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| OrchestraRx – Data File Specifications |
| Format and Transmission Specifications |

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# Transmission Instructions

The following outlines the specification for data files submitted by OrchestraRx. This document describes the format for each file as well as required data for each field.

## FTP Information

All files should be submitted to the following depending on the established ftp server:

FTP Address: sftp.drx.com, port: 22

## File Submission Guidelines

1. Files should be provided as a UTF-8 encoded Tab Delimited Text file
2. The file starts off with a header line that declares all the fields
3. Each field in your file is tab delimited
4. Each claim is on a separate line within the file
5. Do not delete or change the order of any data fields. If a data field is not required, then leave the field blank
6. Money and Decimal field types should contain numbers and decimal characters only. Do not include “$” or “,” characters
7. File names should include a prepended Client Identifier we will provide

# Prescription History

## File List

|  |  |  |
| --- | --- | --- |
| **File Name** | **File Name** | **Comments** |
|
| Claims | *OrchestraRx\_[ClientID]*\_Claims\_\*.txt | Modified NCPDP 5.1 Format submission of member rx claim history |
| Member File | MemberList.txt | List of all eligible members |

## Claims Feed

We recommend you submit as much data as possible, ideally a full one-year period. The timeframe should be as recent as possible. Although we can work with as little as three to six months of data and annualize it, a full year of data is more representative than a derived annualization. A full year of data also helps us identify seasonal variations in your claims

| **Field Name** | **Required** | **Field Type** | **Description** |
| --- | --- | --- | --- |
| Record Id | Required | INTEGER | 4 = Claim Record |
| Processor Number | Optional | INTEGER | Processor Number |
| Batch Number | Optional | DATE TIME | Julian Date = YYDDD |
| Pharmacy Number | Optional | STRING | Pharmacy NABP/NPI Number |
| Prescription Number | Optional | STRING | Pharmacy Assigned Prescription Number |
| Date Filled | Optional | DATE TIME | Format CCYYMMDD |
| NDC Number | Required | STRING | National Drug Code |
| Drug Description | Optional | STRING | Drug Name |
| Number of Refills | Optional | INTEGER | Number of refills |
| Metric Quantity | Required | INTEGER | Number of metric units dispensed |
| Days Supply | Required | INTEGER | Estimated number of days |
| Basis of Cost | Optional | INTEGER | Basis of Cost |
| Ingredient Cost | Required | DECIMAL | Approved Ingredient Cost. Do not include $ character  **Example**: 32.45 |
| Dispensing Fee | Optional | DECIMAL | Approved Dispensing Fee. Do not include $ character  **Example**: 2.45 |
| Co-pay | Required | DECIMAL | Approved Copay - Patient Paid. Do not include $ character  **Example**: 32.45 |
| Sales Tax | Optional | DECIMAL | Approved - Sales Tax. Do not include $ character  **Example**: 2.45 |
| Amount Billed | Required | DECIMAL | Amount Billed for this claim (i.e. full cost of drug including cost, dispensing fee and tax, if applicable). Do not include $ character **Example**: 32.45 |
| First Name | Required | STRING | Patient First Name |
| Last Name | Required | STRING | Patient Last Name |
| Date of Birth | Optional | DATE TIME | Patient date of Birth CCYYMMDD |
| Sex Code | Optional | STRING | ‘M’=Male, ‘F’=Female, ‘ ‘=Not Specified |
| Member ID | Required | STRING | ID assigned to Cardholder |
| Relationship Code | Optional | INTEGER | 1 = Cardholder, 2 = Spouse, 3 = Dependent |
| Group | Required | STRING | Group |
| Strength | Optional | STRING | Prescribed dosage |
| Prescriber | Optional | STRING | Prescriber Identification |
| Filler1 | Optional | N/A |  |
| Therapeutic Class | Optional | INTEGER | Therapeutic Class |
| Maintenance Ind. | Optional | STRING | Maintenance Drug Indication |
| Generic Indicator | Optional | STRING | Drug Generic Indicator |
| Patient Initial | Optional | STRING | Patient Middle Initial |
| Mail order Ind. | Optional | STRING | Mail Order Indicator |
| Amount Paid | Required | DECIMAL | Amount Paid by plan (i.e. full cost of drug minus copay). Do not include $ character **Example**: 32.45 |
| Claim Ref Number | Optional | STRING | Claim Reference Number |
| Claim Sequence Number | Required | STRING | Claim Sequence Number |
| Member Information | Optional | STRING | Member Information (Group Supplied) |
| Process Time | Optional | DATE TIME | Time Claim Processed (HHMMSS) |
| Filler2 | Optional | N/A |  |
| Third Party Rest Code | Optional | STRING | Third Party Rest Code |
| DAW | Optional | STRING | Dispense as Written code |
| Person Code | Required | STRING | Person Code |
| Alternate Member ID | Optional | STRING | Alternate Member ID |
| Customer | Required | STRING | Customer Hierarchy Information |
| Client | Optional | STRING | Client Hierarchy Information |
| Filler3 | Optional | N/A |  |
| Submitted Ingredient Cost | Optional | DECIMAL | Submitted Ingredient Cost. Do not include $ character  **Example**: 32.45 |
| Usual & Customary | Optional | DECIMAL | Usual & Customary Charge. Do not include $ character  **Example**: 32.45 |
| GPI Code | Optional | STRING | GPI Code |
| Prior Auth Number | Optional | STRING | Prior Authorization Number |
| Route Admin Code | Optional | STRING | Route of Administration |
| DMR Indicator | Optional | STRING | Indicator of DMR claim |
| Filler4 | Optional | N/A |  |
| Transaction Status | Optional | STRING | Transaction Status (P-Paid, X-Reversed) |
| Process Date | Required | DATE TIME | Date Claim Processed (YYYYMMDD) |

## Membership File

|  |  |  |  |
| --- | --- | --- | --- |
| **FieldName** | **Required** | **Type(Size)** | **Description** |
| CustomerID | Required |  | Unique Customer Identifier; DRx Client ID |
| PlanID1 | Required | STRING(50) | References Organization’s Primary Plan Identifier (i.e. Group Number). |
| PlanID2 | Optional | STRING(50) | References Organization’s Secondary Plan Identifier |
| PlanID3 | Optional | STRING(50) | References Organization’s Tertiary Plan Identifier |
| Member ID | Required | STRING(50) | Customer's MemberID |
| Patient\_Pin\_Number | Optional | STRING(50) | Patient Pin Number |
| Person Code | Required | STRING(3) | 001 = Member, 002 = Spouse, 003+ = Children |
| Relationship Code | Required | Integer | 1 = Member, 2 = Spouse, 3 = Child |
| First Name | Required | STRING(100) | First Name |
| Last Name | Required | STRING(100) | Last Name |
| Date of Birth | Required | YYYYMMDD | Date of Birth |
| Sex Code | Required | STRING(1) | M or F |
| Address1 | Optional | STRING(255) | Address 1 |
| Address2 | Optional | STRING(255) | Address 2 |
| City | Optional | STRING(50) | Member City |
| State | Optional | STRING(2) | Member State |
| Zip | Optional | STRING(9) | Member Zip (can submit 5 or 9) |
| Phone | Optional | STRING(12) | Member Phone Number |
| EffectiveDate | Optional | YYYYMMDD |  |
| TermDate | Optional | YYYYMMDD |  |
| SubGrpEffecDate | Optional | YYYYMMDD |  |
| SubGrpTermDate | Optional | YYYYMMDD |  |
| COB | Optional | STRING(50) |  |

# Plan Configuration Files

The following files are used to establish the plan benefit design, drug coverage information, and member cost-sharing rules.

All files should be submitted in tab-delimited format, with the column headers included as the first row.

## File List

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **File Name** |  | **Pricing Method** | | **File Name** | **Comments** |
| Full | AWP |
| General Plan Information | GPI | R | R | OrchestraRx\_*[ClientID]*\_GPI\_\*.txt | This defines the universe of plans available, and provides general information about each. |
| Beneficiary Cost | BC | R | R | OrchestraRx\_*[ClientID]*\_BC\_\*.txt | This defines member cost share calculation rules |
| Plan Tier Information | PTI | R | R | OrchestraRx\_*[ClientID]*\_PTI\_\*.txt | This is a descriptive file about each formulary tier |
| Plan Discounts | PTI-AWP | N/A | R | OrchestraRx\_*[ClientID]*\_PTI-AWP\_\*.txt | Provides AWP discount rates, if applicable |
| Formulary File | FF | R | R | OrchestraRx\_*[ClientID]*\_FF\_\*.txt | Provides Drug-Tier mapping file |
| Full Price File | PF | R | O | OrchestraRx\_*[ClientID]*\_PF\_\*.txt | Generics and Brand pricing |
| MAC Price File | MAC | N/A | R | OrchestraRx\_*[ClientID]*\_MAC\_\*.txt | Generic pricing only |

R = Required O=Optional N/A = Not Applicable

## General Plan Information (GPI):

### File Instructions:

1. Plan Identifer fields should be used hierarchically, for example:
   1. PlanID1 is the highest grouping
   2. PlanID2 represents sub-groups of PlanID1, if any
   3. PlanID3 represents sub-groups of PlanID2, if any
2. Plan Identifier is a three column unique identifier that is mapped to other data files for joining each together.

| **FieldName** | **Required** | **Type(Size)** | **Description** |
| --- | --- | --- | --- |
| PlanID1 | Required | STRING(50) | References Organization’s Primary Plan Identifier (i.e. Group Number). |
| PlanID2 | Required | STRING(50) | References Organization’s Secondary Plan Identifier |
| PlanID3 | Required | STRING(50) | References Organization’s Tertiary Plan Identifier |
| PlanName | Required | STRING(50) | The Plan Name. |
| OrganizationName | Optional | STRING(100) | The Plan organization name. |
| WebsiteURL | Optional | STRING(255) | The Website URL for the plan. |
| CustomerServiceHours | Optional | STRING(64) | Customer service hours. |
| PlanAddress1 | Optional | STRING(255) | Plan contact Address line 1 for beneficiaries. |
| PlanAddress2 | Optional | STRING(255) | Plan contact Address line 2 for beneficiaries. |
| PlanCity | Optional | STRING(50) | Plan contact City for beneficiaries. |
| PlanState | Optional | STRING(2) | Plan contact State for beneficiaries. |
| PlanZIP | Optional | STRING(5) | Plan contact ZIP code for beneficiaries. |
| PlanPhone | Optional | STRING(20) | Plan contact phone number for beneficiaries. |
| Filler | Optional | MONEY | RESERVED FOR FUTURE USE. LEAVE BLANK |
| Filler | Optional | MONEY | RESERVED FOR FUTURE USE. LEAVE BLANK |
| Filler | Optional | MONEY | RESERVED FOR FUTURE USE. LEAVE BLANK |
| PlanType | Required | STRING(5) | References the type of plan. Values are: MA, PDP, MAPD, HMO, PPO, PFFS, HSA |
| Formulary\_ID | Required | STRING(8) | Identifies which formulary should be used for this plan. Used in Formulary File |
| Filler | Optional | MONEY | RESERVED FOR FUTURE USE. LEAVE BLANK |
| Filler | Optional | STRING(25) | RESERVED FOR FUTURE USE. LEAVE BLANK |
| Filler | Optional | STRING(1) | Default to 0 |
| Filler | Optional | MONEY | RESERVED FOR FUTURE USE. LEAVE BLANK |
| Filler | Optional | MONEY | RESERVED FOR FUTURE USE. LEAVE BLANK |
| Filler | Optional | STRING(1) | Default to 0 |

## Beneficiary Cost (BC):

### File Instructions:

1. References to preferred and non-preferred values below apply to the pharmacy network status, not the tier drug status.
2. If a plan makes no distinction between network pharmacies, all network pharmacies should be treated as preferred
3. Non-applicable should have a value of zero. ($0 copay should be entered as type=1, amount=0)

| **Field Name** | **Required** | **Type(Size)** | **Field Description** |
| --- | --- | --- | --- |
| PlanID1 | Required | STRING(50) | References Organization’s Primary Plan Identifier (i.e. Group Number). |
| PlanID2 | Required | STRING(50) | References Organization’s Secondary Plan Identifier |
| PlanID3 | Required | STRING(50) | References Organization’s Tertiary Plan Identifier |
| BENEFIT\_TYPE | Required | NUMERIC(1) | N/A, enter “0” |
| COVERAGE\_LEVEL | Required | NUMERIC(1) | N/A Enter “1”  *Identifies what level (0 = pre-deductible, 1 = post-deductible) the benefit definition applies to, pre-deductible is reserved for future use.* |
| TIER\_LEVEL\_VALUE | Required | NUMERIC(2) | Maps to Tier\_Level\_Value from Formulary File |
| DAYS\_SUPPLY | Required | NUMERIC(1) | Identifies for which days supply this cost structure applies (1 = one month, 2 = three months) |
| COST\_TYPE\_PREFERRED\_PHARMACY | Required | NUMERIC(1) | Define whether member cost is copay or coinsurance. (1 = copay, 2 = coinsurance, 0 = N/A) |
| COST\_AMOUNT\_PREFERRED\_PHARMACY | Required | MONEY | Member cost. (Examples: 10 for $10 copay, .25 for 25% coinsurance) |
| COST\_MIN\_AMOUNT\_PREFERRED\_PHARMACY | Optional | MONEY | Minimum member cost. This would be applied where the total cost of the drug is less than the beneficiary’s copay, or where the beneficiary’s coinsurance amount is below a plan defined minimum.  Examples:  The drug cost is $7.42 and Minimum Member Cost is $10.00. In this example the member cost of the drug will display as $10.00.  The drug coinsurance of 25% results in a member cost share of $17.98 and the Miminum Member Cost is $25.00. In this example the member cost of the drug will display as $25.00  The drug cost is $22.55 and the Minimum Member Cost is $20.00. In this example the member cost of the drug will display as $22.55  Entry Example:  Enter in whole dollars, only using a decimal if cents are required by the minimum.  Enter $10.00 miminum as “10”  Enter $12.50 minimim as “12.5”  If the plan is a greater of plan, enter the $ value in this field and the coinsurance or copay value in COST\_AMOUNT\_PREFERRED\_PHARMACY |
| COST\_MAX\_AMOUNT\_PREFERRED\_PHARMACY | Optional | MONEY | Maximum member cost. This would be applied where the beneficiary’s defined contribution is greater than a pre-arranged maximum.  Example:  Coinsurance = .25, Total drug cost = $200. If the COST\_MAX\_AMOUNT\_PREFERRED\_PHARMACY value is defined as $40, beneficiary will be charged $40 even though the defined cost share would have been $50.  Entry Example:  Enter in whole dollars, only using a decimal if cents are required by the maximum.  Enter $40.00 maximum as “40”  Enter $50.50 maximum as “50.5”  If the plan is a lesser of plan, enter the $ value in this field and the coinsurance value in COST\_AMOUNT\_PREFERRED\_PHARMACY |
| COST\_THRESHOLD\_PREFERRED\_PHARMACY | Optional | MONEY | Total drug cost cost-share threshold. This would apply where the total cost of the drug is greater than a pre-defined threshold value, and the beneficiary is to be assessed and additional cost share contribution amount.  Examples:  Copay = $10. Total drug cost = $73, COST\_THRESHOLD = $50, COST\_THRESHOLD\_OVERAGE\_SHARE = .2. In this case, the beneficiary will be charged $14.60: $10 + (($73 - $50) \*.2).  Copay = $10, Total drug cost = $50. COST\_THRESHOLD = $0, COST\_THRESHOLD\_OVERAGE\_SHARE = .2. In this case, the beneficiary will be charged $20: $10 + ($50\*.2). |
| COST\_THRESHOLD\_OVERAGE\_SHARE\_PREFERRED\_PHARMACY | Optional | MONEY | Member cost share for threshold overage amount. This is the amount a member will be charged in addition to the COST\_AMOUNT when the total drug cost exceeds the value defined by COST\_THRESHOLD. See examples above. |
| COST\_TYPE\_NONPREFERRED\_PHARMACY | Optional | NUMERIC(1) | Define whether member cost is copay or coinsurance. (1 = copay, 2 = coinsurance, 0 = N/A) |
| COST\_AMOUNT\_NONPREFERRED\_PHARMACY | Optional | MONEY | Member cost. (Examples: 10 for $10 copay, .25 for 25% coinsurance) |
| COST\_MIN\_AMOUNT\_NONPREFERRED\_PHARMACY | Optional | MONEY | Minimum member cost. This would be applied where the total cost of the drug is less than the beneficiary’s copay, or where the beneficiary’s coinsurance amount is below a plan defined minimum.  Examples:  Coinsurance = .25, Total drug cost = $10. If the COST\_MIN\_AMOUNT value is defined as $10, beneficiary will be charged $10 even though the defined cost share would have been $2.50.  If the plan is a greater of plan, enter the $ value in this field and the coinsurance value in cost\_amount |
| COST\_MAX\_AMOUNT\_NONPREFERRED\_PHARMACY | Optional | MONEY | Maximum member cost. This would be applied where the beneficiary’s defined contribution is greater than a pre-arranged maximum.  Examples:  Coinsurance = .25, Total drug cost = $200. If the COST\_MAX\_AMOUNT value is defined as $40, beneficiary will be charged $40 even though the defined cost share would have been $50.  If the plan is a lesser of plan, enter the $ value in this field and the coinsurance value in cost\_amount |
| COST\_THRESHOLD\_NONPREFERRED\_PHARMACY | Optional | MONEY | Total drug cost cost-share threshold. This would apply where the total cost of the drug is greater than a pre-defined threshold value, and the beneficiary is to be assessed and additional cost share contribution amount.  Examples:  Copay = $10. Total drug cost = $73, COST\_THRESHOLD = $50, COST\_THRESHOLD\_OVERAGE\_SHARE = .2. In this case, the beneficiary will be charged $14.60: $10 + (($73 - $50) \*.2).  Copay = $10, Total drug cost = $50. COST\_THRESHOLD = $0, COST\_THRESHOLD\_OVERAGE\_SHARE = .2. In this case, the beneficiary will be charged $20: $10 + ($50\*.2). |
| COST\_THRESHOLD\_OVERAGE\_SHARE\_NONPREFERRED\_PHARMACY | Optional | MONEY | Member cost share for threshold overage amount. This is the amount a member will be charged in addition to the COST\_AMOUNT when the total drug cost exceeds the value defined by COST\_THRESHOLD. See examples above. |
| COST\_TYPE\_MAILORDER\_PHARMACY | Required | NUMERIC(1) | Define whether member cost is copay or coinsurance. (1 = copay, 2 = coinsurance, 0 = N/A) |
| COST\_AMOUNT\_MAILORDER\_PHARMACY | Optional if COST\_TYPE\_MAILORDER =0, else field Required | MONEY | Member cost. (Examples: 10 for $10 copay, .25 for 25% coinsurance) |
| COST\_MIN\_AMOUNT\_MAILORDER\_PHARMACY | Optional if COST\_TYPE\_MAILORDER =0, else field Required | MONEY | Minimum member cost. This would be applied where the total cost of the drug is less than the beneficiary’s copay, or where the beneficiary’s coinsurance amount is below a plan defined minimum.  Examples:  The drug cost is $7.42 and Minimum Member Cost is $10.00. In this example the member cost of the drug will display as $10.00.  The drug coinsurance of 25% results in a member cost share of $17.98 and the Miminum Member Cost is $25.00. In this example the member cost of the drug will display as $25.00  The drug cost is $22.55 and the Minimum Member Cost is $20.00. In this example the member cost of the drug will display as $22.55  Entry Example:  Enter in whole dollars, only using a decimal if cents are required by the minimum.  Enter $10.00 miminum as “10”  Enter $12.50 minimim as “12.5”  If the plan is a greater of plan, enter the $ value in this field and the coinsurance or copay value in COST\_AMOUNT\_MAILORDER\_PHARMACY |
| COST\_MAX\_AMOUNT\_MAILORDER\_PHARMACY | Optional if COST\_TYPE\_MAILORDER =0, else field Required | MONEY | Maximum member cost. This would be applied where the beneficiary’s defined contribution is greater than a pre-arranged maximum.  Example:  Coinsurance = .25, Total drug cost = $200. If the COST\_MAX\_AMOUNT\_PREFERRED\_PHARMACY value is defined as $40, beneficiary will be charged $40 even though the defined cost share would have been $50.  Entry Example:  Enter in whole dollars, only using a decimal if cents are required by the maximum.  Enter $40.00 maximum as “40”  Enter $50.50 maximum as “50.5”  If the plan is a lesser of plan, enter the $ value in this field and the coinsurance value in COST\_AMOUNT\_MAILORDER\_PHARMACY |
| COST\_THRESHOLD\_MAILORDER\_PHARMACY | Optional if COST\_TYPE\_MAILORDER =0, else field Required | MONEY | Total drug cost cost-share threshold. This would apply where the total cost of the drug is greater than a pre-defined threshold value, and the beneficiary is to be assessed and additional cost share contribution amount.  Examples:  Copay = $10. Total drug cost = $73, COST\_THRESHOLD = $50, COST\_THRESHOLD\_OVERAGE\_SHARE = .2. In this case, the beneficiary will be charged $14.60: $10 + (($73 - $50) \*.2).  Copay = $10, Total drug cost = $50. COST\_THRESHOLD = $0, COST\_THRESHOLD\_OVERAGE\_SHARE = .2. In this case, the beneficiary will be charged $20: $10 + ($50\*.2). |
| COST\_THRESHOLD\_OVERAGE\_SHARE\_MAILORDER\_PHARMACY | Optional | MONEY | Member cost share for threshold overage amount. This is the amount a member will be charged in addition to the COST\_AMOUNT when the total drug cost exceeds the value defined by COST\_THRESHOLD. See examples above. |
| COST\_TYPE\_MAILORDER\_NONPREFERRED\_PHARMACY | Optional | NUMERIC(1) | Define whether member cost is copay or coinsurance. (1 = copay, 2 = coinsurance, 0 = N/A) |
| COST\_AMOUNT\_MAILORDER\_NONPREFERRED\_PHARMACY | Optional | MONEY | Member cost. (Examples: 10 for $10 copay, .25 for 25% coinsurance) |
| COST\_MIN\_AMOUNT\_MAILORDER\_NONPREFERRED\_PHARMACY | Optional | MONEY | Minimum member cost. This would be applied where the total cost of the drug is less than the beneficiary’s copay, or where the beneficiary’s coinsurance amount is below a plan defined minimum.  Examples:  Coinsurance = .25, Total drug cost = $10. If the COST\_MIN\_AMOUNT value is defined as $10, beneficiary will be charged $10 even though the defined cost share would have been $2.50.  If the plan is a greater of plan, enter the $ value in this field and the coinsurance value in cost\_amount |
| COST\_MAX\_AMOUNT\_MAILORDER\_NONPREFERRED\_PHARMACY | Optional | MONEY | Maximum member cost. This would be applied where the beneficiary’s defined contribution is greater than a pre-arranged maximum.  Examples:  Coinsurance = .25, Total drug cost = $200. If the COST\_MAX\_AMOUNT value is defined as $40, beneficiary will be charged $40 even though the defined cost share would have been $50.  If the plan is a lesser of plan, enter the $ value in this field and the coinsurance value in cost\_amount |
| COST\_THRESHOLD\_MAILORDER\_NONPREFERRED\_PHARMACY | Optional | MONEY | Total drug cost cost-share threshold. This would apply where the total cost of the drug is greater than a pre-defined threshold value, and the beneficiary is to be assessed and additional cost share contribution amount.  Examples:  Copay = $10. Total drug cost = $73, COST\_THRESHOLD = $50, COST\_THRESHOLD\_OVERAGE\_SHARE = .2. In this case, the beneficiary will be charged $14.60: $10 + (($73 - $50) \*.2).  Copay = $10, Total drug cost = $50. COST\_THRESHOLD = $0, COST\_THRESHOLD\_OVERAGE\_SHARE = .2. In this case, the beneficiary will be charged $20: $10 + ($50\*.2). |
| COST\_THRESHOLD\_OVERAGE\_SHARE\_MAILORDER\_NONPREFERRED\_PHARMACY | Optional | MONEY | Member cost share for threshold overage amount. This is the amount a member will be charged in addition to the COST\_AMOUNT when the total drug cost exceeds the value defined by COST\_THRESHOLD. See examples above. |

## Plan Tier Information (PTI):

|  |  |  |  |
| --- | --- | --- | --- |
| **FieldName** | **Required** | **Type(Size)** | **Description** |
| PlanID1 | Required | STRING(50) | References Organization’s Primary Plan Identifier (i.e. Group Number). |
| PlanID2 | Optional | STRING(50) | References Organization’s Secondary Plan Identifier |
| PlanID3 | Optional | STRING(50) | References Organization’s Tertiary Plan Identifier |
| TierLevel | Required | STRING(2) | The Tier Level (e.g. 1, 2, 3) |
| TierDescription | Required | STRING(50) | A brief description for the given tier (e.g. Generics, Preferred Brand, Non-Preferred Brand). |
| TierNotes | Optional | STRING(255) | Additional information about drugs in the tier that doesn’t affect calculations. |
| Filler | Required | STRING(1) | RESERVED FOR FUTURE USE. LEAVE BLANK |
| Tier\_LesserOf | Required | STRING(1) | For drugs in this tier that are less expensive than the copay, should the lower amount be charged?  **0 = no;** 1 = yes. |

## Plan Discounts (PTI-AWP):

| **FieldName** | **Required** | **Type(Size)** | **Description** |
| --- | --- | --- | --- |
| PlanID1 | Required | STRING(50) | References Organization’s Primary Plan Identifier (i.e. Group Number). Jointly determined between client and DestinationRx. |
| PlanID2 | Optional | STRING(50) | References Organization’s Secondary Plan Identifier |
| PlanID3 | Optional | STRING(50) | References Organization’s Tertiary Plan Identifier |
| DrugType | Required | STRING(8) | Type of Drug: Generics, Brands |
| TierNotes | Optional | STRING(255) | Additional information about drugs in the tier that does not affect calculations. |
| AWP\_DISC\_RETAIL | Required | MONEY | Percentage value off AWP to charge for retail supply of drug. |
| AWP\_DISC\_MAIL | Required | MONEY | Percentage value off AWP to charge for mail supply of drug. |
| Dispensing\_Fee\_Retail | Required | MONEY | Dollar Fee to be added to drug unit cost for drugs in this tier at retail (30-day) pharmacies. If no fee applies, or actual fees provided in PC file, enter 0. |
| Dispensing\_Fee\_Mail | Required | MONEY | Dollar Fee to be added to drug unit cost for drugs in this tier at mail-order (90-day) pharmacies. If no fee applies, or actual fees provided in PC file, enter 0. |

## Formulary File (FF):

| **FieldName** | **Required** | **Type(Size)** | **Description** |
| --- | --- | --- | --- |
| FormularyID | Required | STRING(8) | Formulary ID from the GPI file | |
| NDC | Required | STRING(11) | 11 Digit National Drug Code  *(Representative NDC for each drug/dosage covered)* | |
| Tier\_Level\_Value | Required | STRING(2) | Defines the Cost share Tier Level Value Associated with the drug. Assumption is that the drug is assigned to only one tier value. .  If No Tier Level Value applies enter 1 as the value for the field. | |
| Drug\_Type\_Label\_Value | N/A | STRING(1) | Defines the Drug Type Label Value for the drug. Enter the label value for the Drug Type from the defined list of labels. | |
| Quantity\_Limit\_Amount\_YN | Optional | STRING(1) | Does the drug have a quantity limit restriction?  *Acceptable Values: (1 = yes;* ***0 = NO****)* | |
| Filler | Optional | NUMERIC(7) | RESERVED FOR FUTURE USE. LEAVE BLANK | |
| Quantity\_Limit\_Days | Optional | NUMERIC(3) | Enter the number of days associated with the quantity limit.  If the Quantity\_Limit\_Amount\_YN field is  0 = No, then leave this field blank  The maximum logical number that will be accepted is ‘999’ | |
| Prior\_Authorization\_YN | Optional | STRING(1) | Is prior authorization required for the drug?  *Acceptable Values: (1 = yes;* ***0 = NO****)* | |
| Filler | Optional | STRING(100) | RESERVED FOR FUTURE USE. LEAVE BLANK. | |
| Filler | Optional | STRING(1) | RESERVED FOR FUTURE USE. LEAVE BLANK | |
| Filler | Optional | STRING(100) | RESERVED FOR FUTURE USE. LEAVE BLANK | |
| Filler | Optional | STRING(100) | RESERVED FOR FUTURE USE. LEAVE BLANK | |
| Step\_Therapy\_YN | Optional | STRING(1) | Does step therapy apply to this drug? The only drugs that should be marked as “Yes” are those that require additional drugs to be used first.  *Acceptable Values: (1 = yes;* ***0 = NO****)* | |
| Filler | Optional | NUMERIC(2) | RESERVED FOR FUTURE USE. LEAVE BLANK | |
| Filler | Optional | STRING(100) | RESERVED FOR FUTURE USE. LEAVE BLANK | |
| Filler | Optional | NUMERIC(2) | RESERVED FOR FUTURE USE. LEAVE BLANK | |

## Full Pricing File (PF)

|  |  |  |  |
| --- | --- | --- | --- |
| **Field Name** | **Required** | **Type(Size)** | **Field Description** |
| PlanID1 | Required | STRING(50) | References Organization’s Primary Plan Identifier (i.e. Group Number). |
| PRICE\_ID | Required | NUMERIC(3) | Price File Grouping Number |
| NDC | Required | STRING(11) | The appropriate 11 Digit NDC from the approved formulary representing the drug/dosage combination |
| UNIT\_COST | Required | MONEY | Unit cost for given NDC less dispensing fee for one-month supply. If N/A enter 0 |
| UNIT\_COST\_90 | Required | MONEY | Unit cost for given NDC less dispensing fee for 3-month supply. If N/A enter 0 |

### Notes:

* This file determines the base unit cost of a NDC in a given pricing regime.
* Price\_ID is identified by the Organization, within the following parameters;
  + The lowest available PRICE\_ID is 100
  + PRICE\_IDs should be assigned sequentially
* There can be multiple pricing files per organization.
* Unit pricing can be provided for both a month retail supply and three-month mail-order supply. If only one type applies, enter 0 in the non-applicable field. If both types apply, but are the same, enter the same value in both fields.

## MAC Pricing File (MAC)

|  |  |  |  |
| --- | --- | --- | --- |
| **Field Name** | **Required** | **Type(Size)** | **Field Description** |
| PlanID1 | Required | STRING(50) | References Organization’s Primary Plan Identifier (i.e. Group Number). |
| PRICE\_ID | Required | NUMERIC(3) | Price File Grouping Number |
| GPI | Required | STRING(14) | The appropriate 14 Digit GPI representing the drug/dosage combination |
| UNIT\_COST | Required | MONEY | Unit cost for given GPI less dispensing fee for one-month supply. If N/A enter 0 |
| UNIT\_COST\_90 | Required | MONEY | Unit cost for given GPI less dispensing fee for 3-month supply. If N/A enter 0 |

### Notes:

* This file determines the base unit cost of a GPI in a given pricing regime.
* Price\_ID is identified by the Organization, within the following parameters;
  + The lowest available PRICE\_ID is 100
  + PRICE\_IDs should be assigned sequentially
* There can be multiple pricing files per organization.
* Unit pricing can be provided for both a month retail supply and three-month mail-order supply. If only one type applies, enter 0 in the non-applicable field. If both types apply, but are the same, enter the same value in both fields.