|  |  |  |  |
| --- | --- | --- | --- |
| **Data Interface Agreement**  **Fingertip Formulary - NovoMedLink** | | | |
|  | | | |
| **Prepared by:** | | |
| **Kevin Stock**  [**kevin@toolhouse.com**](mailto:kevin@toolhouse.com)  Director, Technology Solutions  Toolhouse, Inc.  Assisted by:  **Chris McBride**  **CMBI**  Mgr., IT Apps. Development, Multichannel Marketing Systems  Novo Nordisk Inc. | Date:  \_\_\_\_\_\_\_\_\_\_\_ | Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | |
| **Reviewed by:** | | |
| **Cara O’Neill**  **CRTR**  Mgr., Managed Markets Execution  Novo Nordisk Inc. | Date:  \_\_\_\_\_\_\_\_\_\_\_ | Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- |
| **Approved by:** | | |
| **Peter Clark**  **PTCR**  Assoc. Dir., Managed Markets Value Mgmt.  Novo Nordisk Inc. | Date:  \_\_\_\_\_\_\_\_\_\_\_ | Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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# Objective

Detail of who, what, where, and when for periodic data file transmissions between Fingertip Formulary, LLC and Novo Nordisk Inc.

# Scope

Data file transmissions between Fingertip Formulary, LLC and Novo Nordisk Inc for the NovoMedLink ecosystem websites.

# Responsibilities

| **Role** | **Responsibilities** |
| --- | --- |
| Approver(s) | Other interested parties responsible for approving this document |
| Data Receiver | Data Receiver(s) are responsible for the following:   * Ensuring data extracts are received according to the terms of this document * Ensuring that Data Provider(s) are informed of any changes to data receiving system(s) that may impact the interface or the IA * Coordinating and agreeing on responsibilities and tasks with Data Provider(s) * **Note:** Data Receivers will be noted for each of the data extracts in Appendix 1 |
| Data Provider | Data Provider(s) are responsible for the following:   * Review and approval of this document * Ensuring that Data Receiver(s) are informed of any changes to data providing system(s) which may impact extracts * Coordinating carrying out responsibilities and tasks as agreed with Interface Owner(s): * **Note:** Data Providers will be noted for each of the data extracts in Appendix 1 |
| Reviewer(s) | Other interested parties responsible for reviewing this document |

# Definitions and Abbreviations

| **Definition / Abbreviation** | **Description** |
| --- | --- |
| NNI | Novo Nordisk Inc. |

# References

1. Doc. No. 053874, Handling of Interfaces in IT & Corp. Development

# Change Log

| **Version** | **Reason for revision** | **Date** |
| --- | --- | --- |
| 1 | Initial document | 8/26/2013 |

# Appendix 1 – Files to be sent to Toolhouse by Fingertip Formulary

1. **Control File**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | Control totals file covering all other files | **Primary Data Provider** | Fingertip Formulary, abc@fingertipformulary.com |
| **File Name** | control.txt | **Secondary Data Provider** |  |
| **Delivery Format** | ,txt, pipe-delimited | **Primary Data Receiver** | Toolhouse; kevin@toolhouse.com |
| **Incremental or Full Refresh?** | Full Refresh | **Secondary Data Receiver** |  |
| **Delivery Timing** | Monthly | **Delivery-to Location** | Post to SFTP site to be provided by Fingertip Formulary. |

| **Field # and Order** | **Field Name** | **Description** | **Data Type** | **Required?** | **Example Data** | **Filtering Rule** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | File name | Name of inbound-to-Toolhouse file | VARCHAR | Yes | Zip Level Lives.txt |  |
| 2 | Record Count | Number of records in file | VARCHAR | Yes | 6283796 |  |
| 3 | Created At (Time Stamp) | Date-time when file created | VARCHAR | Yes | 20130802-2012 |  |
| 4 | Checksum file | Checksum for the file | VARCHAR | Yes | 0b4c03a6d7e6c09b6f84d588bc51e325 |  |

1. **Fingertip Formulary-IMS Hierarchy File**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | Fingertip x-ref to IMS Plan Hierarchy | **Primary Data Provider** | Fingertip Formulary, abc@fingertipformulary.com |
| **File Name** | FF IMS Hierarchy.txt | **Secondary Data Provider** |  |
| **Delivery Format** | ,txt, pipe-delimited | **Primary Data Receiver** | Toolhouse; kevin@toolhouse.com |
| **Incremental or Full Refresh?** | Full Refresh | **Secondary Data Receiver** |  |
| **Delivery Timing** | Monthly | **Delivery-to Location** | Post to SFTP site: <https://conduit.novonordisk-us.com>; “outbound” folder; |

| **Field # and Order** | **Field Name** | **Description** | **Data Type** | **Required?** | **Example Data** | **Filtering Rule** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | FF Plan ID | Fingertip Formulary Plan ID | VARCHAR | Yes | 2028 |  |
| 2 | FF Plan Name | Fingertip Formulary Plan Name | VARCHAR | Yes | 1199 SEIU |  |
| 3 | FF Plan Type | Fingertip Formulary Plan Type | VARCHAR | Yes | Union |  |
| 4 | IMS Payer/Plan ID | IMS Payer/Plan ID | VARCHAR | Yes | 6280035 |  |
| 5 | IMS Plan Name | IMS Plan Name | VARCHAR | Yes | SEIU LOCAL 1199 (NY) |  |
| 6 | IMS Payer ID | IMS Payer ID | VARCHAR | Yes | 628 |  |
| 7 | IMS Payer Name | IMS Payer Name | VARCHAR | Yes | UNIONS-NATIONAL |  |
| 8 | FF Provider-Type ID | FF Provider-Type ID | VARCHAR | Yes | 1526 |  |
| 9 | FF Provider-Type Name | FF Provider-Type Name | VARCHAR | Yes | National Benefit Fund-Union |  |
| 10 | FF Provider ID | FF Provider ID | VARCHAR | Yes | 526 |  |
| 11 | FF Provider Name | FF Provider Name | VARCHAR | Yes | National Benefit Fund |  |
| 12 | NNI ID | NNI Plan ID | VARCHAR | Yes | 325 |  |
| 13 | NNI Name | NNI Plan Name | VARCHAR | Yes | National Benefit Fund |  |

1. **Fingertip Formulary - Wolters Kluwer Hierarchy File**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | Fingertip x-ref to WK Plan Hierarchy | **Primary Data Provider** | Fingertip Formulary, abc@fingertipformulary.com |
| **File Name** | FF WK Hierarchy.txt | **Secondary Data Provider** |  |
| **Delivery Format** | ,txt, pipe-delimited | **Primary Data Receiver** | Toolhouse; kevin@toolhouse.com |
| **Incremental or Full Refresh?** | Full Refresh | **Secondary Data Receiver** |  |
| **Delivery Timing** | Monthly | **Delivery-to Location** | Post to SFTP site: <https://conduit.novonordisk-us.com>; “outbound” folder; |

| **Field # and Order** | **Field Name** | **Description** | **Data Type** | **Required?** | **Example Data** | **Filtering Rule** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | FF Plan ID | Fingertip Formulary Plan ID | VARCHAR | Yes | 3134 |  |
| 2 | FF Plan Name | Fingertip Formulary Plan Name | VARCHAR | Yes | 32 BJ Benefit Funds |  |
| 3 | FF Plan Type | Fingertip Formulary Plan Type | VARCHAR | Yes | Union |  |
| 4 | WK Plan ID | Wolters Kluwer Plan ID | VARCHAR | Yes | 8120 |  |
| 5 | WK Plan Name | Wolters Kluwer Plan Name | VARCHAR | Yes | SEIU 32BJ |  |
| 6 | FF Provider-Type ID | FF Provider-Type ID | VARCHAR | Yes | 1850 |  |
| 7 | FF Provider-Type Name | FF Provider-Type Name | VARCHAR | Yes | Building Service 32BJ Benefit Funds-Union |  |
| 8 | FF Provider ID | FF Provider ID | VARCHAR | Yes | 850 |  |
| 9 | FF Provider Name | FF Provider Name | VARCHAR | Yes | Building Service 32BJ Benefit Funds |  |
| 10 | NNI ID | NNI Plan ID | VARCHAR | Yes | 72 |  |
| 11 | NNI Name | NNI Plan Name | VARCHAR | Yes | Building Service 32BJ Benefit Funds |  |

1. **Formulary Extract**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | Fingertip Formulary Extract of Payer-Plan IDs, Hierarchy, Drugs, Tier and Copays | **Primary Data Provider** | Fingertip Formulary, abc@fingertipformulary.com |
| **File Name** | Formulary Extract.txt | **Secondary Data Provider** |  |
| **Delivery Format** | ,txt, pipe-delimited | **Primary Data Receiver** | Toolhouse; kevin@toolhouse.com |
| **Incremental or Full Refresh?** | Full Refresh | **Secondary Data Receiver** |  |
| **Delivery Timing** | Monthly | **Delivery-to Location** | Fingertip Formulary provided SFTP server. |

| **Field # and Order** | **Field Name** | **Description** | **Data Type** | **Required?** | **Example Data** | **Filtering Rule** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | FF Plan ID | Fingertip Formulary Plan ID | VARCHAR | Yes | 4639 |  |
| 2 | FF Plan Name | Fingertip Formulary Plan Name | VARCHAR | Yes | Harvard Pilgrim 4-Tier |  |
| 3 | Provider ID | Fingertip Formulary Provider ID | VARCHAR | Yes | 174 |  |
| 4 | Provider Name | Fingertip Formulary Provider ID | VARCHAR | Yes | Harvard Pilgrim Health Care |  |
| 5 | Parent ID | Fingertip Formulary Parent ID | VARCHAR | Yes | 68 |  |
| 6 | Parent Name | Fingertip Formulary Parent Name | VARCHAR | Yes | Harvard Pilgrim Health Care |  |
| 7 | Plan Type | Plan Type | VARCHAR | Yes | Commercial |  |
| 8 | State(s) of Operation | Where plan operates | VARCHAR | Yes | MA,ME,NH,RI |  |
| 9 | Preferred Brand Tier | Tier which is preferred tier | VARCHAR | No | 3 |  |
| 10 | Drug Id | FF Drug ID | VARCHAR | Yes | 154 |  |
| 11 | Drug Name | FF Drug Name | VARCHAR | Yes | Tev-Tropin |  |
| 12 | Tier | Tier | VARCHAR | Yes | Tier 3 |  |
| 13 | Copay Range | Copay Range | VARCHAR | No | 25.00 - 30.00 |  |
| 14 | Coinsurance | Coinsurance Range | VARCHAR | No | 30.00 - 50.00 |  |
| 15 | PA | PA | VARCHAR | Yes | Y |  |
| 16 | QL | QL | VARCHAR | Yes | N |  |
| 17 | ST | ST | VARCHAR | Yes | N |  |
| 18 | OR | OR | VARCHAR | Yes | N |  |
| 19 | Reason Code | Reason Code | VARCHAR | No | 32 |  |
| 20 | Restriction Detail | Description of any restrictions | VARCHAR | No | GHDC - Reauthorization requires growth velocity of:~GHDC - Growth Hormone Level below specified value.~GHDC - Growth hormone stimulation testing is required.~GHDC - Diagnosis of Growth Hormone Deficiency in children.~FDA approved indication required. |  |

1. **Zip Level Lives**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | Zip lives by Fingertip Payer-Plan ID | **Primary Data Provider** | Fingertip Formulary, abc@fingertipformulary.com |
| **File Name** | Zip Level Lives.txt | **Secondary Data Provider** |  |
| **Delivery Format** | ,txt, pipe-delimited | **Primary Data Receiver** | Toolhouse; kevin@toolhouse.com |
| **Incremental or Full Refresh?** | Full Refresh | **Secondary Data Receiver** |  |
| **Delivery Timing** | Monthly | **Delivery-to Location** | Post to SFTP site: <https://conduit.novonordisk-us.com>; “outbound” folder; |

| **Field # and Order** | **Field Name** | **Description** | **Data Type** | **Required?** | **Example Data** | **Filtering Rule** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | FF Plan ID | Fingertip Formulary Plan ID | VARCHAR | Yes | 1 |  |
| 2 | Zip Code | US ZIP Code | VARCHAR | Yes | 80023 |  |
| 3 | Zip Code Lives | Lives in the zip code for the Fingertip Formulary Plan ID | NUM, up to 15 digits after the decimal point | Yes | 3.59800350735194 |  |

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