	DISCAMT	Discount	Numeric	8	353.16	The discount amount.	
Y	COVCHG	Covered Charges	Numeric	8	31.32	The allowed amount which includes what the plan paid, patient paid, and any COB.	
Y	URPENALTY	Utilization Review Penalty	Numeric	8	0	Utilization review penalty amount.	
Y	DEDUCT	Deductible	Numeric	8	0	The deductible amount paid towards the claim.	
Y	COPAY	Copayment	Numeric	8	20	The copay amount paid towards the claim.	
Y	COINS	Coinsurance	Numeric	8	0	The coinsurance amount paid towards the claim.	
Y	COBSAV	COB Savings	Numeric	8	0	The amount of coordination of benefit savings towards the claim.	
Y	OTHINS	Other Insurance Amount	Numeric	8	0	The amount of an additional insurance paid towards the claim.	
Y	CREDIT	Unspecified Credits	Numeric	8	0	Any credit amounts applied towards the claim.	
Y	PAIDAMT	Paid Amount	Numeric	8	11.32	The amount paid by the plan.	
Y	INGREDCOST	Ingredient Cost	Numeric	8	29.59	The ingredient cost of the drug.	
Y	STAX	Sales Tax	Numeric	8	0.78	The sales tax amount.	
Y	DISPFEE	Dispensing Fee	Numeric	8	0.95	The fee paid to the pharmacy for dispensing the drug.	
Y	ADMIN_FEE	Administration Fee	Numeric	8	0	Any administrative fees applied to the claim.	
Y	HRAAMT	HRA Amount	Numeric	8	0	Amount applied from a health reimbursement account.	



HDMS Pharmacy Layout

Data Fields and Definitions

Y	PROSELAMT	Product Selection amount	Numeric	8	0	Amount due from patient for product selection.	
Y	PHARMACYNO	Pharmacy Number	Character	9	123456789	Tax ID of the dispensing pharmacy.	
Y	PHARMACY_NPI	Pharmacy NPI	Character	10	98765432109	National Provider ID of the dispensing pharmacy.	
Y	PHARMACYNAME	Pharmacy Name	Character	40	Sylvan Pharmacy - 59712	Name of the dispensing pharmacy.	
Y	PHARMACYZIP	Pharmacy Zip Code	Character	5	60606	Zipcode of the dispensing pharmacy.	
Y	PHARMACYST	Pharmacy State	Character	2	IL	State of the dispensing pharmacy.	
	PRSCRBR_NPI	Prescriber NPI	Character	10	32165498732	National Provider ID of the prescriber.	
	PRSCRBR_ID	Prescriber ID	Character	9	987654321	Tax ID of the prescriber.	
	PRSCRBR_NAME	Prescriber Name	Character	40	Emmalyn Willis	Name of the prescribing physician.	
	PRSCRBR_ZIP	Prescriber zip	Character	5	60626	Prescriber's work location zipcode.	
	PRSCRBR_ST	Prescriber state	Character	2	IL	Prescriber's work location state.	
Y	DEANO	DEA of Prescribing Physician	Character	9	BW3456781	DEA number of the prescriber.	
Y	DEANAME	Prescribing Physician Name	Character	40	Emmalyn Willis	Name of the prescribing physician.	
Y	DEAZIP	Prescribing Physician Zip Code	Character	5	60626	Zipcode of the prescribing physician.	
Y	NETSRV	Network Service Indicator	Character	20	In network, out-of-network	Indicates if the RX script is in network.	
Y	NETPROV	Network Provider Indicator	Character	20	In network, out-of-network	Indicates if Pharmacy is a Network provider	Y
	DRUGTIER	Drug Tier	Character	40	Tier 1: Preferred Generic	Tiers of Drug plan such as Tier 1: Preferred Generic, Tier 2: Preferred Brand, etc.	Y
Y	VENDOR_SPECIALTY_DRUG_IND	Specialty drug Indicator	Character	1	Y or N	Indicates whether a drug is part of client's specialty selection or not. Values of 'Y', 'N'	Y
Y	COMPOUND_DRUG_IND	Compound drug Indicator	Character	1	Y or N	Indicates whether a drug is compound or not. Values of 'Y', 'N'	Y

Client Specific Fields

Please include any other fields desired by customer for reporting. Include in addition to the required fields along with descriptions and lookup values. Examples of such fields are listed below.

Please include any other fields required to complete financial order of reduction. Include all fields that sum to the total billed amount.

Examples:

	GPI		Character	70			
	Client Formulary Group		Character	70			
	Prescriber Specialty		Character	70			
	Non-Formulary No Pre-Auth		Character	70			
	Non-Generic Upcharge		Numeric	8			

* If you need a field length longer than the recommended length, please extend the length and HDMS can handle as a custom field.

Trailer Record Layout

Critical Data Fields	Data Fields	Description	Data Type	Length	Common Potential Values or Example	Comments	Provide Data Dictionary /Lookup Table Required
Y	Trail_ind	Trailer Indicator	Character	10	Trailer	Indicates that record is final trailer record	
Y	begin_date	Begin Date	Date	8	20200101	Beginning paid date of the period for data in the file	
Y	End_date	End Date	Date	8	20200131	Ending paid date of the period for data in the file	
Y	Rec_ct	Record Count	Numeric	10	25262	number of records excluding trailer	
Y	Ttl_chg	Total Charged (Billed)	Numeric	10	2,879,423	sum of billed dollars for all claim records on the file	
Y	Ttl_paid	Total Paid	Numeric	10	1,456,789	sum of paid dollars for all claim records on the file	