catamaran™

RxTRACK® Data Dictionary

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RxTRACK OVERVIEW

RxTRACK Data Warehouse Summary

RxTRACK builds cleansed data files nightly from the RxCLAIM application. The application currently creates a base detail file and several summary files. The summary files include: paid claims (RT210), universe of rejected claims (RT230), claims with a DUR message (RT240), and a last sequence file (RT270).

The base extract file and summary files can be queried using Windows based query tools. The queries can run against the transaction based detail file or the defined summary files. The summary files are more efficient and return results in a more timely manner than queries run against the base extract (RT200). However the summary files do not contain all the granularity for patient, physician, pharmacy or NDC prescription level detail. If this detail is needed the user will need to run the query against the base RxTRACK extract file (RT200).

The following tables examine each RxTRACK file and define both field values and logic. This data dictionary will assist the user in building efficient queries. The symbol displayed next to the field number indicates that the field is an index for the particular file. When developing queries, consider using these indexed fields as conditions whenever possible. This will improve the overall performance of the query.

DETAIL FILES

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
1	Index	Carrier ID	MXUKC2	Char	9	RxCLAIM® Carrier ID, alphanumeric. Part of basic four-tiered system (Carrier>Account>Group>Mbr) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to Mbrs.
2	Index	Year Sbm	MXLHNB	Num	4,0	Derived from the first 4 positions of the Date Submitted field. Example: Date Submitted in the RxCLAIM system = 20080214 (YYYYMMDD) format. Year Sbm = 2008
3	Index	Month Sbm	MXOEN1	Num	2,0	Derived from the first 5th, 6th positions of the Date Submitted field. Example: Date Submitted in the RxCLAIM system = 20040214 (YYYYMMDD) format Month Sbm = 2
4	Index	Account ID	MXUMC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the carrier to categorize their business entities.
5	Index	Group ID	MXUNC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the account. Carriers use groups to further divide accounts, so that specific benefits can be assigned to each group.
6	Index	Care Facility ID	MXD8C3	Char	10	ID of the Care Facility to which the member is restricted. It is enforced when the Clinic ID and the Care Assignment (Care Facility) on the additional member eligibility screens in RxCLAIM are flagged. Care Facilities and names are defined by the client in the RxCLAIM system.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
7	Index	RxClaim Nbr	MXS5NB	Dec	15,0	Every claim is assigned a unique internal number based on a time stamp the system assigns. The 15 digit number is comprised of: - Position 1-2 is the last two digits of the year. - Positions 3-5 Julian day - Positions 6-10 seconds of the day - Positions 11-12 represents microseconds. Positions 13-15 refer to an internal Catamaran claim engine number.
8	Index	Claim Sequence Nbr	MXS6NB	Dec	3,0	A claim transaction number assigned within the RxCLAIM system. A transaction can be submitted and reversed multiple times. Therefore a sequence number is assigned to the RxCLAIM number. In the RxCLAIM system, this number begins at 999 and increments downward (998, 997…etc.). RxTRACK modifies this number to increment the number upward (1, 2, 3…..etc.) Transactions with a reversal status (X or Z) do not increment the sequence number.
9	Index	Claim Status	MXZSST	Char	1	The claims status associated with the RxCLAIM transaction. Claim Status can be any one of the following values: P = Paid Status X = Reversal Status R = Rejected Status C = Captured Paid Status Z = Captured Reversal Status
10	Index	Client Id	MXOYC7	Char	3	Code to identify a carrier to a specific client.
11	Index	Client Region	MXQGSU	Char	2	Region where the client is based.
12	Index	Client Segment	MXG3U1	Char	3	Code to identify a segment of business.
13	Index	Line of Business	MXO2U1	Char	1	This user-defined value is submitted through one client's custom wrapper to be used as a 6th key to a claim. (The 5 keys that everyone uses are Rx Number, Pharmacy ID, Refill Nbr, Fill Dt, and COB Indicator.)
14	Index	Date Submitted	MXTDNB	Dec	8,0	Date the claim was submitted for adjudication. (format: YYYYMMDD)
15	Index	YearMonth Submitted	MXJJNC	Num	6,0	Derived from the first 1st – 6th positions of the Date Submitted Field. Example: Date Submitted = 20080214 (YYYYMMDD) format YearMonth Sbm = 200802

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(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
16	Index	Quarter Submitted	MXMUU1	Char	8	Derived Quarter Indicator based on the Date Submitted of the transaction. Format example: 2008 Q1
17	Index	Date of Fill	MXDMDA	Dec	8,0	Submitted date the prescription was filled. (format: YYYYMMDD)
18	Index	YearMonth Filled	MXJKNC	Num	6,0	Derived from the first 1st – 6th positions of the Date Filled Field. Example: Date Filled = 20080214 (YYYYMMDD) format YearMonth Filled = 200802
19	Index	Quarter Filled	MXMVU1	Char	8	Derived Quarter Indicator based on the Date Filled of the transaction. Format example: 2008 Q1
20	Mbr	Family ID	MXEFC3	Char	20	Family ID in RxCLAIM® used to aggregate financial measures like deductibles.
21	Mbr	Family IND	MXUMST	Char	1	A flag that denotes whether or not a claim is associated with a family. Values: Y, N or Blank.
22	Mbr	Family Type	MXULST	Char	1	The Family Type field is used to indicate how the client defines family, such as cardholder/spouse, cardholder other dependents, etc. Blank = Blank 1 = Family 2 = Card Holder 3 = Card Holder & Spouse 4 = Card Holder & Dependents 5 = Spouse & Dependents 6 = Dependents 7 = Spouse Only 8 = Member + 1
23	Mbr	Mbr Alt Ins Flag	MXUKST	Char	1	A flag denoting if a member has an alternate insurance carrier.
24	Mbr	Mbr Alt Ins ID	MXT2C1	Char	10	Insurance ID number associated with alternate insurance carrier.
25	Mbr	Mbr Alt Ins Mbr ID	MXUMC1	Char	20	Member ID number associated with the alternate insurance carrier.
26	Mbr	Mbr Social Security Nbr	MXCONC	Dec	9,0	The Member Social Security Number associated with the transaction.
27	Mbr	Mbr Supplemental ID 1	MXHLU1	Char	20	The Member Supplemental ID 1. This field is for future use.
28	Mbr	Mbr Supplemental ID 1 Typ	MXGEC5	Char	3	The Member Supplemental ID 1 Type. This field is for future use.
29	Mbr	Mbr Supplemental ID 2	MXHMU1	Char	20	The Member Supplemental ID 2. This field is for future use.

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(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
30	Mbr	Mbr Supplemental ID 2 Typ	MXGFC5	Char	3	The Member Supplemental ID 2 Type. This field is for future use.
31	Mbr	Member Age Band	MXELC3	Char	1	Age Bands defined in HEDIS 3.0 plus additional bands created for analysis. Members are counted into one of these categories based on age. A = <1 B = 1 - 4 C = 5 - 9 D = 10 - 19 E = 20 – 34 F = 35 – 44 G = 45 - 54 H = 55 - 64 I = 65 - 74 J = 75 - 84 K = 85 + U = Unknown
32	Mbr	Member Calc Age	MXOLN1	Dec	3,0	Member's age calculated at the first of the month that the claim was submitted.
33	Mbr	Member Cardholder	MXFRC5	Char	20	The Submitted Cardholder ID associated with the transaction.
34	Mbr	Member Classification 1	MXMWU1	Char	10	New Field - future eligibility classification
35	Mbr	Member Classification 2	MXMXU1	Char	15	New Field - future eligibility classification
36	Mbr	Member Classification 3	MXMYU1	Char	1	New Field - future eligibility classification
37	Mbr	Member Date of Birth	MXDPDA	Dec	8,0	Member birth date on the RxCLAIM eligibility file, else submitted birth date.
38	Mbr	Member HIC Code	MXG6U1	Char	11	Member Medicare Health Insurance Code (HIC)
39	Mbr	Member ID	MXEAC3	Char	20	Member ID from the eligibility file, if none is found field will be populated with the submitted member ID.
40	Mbr	Member ID Encrypted	MXT8C1	Char	20	Catamaran uses an encryption algorithm to modify the value in the Member ID field. This value can be used to do member based reporting while maintaining HIPAA regulations.
41	Mbr	Member Med Type	MXEVSU	Char	1	Member Medicare Coverage Type Values: Y N BLANK
42	Mbr	Member Name First	MXECC3	Char	15	Member First Name on the RxCLAIM eligibility file, else submitted name.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
43	Mbr	Member Name Last	MXEBC3	Char	25	Member Last Name on the RxCLAIM eligibility file, else submitted name.
44	Mbr	Member Name MI	MXEDC3	Char	1	Middle initial on RxCLAIM eligibility file, else submitted MI.
45	Mbr	Member Person Code	MXDACD	Char	3	The ID code assigned to a specific person within a family (or cardholder). If person code is not found on file, use submitted person code. Like relationship code, varies by client.
46	Mbr	Member Relation Code	MXEGC3	Char	1	ID of family member's relationship to the cardholder. If the relationship code is not found use submitted relationship code. 0= Unspecified 1= Cardholder 2= Spouse 3=Child 4=Other 5=Student 6=Disabled Dependent 7=Adult Dependent 8=Significant Other ** These are NCPDP values however the quality of this data and manner in which this field is used will vary by specific client.
47	Mbr	Member Product	MXT3C1	Char	6	The member product code attached to a claim from the member record during adjudication. This field is generated from RxCLAIM®.
48	Mbr	Member Relationship Code	MXMRLCD	Char	1	Submitted Relationship Code. The ID of family member's relationship to the cardholder. If relationship code is not found use submitted relationship code. 0= Unspecified 1= Cardholder 2= Spouse 3=Child 4=Other 5=Student 6=Disabled Dependent 7=Adult Dependent 8=Significant Other ** These are NCPDP values however the quality of this data and manner in which this field is used will vary by specific client.
49	Mbr	Member Rider	MXT4C1	Char	6	The member rider attached to a claim from the member record during adjudication. This field is generated from RxCLAIM®.

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Field	Category	Field Description	Synon	Data Type	Length	Description
50	Mbr	Member Sex	MXG9C3	Char	1	Sex on eligibility file, else submitted sex code, M=Male F=Female U=Unknown
51	Mbr	Member Zip	MXHCC3	Char	15	The Member's zip code from the RxCLAIM eligibility record.
52	Mbr	Patient Residence Sbm	MXQHSU	Char	2	Code identifying the patient's place of residence.
53	Phr	Phr Resolved ID	MXEWC3	Char	15	Submitted pharmacy resolved ID for claims adjudication taken from RxCLAIM. This is the pharmacy ID that RxCLAIM inserted as a result of adjudication. This ID may be the result of a converted Pharmacy NPI.
54	Phr	Phr Resolved ID Qual	MXUAC1	Char	2	Code qualifying the Pharmacy ID taken from RxCLAIM.
55	Phr	Phr NCPDP ID	MXILC7	Char	12	NCPDP pharmacy ID taken from the Pharmacy table in RxCLAIM.
56	Phr	Phr NPI	MXIMC7	Char	10	Pharmacy National Provider ID (NPI) taken from the Pharmacy table in RxCLAIM.
57	Phr	Phr Sbm ID	MXINC7	Char	15	Submitted Pharmacy ID taken from RxCLAIM. This ID is attached to the transaction when submitted by the pharmacy.
58	Phr	Phr Sbm ID Qual	MXLNSU	Char	2	Submitted Pharmacy ID qualifier taken from RxCLAIM. This ID is attached to the transaction when submitted by the pharmacy.
59	Phr	Phr Name	MXXCTX	Char	55	The Pharmacy name from the NCPDP based pharmacy information within the RxCLAIM system.
60	Phr	Phr Network ID	MXEUC3	Char	6	ID for a pharmacy grouping within the RxCLAIM® system. Networks are generally setup on the basis of reimbursement.
61	Phr	Phr Network Name	MXEVC3	Char	25	The name for a pharmacy grouping within the RxCLAIM system.
62	Phr	Phr Network Priority	MXFASU	Char	3	Priorities were created to allow a client's customer's pharmacy networks to take precedence over their own pharmacy networks. Pharmacy networks on the Active Plan Pharmacy Networks screen in RxCLAIM automatically have a priority of 1. Networks added on the secondary screens in RxCLAIM have a priority of 2.

RT200 – Base Detail File

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Field	Category	Field Description	Synon	Data Type	Length	Description
63	Phr	Pharmacy Network Qual	MXQISU	Char	1	An additional classification about the pharmacy. This is an optional field that will not affect processing. It's only used for trend tracking. (SR 20430). This field can contain one of the following values: ▪ M = Mail at Retail ▪ O = Mail Order ▪ R = Retail ▪ S = Specialty This classification qualifier only can be assigned in two situations: ▪ To a pharmacy network or secondary pharmacy network though the network's attachment in the Pharmacy Network plan edit. In this case, the classification only applies to the network's classification in this plan, not to its classification in all plans. ▪ To a pharmacy network within a super network. A super network cannot be assigned a classification qualifier through the Pharmacy Network plan edit. Also, a classification qualifier cannot be assigned to the base super network level; the qualifier only can be assigned to the pharmacy networks within a super network.

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Field	Category	Field Description	Synon	Data Type	Length	Description
64	Phr	Phr Network Type	MXF5C5	Char	2	Type of pharmacy network. Valid values are these: **NT = Network**: These client-maintained networks are manually added and will not be updated by NCPDP. Create this type of network to include a variety of different combinations of pharmacies. Examples include networks requiring a special pricing scenario or networks allowed to fill specific drugs. **AF = Affiliate**: These networks are automatically added and maintained as part of the NCPDP load process. These are examples of automatic networks: ▪ All pharmacies with the same affiliation. ▪ All pharmacies in the same region. ▪ All pharmacies with the same affiliation in the same region. **PO = Payee Override Networks**: A group of pharmacies that directs payments to a payee other than the one indicated on the pharmacy record. *RxCLAIM* users do not usually maintain PO networks. These tasks are reserved for the users who handle payment and billing issues.
65	Phr	Phr Network Carrier	MXF1C5	Char	9	Carrier who owns the selected pharmacy network. Note: *DEFAULT carriers are non-client specific, so all clients have access to the networks within that carrier
66	Phr	Phr Ntwk Process Qual	MXQJSU	Char	1	An optional, information-only field that classifies a network as a "no bill/no pay" network. The Process Qualifier can be populated with value N on pharmacy networks and on super networks within pharmacy networks. On the actual super network, however, the Process Qualifier field must be [blank]. This field can contain one of the following values: ▪ [blank] ▪ N=No Bill/No Pay: RxCLAIM processes the claim for the client, but does not bill them or pay them.

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(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
67	Phr	Phr Network Sequence	MXCRNC	Dec	5,0	The sequence number of the contract record in the selected pharmacy record. Each time the relationship is modified between the pharmacy and the contract record, the sequence number changes. So the first entry of a contract record has a sequence of **1**. If the record is modified one time, the record has a sequence of **2**. The second time the record is modified, the sequence changes to **3**. It is a field really used to create a unique key like product id. It allows unique key by Network Carrier and Region.
68	Phr	Phr Super Carrier	MXFQC5	Char	9	The Carrier that shares common pharmacy networks.
69	Phr	Phr Super Network Type	MXFDSU	Char	2	Super Pharmacy Network Type. SN (Super Network) is currently the only valid value.
70	Phr	Phr Super Network ID	MXF6C5	Char	6	The ID Super Pharmacy Network within the RxCLAIM system.
71	Phr	Phr Affiliation Code	MXE0C3	Char	6	The Pharmacy affiliation code associated with the transaction. Usually indicates the pharmacy chain code. A new 9 position field is replacing this in the next version.
72	Phr	Phr Payment Center	MXEZC3	Char	12	The Pharmacy payment center associated with the transaction. A pharmacy chain may have several regional payment centers.
73	Phr	Phr Region	MXFTC5	Char	10	The Pharmacy Region Code from the NCPCD based pharmacy files contained within the RxCLAIM system.
74	Phr	Phr Zip	MXDCCD	Char	10	The Pharmacy zip code from the NCPDP based pharmacy information within the RxCLAIM system.
75	Phr	Phr Parent Organization	MXJFC7	Char	6	Parent Organization ID associated with the Phr relationship ID
76	Phr	Phr Netwrk Classification	MXLYSU	Char	1	Future Use
77	Phr	Phr Svc Type Sbm	MXQKSU	Char	2	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.
78	Plan	Account Benefit Code	MXF2C5	Char	10	An additional attribute attached to an account for reporting purposes that can be used to tag a claim uniquely for each account.
79	Plan	Benefit Max Accum Code	MXOZC7	Char	10	The benefit max accumulation code.

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Field	Category	Field Description	Synon	Data Type	Length	Description
80	Plan	Benefit Ded Accum Code	MXJHC7	Char	10	The ID of the Accumulation Code used by the transaction. Accumulation codes are used when determining the amounts that the member paid towards deductibles, out-of-pocket (OOP) maximums, and benefit maximums. During the adjudication process, *RxCLAIM* locates all of the member's claims with the same accumulation code that is used by the deductible, OOP, or benefit max schedule that is referenced on the current claim.
81	Plan	Benefit Ded Schedule	MXJGC7	Char	10	Deductible schedules define the amount that members must pay out of their own pockets prior to receiving benefits. Deductibles can be accumulated on an individual basis or a family basis. Deductible schedules are attached to plans providing flexibility in defining when the program is applied, such as only at retail pharmacies. Plan overrides are used to apply deductibles in one scenario (e.g., retail pharmacies), but not in another (e.g., mail order pharmacies).
82	Plan	Benefit Max Flag	MXE4SU	Char	1	Flag indicating that an RxCLAIM defined benefit max has been reached.
83	Plan	Benefit Stage Qual 1	MXQLSU	Char	2	The first code qualifying the Benefit Stage Amount.
84	Plan	Benefit Stage Amt 1	MXILP2	DEC	9	The first amount of claim allocated to the Medicare stage identified by the Benefit Stage Qualifier.
85	Plan	Benefit Stage Qual 2	MXQMSU	Char	2	The second code qualifying the Benefit Stage Amount.
86	Plan	Benefit Stage Amt 2	MXILP2	DEC	9	The second amount of claim allocated to the Medicare stage identified by the Benefit Stage Qualifier.
87	Plan	Benefit Stage Qual 3	MXQNSU	Char	2	The third code qualifying the Benefit Stage Amount.
88	Plan	Benefit Stage Amt 3	MXIMP2	DEC	9	The third amount of claim allocated to the Medicare stage identified by the Benefit Stage Qualifier.
89	Plan	Benefit Stage Qual 4	MXQOSU	Char	2	The fourth code qualifying the Benefit Stage Amount.
90	Plan	Benefit Stage Amt 4	MXINP2	DEC	9	The fourth amount of claim allocated to the Medicare stage identified by the Benefit Stage Qualifier.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
91	Plan	Care Network ID	MXTZC1	Char	10	ID of the Care Network to which the member is restricted. A care network contains a list of prescribers. If the member's claim is from a provider that is not in the indicated Care Network, the claim will reject.
92	Plan	Care Network Qual	MXT0C1	Char	10	ID of the care qualifier. A care qualifier indicates whether the member selected the care assignment or if the member was assigned to the facility and provider. A Care Qualifier field can be mapped to many types of information needed to fill a client's benefit programs, such as the filling arrangements with a provider. This value does not affect adjudication but is used for reporting. Care qualifiers are created in the RxCLAIM System.
93	Plan	Client Rate	MXHGP2	Dec	5,2	Stores the rate percentage information used at the time a claim adjudicates so it's available to client's proprietary system.
94	Plan	Clt Copay Sched Name	MXIOC7	Char	10	The ID of the attached copay schedule from which additional/alternate patient pay calculations are performed.
95	Plan	Clt Drg Cost Schd Seq	MXJLNC	Dec	3,0	The sequence number associated with the ID and name of the drug cost schedule that defines the criteria that will calculate the cost of a product on a claim
96	Plan	Clt Drg Cost Sched ID	MXIPC7	Char	13	The ID and name of the drug cost schedule that defines the criteria that will calculate the cost of a product on a claim
97	Plan	Clt Drg Cst Comp Sched	MXIQC7	Char	14	A drug cost comparison schedule is attached to the drug cost schedule to determine which drug costs will be calculated in the comparison.
98	Plan	Clt Drg Cst Comp Sch Seq	MXJMNC	Dec	3,0	Indicates the sequence associated with the drug cost comparison schedule referenced.
99	Plan	Clt Copay Schedule Step#	MXJNNC	Dec	2,0	The step # (tier) in the corresponding copay schedule from which additional/alternate patient pay calculations are performed.
100	Plan	Clt Patient Sched Name	MXIRC7	Char	10	The ID of the client patient pay schedule that calculates amounts within the pharmacy patient pay schedule.
101	Plan	Clt Patient Sched Table	MXISC7	Char	13	Name of the patient pay schedule. This description commonly describes, in a condensed format, the details of the patient pay calculations therein.
102	Plan	Clt Price Sched Name	MXITC7	Char	10	The name of the selected pharmacy price schedule to which the client price schedule is attached.

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Field	Category	Field Description	Synon	Data Type	Length	Description
103	Plan	Clt Price Sched Step	MXJONC	Dec	3,0	Indicates the sequence associated with the price schedule referenced.
104	Plan	Clt Price Sched Table	MXIUC7	Char	13	The table name associated with the Clt Price Schedule
105	Plan	Clt Rtl/Mail Sched ID	MXIVC7	Char	10	ID of the price schedule that is used in the RxCLAIM system to determine the final patient pay for members who are eligible for mail/retail pricing.
106	Plan	COB Claim Flag	MXE7SU	Char	2	Flag indicating that the transaction utilized COB functionality within the RxCLAIM system.
107	Plan	Contingent Ther Flag	MXUJST	Char	1	A flag passed from the RxCLAIM® system denoting if the claim used contingent therapy and what part of the plan was used to adjudicate the claim. Valid values are: L = GPI Plan List P = GPI Prior Auth D = NDC Plan List C = NDC Prior Auth *BLANK N = None
108	Plan	Contingent Therapy Sched	MXO0C7	Char	20	ID of the contingent therapy Used to restrict or limit the use of a drug product based on prior or concurrent therapy with another product(s). Essentially, the product cannot be dispensed unless another product has been used previously or continuously. schedule that was used to adjudicate the claim. A CT schedule restricts or allows a claim to be covered based on prior or existing drug consumption. Refer to the Plan help system for more information on the purpose and creation of CT schedules.
109	Plan	Contribution Accum Code	MXF4C5	Char	10	Contribution Accumulation Code Used
110	Plan	Contribution Amount	MXCKP2	Dec	9,2	This field is for future use. It is intended to capture the fee or cost related to a member specific account such as a flexible spending account or HAS (health savings account).
111	Plan	Contribution Basis	MXFBSU	Char	2	Contribution Basis related to a Health Savings Account.
112	Plan	Contribution Flag	MXFCSU	Char	1	Contribution Flag related to a Health Savings Account.
113	Plan	Contribution Sched Used	MXF3C5	Char	10	Contribution Schedule Used related to a Health Savings Account.

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Field	Category	Field Description	Synon	Data Type	Length	Description
114	Plan	Deductible Flag	MXE3SU	Char	1	Flag indicating if the member's deductible has been met with this transaction. X = Indicates that the deductible has been met, otherwise the field is populated with spaces.
115	Plan	Drug Status Table	MXO1C7	Char	13	ID of the drug status table that altered the drug status on a claim based on one or more pieces of criteria, such as the product's Multi-Source Code or the submitted PSC (Product Selection Code). A drug status table is attached to a GPI record on a Plan GPI List. Refer to the Plan help system for more information on the purpose and creation of drug status tables.
116	Plan	DUR Flag	MXEUSU	Char	1	Future use field. Member DUR Process Flag
117	Plan	DUR Key	MXWSTX	Char	18	Member DUR Key. RxCLAIM® unique patient identifier. This field is optional and does not have any base system functionality and is primarily used as a reporting field.
118	Plan	Elig Clarification Code	MXEXSU	Char	1	This code indicates if the member is a dependent, a student, or a disabled person. Some plans provide different coverage for these individuals.
119	Plan	Fam Accum Lifetime BenMax	MXB9BL	Dec	9,2	The member's Family Accumulated Lifetime Benefit Max as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
120	Plan	Fam Accumulated BenMax	MXCCBL	Dec	9,2	The member's Family Accumulated Benefit Max as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
121	Plan	Fam Accumulated OOP	MXBUBL	Dec	9,2	The member's Family Accumulated Out-of-pocket as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
122	Plan	Fam PTD Acc Ded Amt	MXBSBL	Dec	9,2	The total Family Accumulated Deductible, Period to Date as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
123	Plan	Fam Rem Deductible Amt	MXB6BL	Dec	9,2	The member's Family Remaining Deductible Amount as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
124	Plan	Fam Rem Lifetime Ben Max	MXCABL	Dec	9,2	The member's Family Remaining Lifetime Benefit Max Amount as calculated within the RxCLAIM adjudication engine as of the time of the transaction.

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(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
125	Plan	Fam Remaining BenMax	MXCEBL	Dec	9,2	The member's Family Remaining Benefit Max as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
126	Plan	Fam Remaining OOP	MXBWBL	Dec	9,2	The member's Family Remaining Out-of-pocket as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
127	Plan	Form Mgmt Services Tier	MXQPSU	Char	2	Tier returned from Formulary Mgmt Services (RxBUILDER Formulary and Benefit List)
128	Plan	Form Mgt Svcs Default Ind	MXQQSU	Char	1	**Y** or **N**.If '**Y**', product was not found in an RxBUILDER Formulary and Benefit List, so RxBUILDER will return the Default Formulary Status and Tier.
129	Plan	Form Mgt Svc FormBenList	MXO2C7	Char	10	Formulary and Benefit List to be used for Formulary Management Services.
130	Plan	Form Mgt Svcs List Lvl 1	MXO3C7	Char	10	Formulary List Level 1 used to process the claim thru RxBUILDER.
131	Plan	Form Mgt Svcs List Lvl 2	MXO4C7	Char	10	Formulary List Level 2 used to process the claim thru RxBUILDER.
132	Plan	Form Mgt Svcs List Lvl 3	MXO5C7	Char	10	Formulary List Level 3 used to process the claim thru RxBUILDER.
133	Plan	Form Mgt Svcs Process Cd	MXO6C7	Char	2	Process code indicating the Formulary and Benefit List was found in RxBUILDER. **00** – Successful (other value) – Failed
134	Plan	Form Mgt Svcs Rule ID	MXO7C7	Char	10	Rule ID that matched the claim product.
135	Plan	Form Mgt Svcs Rule Set ID	MXO8C7	Char	10	Rule Set ID used to process the claim thru RxBUILDER.
136	Plan	Form Mgt Services Status	MXQRSU	Char	2	Formulary Status returned from Formulary Management Services (RxBUILDER Formulary and Benefit List)

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
137	Plan	Formulary Flag	MXT7C1	Char	1	Y/N Flag that indicates if the drug is on the formulary list. The following is the logic for determination of formulary flag. Set to "Y" when any one of the following conditions have been met: 1. PLANDRUGST = "3", "5", "6", "C", "F", "H", "K", "O", "Q", "S", X", "Y" or "Z" 2. PLANDRUGST = "A" and PSC = "1" 3. PLANDRUGST = "D" and PSC = "1" or "5" 4. PLANDRUGST = "E" and PSC = "1" 5. PLANDRUGST = "I" and PSC = "1" or "5" 6. PLANDRUGST = "J" and PSC = "1" 7. PLANDRUGST = "U" and PSC = “5” Set to "N" when any one of the following conditions have been met: 1. PLANDRUGST = "4", "7", "B", "G", "L", "N", "P", "R", "T", "V", "W" 2. PLANDRUGST = "A" and PSC not = "1" 3. PLANDRUGST = "D" and PSC not = "1" and not = "5" 4. PLANDRUGST = "E" and PSC not = "1" 5. PLANDRUGST = "I" and PSC not = "1" and not = "5" 6. PLANDRUGST = "J" and PSC not = "1" 7. PLANDRUGST = "U" and PSC not = "5"
138	Plan	Formulary Protocol Flag	MXZVST	Char	1	If Plan Drug Status field = in ('f','g','F' ,'H','K','S','5','6') this field will be set to Y. Otherwise the value will be set to N.
139	Plan	GPI List Qualifier	MXO9C7	Char	10	Allows Submitted Schedule processing to filter on a list that carries a specific GPI List Qualifier.
140	Plan	Group Client Benefit Code	MXF8C5	Char	10	Client-defined field commonly used to describe the plan parameters by a code, which references some other client-specific information. The code would be transmitted with eligibility. Can be used for Deduct / Max Limits.
141	Plan	GROUPSIC	MXBLU1	Char	4	The Standard Industrial Classification (SIC). This is a four-digit code assigned by the U.S. government to business establishments to identify the primary business of the establishment. This currently is a 4 digit free form field used as a reporting attribute.
142	Plan	HSA Extract Flag	MXLZSU	Char	1	Catamaran savings account extract indicator.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
143	Plan	Ind Accum BenMax	MXCBBL	Dec	9,2	The member's Individual Accumulated Benefit Max as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
144	Plan	Ind Accum Lifetime BenMax	MXB7BL	Dec	9,2	The member's Individual Accumulated Lifetime Benefit Max as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
145	Plan	Ind Accum OOP	MXBVBL	Dec	9,2	The member's Individual Accumulated Out-of-pocket as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
146	Plan	Ind PTD Acc Ded Amt	MXBRBL	Dec	9,2	Accumulated Deductible Amount, Period to Date as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
147	Plan	Ind Rem Deduct Amt	MXB5BL	Dec	9,2	The member's Individual Remaining Deductible Amount as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
148	Plan	Ind Rem Lifetime Ben Max	MXB8BL	Dec	9,2	The member's Individual Remaining Lifetime Benefit Max as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
149	Plan	Ind Remain BenMax	MXCDBL	Dec	9,2	The member's Individual Remaining Benefit Max as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
150	Plan	Ind Remaining OOP	MXBTBL	Dec	9,2	The member's Individual Remaining Out-of-pocket as calculated within the RxCLAIM adjudication engine as of the time of the transaction.
151	Plan	Maintenance GPI List	MXQSSU	Char	1	Indicator identifying if a Maint GPI List exists with GPIs on it as Maintenance Products. Values include: **X** = indicates Maint GPI List exists with GPIs on as Maintenance Products. (blank) = Maint GPI List does not exist.
152	Plan	MED FFP Ind - MS Status	MXLOSU	Char	1	Federal Financial Participation rebate type. This field will contain a 1 if the transaction utilized the following status: **MS = Medical Supply**: Depending on the value in the **Indicator** field, product either is or is not a medical supply that may be covered by state programs at the state's discretion, but product is exempt from OBRA rebate provisions.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
153	Plan	MED FFP Ind - PX Status	MXLPSU	Char	1	Federal Financial Participation rebate type. This field will contain a 1 if the transaction utilized the following status: **PX = Permitted Exclusion**: Depending on the value in the **Indicator** field, product either is or is not in a category that can be excluded from state coverage at the state's discretion.
154	Plan	MED FFP Ind - RM Status	MXLQSU	Char	1	Federal Financial Participation rebate type. This field will contain a 1 if the transaction utilized the following status: **RM = Rebate Manufacturer**: Depending on the value in the **Indicator** field, labeler (NDC 5) either is or is not participating in the CMS rebate program.
155	Plan	NDC List Qualifier	MXPAC7	Char	10	Allows Submitted Schedule processing to filter on a list that carries a specific NDC List Qualifier.
156	Plan	Out of Period Rev Flag	MXE6SU	Char	1	Future Use
157	Plan	Out of Pocket Max Flag	MXE5SU	Char	1	Flag field indicating whether the member's out of pocket maximum has been met. X = Indicates that the maximum has been met, otherwise the field is populated with spaces.
158	Plan	Phr Copay Sched Name	MXIYC7	Char	10	The ID of the attached copay schedule from which additional/alternate patient pay calculations are performed.
159	Plan	Phr Copay Sched Step#	MXJPNC	Dec	2,0	The step # (tier) in the corresponding copay schedule from which additional/alternate patient pay calculations are performed.
160	Plan	Phr Drg Cost Sched ID	MXIZC7	Char	13	The ID and name of the drug cost schedule that defines the criteria that will calculate the cost of a product on a claim
161	Plan	Phr Drg Cost Sched Seq	MXJQNC	Dec	3,0	The sequence number associated with the ID and name of the drug cost schedule that defines the criteria that will calculate the cost of a product on a claim
162	Plan	Phr Drg Cst Comp Sch Seq	MXJRNC	Dec	3,0	Indicates the sequence associated with the drug cost comparison schedule referenced.
163	Plan	Phr Drg Cst Comp Sched	MXI0C7	Char	14	A drug cost comparison schedule is attached to the drug cost schedule to determine which drug costs will be calculated in the comparison.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
164	Plan	Phr Network GPI List	MXIWC7	Char	10	Pharmacy Network GPI Lists allow you to set the following restrictions: • Limit the products that pharmacies within a network can dispense. • Assign special pricing to products dispensed by a pharmacy within a network. This field captures the name of the selected Pharmacy Network GPI List.
165	Plan	Phr Network NDC List	MXIXC7	Char	10	Pharmacy Network NDC Lists allow you to set the following restrictions: • Limit the products that pharmacies within a network can dispense. • Assign special pricing to products dispensed by a pharmacy within a network. This field captures the name of the selected Pharmacy Network NDC List.
166	Plan	Phr Pat Sched Table	MXI1C7	Char	13	Name of the patient pay schedule. This description commonly describes, in a condensed format, the details of the patient pay calculations therein.
167	Plan	Phr Patient Sched Name	MXI2C7	Char	10	The ID of the client patient pay schedule that calculates Phr amounts within the pharmacy patient pay schedule.
168	Plan	Phr Price Table Sched	MXI3C7	Char	13	The table name associated with the Clt Price
169	Plan	Phr Rate	MXHHP2	Dec	5,2	Stores the rate percentage information used at the time a claim adjudicates so it's available to client's proprietary system.
170	Plan	Phr Rtl/Mail Sched ID	MXI4C7	Char	10	ID of the price schedule that is used in the RxCLAIM system to determine the final patient pay for members who are eligible for mail/retail pricing.
171	Plan	Plan Code	MXAECD	Char	10	Member Plan code attached to the member at the time the claim was adjudicated. Plans are typically attached at the group level to define the benefits that members are eligible to receive for prescriptions. The Plan can tie the benefits, products and pricing together.
172	Plan	Plan Code Final	MXE1C3	Char	10	The final plan or benefit design code that was used to pay the claim.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
173	Plan	Plan Type	MXPBC7	Char	8	Describes the type of plan (e.g., commercial, Medicare Part D, etc.). Plan types do not affect adjudication; they are simply used to categorize or further describe the type of plan. Some clients have third party software that will retrieve this value from NCPDP field 524-FO on the claim response and then use it to alert the pharmacy that a claim is a Part D claim.
174	Plan	Plan Drug Status	MXZYST	Char	1	The status of the drug on the plan. Examples: A = Formulary, paid non-formulary with a message B = No Prescription Drug Benefit C = Paid non-formulary with a message F = Formulary G = Paid non-formulary with out a message H = Captured Claim K = Formulary do not apply to deductible or benefit max L = Non-Formulary do not apply to deductible or benefit max M = Message attached N = Non-Formulary Reject O = Override P = Prior Authorization R = Reject S = Formulary no deductible or benefit accumulation T = Non-formulary no deductible or benefit accumulation Code usage varies by client for an exhaustive list see RxCLAIM®.
175	Plan	Plan Final Effective Date	MXIYHK	Dec	8,0	This field captures the effective date of the final plan code that was used to adjudicate the transaction.
176	Plan	Plan Final Price Schedule	MXUIC1	Char	10	This field previously contained information that was identical to that found in the Phr Price Schedule field.
177	Plan	Plan Formulary	MXLRSU	Char	1	Not being populated within RxCLAIM. Future Use.
178	Plan	Plan GPI List	MXUHC1	Char	10	GPI list associated with the plan that adjudicated the claim.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
179	Plan	Plan Group Code	MXBQU1	Char	10	Plan code attached to the group at the time the claim was adjudicated. Plans are typically attached at the group level to define the benefits that members are eligible to receive for prescriptions. The Plan can tie the benefits, products and pricing together.
180	Plan	Plan NDC List	MXUGC1	Char	10	NDC list associated with the plan that adjudicated the claim.
181	Plan	Plan Pref GPI List Name	MXI5C7	Char	10	The Plan Preferred GPI List Name. The Preferred GPI List helps pharmacies locate a preferred product when they select a non-preferred product. These lists also are used to send messages to a pharmacy about a drug's preferred or non-preferred status by either alerting the pharmacy to the preferred product or by thanking them for selecting the preferred product.
182	Plan	Plan Pref NDC List Name	MXI6C7	Char	10	The Plan Preferred NDC List Name. The Preferred NDC List Name helps pharmacies locate a preferred product when they select a non-preferred product. These lists also are used to send messages to a pharmacy about a drug's preferred or non-preferred status by either alerting the pharmacy to the preferred product or by thanking them for selecting the preferred product.
183	Plan	Plan Qualifier	MXBNU1	Char	10	The Plan Qualifier assists in defining a benefit formulary or other attributes with a benefit plan. Some clients use a qualifier attached to plans for rebates. A plan qualifier is used for reference and reporting purposes only. It does not affect adjudication. Codes and meanings are defined by client.
184	Plan	Pref Product Sched ID	MXI7C7	Char	10	Preferred Product Schedule ID. The schedule allows you to attach one or more lists to a Part D master profile. A single schedule can be attached to several Part D master profiles. Part D master profiles are used for the www.medicare.gov cost comparison website.
185	Plan	Price Basis Schedule	MXPCC7	Char	10	The name of the price basis schedule. Clients can reimburse pharmacies at different percentages based on days supply. Price basis schedules accommodate these incremental reimbursement amounts.
186	Plan	Prior Auth Nbr	MXEKC3	Char	11	Value indicating that a prior authorization or medical certification occurred. If one is not on file, use submitted value.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
187	Plan	Prod Preferred List ID	MXI8C7	Char	10	Product Preferred List ID. In Medicare Part D preferred product lists contains a client's true formulary (preferred drugs).
188	Plan	Product Reimbursement Ind	MXLSSU	Char	1	Product Reimbursement Indicator. This field differentiates products that are treated as generics by the payers even if the item is a brand name drug.
189	Plan	Provider Lock ID	MXUNC1	Char	15	The provider or pharmacy the member is locked into at the time the claim was adjudicated.
190	Plan	Provider Lock Qualifier	MXLTSU	Char	1	Indicates the type of pharmacy restriction. This field contains one of the following values: • **E=Exclusive/Override Only**: The pharmacy indicated in RxCLAIM overrides the plan edits for pharmacy. If the claim is from a pharmacy indicated in this edit, then it will be rejected. If the claim is from a pharmacy other than what is specified, then the plan edits will be referenced. • **I=Inclusive/Override Only**: The pharmacy indicated in RxCLAIM overrides the plan edits for pharmacy. If the claim is for any pharmacy other than what is indicated in this edit, then it will be rejected. The pharmacy records on plan are not referenced if this qualifier is used. • **S=Standard Inclusive**: If the pharmacy on the selected member's claim is not indicated in RxCLAIM, then the plan's pharmacy edits (Pharmacy Network) will be used to determine whether the pharmacy is allowed.
191	Plan	Regional Disaster Ovrd	MXPDC7	Char	10	ID of the regional disaster override table that was used to process this claim. Regional disaster override tables are region-based records that allow certain plan edits to be bypassed during events such hurricanes or floods, where members need immediate replacement of their medications perhaps before their usual refill date has occurred. If the member's claim criteria meets the criteria in a regional disaster override table, but the claim was originally going to pay even without the edit bypasses in the table, then the regional disaster override table will not be used and this Override Table field will be blank.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
192	Plan	Reimbursement Flag	MXZTST	Char	1	RxCLAIM® assigned type of payee. Potential values: M = Member P = Pharmacy
193	Product	Specialty Flag	MXLXSU	Char	1	Specialty benefits allow for prescription coverage to be altered from the standard plan benefits. This flag indicates that the client's plan was set up to allow this product to be covered only when filled at certain pharmacies. Potential values are Y, N and Blank.
194	Product	Specialty Program	MXJDC7	Char	10	A specialty program includes a list of specialty schedules in order of processing. If the claim does not match up with the criteria on a schedule, then the specialty schedule on the next lowest sequenced program record is examined, and so on.
195	Product	Specialty Schedule	MXJCC7	Char	10	The specialty schedule limits certain products to be covered only when filled by certain pharmacies. Specialty schedules help plan administrators alter prescription coverage from the standard plan benefits. Specialty schedules are attached to a specialty program.
196	Plan	Tier Value	MXJSNC	Dec	2,0	Tier value provides functionality whereby a client may identify on a transaction the tier of the product based on that product's details within the Preferred Product Schedule in RxCLAIM. Valid values are integer values 0 - 99 as assigned by the client.
197	Plan	Transition Ben Ovrd Sch	MXPEC7	Char	10	ID of the transitional benefit override schedule that was used during adjudication of the selected claim. Transitional benefits allow a Part D claim drug status to be altered for a specified grace period. Transitional benefit override schedules can be attached at the plan level or to a Plan NDC List or a Plan GPI List.
198	Plan	Workers Comp Alt Prd Code	MXFSC5	Char	13	Submitted Alternate Product Code
199	Plan	Workers Comp Alt Prd Type	MXE1SU	Char	1	Submitted Alternate Product Type. Valid values are: *BLANK = Blank 0 = Not Specified 1 = UPC Code 2 = HRI Number

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
200	Prescriber	Prescriber DEA ID	MXI9C7	Char	15	The corresponding DEA ID associated with the Submitted Prescriber ID. The standard DEA ID is 9 characters. However, RxTRACK includes at least one extra character indicating licensing at the end of the standard DEA ID. When building queries, to match this field against a standard 9-character DEA ID, use LEFT(MXI9C7, 9).
201	Prescriber	Prescriber ID Sbm	MXEMC3	Char	15	Prescriber submitted on the pharmacy claim. (Can sometimes be DEA#. Qualify using Prescriber Id Qualifier = '12'.)
202	Prescriber	Prescriber ID Qualifier	MXUBC1	Char	2	The Code qualifying the type of Prescriber ID submitted. Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) Number 13=State Issued 14=Plan Specific 99=Other
203	Prescriber	Prescriber NPI	MXJAC7	Char	10	The corresponding NPI associated with the Submitted Prescriber ID
204	Prescriber	Prescriber Name First	MXEOC3	Char	15	The prescriber's first name as indicated within the NCPDP information contained within the RxCLAIM system. If a prescriber match is found in the prescriber table, list first name.
205	Prescriber	Prescriber Middle Initial	MXMZU1	Char	1	The prescriber's middle initial as indicated within the NCPDP information contained within the RxCLAIM system. If a prescriber match is found in the prescriber table, list first name.
206	Prescriber	Prescriber Name Last	MXENC3	Char	25	The prescriber's first name as indicated within the NCPDP information contained within the RxCLAIM system. If prescriber match is found in the prescriber table, list last name.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
207	Prescriber	Prescriber Spec Code	MXEPC3	Char	6	Prescriber Specialty Code, either user-defined or loaded from the NTIS Prescriber Load, as stored in the Prescriber Specialty File (RCPSPP).
208	Prescriber	Prescriber Spec Code Qual	MXLUSU	Char	3	Prescriber Specialty Code Qualifier. A prescriber may have a specialty, which is a field of medicine in which the prescriber concentrates (e.g., urology, pediatrics, psychiatry, gynecology, geriatrics).
209	Prescriber	Prescriber Network ID	MXRACD	Char	6	Groups prescribers together into prescriber networks. Prescriber networks are used to restrict which prescribers a member may go to for treatment by attaching these networks to plans. Plans also attach special pricing or copays to prescriber networks to offer alternative benefits for members who use a select group of prescribers. A prescriber network may be attached to an unlimited number of plans. A plan can be attached to an unlimited number of prescriber networks. Furthermore, unlike pharmacy networks, prescriber networks do not have to be carrier-owned.
210	Prescriber	Prescriber State	MXQUSU	Char	3	Standard state /province code as defined by appropriate government agency.
211	Prescriber	Prim Presc Mid Initial	MXG9U1	Char	1	The primary prescriber's middle initial as indicated within the eligibility information contained within the RxCLAIM system. If prescriber match is found in the prescriber table, list middle initial.
212	Prescriber	Prim Presc Name First	MXESC3	Char	15	The primary prescriber's first name as indicated within the eligibility information contained within the RxCLAIM system. If prescriber match is found in the prescriber table, list first name.
213	Prescriber	Prim Presc Name Last	MXERC3	Char	25	The primary prescriber's last name as indicated within the eligibility information contained within the RxCLAIM system. If prescriber match is found in the prescriber table, list last name.
214	Prescriber	Prim Presc Spec Code	MXETC3	Char	6	The primary prescriber's specialty code as indicated within the eligibility information contained within the RxCLAIM system. If prescriber match is found in the prescriber table, list specialty code
215	Prescriber	Prim Prescriber Id	MXF9C5	Char	15	The primary prescriber's Physician ID as indicated within the eligibility information contained within the RxCLAIM system. If prescriber match is found in the prescriber table, list prescriber ID.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
216	Prescriber	Prim Prescriber Sbm	MXEQC3	Char	15	This field lists the member's primary care physician listed on the member eligibility record when the claim is submitted, else use Sbm Primary Prescriber.
217	Prescriber	Prim Prescriber State	MXQVSU	Char	3	Location address code assigned to the prescriber as identified in the National Provider System (NPS).
218	Prescriber	Submitted Pharmacist ID	MXPFC7	Char	16	The pharmacy's ID number. The Pharmacy: Qualifier field, defined above, determines the type of ID number. If the NPI is submitted but that is not the primary pharmacy ID, then cross-referencing will match the NPI that was submitted to the primary pharmacy ID on the Pharmacy Detail screen. Then the Claim Transaction Detail screen will display the primary pharmacy ID. The submitted claim information will still contain the NPI ID if that was the ID that was actually submitted. A single NPI can be assigned to more than one pharmacy record, where both records represent the same pharmacy, but one record is the pharmacy's State ID record and the other record is the pharmacy's NCPDP ID record. To accommodate this issue of one single NPI occurring on multiple pharmacy records, the record used will be the one where the pharmacy ID is equal to the NCPDP ID. If the submitted NPI is associated with more than one NCPDP ID, then the fill date of the claim is used to determine which pharmacy record should be used. This is because the same NPI is assigned to more than one pharmacy during the same date range.
219	Prescriber	Submitted Pharmacist Qual	MXQWSU	Char	2	Indicates the type of ID number for the pharmacy in the ID field below. Select from a list of values. If the NPI is submitted but that is not the primary pharmacy ID, then cross-referencing will match the NPI that was submitted to the primary pharmacy ID on the Pharmacy Detail screen. Then the Claim Transaction Detail screen will display the primary pharmacy ID. The submitted claim information will still contain the NPI ID if that was the ID that was actually submitted
220	Product	Adj Medispan Prod Flag	MXL6SU	Char	1	The adjusted Medispan product flag.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
221	Product	AHFS Code	MXTXC1	Char	8	The American Hospital Formulary Service (AHFS) classification of the product associated with the transaction.
222	Product	ANDA Flag	MXL0SU	Char	1	The ANDA Flag indicates if there is an Abbreviated New Drug Application Number associated with this External Drug Identifier.
223	Product	ANDA Override Flag	MXL1SU	Char	1	Carrier-defined ANDA flag that overrides the ANDA flag value on the product record. A carrier-defined ANDA override only is applicable on Medicare Part D claims, not on commercial claims. This value is stored on a product record. (SR 21619). This override flag can be one of the following values: * = No Override N =N Not ANDA: Process the claim as if the product does not have an ANDA on file. Y = ANDA: Process the claim as if the product has an ANDA on file.
224	Product	Benchmark Unit Cost	MXIOP2	Dec	13	The benchmark unit cost.
225	Product	BLA Flag	MXL2SU	Char	1	The BLA Flag indicates if there is a Biologic License Application Number associated with this External Drug Identifier.
226	Product	BLA Override Flag	MXL3SU	Char	1	Carrier-defined BLA code that overrides the BLA flag value on the product record (RCDAS file). (SR 25142) This override flag can have one of the following values: * = No Override 0 = Not BLA: Process the claim as if the product does not have an BLA on file. 1 = BLA: Process the claim as if the product has a BLA on file.
227	Product	Brand/Tradename Flag	MXUPST	Char	1	Flag denoting brand name code as defined by Medi-Span. T = Trademark B = Branded generic name G = Generic name
228	Product	Compound Cde	MXD0C3	Char	1	Submitted compound code: 0 not specified 1 not a compound 2 a compound.
229	Product	Compound Type Sbm	MXQXSU	Char	2	Clarifies the type of compound.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
230	Product	DAW/PSC	MXD1C3	Char	1	Code that reflects whether or not a substitution was allowed. Ø=No Product Selection Indicated-This is the field default value. It is used for prescriptions where product selection is not an issue. Examples include prescriptions written for single source brand products and prescriptions written using the generic name and a generic product is dispensed. 1=Substitution Not Allowed by Prescriber-This value is used when the prescriber indicates that the product is to be Dispensed As Written. 2=Substitution Allowed-Patient Requested Product Dispensed-This value is used when the prescriber has indicated that generic substitution is permitted and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources. 3=Substitution Allowed-Pharmacist Selected Product Dispensed-This value is used when the prescriber has indicated that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed. This can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources. 4=Substitution Allowed-Generic Drug Not in Stock-This value is used when the prescriber has indicated that generic substitution is permitted and the brand product is dispensed since a currently marketed generic is not stocked in the pharmacy. This situation exists due to the buying habits of the pharmacist, not because of the unavailability of the generic product in the marketplace. 5=Substitution Allowed-Brand Drug Dispensed as a Generic-This value is used when the prescriber has indicated that generic substitution is permitted and the pharmacist is utilizing the brand product as the generic entity. 6=Override-This value is used by various claims processors in very specific instances as defined by Catamaran. 7=Substitution Not Allowed-Brand Drug Mandated by Law-This value is used when the prescriber has indicated that generic substitution is permitted but prevailing law or regulation prohibits the substitution of a brand product even though generic versions of the product may be available in the marketplace. 8=Substitution Allowed-Generic Drug Not Available in Marketplace-This value is used when the prescriber has indicated that generic substitution is permitted and the brand product is dispensed since the generic is not currently manufactured, distributed, or is temporarily unavailable. 9=Other-This value is reserved and currently not in use. NCPDP does not recommend use of this value at the present time.
231	Product	DDID	MXAZNB	Dec	6,0	Medi-Span's drug description identifier of the product associated with the transaction.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
232	Product	Dosage Form	MXFDC3	Char	4	The dosage form of the drug. Examples of the codes used: Example values: AEPB=Arsl Pwdr-Breath Activate AERB=Aerosol, Breath Activated AERO=Aerosol AERP=Aerosol, powder AERS=Aerosol, solution BAR=Bar For a more exhaustive list and codes used in your system, query the RxCLAIM® System or reference a MEDI-SPAN manual.
233	Product	Drug 3rd Party Exception	MXFGC3	Char	1	Third party restriction code is a MEDI-SPAN grouping of drugs by general categories to simplify formulary exclusions. Examples: Blank = None 1 = Insulin 2 = Oral Contraceptives 3 = Surgical Supply/Medical Device/Ostomy 4 = Blood Component 5 = Diagnostic Agent 6 = General Anesthetic 7 = Fertility Drugs 8 = Anorexic, Anti-obesity 9 = Multiple Vitamin* A = Used For HIV Infection B = Bulk Chemicals C = Cosmetic Alteration Drugs D = Antidepressants F = Multiple Vitamin with Fluoride For a more exhaustive list and for codes used in your system, query the RxCLAIM® System or reference a MEDI-SPAN manual.
234	Product	Drug Admin Route HITSB	MXPGC7	Char	11	This is an override to the “default” route referenced for the product. For a multi-ingredient compound, it is the route of the complete compound mixture.
235	Product	Drug Class	MXTWC1	Char	4	Stores the first four (least specific) digits of the GPI (Generic Product Identifier) number.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
236	Product	Drug DEA Code	MXDDEA	Char	1	DEA (Drug Enforcement Agency) class code identifies the abuse potential of federally controlled substances. The values in this field are generated from the Medi-Span Product Master file. The appropriate classes are: 1 = High abuse potential 2 = High abuse potential with severe dependence liability. 3 = Less potential abuse than 2 and moderate dependence liability. 4 = Less abuse than 3 limited dependence liability. 5 = Limited abuse potential and in some states can be directly purchased from a pharmacist.
237	Product	Drug FDA Thera Equiv	MXFIC3	Char	2	The code indicating the FDA rating of therapeutic equivalence of generic drug products to an innovator drug. The values in this field are generated from the Medi-Span Product Master File. Example values: A =Codes that begin with 'A' are considered pharmaceutically equivalent to other products. Additional letters of the code provide additional information about the FDA's evaluation. B =Codes that begin with 'B' are not considered pharmaceutically equivalent to other products. Additional letters of the code provide additional information about the FDA's evaluation.
238	Product	Drug Group	MXPACD	Char	2	Drug Group, the first two characters of the GPI (Generic Product Identifier).
239	Product	Drug Label Name	MXHAU1	Char	30	The Drug Label Name is the abbreviated brand name from the drug label + dosage form + strength. For example: ZOLOFT TAB 50MG
240	Product	Drug Maintenance Code	MXFKC3	Char	1	MEDI-SPAN general guideline flagging products as potential maintenance products. Maintenance items are flagged with an X.
241	Product	Drug Maintenance Source	MXQYSU	Char	1	The drug maintenance source.
242	Product	Drug Manufacturer	MXDGCD	Char	10	The manufacturer of the drug as listed by MEDI-SPAN.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
243	Product	Drug NDC Labeler	MXE5C3	Char	5	An NDC (National Drug Code) is made up of 11 digits. The first 5 digits identify the labeler of the drug and are referred to as the labeler code.
244	Product	Drug NDC Package	MXE7C3	Char	2	An NDC (National Drug Code) is made up of 11 digits. The last two digits identify the packaging. This often refers to the package size.
245	Product	Drug NDC Product	MXE6C3	Char	4	An NDC (National Drug Code) is made up of 11 digits. The middle 4 digits identify the product and are referred to as the product code.
246	Product	Drug Rx OTC Ind	MXFJC3	Char	1	Indicates legend Rx or over-the-counter. A code of R or S requires a prescription. A code of O or P means the product does not require a prescription. If unknown it will be blank.
247	Product	Drug Strength Metric	MXA9NB	Dec	11,3	Metric strength of the drug dispensed.
248	Product	Drug Strength UOM	MXBPU1	Char	10	The Unit of Measure associated with the product.
249	Product	Drug Subclass	MXJBC7	Char	6	Stores the first six (least specific) digits of the GPI (Generic Product Identifier) number.
250	Product	Drug Unit Dose/Use	MXFFC3	Char	1	Identifies drugs, which are packaged as Unit-of-Use or Unit-of-Dose. X = Unit-of-Dose, U = Unit-of-Use.
251	Product	FDA Flag	MXLVSU	Char	1	This field is reserved for future use.
252	Product	GCN	MXA0NB	Dec	5,0	The First Data Bank's generic coding scheme associated with the transaction.
253	Product	GCN Seq No	MXA1NB	Dec	6,0	Generic code number's field that further delineates the GCN number.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
254	Product	Gen Ind-Medi-Span	MXE9C3	Char	1	MEDI-SPAN code identifying drug products as either single or multi-source original drug products or a generic copy of the standard drug product. ‘ ‘= Blank no indicator on the drug <u>Typically considered to be Brand:</u> N = Single-source product available from one manufacturer. The drug is not available as a generic. M = Drug that is co-licensed and not available as a generic. It is considered a single source product despite multiple manufacturers. O = Original product available from multiple manufacturers. <u>Typically considered to be Generic:</u> Y = Drug product available from many manufacturers, considered generic.
255	Product	Gen Ind-Override	MXFAC3	Char	1	An override of the MEDI-SPAN indicator manually changing the coding of the drug. If no override exists, populate with the Generic Indicator field. Example an N drug, based on a Client’s plan setup could be overridden with Y code. Valid values are: *blank M Multi-Source Not Generic N Single-Source Not Generic O Original, Generics Available X Price as N Report as Y Y Generic Z O/R Gen Ind; Price as N
256	Product	Generic Name	MXXKTX	Char	60	The generic name of the product associated with the transaction.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
257	Product	GPI Number	MXWQTX	Char	14	Generic Product Indicator. A MEDI-SPAN number identifying pharmaceutically equivalent drugs. It is a 14 digit number with a hierarchy of seven subsets, each providing more specific information about the drug products. 12-xx-xx-xx-xx-xx-xx Drug Group 12-34-xx-xx-xx-xx-xx Drug Class 12-34-56-xx-xx-xx-xx Drug Subclass 12-34-56-78-xx-xx-xx Product Name 12-34-56-78-90-xx-xx Drug Name Ext 12-34-56-78-90-12-xx Dosage Form 12-34-56-78-90-12-34 Strength (Drug Label Name field)
258	Product	KDC	MXACBL	Dec	10,0	The Knowledge Base Drug Code associated with the product on the transaction.
259	Product	Medispan Carr Prd Ovrd	MXQZSU	Char	1	The Medispan carrier product override indicates whether a carrier-level maintenance designation exists. This flag can have the following values: blank = Non-Maintenance Drug. A carrier product override does not exist for the product. * = No Override. X = Maintenance Drug. Indicates the product has an override for the Maintenance field.
260	Product	NDA Flag	MXL4SU	Char	1	The NDA Flag indicates if there is a New Drug Application Number associated with this External Drug Identifier.
261	Product	NDA Override Flag	MXL5SU	Char	1	Carrier-defined NDA code that overrides the NDA flag value on the product record (RCDAS file. (SR 25142) This override flag can have one of the following values: * = No Override 0 = Not NDA: Process the claim as if the product does not have an NDA on file. 1 = NDA: Process the claim as if the product has an NDA on file.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
262	Product	Origination Code	MXE0SU	Char	1	Submitted Prescription Origin Code indicating origin of prescription. Valid values are: 0 = Not specified 1 = Written prescription 2 = Telephone prescription 3 = Electronic prescription 4 = Facimile prescription
263	Product	Product ID	MXT9C1	Char	20	The Code identifying the product associated with the transaction.
264	Product	Product ID Ql	MXT5C1	Char	2	Identifies the type of data being submitted in the Product ID field. Valid values include: 01 = Universal Product Code (UPC) 02 = Health Related Item (HRI) 03 = National Drug Code (NDC)
265	Product	Product Key	MXA4NB	Dec	9,0	Key that links the Product ID to the Product File.
266	Product	Product Name	MXXJTX	Char	70	The MEDI-SPAN Product brand name from the drug label.
267	Product	Route of Administration	MXFEC3	Char	2	Indicates how the medication's dosage form is administered. Examples: IJ = Injection IM = Intramuscular IV = Intravenous SC = Subcutaneous IN = Inhalation MT = Mouth throat NA = Nasal OP = Ophthalmic OR = Oral For a more exhaustive list and codes used in your system, query the RxCLAIM® System or reference a MEDI-SPAN manual.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
268	Product	RxNORM Code	MXPHC7	Char	10	RxNorm cross reference tables are used to link the National Library of Medicine (NLM) RxNorm terminology with Medi-Span terminology. Terminology used in RxNorm is called a "concept" because it can represent different levels of product specificity. RxNorm drug-related terminology will be mandatory both in the www.medicare.gov plan finder and also in RxEXCHANGE e-prescribing. The RxNorm Code is the identifier for the drug concept unique within the external source system (i.e. RxNorm). This value is displayed with a leading '**RX**'.
269	Transaction	ADD User Name	MXAKVN	Char	10	The ID of User that added the transaction
270	Transaction	Adjusted Claim Status	MXE9SU	Char	1	Future Use Field.
271	Transaction	BIN Number	MXTYC1	Char	6	Card Issuer ID or Bank ID Number used for network routing for claims adjudication.
272	Transaction	Care Facility Name	MXD9C3	Char	25	Proper Name of a Care Facility as Care Facility ID field may be number or abbreviation.
273	Transaction	Change Date - TCD	MXANUN	Dec	8	Date that the record was last modified.
274	Transaction	Change Time - TCD	MXO9HH	Dec	6	Time that the record was last modified
275	Transaction	CHG User Name	MXADVN	Char	10	The ID of User that changed the transaction
276	Transaction	Claim Origin Flag	MXD5C3	Char	1	Manner in which the claim was submitted. T = Electronic transaction M = Manually keyed B = Batch loaded 1 = Trial Batch 3 = Trial-Batch/DUR MSG ONLY 2 = Trial-Batch/SKIP DUR 4 = Trial-Manual 5 = Trial-Manual/SKIP DUR 6 = Trial-Manual/DUR MSG ONLY
277	Transaction	Claim Reference ID	MXBKU1	Char	30	Identifies the claim number assigned by a Worker's Compensation Program.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
278	Transaction	Claim Response Status	MXETSU	Char	1	Claim response status sent back to pharmacy that can differ from "claim status" (the status that the RxCLAIM user can see). Valid values are: A = Header information or claim reversal accepted C = Claim Captured D = Duplicate Billing P = Claim Payable R = Transaction rejected, header information unacceptable, or reversal rejected 01 = Ingredient cost paid as submitted
279	Transaction	Claim Time	MXBWTM	Dec	6,0	The time the claim was submitted to the RxCLAIM® system.
280	Transaction	Customer Location	MXDZC3	Char	2	Submitted customer location based on NCPDP standard values. ØØ=Not Specified Ø1=Home Ø2=Inter-Care Ø3=Nursing Home Ø4=Long Term/Extended Care Ø5=Rest Home Ø6=Boarding Home Ø7=Skilled Care Facility Ø8=Sub-Acute Care Facility Ø9=Acute Care Facility 1Ø=Outpatient 11=Hospice
281	Transaction	Date of Injury	MXG8DA	Dec	8,0	Submitted date on which the injury occurred. (format: YYYYMMDD)
282	Transaction	Date Original Payment	MXG9DA	Dec	8,0	Date a claim originally had a 'paid' status. (format: YYYYMMDD)
283	Transaction	Date Rev Submitted	MXDQDA	Dec	8,0	The date the reversal was submitted. (format: YYYYMMDD)
284	Transaction	Date Rx Written	MXDODA	Dec	8,0	The date the prescriber wrote the prescription. (format: YYYYMMDD)
285	Transaction	Days Supply	MXOIN1	Dec	3,0	Submitted days supply of the product associated with the transaction.
286	Transaction	Delay Reason Code	MXQ0SU	Char	2	Code to specify the reason that submission of the transactions has been delayed.
287	Transaction	Diagnosis	MXT1C1	Char	15	The submitted code which identifies the diagnosis of the patient.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
288	Transaction	Diagnosis Qual	MXT6C1	Char	2	Code qualifying the type of 'Diagnosis Code'. Blank=Not Specified Ø=Not Specified 1=International Classification of Diseases (ICD9) 2=International Classification of Diseases (ICD1Ø) 3=National Criteria Care Institute (NCCI) 4=The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED) 5=Common Dental Terminology (CDT) 6=Medi-Span Diagnosis Code 7=American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM IV) 9=Other
289	Transaction	Dispensing Status	MXULC1	Char	1	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed. Blank=Not Specified P=Partial Fill C=Completion of Partial Fill
290	Transaction	DMR Usr ID	MXBMU1	Char	10	Identifies the user that processed the DMR (Direct Member Reimbursement).
291	Transaction	External Trans Cntrl Nbr	MXM0U1	Char	30	Maximum 30-byte value that was applied to the claim one of two ways. (1) When the number was already on the claim when the claim was loaded into RxCLAIM; (2) RxCLAIM automatically generates an external number and then assigns the number to the claim when the claim is loaded or processed. If the external transaction program is specified on the TCT, then the number is assigned to all claims that are not already assigned an external transaction number.
292	Transaction	Group Number Submitted	MXG7U1	Char	15	The Submitted Group Number associated with the Transaction
293	Transaction	Incident ID	MXM1U1	Char	25	A unique identifier for the member's incident. Incidents can be stored on a member's record. Incidents are usually Worker's compensation issues.
294	Transaction	Manual Claim Tracking Dte	MXCCHK	Dec	8,0	The submitted date associated with a manual claim.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
295	Transaction	Manual Claim Tracking Nbr	MXGAC5	Char	14	The unique tracking number associated with the tracking number.
296	Transaction	Mbr Medicare Cov From Dte	MXCBHK	Dec	8,0	This is a submitted value containing the members Medicare coverage from date.
297	Transaction	Medicaid Agency Number	MXO3U1	Char	15	Number assigned by processor to identify the individual Medicaid Agency or representative.
298	Transaction	Medicaid ID Number	MXPIC7	Char	20	A unique member identification number assigned by the Medicaid Agency.
299	Transaction	Medicaid Indicator	MXQ1SU	Char	2	Two character State Postal Code indicating the state where Medicaid coverage exists.
300	Transaction	MedicaidSubrogrationTCN	MXO4U1	Char	20	Claim number assigned by the Medicaid Agency.
301	Transaction	Payee ID	MXJEC7	Char	12	Future Use
302	Transaction	Payer Type	MXQ2SU	Char	1	The type of payer responsible for the covering this product. This may be used with the RxCLAIM payment system to drive payment to a specific payer client. This field was needed for clients who process payment of products covered under medical benefits, as well as products covered under pharmacy benefits. This field value is defined on a product record in the Payer Type field on either the Plan NDC Detail or a Plan GPI Detail screen. A Payer Type field value on an NDC List product overrides the Payer Type field value on the GPI List product. To populate the Payer Type field on this Claim Transaction Additional Info screen, the value is retrieved from the RCCPQP claim extension file. This field can contain one of the following values: ▪ [blank] ▪ M=Medical ▪ P=Pharmacy
303	Transaction	Payment Transaction Nbr	MXF0C5	Char	6	Payment Transaction number. This field is for future use.
304	Transaction	Place of Service Sbm	MXQ3SU	Char	2	Code for Place Of Service (POS), which is the location where the member is receiving pharmacy services.
305	Transaction	Primary Prescriber Id Ql	MXEYSU	Char	2	The qualifier for the primary prescriber's id as indicated within the eligibility information contained within the RxCLAIM system.
306	Transaction	Processor	MXA2NB	Char	10	Processor ID that was used to adjudicate a transaction.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
307	Transaction	Prorated Days Supply	MXCPNC	Dec	3,0	Prorated submitted days supply of the product associated with the transaction.
308	Transaction	Prorated Quantity	MXCQNC	Dec	11,3	Prorated Quantity
309	Transaction	Refill Maximum	MXOJN1	Dec	2,0	Ø1 through 99, with 99 being unlimited refills.
310	Transaction	Refill Number	MXDYC3	Char	2	Submitted refill code, 00, 01, 02, 03, etc.
311	Transaction	Reject Code 1	MXGCC3	Char	3	The first code sent to the provider indicating the reason for adjustment or reject. Examples: ØØ (“M/I” MEANS MISSING/INVALID) Ø1 M/I BIN Ø2 M/I VERSION NUMBER Ø3 M/I TRANSACTION CODE Ø4 M/I PROCESSOR CONTROL NUMBER Ø5 M/I PHARMACY NUMBER Ø6 M/I GROUP NUMBER Ø7 M/I CARDHOLDER ID NUMBER Ø8 M/I PERSON CODE A total list of reject codes can be created by querying the RxTRACK® reference file RTRJC (Reject codes File). Each of the three reject code fields (Reject Code 1, Reject Code 2, and Reject Code 3) may be populated to reflect up to 3 simultaneous reasons for rejecting a single transaction.
312	Transaction	Reject Code 2	MXGDC3	Char	3	The second code sent to the provider indicating the reason for adjustment or reject. Each of the three reject code fields (Reject Code 1, Reject Code 2, and Reject Code 3) may be populated to reflect up to 3 simultaneous reasons for rejecting a single transaction.
313	Transaction	Reject Code 3	MXGEC3	Char	3	The third code sent to the provider indicating the reason for adjustment or reject. Each of the three reject code fields (Reject Code 1, Reject Code 2, and Reject Code 3) may be populated to reflect up to 3 simultaneous reasons for rejecting a single transaction.
314	Transaction	Reject Count	MXPDN1	Dec	2,0	The number of rejects identified that are associated with the given transaction.
315	Transaction	Rsp Plan Id	MXFWC5	Char	8	The Plan Id associated with the transaction as transmitted back to the provider.
316	Transaction	Rx Nbr	MXDXC3	Char	12	The submitted Rx number on the transaction.
317	Transaction	Rx Number Qual	MXUJC1	Char	1	Identifies the type of data being submitted in the ‘Rx Nbr’ field.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
318	Transaction	Service Level of Effort	MXUFC1	Char	2	Code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.
319	Transaction	Service Level Type	MXD2C3	Char	2	Code indicating the type of service the provider rendered. This code may entitle the provider to incentive fees. Valid values are: 00 = Not specified 01 = Patient consultation 02 = Home delivery 03 = Emergency 04 = 24 hour service 05 = Patient consultation regarding generic product selection
320	Transaction	Submsn Clarificatn Cd 1	MXPJC7	Char	2	First code indicating that the pharmacist is clarifying the submission.
321	Transaction	Submsn Clarificatn Cd 2	MXQ4SU	Char	2	Second code indicating that the pharmacist is clarifying the submission.
322	Transaction	Submsn Clarificatn Cd 3	MXQ5SU	Char	2	Third code indicating that the pharmacist is clarifying the submission.
323	Transaction	Trans Code Submitted	MXEZSU	Char	2	Submitted Transaction Code
324	Transaction	U & C Flag	MXE8SU	Char	1	The U & C flag indicates that the transaction utilized U&C pricing during the adjudication process.
325	Transaction	Version Number	MXUOST	Char	2	Code that uniquely identifies the transmission syntax.
326	Miscellaneous	Clt Defined Field 1	MXHBU1	Char	10	Catamaran Custom field designed to capture and temporarily store Client Specific custom information from RxCLAIM within RxTRACK.
327	Miscellaneous	Clt Defined Field 2	MXHCU1	Char	10	Catamaran Custom field designed to capture and temporarily store Client Specific custom information from RxCLAIM within RxTRACK.
328	Miscellaneous	Clt Defined Field 3	MXHDU1	Char	10	Catamaran Custom field designed to capture and temporarily store Client Specific custom information from RxCLAIM within RxTRACK.
329	Miscellaneous	Clt Defined Field 4	MXHEU1	Dec	9,2	Catamaran Custom field designed to capture and temporarily store Client Specific custom information from RxCLAIM within RxTRACK. This Client Defined field is in Num format.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
330	Miscellaneous	Clt Defined Field 5	MXHFU1	Dec	9,2	Catamaran Custom field designed to capture and temporarily store Client Specific custom information from RxCLAIM within RxTRACK. This Client Defined field is in Num format.
331	Miscellaneous	SXC Defined Field 1	MXGDU1	Char	15	Catamaran Custom field designed to capture and temporarily store information from RxCLAIM within RxTRACK. The Catamaran Defined fields allow us to create and provide temporary fields that will then be added to RxTRACK in future versions. This Catamaran Defined field is in Num format, intended to hold text values.
332	Miscellaneous	SXC Defined Field 2	MXGEU1	Char	15	Catamaran Custom field designed to capture and temporarily store information from RxCLAIM within RxTRACK. The Catamaran Defined fields allow us to create and provide temporary fields that will then be added to RxTRACK in future versions. This Catamaran Defined field is in Num format, intended to hold text values.
333	Miscellaneous	SXC Defined Field 3	MXGFU1	Char	15	Catamaran Custom field designed to capture and temporarily store information from RxCLAIM within RxTRACK. The Catamaran Defined fields allow us to create and provide temporary fields that will then be added to RxTRACK in future versions. This Catamaran Defined field is in Num format, intended to hold text values.
334	Miscellaneous	SXC Defined Field 4	MXG5U1	Dec	9,2	Catamaran Custom field designed to capture and temporarily store information from RxCLAIM within RxTRACK. The Catamaran Defined fields allow us to create and provide temporary fields that will then be added to RxTRACK in future versions. This Catamaran Defined field is in Num format, intended to hold financial values.
335	Miscellaneous	SXC Defined Field 5	MXA1P2	Dec	9,2	Catamaran Custom field designed to capture and temporarily store information from RxCLAIM within RxTRACK. The Catamaran Defined fields allow us to create and provide temporary fields that will then be added to RxTRACK in future versions. This Catamaran Defined field is in Num format, intended to hold financial values.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

<table>
<tr><th>Field</th><th>Category</th><th>Field Description</th><th>Synon</th><th>Data Type</th><th>Length</th><th>Description</th></tr>
<tr><td>336</td><td>Measure</td><td>Claim Counter</td><td>MXN2N1</td><td>Dec</td><td>1,0</td><td>This field contains logic that allows for the counting of Net Paid Claims. This field assigns a Num value (either 0, 1, or –1) to each transaction based on the transaction's claim status:

Example Values:
P=1
X=-1
R=0
C=1
Z=-1

Applying a SUM function to this field when reporting allows for the calculation of Net Paid Claims. Example:

<table>
<tr><th>Claim #</th><th>Claim Seq Number</th><th>Claim Status</th><th>Drug Label Name</th><th>Net Claim Counter</th></tr>
<tr><td>1001</td><td>999</td><td>R</td><td>PAXIL</td><td>0</td></tr>
<tr><td>1001</td><td>998</td><td>P</td><td>PAXIL</td><td>1</td></tr>
<tr><td>1001</td><td>998</td><td>X</td><td>PAXIL</td><td>-1</td></tr>
<tr><td>1001</td><td>997</td><td>P</td><td>PAXIL</td><td>1</td></tr>
<tr><td>SUM</td><td></td><td></td><td></td><td>1</td></tr>
</table>
</td></tr>
<tr><td>337</td><td>Measure</td><td>Generic Counter</td><td>MXA6NB</td><td>Dec</td><td>1,0</td><td>Value of "1" given to a generic prescription, "0" given to a brand. Using the Gen Ind-Medi-Span values as listed:
N = 0
M = 0
O = 0
Y = 1

Example: A generic claim for Flouxentine would have a claim counter value 1.

Following is the specific logic used to determine the generic counter value:

When either MUTSRCCDE or GENINDOVER = "Y" or PSC = "5"
And CLAIMSTS = "P" or "C"
Set to 1

Or CLAIMSTS = "X" or "Z"
Set to -1</td></tr>
<tr><td>338</td><td>Measure</td><td>Formulary Counter</td><td>MXA7NB</td><td>Dec</td><td>1,0</td><td>Count of net prescriptions that are on the formulary. Set to either 1 for paid, captured or -1 for paid reversed, captured reverse when Formulary Flag field is set to "Y"</td></tr>
</table>

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
339	Measure	Reduced Ingred Cost Flag	MXJTNC	Dec	1,0	Flag field that allows for the tracking of transactions where the Ingredient Cost as reported back to the pharmacy has been reduced from what was calculated within the RxCLAIM system. If the Ingredient Cost was reduced, this field will 1, otherwise 0.
340	Measure	Zero Balance Claims Flag	MXJUNC	Dec	1,0	Flag field that allows for the tracking of transactions where the Amount Due is zero. If the Amount Due equals zero, this field will be set to 1, otherwise 0.
341	Measure	AMP Unit Cost	MXHIP2	Dec	13,5	Future Use
342	Measure	ASP Unit Cost	MXHJP2	Dec	13,5	Future Use
343	Measure	AWP Unit Cost	MXONN1	Dec	13,5	The AWP (Average Wholesale Price) unit cost, used in the claim adjudication process (Medi-span, client defined, derived, etc.), at the time the claim was submitted.
344	Measure	Est Generic Savings	MXIPP2	Dec	9	The amount, not included in the Total Amount Paid, that the patient would have saved if they had chosen the generic drug instead of the brand drug.
345	Measure	Extended AWP Cost	MXHOP2	Dec	13,5	The AWP (Average Wholesale Price) unit cost times the Metric Decimal Quantity. On a reversal, this value will be negative.
346	Measure	GEAP	MXDHV1	Dec	13,5	Generic Equivalent Average Price Unit Cost (defined by Medi-Span). Only 'A' rated drugs will have a GEAP price.
347	Measure	HealthPlnFunded AssistAmt	MXIQP2	Dec	9	The amount from the health plan-funded assistance account for the patient that was applied to reduce Patient Pay Amount. This amount is used in Healthcare Reimbursement Account (HRA) benefits only. This field is always a negative amount or zero.
348	Measure	WAC	MXDIV1	Dec	13,5	The Wholesale Acquisition Cost Unit Cost as defined by Medi-Span.
349	Measure	Cost Type Unit Cost	MXBMPR	Dec	13,5	Unit cost based on the pricing applied MAC, HCFA, WAC, etc. Derived field, Approved Cost/Sbm quantity. Approved (Phr) Ingred Cost Paid / Metric Decimal Qty

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
350	Measure	Basis Cost	MXFUC5	Char	2	Code indicating the method by which the drug cost was calculated. Valid values are: 1 = AWP 2 = Local wholesaler 3 = Direct 4 = EAC 5 = Acquisition 6 = MAC 6X = Brand medically necessary 7 = Usual and customary 8 = Unit dose used on tape and diskette only 9 = Other
351	Measure	Basis of Reimbursement	MXUKC1	Char	2	Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid'. Valid values are: 00 = Not specified 01 = Ingredient cost paid as submitted 02 = Ingredient cost reduced to AWP pricing 03 = Ingredient cost reduced to AWP less x% pricing 04 = Usual and customary paid as submitted 05 = Paid lower of ingredient cost plus fees versus usual and customary 06 = MAC pricing ingredient cost paid 07 = MAC pricing ingredient cost reduced to MAC pricing 08 = Contract pricing
352	Measure	Price Qty	MXA3NB	Dec	11,3	The product quantity used by the RxCLAIM system for pricing. This is usually indicated by the prescriber on the prescription. However, if prorating, then this amount is the adjusted quantity that was adjusted to fall within the quantity limits of the plan.
353	Measure	Metric Dec Qty	MXOHN1	Dec	14,3	Identifies the exact metric quantity amount. This is the legitimate dispensed quantity. It relates to the package size and is always used for reimbursement. This value is calculated by multiplying the quantity that the pharmacy dispensed by the total quantity. Also known as Dispensed Quantity.
354	Measure	Cal Admin Fee	MXHKP2	Dec	9,2	The RxCLAIM calculated Admin Fee associated with the adjudicated transaction.
355	Measure	Cal Amt Atr to Ded	MXAOBL	Dec	9,2	The Patient Pay Amount Attributed to Deductible calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
356	Measure	Cal Amt Att Prov Ntwk Sel	MXIWP2	Dec	9	Calculated amount to be collected from the patient that is included in Patient Pay Amount that is due to the patient's provider network selection.
357	Measure	Cal Amt Attrib Cvg Gap	MXIXP2	Dec	9	Calculated amount to be collected from the patient that is included in Patient Pay Amount that is due to the patient being in the coverage gap (for example Medicare Part D Coverage Gap (donut hole)). A coverage gap is defined as the period or amount during which the previous coverage ends and before an additional coverage begins.
358	Measure	Cal Amt Attrib Proc Fee	MXIYP2	Dec	9	Calculated amount to be collected from the patient that is included in Patient Pay Amount that is due to the processing fee imposed by the processor.
359	Measure	Cal Atr to Prod Sel Amt	MXALBL	Dec	9,2	The Patient Pay Amount Attributed to Product Selection Amount calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
360	Measure	Cal Contribution	MXCNP2	Dec	9,2	This field is for future use. It is intended to capture the Calculated fee or cost related to a member specific account such as a flexible spending account or HAS (health savings account).
361	Measure	Cal Copay Amt	MXAKBL	Dec	9,2	The Total Copay Amount calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
362	Measure	Cal Cost Source	MXE2SU	Char	1	The Cost Source associated with the client defined pricing schedules/plan setup rules in RxCLAIM which will indicate where the cost was obtained, like Medi-Span, FDB, etc. The values are: F = First DataBank B = First DataBank Baseline D = First DataBank Daily M = Medi-Span P = Plan R = Redbook S = Submitted
363	Measure	Cal Disp Fee Cntrct/Reim	MXIRP2	Dec	9	The calculated informational field used when Other Payer-Patient Responsibility Amount or Patient Pay Amount is used for reimbursement. Amount is equal to contracted or reimbursable dispensing fee for product being dispensed.
364	Measure	Cal Dispensing Fee	MXAFBL	Dec	9,2	The Dispensing Fee calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
365	Measure	Cal Exce Per Bft Amt	MXAMBL	Dec	9,2	The Patient Pay Amount Attributed to Exceeding Benefit Maximum calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
366	Measure	Cal Gross Amt Due	MXAIBL	Dec	9,2	The Total Amount Due calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
367	Measure	Cal Incentive Amt	MXANBL	Dec	9,2	The Incentive Fee Amount calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
368	Measure	Cal IngrdCst Cntrct/Reim	MXISP2	Dec	9,2	The calculated informational field used when Other Payer-Patient Responsibility Amount or Patient Pay Amount is used for reimbursement. Amount is equal to contracted or reimbursable amount for product being dispensed.
369	Measure	Cal Ingredient Cost	MXAEBL	Dec	9,2	The Ingredient Cost calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
370	Measure	Cal Other Amt	MXAPBL	Dec	9,2	The Total Other Amount calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
371	Measure	Cal Other Payor Amt	MXARBL	Dec	9,2	The Other Payor Amount Recognized calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
372	Measure	Cal Pat Pay Attr PSC/BrndMXIUP 2	MXITP2	Dec	9	The calculated amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Brand product.
373	Measure	Cal Patient Paid Amt	MXAHBL	Dec	9,2	The Patient Pay Amount calculated from the client defined pricing schedules/plan setup rules in RxCLAIM. The patient pay would include copays and all other charges.
374	Measure	Cal PatPay Attr PSC/NPFrm	MXIUP2	Dec	9	The calculated amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Non-Preferred Formulary product.
375	Measure	Cal Pat Sales Tax Amt	MXIVP2	Dec	9	The calculated patient sales tax responsibility. This field is not a component of the Patient Pay Amount formula.
376	Measure	Cal Plan Sales Tax Amt	MXIZP2	Dec	9	The calculated plan sales tax responsibility. This field is not a component of the Patient Pay Amount formula.
377	Measure	Cal Professional Fee	MXAQBL	Dec	9,2	The Professional Service Fee calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
378	Measure	Cal PtPyAttrPSC/Brn dNPFrm	MXI0P2	Dec	9	The calculated amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Brand Non-Preferred Formulary product.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
379	Measure	Cal Sales Tax	MXAGBL	Dec	9,2	The Total Sales Tax calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
380	Measure	Cal Withhold Amt	MXAJBL	Dec	9,2	The Withhold Amount calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
381	Measure	Calculated Total COB Amt	MXBYBL	Dec	9,2	Calculated Total COB Amount
382	Measure	Clt Cost Source	MXZ2ST	Char	1	The Client Cost Source which will indicate where the cost was obtained, like Medi-Span, FDB, etc. The values are: F = First DataBank B = First DataBank Baseline D = First DataBank Daily M = Medi-Span P = Plan R = Redbook S = Submitted
383	Measure	Clt Cost Type	MXFXC5	Char	10	The Client Cost Type Code indicating which of the drug's price types RxCLAIM used to calculate Client Ingredient Cost pricing for the transaction. Example values: MAC = Maximum Allowable Cost AWP = Average Wholesale Price
384	Measure	Clt Cost Type Unit Cost	MXHPP2	Dec	13	Derived Unit cost based on the pricing applied MAC, HCFA, WAC, etc. This field is calculated by dividing Clt Ingred Cost Paid by Metric Decimal Quantity. If the Metric Decimal Quantity equals zero, then this field is set to zero.
385	Measure	Clt Price Type	MXFYC5	Char	10	Client Price Type used to adjudicate and apply Client over all pricing for the transaction. Since price comparison codes may compare several prices, such as submitted amount due vs. usual and customary charge, this field will indicate the final price type used. This field will contain one of the following five values: SD = Submitted Drug Cost SM = Submitted Amount Due U = Usual and Customary $ = Dollar amount indicated by the price comparison code (varies) – The value that is in the Cost Type field

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
386	Measure	Clt Pricing Flag	MXLWSU	Char	1	The Client Cost Source which will indicate where the cost was obtained, like Medi-Span, FDB, etc. The values are: F = First DataBank B = First DataBank Baseline D = First DataBank Daily M = Medi-Span P = Plan R = Redbook S = Submitted
387	Measure	Clt % Copay Amount	MXB4BL	Dec	9,2	The Client Percentage Copay Amount
388	Measure	Clt Amt Attr Cvg Gap	MXI1P2	Dec	9	Client amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient being in the coverage gap (for example Medicare Part D Coverage Gap (donut hole)). A coverage gap is defined as the period or amount during which the previous coverage ends and before an additional coverage begins.
389	Measure	Clt Amt Attr PrvdrNtwkSel	MXI2P2	Dec	9	Client amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's provider network selection.
390	Measure	Clt Amt Attr to Proc Fee	MXI3P2	Dec	9	Client amount to be collected from the patient, included in Patient Pay Amount, that is due to the processing fee imposed by the processor.
391	Measure	Clt Amt Attrb to Ded	MXKYNB	Dec	9,2	The Patient Pay Amount Attributed to Deductible (as reported to the Client).
392	Measure	Clt Atr Prod Sel Amt	MXHPVA	Dec	9,2	The Client Patient Pay Amount Attributed to Product Selection Code.
393	Measure	Clt Atr Sales Tax	MXBOBL	Dec	9,2	The Client Patient Pay amount that was attributed to Sales Tax.
394	Measure	Clt Contribution	MXCMP2	Dec	9,2	This field is for future use. It is intended to capture the Client fee or cost related to a member specific account such as a flexible spending account or HAS (health savings account).
395	Measure	Clt Copay Amt	MXHOVA	Dec	9,2	The Client Total Copay Amount
396	Measure	Clt Disp Fee Cntrctd/Reim	MXI4P2	Dec	9	The Client informational field used when Other Payer-Patient Responsibility Amount or Patient Pay Amount is used for reimbursement. Amount is equal to contracted or reimbursable dispensing fee for product being dispensed.
397	Measure	Clt Dispensing Fee	MXIFVA	Dec	9,2	The Client Dispensing Fee

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
398	Measure	Clt Due Amt	MXHLVA	Dec	9,2	**Commercial:** The Client Total Amount Due. *Typically*, amount due is calculated as follows: (Ingredient Cost + Dispensing Fee + Tax) – Patient Pay. **Medicare Part D:** The Client Total Amount Due. *For Medicare Part D claims specifically*, amount due is calculated as follows: (Ingredient Cost + Dispensing Fee + Tax + Incentive Fee) – Patient Pay. This calculation does not include LICS amount. However check your benefit setup as there is a flag that controls this value in RxCLAIM.
399	Measure	Clt Exe Per Bft Amt	MXHQVA	Dec	9,2	The Client Patient Pay Amount Attributed to Exceeding Benefit Max
400	Measure	Clt Flat Copay Amount	MXB3BL	Dec	9,2	The Client Flat Copay Amount
401	Measure	Clt Incentive Fee	MXHRVA	Dec	9,2	The Client Incentive Amount
402	Measure	Clt Ingred Cost Paid	MXIEVA	Dec	9,2	The Client Ingredient Cost
403	Measure	CltIngredCostCntrct/Reim	MXI5P2	Dec	9	The Client informational field used when Other Payer-Patient Responsibility Amount or Patient Pay Amount is used for reimbursement. Amount is equal to contracted or reimbursable amount for product being dispensed.
404	Measure	Clt Other Amt	MXDLV1	Dec	9,2	The Client administrative fee charged the provider
405	Measure	Clt Other Payor Amt	MXBQBL	Dec	9,2	The Client fee or cost attributed to a secondary Payor
406	Measure	Clt Patient Paid Amt	MXUCVA	Dec	9,2	**Commercial:** The Client Total Patient Pay Amount. The patient pay would include copays and all other charges paid by the member. **Medicare Part D:** The Client Total Patient Pay Amount. *For Medicare Part D claims specifically,* the patient pay would include copays and all other charges paid by the member and *does also* include LICS amount.
407	Measure	Clt Patient Sales Tax Amt	MXI6P2	Dec	9	The Client patient sales tax responsibility. This field is not a component of the Patient Pay Amount formula.
408	Measure	Clt Plan Sales Tax Amt	MXI7P2	Dec	9	The Client plan sales tax responsibility. This field is not a component of the Patient Pay Amount formula.
409	Measure	Clt Professional Fee	MXBPBL	Dec	9,2	The Client fee or cost for specific services rendered at the pharmacy

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
410	Measure	Clt Sales Tax Paid	MXCNCD	Dec	9,2	The Client Sales Tax
411	Measure	Clt Total COB Amount	MXBZBL	Dec	9,2	The Client Total COB Amount
412	Measure	Clt Withhold Amt	MXHNVA	Dec	9,2	The Client Amount withheld from the pharmacy
413	Measure	CltPatPayAmtAttr PSC/Brnd	MXI8P2	Dec	9	The Client amount to be collected from the patient that is included in Patient Pay Amount that is due to the patient's selection of a Brand product.
414	Measure	CltPatPayAttrPSC /NPForm	MXI9P2	Dec	9	The Client amount to be collected from the patient that is included in Patient Pay Amount that is due to the patient's selection of a Non-Preferred Formulary product.
415	Measure	CltPPyAttrPSC/Br ndNPFrm	MXJAP2	Dec	9	The Client amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Brand Non-Preferred Formulary product.
416	Measure	Phr Cost Source	MXO4N1	Char	1	The Pharmacy (Approved) Cost Source which will indicate where the cost was obtained, like Medi-Span, FDB, etc. The values are: F = First DataBank B = First DataBank Baseline D = First DataBank Daily M = Medi-Span P = Plan R = Redbook S = Submitted
417	Measure	Phr Cost Type	MXFVC5	Char	10	The Pharmacy (Approved) Cost Type Code indicating which of the drug's price types RxCLAIM used to calculate Pharmacy Ingredient Cost pricing for the transaction. Example values: MAC = Maximum Allowable Cost AWP = Average Wholesale Price

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
418	Measure	Phr Price Type	MXGOC5	Char	10	The Pharmacy (Approved) Price Type (cost + fee + tax) (as reported to the Pharmacy) used to adjudicate and apply Pharmacy overall pricing for the transaction. Since price comparison codes may compare several prices, such as submitted amount due vs. usual and customary charge, this field will indicate the final pharmacy price type used. This field will contain one of the following five values: SD – Submitted Drug Cost SM – Submitted Amount Due U – Usual and Customary $ - Dollar amount indicated by the price comparison code (varies) – The value that is in the Cost Type field
419	Measure	Phr Amt Atr Sales Tax	MXHLP2	Dec	9,2	The amount attributable to sales tax as reported to the pharmacy.
420	Measure	Phr Amt Attr PrvdrNtwkSel	MXJBP2	Dec	9	Pharmacy (Approved) amount to be collected from the patient, included in Patient Pay Amountm, that is due to the patient's provider network selection.
421	Measure	Phr Amt Attrb to Ded	MXKZNB	Dec	9,2	The Pharmacy (Approved) Patient Pay Amount Attributed to Deductible.
422	Measure	Phr Amt Attrib Cvg Gap	MXH9VA	Dec	9	Pharmacy (Approved) amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient being in the coverage gap (for example Medicare Part D Coverage Gap (donut hole)). A coverage gap is defined as the period or amount during which the previous coverage ends and before an additional coverage begins.
423	Measure	Phr Amt Attrib Proc Fee	MXCLP2	Dec	9	Pharmacy (Approved) amount to be collected from the patient, included in Patient Pay Amount, that is due to the processing fee imposed by the processor.
424	Measure	Phr Atr Prod Sel Amt	MXH9VA	Dec	9,2	The Pharmacy (Approved) Patient Pay Amount attributed to product selection.
425	Measure	Phr Contribution	MXCLP2	Dec	9,2	This field is for future use. It is intended to capture the Pharmacy (Approved) fee or cost related to a member specific account such as a flexible spending account or HAS (health savings account).
426	Measure	Phr Copay Amt	MXO0N1	Dec	9,2	The Pharmacy (Approved) Total Copay Amount
427	Measure	Phr Copay Flat $ Amt	MXHMP2	Dec	9,2	The flat copay amount as reported the pharmacy
428	Measure	Phr Copay Pct $ Amt	MXHNP2	Dec	9,2	The percentage based copay amount as reported to the pharmacy.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
429	Measure	Phr Disp Fee Cntrct/Reim	MXJEP2	Dec	9	The Pharmacy (Approved) informational field used when Other Payer-Patient Responsibility Amount or Patient Pay Amount is used for reimbursement. Amount is equal to contracted or reimbursable dispensing fee for product being dispensed.
430	Measure	Phr Dispensing Fee	MXOVN1	Dec	9,2	The Pharmacy (Approved) Dispensing Fee.
431	Measure	Phr Due Amt	MXOYN1	Dec	9,2	**Commercial:** The Pharmacy (Approved) Total Amount Due *Typically*, amount due is calculated as follows: (Ingredient Cost + Dispensing Fee + Tax+ Admin Fee for D.0 which is the incentive fee total. This is not Part D specific) – Patient Pay. **Medicare Part D:** The Pharmacy (Approved) Total Amount Due. *For Medicare Part D claims specifically*, amount due is calculated as follows: (Ingredient Cost + Dispensing Fee + Tax + Incentive Fee) – Patient Pay – LICS Amount.
432	Measure	Phr Exce Per Bft Amt	MXO5N1	Dec	9,2	The Pharmacy (Approved) Patient Pay Amount Attributed to Exceeding Benefit Max
433	Measure	Phr Incentive Amt	MXO2N1	Dec	9,2	The Pharmacy (Approved) Incentive Amount paid to a provider
434	Measure	Phr Ingred Cost Paid	MXOUN1	Dec	9,2	The Pharmacy (Approved) Ingredient Cost
435	Measure	Phr Ingred Cst Cntrct/Reim	MXJFP2	Dec	9	The Pharmacy (Approved) informational field used when Other Payer-Patient Responsibility Amount or Patient Pay Amount is used for reimbursement. Amount is equal to contracted or reimbursable amount for product being dispensed.
436	Measure	Phr Other Amt	MXIBVA	Dec	9,2	The Pharmacy (Approved) administrative fee charged the provider.
437	Measure	Phr Other Payor Amt	MXB2BL	Dec	9,2	The Pharmacy (Approved) fee or cost attributed to a secondary Payor.
438	Measure	Phr Pat Sales Tax Amt	MXJGP2	Dec	9	The Pharmacy (Approved) patient sales tax responsibility. This field is not a component of the Patient Pay Amount formula.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
439	Measure	Phr Patient Paid Amt	MXOXN1	Dec	9,2	**Commercial:** The Pharmacy (Approved) Total Patient Pay Amount. The patient pay would include copays and all other charges paid by the member. **Medicare Part D:** The Pharmacy (Approved) Total Patient Pay Amount. *For Medicare Part D claims specifically,* the patient pay would include copays and all other charges paid by the member and does *not* include LICS amount.
440	Measure	Phr PatPayAmtAttr PSC/Bmd	MXJHP2	Dec	9	The Pharmacy (Approved) amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Brand product.
441	Measure	Phr Plan Sales Tax Amt	MXJIP2	Dec	9	The Pharmacy (Approved) plan sales tax responsibility. This field is not a component of the Patient Pay Amount formula.
442	Measure	Phr Price Schedule Name	MXGGC5	Char	10	The Pharmacy (Approved) Price Schedule (as reported to the pharmacy) used to adjudicate the transaction.
443	Measure	Phr Price Schedule Table	MXGHC5	Char	10	Pharmacy (Approved) Price Schedule Table used to adjudicate the transaction. The Price Schedule Table contains the actual pricing rules for the price schedule.
444	Measure	Phr Prof Service Fee	MXB1BL	Dec	9,2	The Pharmacy (Approved) fee or cost for specific services rendered at the pharmacy.
445	Measure	Phr Sales Tax Paid	MXOWN1	Dec	9,2	The Pharmacy (Approved) Total Sales Tax
446	Measure	Phr Total COB Amt	MXBXBL	Dec	9,2	The total amount of the transaction reported under COB.
447	Measure	Phr Withhold Amt	MXOZN1	Dec	9,2	The Pharmacy (Approved) amount to be withheld from a provider.
448	Measure	PhrPatPayAmtAttrPSC/NPFrm	MXJJP2	Dec	9	The Pharmacy (Approved) amount to be collected from the patient that is included in Patient Pay Amount that is due to the patient's selection of a Brand product.
449	Measure	PhrPtPayAmtAttPSC/BrndNPF	MXJKP2	Dec	9	The Pharmacy (Approved) amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Brand Non-Preferred Formulary product.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
450	Measure	Pst Adj Amt Attr Cvg Gap	MXJLP2	Dec	9	Post Adjudication amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient being in the coverage gap (for example Medicare Part D Coverage Gap (donut hole)). A coverage gap is defined as the period or amount during which the previous coverage ends and before an additional coverage begins.
451	Measure	Pst Adj Amt Attr Proc Fee	MXJMP2	Dec	9	Post Adjudication amount to be collected from the patient, included in Patient Pay Amount, that is due to the processing fee imposed by the processor.
452	Measure	Pst Adj Dispensing Fee Contracted/Reimb Amt	MXJNP2	Dec	9	Post Adjudication informational field used when Other Payer-Patient Responsibility Amount or Patient Pay Amount is used for reimbursement. Amount is equal to contracted or reimbursable dispensing fee for product being dispensed.
453	Measure	Pst Adj Pat Sales Tax Amt	MXJOP2	Dec	9	The Client patient sales tax responsibility. This field is not a component of the Patient Pay Amount formula.
454	Measure	Pst Adj Pln Sales Tax Amt	MXJPP2	Dec	9	The Client plan sales tax responsibility. This field is not a component of the Patient Pay Amount formula.
455	Measure	Pst Amt Attrb to Ded	MXA2BL	Dec	9,2	Post Adjudication Patient Pay Amount Attributed to Deductible This field populates with the (approved) Attributed Deductible amount if the post-adjudicated field is empty. This would be the portion of the patient pay attributable to a plan deductible.
456	Measure	Pst Atr Prod Sel Amt	MXCFBL	Dec	9,2	Post Adjudication Patient Pay Amount Attributed to Product Selection. This field populates product selection amount if the post-adjudicated field is empty. This would be the portion of the patient pay attributable to a fee associated with a product selection code.
457	Measure	Pst Atr Sales Tax	MXAZBL	Dec	9,2	The Post Adjudication Patient Pay Amount Attributed to Sales Tax
458	Measure	Pst Copay Amt	MXAYBL	Dec	9,2	Post Adjudication Copay Amount

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
459	Measure	Pst Cost Source	MXA6BL	Char	1	The Post Adjudication Cost Source which will indicate where the cost was obtained, like Medi-Span, FDB, etc. The values are: F = First DataBank B = First DataBank Baseline D = First DataBank Daily M = Medi-Span P = Plan R = Redbook S = Submitted
460	Measure	Pst Dispensing Fee	MXATBL	Dec	9,2	Post Adjudication Dispensing Fee Paid. This field populates with Pharmacy (approved) dispensing fee if the post-adjudicated field is empty.
461	Measure	Pst Due Amt	MXAWBL	Dec	9,2	Post Adjudication Total Amount Due. This field populates amount due pharmacy (approved) if the post adjudicated field is empty. *Typically*, amount due is calculated as follows: (Ingred Cost + Dispensing Fee + Tax) – Patient Pay
462	Measure	Pst Exce Per Bft Amt	MXA0BL	Dec	9,2	Post Adjudication Patient Pay Amount Attributed to Exceeding Benefit Max. This field populates with the (approved) exceeding benefit amount if the post-adjudicated field is empty. Portion of patient pay from exceeding a benefit maximum.
463	Measure	Pst Incentive Amt	MXA1BL	Dec	9,2	Post Adjudication Incentive Amount. This field populates with the (approved) incentive fee if the post-adjudicated field is empty.
464	Measure	Pst Ingred Cost Paid	MXASBL	Dec	9,2	Post Adjudication Ingredient Cost. This field populates with Pharmacy (approved) ingredient cost if the post-adjudicated field is empty.
465	Measure	Pst Other Amt	MXA3BL	Dec	9,2	The Post Adjudication Total Other Amount.
466	Measure	Pst Other Payor Amt	MXA5BL	Dec	9,2	The Post Adjudication Other Payor Amount Recognized.
467	Measure	Pst Patient Paid Amt	MXAVBL	Dec	9,2	Post Adjudication Patient Pay Amount. This field populates with Pharmacy (approved) patient pay if the post-adjudicated field is empty. The patient pay would include copays and all other charges.
468	Measure	Pst Professional Fee	MXA4BL	Dec	9,2	The Post Adjudication Professional Service Fee.
469	Measure	Pst Sales Tax Paid	MXAUBL	Dec	9,2	Post Adjudication Percentage Sales Tax. This field populates with Pharmacy (approved) sales tax if the post-adjudicated field is empty.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
470	Measure	Pst Withhold Amt	MXAXBL	Dec	9,2	Post Adjudication Total Withhold Amount. This field populates Pharmacy (approved) withhold amount if the post adjudicated field is empty.
471	Measure	PstAdjAmtAttrPrvdrNtwkSel	MXJQP2	Dec	9	Post Adjudication amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's provider network selection.
472	Measure	PstAdjPatPayAttrPSC/Brnd	MXJRP2	Dec	9	Post Adjudication amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Brand product.
473	Measure	PstAdjPatPayAttrPSC/NPFrm	MXJSP2	Dec	9	Post Adjudication amount to be collected from the patient that is included in Patient Pay Amount that is due to the patient's selection of a Non-Preferred Formulary product.
474	Measure	PstIngredCntrctd/ReimAmt	MXJTP2	Dec	9	The Post Adjudication informational field used when Other Payer-Patient Responsibility Amount or Patient Pay Amount is used for reimbursement. Amount is equal to contracted or reimbursable dispensing fee for product being dispensed.
475	Measure	PstPPyAttrPSC/BrndNPFrm	MXJUP2	Dec	9	Post Adjudication amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Brand Non-Preferred Formulary product.
476	Measure	Reversal Incentive Amt	MXADBL	Dec	9,2	Reversal Submitted Incentive Amount
477	Measure	Rsp Acc Deductible	MXBLBL	Dec	9,2	The Response Accumulated Deductible Amount as communicated from the RxCLAIM system back to the pharmacy.
478	Measure	Rsp Amt Attr Cvg Gap	MXJVP2	Dec	9	Response amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient being in the coverage gap (for example Medicare Part D Coverage Gap (donut hole)). A coverage gap is defined as the period or amount during which the previous coverage ends and before an additional coverage begins.
479	Measure	Rsp Amt Attrb to Ded	MXBHBL	Dec	9,2	The Response Patient Pay Amount Attributed to Deductible as communicated from the RxCLAIM system back to the pharmacy.
480	Measure	Rsp Amt Attrib Proc Fee	MXJWP2	Dec	9	Response amount to be collected from the patient, included in Patient Pay Amount, that is due to the processing fee imposed by the processor.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
481	Measure	Rsp Atr Prod Sel Amt	MXBDBL	Dec	9,2	The Response Patient Pay Amount Attributed to Product Selection as communicated from the RxCLAIM system back to the pharmacy.
482	Measure	Rsp Atr Sales Tax	MXBEBL	Dec	9,2	The Response Total Patient Pay Amount Attributed to Sales Tax as communicated from the RxCLAIM system back to the pharmacy.
483	Measure	Rsp Copay Amt	MXBCBL	Dec	9,2	The Response Copay Amount as communicated from the RxCLAIM system back to the pharmacy.
484	Measure	Rsp Dispensing Fee	MXA8BL	Dec	9,2	The Response Dispensing Fee as communicated from the RxCLAIM system back to the pharmacy.
485	Measure	Rsp Due Amt	MXBBBL	Dec	9,2	The Response Total Amount Due as communicated from the RxCLAIM system back to the pharmacy. *Typically*, amount due is calculated as follows: (Ingred Cost + Dispensing Fee + Tax) – Patient Pay
486	Measure	Rsp Exce Per Bft Amt	MXBFBL	Dec	9,2	The Response Patient Pay Amount Attributed to Exceeding Benefit Max as communicated from the RxCLAIM system back to the pharmacy.
487	Measure	Rsp Incentive Amt	MXBGBL	Dec	9,2	The Response Incentive Amount as communicated from the RxCLAIM system back to the pharmacy.
488	Measure	Rsp Ingred Cost Paid	MXA7BL	Dec	9,2	The Response Ingredient Cost as communicated from the RxCLAIM system back to the pharmacy.
489	Measure	Rsp Other Amt	MXBIBL	Dec	9,2	The Response Total Other Amount as communicated from the RxCLAIM system back to the pharmacy.
490	Measure	Rsp Other Payor Amt	MXBKBL	Dec	9,2	The Response Other Payor Amount Recognized as communicated from the RxCLAIM system back to the pharmacy.
491	Measure	Rsp Pat Sales Tax Amt	MXJXP2	Dec	9	The Response patient sales tax responsibility. This field is not a component of the Patient Pay Amount formula.
492	Measure	Rsp Patient Paid Amt	MXBABL	Dec	9,2	The Response Patient Pay Amount as communicated from the RxCLAIM system back to the pharmacy. The patient pay would include copays and all other charges.
493	Measure	Rsp Plan Sales Tax Amt	MXJYP2	Dec	9	The Response plan sales tax responsibility. This field is not a component of the Patient Pay Amount formula.
494	Measure	Rsp Professional Fee	MXBJBL	Dec	9,2	The Response Professional Service Fee as communicated from the RxCLAIM system back to the pharmacy.
495	Measure	Rsp Rem Bft	MXBMBL	Dec	9,2	The Response Remaining Benefit Amount as communicated from the RxCLAIM system back to the pharmacy.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
496	Measure	Rsp Rem Ded	MXBNBL	Dec	9,2	The Response Remaining Deductible Amount as communicated from the RxCLAIM system back to the pharmacy.
497	Measure	Rsp Sales Tax Paid	MXA9BL	Dec	9,2	The Response Total Sales Tax as communicated from the RxCLAIM system back to the pharmacy.
498	Measure	RspAmtAttrPrvdr NtwkSel	MXJZP2	Dec	9	Response amount to be collected from the patient that is included in Patient Pay Amount that is due to the patient's provider network selection.
499	Measure	RspDispFee Cntrctd/Reim	MXJ0P2	Dec	9	The Response informational field used when Other Payer-Patient Responsibility Amount or Patient Pay Amount is used for reimbursement. Amount is equal to contracted or reimbursable dispensing fee for product being dispensed.
500	Measure	RspIngredCost Cntrctd/Reim	MXJ1P2	Dec	9	The Response informational field used when Other Payer-Patient Responsibility Amount or Patient Pay Amount is used for reimbursement. Amount is equal to contracted or reimbursable amount for product being dispensed.
501	Measure	RspPatPayAmt AttribPSC/NPF	MXJ2P2	Dec	9	The Response amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Non-Preferred Formulary product.
502	Measure	RspPatPayAmt AttrPSC/Brnd	MXJ3P2	Dec	9	The Response amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Brand product.
503	Measure	RspPatPayAttr PSC/BrndNPF	MXJ4P2	Dec	9	The Response amount to be collected from the patient, included in Patient Pay Amount, that is due to the patient's selection of a Brand Non-Preferred Formulary product.
504	Measure	Sbm Dispensing Fee	MXOQN1	Dec	9,2	The submitted dispensing fee requested by the pharmacy.
505	Measure	Sbm Gross Amt Due	MXORN1	Dec	9,2	The submitted total amount requested by the pharmacy.
506	Measure	Sbm Incentive Amt	MXDJV1	Dec	9,2	The amount that represents a fee that is submitted by the pharmacy for contractually agreed upon services.
507	Measure	Sbm Ingredient Cost	MXOON1	Dec	9,2	The submitted ingredient cost associated with the transaction.
508	Measure	Sbm Medicaid Pd Amt	MXJ5P2	Dec	9	The Medicaid Subrogation amount paid to the pharmacy.
509	Measure	Sbm Other Amt	MXDKV1	Dec	9,2	Amount representing the additional incurred costs for a dispensed prescription or service. Can be costs associated with postage, etc.

RT200 – Base Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Category	Field Description	Synon	Data Type	Length	Description
510	Measure	Sbm Other Coverage Code	MXUQC1	Char	2	Code of the other coverage that was denoted when a DMR was paid; valid values: 0=Not Specified 1=No Other Coverage 2=Exists—Payment Collected 3=Exists—Claim not Covered 4=Exists—Payment not Collected 5=Managed Care Plan Denial 6=Other Coverage Denied; Non-participating Provider 7=Exists—Not in Effect 8=Claim billing for a copay
511	Measure	Sbm Other Payor Amount	MXDSV1	Dec	9,2	The submitted amount associated with a 3rd party payor.
512	Measure	Sbm Patient Paid Amt	MXOSN1	Dec	9,2	The submitted patient paid amount as determined by the provider or pharmacy. The patient pay would include copays and all other charges.
513	Measure	Sbm Professional Srv Fee	MXB0BL	Dec	9,2	The submitted fee or cost for specific services rendered at the pharmacy
514	Measure	Sbm Sales Tax	MXOPN1	Dec	9,2	The submitted sales tax as determined by the provider or pharmacy.
515	Measure	Sbm U & C	MXOTN1	Dec	9,2	The submitted cash amount charged customers for the prescription exclusive of sales tax or postage.
516	Measure	Spending Acct Amt Remain	MXJ6P2	Dec	9	The balance from the patient's spending account after this transaction was applied.

RT270 – Claims Last Sequence File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	RxCLAIM Number	AFS5NB	Decimal	15	Every claim is assigned a unique internal number based on a time stamp the system assigns. The 15 digit number is comprised of: - Position 1 as a century code (currently 0) - Position 2 as year (9 = 1999, 0 = 2000, 1 = 2001 - Positions 3-5 Julian day - Positions 6-10 seconds of the day - Positions 11-12 represents microseconds. Positions 13-15 refer to an internal Catamaran claim engine number.
2	Carrier ID	AFUKC2	Char	9	Highest level of the Carrier/Account/Group hierarchy within the RxCLAIM system. Part of basic four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to members.
3	Claim Seq Number	AFS6NB	Decimal	3	A claim transaction number assigned within the RxCLAIM system. A transaction can be submitted and reversed multiple times. Therefore a sequence number is assigned to the RxCLAIM number. This number begins at 999 and increments downward (998, 997…etc.). Transactions with a reversal status (X or Z) do not decrement the sequence number.
4	Claim Status	AFZSST	Char	1	The claims status associated with the RxCLAIM transaction. Claim Status can be any one of the following values: P = Paid Status X = Reversal Status R = Rejected Status C = Captured Paid Status Z = Captured Reversal Status
5	Date of Service Year	AFCANC	Numeric	4.0	Date of Service Year
6	Date of Service Month	AFCBNC	Numeric	2.0	Date of Service Month
7	Date Filled Sbm	AFDMDA	Decimal	8.0	Submitted date the prescription was filled. (format: YYYYMMDD)
8	Service Provider ID	AFC9C5	Char	15	Submitted service Provider ID
9	Service Provider ID Qual	AFUAC1	Char	2	Code qualifying the service provider (Physician ID or Pharm ID).
10	Rx Nbr	AFDXC3	Char	9	The submitted Rx number on the transaction.
11	Rx Number Qual	AFUJC1	Char	1	Identifies the type of data being submitted in the ‘Rx Nbr’ field.

RT270 – Claims Last Sequence File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
12	Refill Number	AFDYC3	Char	2	Submitted refill code, 00, 01, 02, 03, etc.
13	COB Claim Ind	AFDLSU	Char	2	A flag indicating that Coordination of Benefits functionality was utilized. The valid values for this field are: 01 = primary claim 02 = secondary claim

RTCMD – Multi-Ingredient Compound Detail File

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Carrier ID	CMM8C5	Char	9	RxCLAIM® Carrier ID, alphanumeric. Part of basic four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to members.
2	Year Sbm	CMG1NC	Decimal	4	Derived from the first 4 positions of the DATESBM field on the RxCLAIM extract. Example: Submitted date in the RxCLAIM system = 20040214 (YYYYMMDD) format. Year Sbm = 2004
3	Month Sbm	CMG2NC	Decimal	2	Derived from the first 5th,6th positions of the DATESBM field on the RxCLAIM extract. Example: Submitted date in the RxCLAIM system = 20040214 (YYYYMMDD) format Month Sbm = 2
4	YearMonth Sbm	CMG3NC	Decimal	6	Derived from Year Sbm and Month Sbm. Format YYMM.
5	Account ID	CMM9C5	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the carrier to categorize their business entities.
6	Group ID	CMNAC5	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the account. Carriers use groups to further divide accounts, so that specific benefits can be assigned to each group.
7	RxCLAIM Nbr	CMG4NC	Decimal	15	Every claim is assigned a unique internal number based on a time stamp the system assigns. The 15 digit number is comprised of: ▪ Position 1 as a century code (currently 0) ▪ Position 2 as year (9 = 1999, 0 = 2000, 1 = 2001 ▪ Positions 3-5 Julian day ▪ Positions 6-10 seconds of the day ▪ Positions 11-12 represents microseconds. Positions 13-15 refer to an internal Catamaran claim engine number.
8	Claim Sequence Number	CMG5NC	Decimal	3	A claim transaction number assigned within the RxCLAIM system. A transaction can be submitted and reversed multiple times. Therefore a sequence number is assigned to the RxCLAIM number. In the RxCLAIM system, this number begins at 999 and increments downward (998, 997…etc.). RxTRACK modifies this number to increment the number upward (1,2,3…..etc.)

RTCMD – Multi-Ingredient Compound Detail File

<table>
<tr><th>Field</th><th>Field Name</th><th>Synon Name</th><th>Data Type</th><th>Field Length</th><th>Description</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>Transactions with a reversal status (X or Z) do not increment the sequence number.</td></tr>
<tr><td>9</td><td>Claim Status</td><td>CMHOSU</td><td>Char</td><td>1</td><td>The claims status associated with the RxCLAIM transaction. Claim Status can be any one of the following values:
P = Paid Status
X = Reversal Status
R = Rejected Status
C = Captured Paid Status
Z = Captured Reversal Status</td></tr>
<tr><td>10</td><td>Compound Sequence Nbr</td><td>CMG6NC</td><td>Decimal</td><td>3</td><td>A unique record number within each RxCLAIM record set that identifies the relative order of each product within the compound.</td></tr>
<tr><td>11</td><td>Date Submitted</td><td>CMFEHK</td><td>Decimal</td><td>8</td><td>Date the claim was submitted for adjudication. (format: YYYYMMDD).</td></tr>
<tr><td>12</td><td>Date Filled</td><td>CMFFHK</td><td>Decimal</td><td>8</td><td>Submitted date the prescription was filled. (format: YYYYMMDD).</td></tr>
<tr><td>13</td><td>Compound Prod ID Ql</td><td>CMNLC5</td><td>Char</td><td>2</td><td>This field is a qualifier describing the contents of the Product Id field. Typical Sample values as follows:
<table>
<tr><th>Qualifier Code</th><th>Abbr Description</th><th>Description</th></tr>
<tr><td>00</td><td>XXX</td><td>OCR: VARIOUS SUPPLIES WITHOUT A PROD. ID</td></tr>
<tr><td>01</td><td>UPC</td><td>UNIVERSAL PRODUCT CODE</td></tr>
<tr><td>02</td><td>HRI</td><td>HEALTH RELATED ITEM</td></tr>
<tr><td>03</td><td>NDC</td><td>NATIONAL DRUG CODE</td></tr>
<tr><td>07</td><td>CP4</td><td>CPT-4</td></tr>
<tr><td>08</td><td>CP5</td><td>CPT-5</td></tr>
<tr><td>09</td><td>HCP</td><td>HCPC</td></tr>
<tr><td>11</td><td>NPI</td><td>NAPPI</td></tr>
<tr><td>12</td><td>EAN</td><td>EUROPEAN ARTICLE NUMBERING</td></tr>
<tr><td>13</td><td>DIN</td><td>DRUG IDENTIFICATION NUMBER</td></tr>
</table></td></tr>
<tr><td>14</td><td>Sbm Compound Prod ID</td><td>CMNPC5</td><td>Char</td><td>20</td><td>The Code identifying the product associated with the transaction.</td></tr>
<tr><td>15</td><td>Compound Prod Key</td><td>CMG7NC</td><td>Decimal</td><td>9</td><td>Catamaran internal key that allows for association to product detail files within an Catamaran environment.</td></tr>
<tr><td>16</td><td>PRD Description Abbrev</td><td>CMNNC5</td><td>Char</td><td>30</td><td>The abbreviated drug name with Strength and Dosage form that appears on the script.</td></tr>
<tr><td>17</td><td>PRD Name/Nam</td><td>CMNO5C</td><td>Char</td><td>70</td><td>The full 70 character name of the product.</td></tr>
</table>

RTCMD – Multi-Ingredient Compound Detail File

Field	Field Name	Synon Name	Data Type	Field Length	Description
	e Ext				
18	Drug Manufacturer ID	CMNMC5	Char	5	The manufacturer of the drug as listed by MEDI-SPAN.
19	Drug Manufacturer	CMNFC5	Char	10	The manufacturer of the drug as listed by MEDISPAN.
20	GPI Number	CMNBC5	Char	14	Generic Product Indicator. A MEDI-SPAN number identifying pharmaceutically equivalent drugs. It is a 14 digit number with a hierarchy of seven subsets, each providing more specific information about the drug products. 12-xx-xx-xx-xx-xx-xx Drug Group 12-34-xx-xx-xx-xx-xx Drug Class 12-34-56-xx-xx-xx-xx Drug Subclass 12-34-56-78-xx-xx-xx Drug Name 12-34-56-78-90-xx-xx Drug Name Ext 12-34-56-78-90-12-xx Dosage Form 12-34-56-78-90-12-34 Strength
21	Drug Generic Name	CMNEC5	Char	60	The generic name of the product associated with the transaction.
22	Drug Descriptor (DDID)	CMHCNC	Decimal	6	Medi-Span's drug description identifier.
23	Generic Code Nbr (GCN)	CMHDNC	Decimal	5	The First Data Bank's generic coding scheme associated with the transaction.
24	GCN Sequence Nbr	CMHENC	Decimal	6	Generic code number's field that further delineates the GCN number.
25	Product KDC	CMHFNC	Decimal	10	The Knowledge Base Drug Code associated with the product on the transaction.
26	AHFS Class Code	CMNKC5	Char	8	The American Hospital Formulary Service (AHFS) classification of the product associated with the transaction.
27	Drug DEA Code	CMHRSU	Char	1	DEA (Drug Enforcement Agency) class code identifies the abuse potential of federally controlled substances. The values in this field are generated from the Medi-Span Product Master file. The appropriate classes are: 1 = High abuse potential 2 = High abuse potential with severe dependence liability. 3 = Less potential abuse than 2 and moderate dependence liability. 4 = Less abuse than 3 limited dependence liability. 5 = Limited abuse potential and in some states can be directly purchased from a pharmacist.
28	Drug Rx OTC	CMHSSU	Char	1	Indicates legend Rx or over-the-counter.

RTCMD – Multi-Ingredient Compound Detail File

Field	Field Name	Synon Name	Data Type	Field Length	Description
	Indicator				A code of **R** or **S** requires a prescription. A code of **O** or **P** means the product does not require a prescription. If unknown it will be blank.
29	Product Multi-Source	CMHUSU	Char	1	MEDI-SPAN code identifying drug products as either single or multi-source original drug products or a generic copy of the standard drug product. **Blank** = no indicator on the drug **Typically considered to be Brand:** **N** = Single-source product available from one manufacturer. The drug is not available as a generic. **M** = Drug that is co-licensed and not available as a generic. It is considered a single source product despite multiple manufacturers. **O** = Original product available from multiple manufacturers. **Typically considered to be Generic:** **Y** = Drug product available from many manufacturers, considered generic.
30	Generic Ind Override	CMHTSU	Char	1	An override of the MEDI-SPAN indicator manually changing the coding of the drug. If no override exists, populate with the Generic Indicator field. Example an N drug, based on a Client's plan setup could be overridden with Y code. Valid values are: ***blank** **M** = Multi-Source Not Generic **N** = Single-Source Not Generic **O** = Original, Generics Available **X** = Price as N Report as Y **Y** = Generic **Z** = O/R Gen Ind; Price as **N**
31	Product Reimbursement Ind	CMNHC5	Char	1	Assists with the identification of Brands and Generics. Potential values include: 1, 2, 3…blank.
32	Brand Trade Name Code	CMNWC5	Char	1	Flag denoting brand name code as defined by Medi-Span. Valid values: **T** = Trademark **B** = Branded generic name **G** = Generic name
33	Drug FDA Thera Equiv	CMNXC5	Char	2	The code indicating the FDA rating of therapeutic equivalence of generic drug products to an innovator drug. The values in this field are generated from the Medi-Span Product Master File. Example values: **A =** Codes that begin with 'A' are considered pharmaceutically equivalent to other products. Additional

RTCMD – Multi-Ingredient Compound Detail File

Field	Field Name	Synon Name	Data Type	Field Length	Description
					letters of the code provide additional information about the FDA's evaluation. **B =** Codes that begin with 'B' are not considered pharmaceutically equivalent to other products. Additional letters of the code provide additional information about the FDA's evaluation.
34	Drug Metric Strength	CMAFH2	Decimal	11.3	Metric strength of the drug dispensed.
35	Drug Strength UOM	CMIWU1	Char	10	The Unit of Measure associated with the product.
36	Drug Route of Admin	CMNYC5	Char	2	Indicates how the medication's dosage form is administered. Examples: **IJ** = Injection **IM** = Intramuscular **IV** = Intravenous **SC** = Subcutaneous **IN** = Inhalation **MT** = Mouth throat **NA** = Nasal **OP** = Ophthalmic **OR** = Oral For a more exhaustive list and codes used in your system, query the RxCLAIM® System or reference a MEDI-SPAN manual.
37	Drug Dosage Form	CMNZC5	Char	4	The dosage form of the drug. Examples of the codes used: **AER** = Aerosol **CAPS** = Capsule **CRE** = Cream For an exhaustive list, query the RxCLAIM® System or reference a MEDI-SPAN manual.
38	Drug Maintenance Code	CMHVSU	Char	1	MEDI-SPAN general guideline flagging products as potential maintenance products. Maintenance items are flagged with an X.
39	Drug 3rd Party Exception Code	CMHWSU	Char	1	Third party restriction code is a MEDI-SPAN grouping of drugs by general categories to simplify formulary exclusions. Examples: **Blank** = None **1** = Insulin **2** = Contraceptives **7** = Fertility drugs **8** = Anorexics **C** = Cosmetic altering drugs **D** = Antidepressants **S** = Smoking deterrents

RTCMD – Multi-Ingredient Compound Detail File

Field	Field Name	Synon Name	Data Type	Field Length	Description
					For a more exhaustive list and for codes used in your system, query the RxCLAIM® System or reference a MEDI-SPAN manual.
40	Drug Unit Dose / Unit Use	CMHXSU	Char	1	Identifies drugs, which are packaged as Unit-of-Use or Unit-of-Dose. **X** = Unit-of-Dose **U** = Unit-of-Use.
41	Sbm Comp Ingred Qty	CMHBNC	Decimal	11.3	Identifies the submitted quantity amount for the product dispensed.
42	Sbm Comp Ingred Cost	CMG8NC	Decimal	9.2	The submitted ingredient cost associated with the transaction.
43	Sbm Comp Cost Basis	CMHANC	Char	2	Code indicating the method by which the drug cost was calculated. Valid values are: **1** = AWP **2** = Local wholesaler **3** = Direct **4** = EAC **5** = Acquisition **6** = MAC **6X** = Brand medically necessary **7** = Usual and customary **8** = Unit dose used on tape and diskette only **9** = Other
44	Ingredient Status	CMG9NC	Char	1	Indicates the coverage status for the selected ingredient within the RxCLAIM transaction. Typically contains one of the following status values: F = Formulary H = Formulary Captured P = Prior Authorization R = Reject
45	Cal Ingredient Cost	CMC9P2	Decimal	9.2	The Ingredient Cost calculated from the client defined pricing schedules/plan setup rules in RxCLAIM.
46	Phr Ingredient Cost	CMDAP2	Decimal	9.2	The Ingredient Cost (as reported to the pharmacy) associated with the client.
47	Clt Ingredient Cost	CMDBP2	Decimal	9.2	The Ingredient Cost (as reported to the client) associated with the transaction.
48	Phr Cost Source	CMHPSU	Char	1	The Cost Source associated with the client defined pricing schedules/plan setup rules in RxCLAIM indicating where the cost value was obtained (Medi-Span, FDB, etc.)

RTCMD – Multi-Ingredient Compound Detail File

Field	Field Name	Synon Name	Data Type	Field Length	Description
					The values are: **F** = First DataBank **B** = First DataBank Baseline **D** = First DataBank Daily **M** = Medi-Span **P** = Plan **R** = Redbook **S** = Submitted
49	Phr Cost Type Code	CMNCC5	Char	10	The Client Cost Type Code indicating which of the drug's price types RxCLAIM used to calculate Client. Ingredient Cost pricing for the transaction. Example values: **MAC** = Maximum Allowable Cost **AWP** = Average Wholesale Price
50	Phr Cost Type Unit Cost	CMDCP2	Decimal	13.5	Unit cost based on the pricing applied MAC, HCFA, WAC, etc. Derived field, Approved Cost/Sbm quantity.
51	Clt Cost Source	CMHQSU	Char	1	The Client Cost Source which will indicate where the cost was obtained, like Medi-Span, FDB, etc. The values are: **F** = First DataBank **B** = First DataBank Baseline **D** = First DataBank Daily **M** = Medi-Span **P** = Plan **R** = Redbook **S** = Submitted
52	Clt Cost Type Code	CMNDC5	Char	10	The Client Cost Type Code indicating which of the drug's price types RxCLAIM used to calculate Client Ingredient Cost pricing for the transaction. Example values: **MAC** = Maximum Allowable Cost **AWP** = Average Wholesale Price
53	Clt Cost Type Unit Cost	CMDDP2	Decimal	13.5	Unit cost based on the pricing applied MAC, HCFA, WAC, etc. Derived field, Approved Cost/Sbm quantity.
54	AWP Unit Cost	CMC8P2	Decimal	13.5	The AWP (Average Wholesale Price) unit cost at the time the claim was submitted.
55	Cal Prof Srv Fee Paid	CMDHP2	Decimal	9.2	The calculated fee or cost for specific services rendered at the pharmacy.
56	Phr Prof Srv Fee Paid	CMDIP2	Decimal	9.2	The approved fee or cost for specific services rendered at the pharmacy.
57	Clt Prof Srv Fee Paid	CMDJP2	Decimal	9.2	The Client fee or cost for specific services rendered at the pharmacy.
58	RM	CMNJC5	Char	1	Indicates whether Federal Financial Participation rebate type

RTCMD – Multi-Ingredient Compound Detail File

Field	Field Name	Synon Name	Data Type	Field Length	Description
	Indicator				Rebate Manufacturer (RM) should receive the drug status code indicated in the **Drug Status** field. The **RM FFP** type indicates that labeler (NDC 5) either is, or is not participating in the CMS rebate program (SR 16202, 16977). This field can contain one of the following values: **X = Does Not Exist**: An active FFP record is not found in the Federal Rebate File (RCFPR) for the submitted product. Either the FFP record does not exist or it is inactive. **Z = Not Indicated**: An active FPP record is found in the Federal Rebate file (RCFPR) for the submitted product, however, the indicator value is blank. **0 = Zero; is not**: The product does not have an FFP type of RM and, therefore, is not participating in the CMS rebate program. **1 = One, is**: The product has an FFP type of RM and, therefore, is participating in the CMS rebate program.
59	PX Indicator	CMNIC5	Char	1	Indicates whether Federal Financial Participation rebate type Permitted Exclusion (**PX**) should receive the drug status code indicated in the **Drug Status** field. The PX FFP type means that a product either is or is not in a category that can be excluded from state coverage at the state's discretion (SR 16202, 16977). This field can contain one of the following values: **X = Does Not Exist**: An active FFP record is not found in the Federal Rebate File (RCFPR) for the submitted product. Either the FFP record does not exist or it is inactive. **Z = Not Indicated**: An active FPP record is found in the Federal Rebate file (RCFPR) for the submitted product, however, the indicator value is blank. **0 = Zero; is not**: The product does not have an FFP type of PX and, therefore, cannot be excluded from state coverage at the state's discretion. **1 = One, is**: The product has an FFP type of PX and, therefore, can be excluded from state coverage at the state's discretion.
60	MS Indicator	CMNGC5	Char	1	Indicates whether Federal Financial Participation rebate type Medical Supply (MS) should receive the drug status code indicated in the **Drug Status** field. The MS FFP type means that a product either is or is not a medical supply that may be covered by state programs at the state's discretion, but the product is exempt from OBRA rebate provisions (SR 16202, 16977). This field can contain one of the following values: **X = Does Not Exist**: An active FFP record is not found in the Federal Rebate File (RCFPR) for the submitted product. Either the FFP record does not exist or it is inactive. **Z = Not Indicated**: An active FPP record is found in the Federal Rebate file (RCFPR) for the submitted product, however, the indicator value is blank.

RTCMD – Multi-Ingredient Compound Detail File

Field	Field Name	Synon Name	Data Type	Field Length	Description
					0 = Zero; is not: The product does not have an FFP type of MS and, therefore, is not a med supply that may be covered by state programs at the state's discretion. **1 = One, is**: The product has an FFP type of MS and, therefore, is a med supply that may be covered by state programs at the state's discretion. If the state decides to cover it, however, the product is exempt from OBRA rebate provisions.

RTDUR – Response DUR File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Carrier ID	ANUKC2	Char	9	Part of basic four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to members.
2	Year Sbm	ANLHNB	Numeric	4.0	Derived from the first 4 positions of the DATESBM field on the RxCLAIM extract. Example: Submitted date in the RxCLAIM system = 20040214 (YYYYMMDD) format. Year Sbm = 2004
3	Month Sbm	ANOEN1	Numeric	2.0	Derived from the first 5th,6th positions of the DATESBM field on the RxCLAIM extract. Example: Submitted date in the RxCLAIM system = 20040214 (YYYYMMDD) format Month Sbm = 2
4	Account ID	ANUMC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the carrier to categorize their business entities.
5	Group ID	ANUNC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the account. Carriers use groups to further divide accounts, so that specific benefits can be assigned to each group.
6	RxClaim Nbr	ANS5NB	Decimal	15.0	Every claim is assigned a unique internal number based on a time stamp the system assigns. The 15 digit number is comprised of: - Position 1 as a century code (currently 0) - Position 2 as year (9 = 1999, 0 = 2000, 1 = 2001 - Positions 3-5 Julian day - Positions 6-10 seconds of the day - Positions 11-12 represents microseconds. Positions 13-15 refer to an internal Catamaran claim engine number.
7	Claim Sequence Nbr	ANS6NB	Decimal	3.0	A claim transaction number assigned within the RxCLAIM system. A transaction can be submitted and reversed multiple times. Therefore a sequence number is assigned to the RxCLAIM number. In the RxCLAIM system, this number begins at 999 and increments downward (998, 997…etc.). RxTRACK modifies this number to increment the number upward (1,2,3…..etc.) Transactions with a reversal status (X or Z) do not increment the sequence number.

RTDUR – Response DUR File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
8	Claim Status	ANZSST	Char	1	The claims status associated with the RxCLAIM transaction. Claim Status can be any one of the following values: P = Paid Status X = Reversal Status R = Rejected Status C = Captured Paid Status Z = Captured Reversal Status
9	DUR Response Code Counter	ANCSNC	Decimal	3.0	The number, between 1 and 99, of the DUR alerts detected. The numbers are in order of priority to be returned to the pharmacy.
10	DUR Reason for Service Cd	ANFFSU	Char	2	The 2-digit NCPDP code that indicates the type of DUR Alert created, drug interaction, high dose, duplicate therapy, etc.
11	DUR Clinical Significance	ANFGSU	Char	1	DUR (Drug Utilization Review). Indicates how significant the first conflict is. This field reflects the significance that the originating database assigned to it. Values: 0 = Not specified 1 = Major 2 = Moderate 3 = Minor
12	DUR Other Pharmacy Ind	ANFHSU	Char	1	Indicates the source of the previous prescription that forms the basis for the conflict with the current prescription. Values: Blank = Unknown 0 = Not specified 1 = Your pharmacy 2 = Other pharmacy same chain 3 = Other pharmacy
13	DUR Prev Date of Fill	ANCDHK	Decimal	8.0	The date of the previous fill that forms the basis for the conflict with the current prescription.
14	DUR Qty of Prev Fill	ANCTNC	Decimal	11.3	The quantity of the previous fill that forms the basis for the conflict with the current prescription.
15	DUR Database Ind	ANFKSU	Char	1	The identifying source of the data constructing the message. Refer to DUR 1 Database Ind.
16	DUR Other Prescriber Ind	ANFJSU	Char	1	A comparison of the current prescription's prescriber and the prescriber of the previously filled conflicting prescription. Values: 0 = Not applicable 1 = Same prescriber 2 = Other prescriber
17	DUR Free Text Message	ANHHU1	Char	30	Free text message sent with the first conflict code.
18	DUR Response	ANFLSU	Char	1	Indicates if this DUR Alert resulted in a Hard Reject, Soft Reject, Message Only, Extracted Only, or Blocked from being returned to the pharmacy because it duplicates another response.

RTDUR – Response DUR File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
19	DUR Table	ANGBC5	Char	10	The table containing the DUR Services applied to the claim.
20	DUR Conflicts Detected	ANCUNC	Decimal	2.0	The number, between 1 and 99, of DUR alerts found using the DUR Services in the DUR Table. It does not necessarily represent the number of responses to the pharmacy.
21	DUR Conflicts Returned	ANCVNC	Decimal	2.0	The number, between 1 and 99, of the DUR Conflicts that were sent to the pharmacy in the Response.
22	DUR Service	ANGCC5	Char	8	The DUR Service that detected the DUR Alert.
23	DUR Conflicting CLAIM	ANCWNC	Decimal	15.0	The RxCLAIM number of a historical claim that caused the DUR alert with the prescribed drug.
24	DUR Conflicting Seq Nbr	ANCXNC	Decimal	3.0	The Sequence Number of the RxCLAIM number of a historical claim that caused the DUR alert with the prescribed drug.
25	DUR User Override	ANFMSU	Char	1	A flag that indicates that an RxCLAIM User created an override situation for the specific DUR Alert, instead of the default Response tied to the applicable DUR Service record.
26	DUR Documenta-tion Level	ANCGBL	Decimal	1.0	Used in DDI-DTMS drug-drug interaction screening, it is a Medi-Span value that illustrates the amount of clinical literature that exists to support the severity of the interaction.
27	DUR Onset	ANCHBL	Decimal	1.0	Used in DDI-DTMS drug-drug interaction screening, it is a Medi-Span value that indicates how quickly one may expect to see the clinical manifestations of the interaction.
28	DUR Duplicates Found	ANCYNC	Decimal	2.0	Limited to DUPTHER screening, it logs the number of identical Duplication Classes that were detected between the prescribed drug and those on the patient's profile.
29	DUR Duplicates Allowed	ANGDC5	Char	1	Based on Medi-Span's DUPTHER database and used in DUPTHER editing, this field indicates the number of duplications that the medical community generally accepts or permits. If the # of DUR Duplicates Found exceeds this number, then the duplication is generally to be reported to the pharmacist.
30	DUR Local Message	ANHNU1	Char	40	In some User Defined DUR Response situations, the user can return a Local Message with a claim. When this happens, the message is differentiated between other local messages by the placement of the character string, "DUR**#**:", where the **#** sign is the DUR Response Number to which the message refers.

RTDUS – Submitted DUR File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Carrier ID	AGUKC2	Char	9	Part of basic four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to members.
2	Year Sbm	AGLHNB	Numeric	4.0	Derived from the first 4 positions of the DATESBM field on the RxCLAIM extract. Example: Submitted date in the RxCLAIM system = 20040214 (YYYYMMDD) format. Year Sbm = 2004
3	Month Sbm	AGOEN1	Numeric	2.0	Derived from the first 5th,6th positions of the DATESBM field on the RxCLAIM extract. Example: Submitted date in the RxCLAIM system = 20040214 (YYYYMMDD) format Month Sbm = 2
4	Account ID	AGUMC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the carrier to categorize their business entities.
5	Group ID	AGUNC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the account. Carriers use groups to further divide accounts, so that specific benefits can be assigned to each group.

RTDUS – Submitted DUR File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
6	Sbm DUR RxClaim Number	AGDWNC	Decimal	15.0	Every claim is assigned a unique internal number based on a time stamp the system assigns. The 15 digit number is comprised of: - Position 1 as a century code (currently 0) - Position 2 as year (9 = 1999, 0 = 2000, 1 = 2001 - Positions 3-5 Julian day - Positions 6-10 seconds of the day - Positions 11-12 represents microseconds. Positions 13-15 refer to an internal Catamaran claim engine number.
7	Sbm DUR Claim Seq Number	AGDXNC	Decimal	3.0	A claim transaction number assigned within the RxCLAIM system. A transaction can be submitted and reversed multiple times. Therefore a sequence number is assigned to the RxCLAIM number. This number begins at 999 and increments downward (998, 997…etc.). Transactions with a reversal status (X or Z) do not decrement the sequence number.
8	Claim Status	AGZSST	Char	1	The claims status associated with the RxCLAIM transaction. Claim Status can be any one of the following values: P = Paid Status X = Reversal Status R = Rejected Status C = Captured Paid Status Z = Captured Reversal Status
9	Sbm DUR Code Counter	AGDYNC	Decimal	3.0	Submitted by the pharmacist on the claim, this indicates the number of DUR Events he is communicating to the processor.
10	Sbm DUR Reason for SrvCde	AGGJC5	Char	2	A code defined by NCPDP, this 2-digit value corresponds to the Problem the pharmacist is trying to resolve, or the type of DUR problem being reported.

RTDUS – Submitted DUR File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
11	Sbm DUR Prof Service Code	AGGKC5	Char	2	A code defined by NCPDP, this 2-digit value corresponds to the Action or Service provided in relation to the Reason for Service. Pharmacist interaction when an ORDUR conflict code has been identified or reasons for service. Example (partial list): ØØ=No Intervention CC=Coordination of Care GP=Generic Product Selection MR=Medication Review PØ=Patient Consulted PH=Patient Medication History PM=Patient Monitoring TH=Therapeutic Product Interchange AS=Patient Assessment FE=Formulary Enforcement MØ=Prescriber Consulted PE=Patient Education/Instruction PF=Patient Referral
12	Sbm DUR Service Cd Result	AGGLC5	Char	2	A code defined by NCPDP, this 2-digit value corresponds to the Outcome of the Reason for Service being reported by the pharmacist.
13	Sbm DUR Srv Lvl of Effort	AGGMC5	Char	2	A code defined by NCPDP, this 2-digit value corresponds to the degree of intervention the pharmacist undertook in resolving the Reason for Service.
14	Sbm DUR Co-Agent ID	AGGNC5	Char	20	A code defined by NCPDP, this corresponds to a product or diagnosis that the pharmacist is relating to the reported Reason for Service.
15	Sbm DUR Co-Agent ID Qual	AGFNSU	Char	2	A code defined by NCPDP, qualifies the Submitted DUR Co-Agent ID value as a product (NDC, UPC, HRI) or diagnosis (ICD-9, etc).

RTMBR – Member Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Member ID	AWABCD	Char	18	Member ID from the eligibility file, if none is found field will be populated with the submitted member ID.
2	Carrier ID	AWAACD	Char	9	Highest level of the Carrier/Account/Group hierarchy within the RxCLAIM system. Part of basic four-tiered system (Carrier> Account> Group> Member) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to members.
3	Account ID	AWACCD	Char	15	Part of a four-tiered system (Carrier> Account> Group> Member) allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the carrier to categorize their business entities.
4	Group ID	AWADCD	Char	15	Part of a four-tiered system (Carrier> Account> Group> Member) allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the account. Carriers use groups to further divide accounts, so that specific benefits can be assigned to each group.
5	Mbr Last Name	AWAQTX	Char	25	Member Last Name on the RxCLAIM eligibility file, else submitted name.
6	Mbr First Name	AWARTX	Char	15	Member First Name on the RxCLAIM eligibility file, else submitted name.
7	Mbr Middle Initial	AWASTX	Char	1	Middle initial on RxCLAIM eligibility file, else submitted MI.
8	Mbr Sex	AWKDSU	Char	1	Submitted sex code: M=Male F=Female
9	Mbr Date of Birth	AWAJDT	Decimal	8,0	Member birth date on the RxCLAIM eligibility file, else submitted birth date.
10	Mbr Address1	AWNGU1	Char	40	Member address, line 1.
11	Mbr Address2	AWNHU1	Char	40	Member address, line 2.
12	Mbr Address3	AWNIU1	Char	40	Member address, line 3.
13	Mbr City	AWNJU1	Char	20	Member city.

RTMBR – Member Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
14	Mbr State	AWNASU	Char	2	Member state.
15	Mbr Zip	AWNKU1	Char	5	The 5-digit zip code of this member.
16	Mbr Zip2	AWNLU1	Char	4	The additional 4-digits of this member's zip code.
17	Mbr Zip3	AWNMU1	Char	2	The final 2-digits of this member's zip code.
18	Mbr Country	AWLOC7	Char	4	The country where the member lives.
19	Mbr Phone	AWJ8NC	Decimal	10,0	The member's telephone number.
20	Mbr E-mail	AWLTC7	Char	80	The member's e-mail address.
21	MBR Medicare HIC	AWNNU1	Char	11	The member's Medicare identification number.
22	MBR Medicare Eff Date	AWJ7HK	Decimal	8,0	The date this member's Medicare coverage became effective. Use the following format: MMDDYY where MM is the number of the month, DD is the day of the month, and YY is the last two digits of the year.
23	MBR Medicare Cvg Type	AWNBSU	Char	1	The Medicare Type field indicates the Medicare Coverage assigned to this member. Values: *BLANK 1 = Medicare Part-D 2 = Medicare Part-D Wrap Coverage 3 = Medicare Employer Drug Subsidy A = Secondary Part A B = Part B D = Parts A&B Age 65 M = Parts A&B N = Not Covered R = Renal U = Secondary, Unknown W = Secondary, Working/TEFRA Y = Yes, Undefined
24	MBR SS#	AWJ9NC	Decimal	9,0	The member's social security number. 9-digit numeric. Can be used for DUR purposes
25	MBR Family Type	AWNCSU	Char	1	The Family Type field is used to indicate how the client defines family, such as cardholder/spouse, cardholder other dependents, etc. Blank = Blank 1 = Family 2 = Card Holder 3 = Card Holder & Spouse 4 = Card Holder & Dependents 5 = Spouse & Dependents

RTMBR – Member Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
					6 = Dependents 7 = Spouse Only 8 = Member + 1
26	MBR Family Indicator	AWNDSU	Char	1	A flag that denotes whether or not a claim is associated with a family. Values: Y, N or Blank.
27	MBR Family ID	AWLPC7	Char	18	A flag that denotes whether or not a claim is associated with a family. Values: Y, N or Blank.
28	MBR Relationship Code	AWNESU	Char	1	ID of family member's relationship to the cardholder. If the relationship code is not found use submitted relationship code. 0= Unspecified 1= Cardholder 2= Spouse 3=Child 4=Other 5=Student 6=Disabled Dependent 7=Adult Dependent 8=Significant Other These are NCPDP values however the quality of this data and manner in which this field is used will vary by specific client.
29	MBR DUR Key	AWLQC7	Char	18	Member DUR Key. RxCLAIM® unique patient identifier. This field is optional and does not have any base system functionality and is primarily used as a reporting field.
30	MBR Alt Insurance Flag	AWNFSU	Char	1	This field is populated from the RCMBRP file in RxCLAIM. However, the RxCLAIM source field is no longer populated and will subsequently be blank. Therefore, this field will not provide the same Alt Insurance Flag information found on the RCMAIP screen in RxCLAIM.
31	MBR Alt Insurance ID	AWLRC7	Char	10	Insurance ID number associated with alternate insurance carrier.
32	MBR Person Code	AWLSC7	Char	3	The ID code assigned to a specific person within a family (or cardholder). If person code is not found on file, use submitted person code. Like relationship code, varies by client.
33	MBR Benefit Reset Date	AWJ8HK	Decimal	8,0	The date this member's benefits will be reset.
34	MBR Language Code	AWNGSU	Char	3	The code that corresponds to this member's primary language. Values: *BLANK = Blank

RTMBR – Member Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
					1 = English 2 = French 3 = Spanish
35	MBR DUR Process Flag	AWNHSU	Char	1	Indicates if the DUR edit is being used for the member. The default is “Y”, if “N” is used, DUR will not be processed for any claims submitted.
36	MBR Multiple Birth Code	AWKANC	Decimal	1,0	This field to indicates the number assigned to each family member with the same birth date where 1 is the 1st member with the same birth date, 2 is the 2nd member with the same birth date, 3 is the 3rd member with the same birth date, etc.
37	Mbr Original Eff Date	AWJ9HK	Decimal	8,0	The date this member was originally entered as a member into the RxCLAIM system, if different than the current date.
38	Mbr Member Type	AWNISU	Char	1	A 1-digit code to indicate the type of dependency that the member has on the cardholder. Values: *BLANK 1 = Dependent Parent 2 = Disabled Dependent 3 = Spousal Equivalent 4 = Student 5 = Non-Student Dependent 6 = COBRA 7 = COBRA WAIT
39	MBR Alt Insurance Mbr ID	AWLUC7	Char	18	Member ID number associated with the alternate insurance carrier.
39	Src ADD User Name	AWPNIO	Char	10	The person who added the source information.
40	Src ADD Date	AWJ4HK	Decimal	8,0	The date the source record was added. Date format is YYYYMMDD.
42	Src ADD Time	AWIJHH	Decimal	6,0	The time the source record was added.
43	Src ADD Program Name	AWPOIO	Char	10	The name of the source program that added the record.
44	Src CHG User Name	AWPPIO	Char	10	The person who changed the source information.
45	Src CHG Date	AWJ5HK	Decimal	8,0	The date the source record was changed. Date format is YYYYMMDD.
46	Src CHG Time	AWIKHH	Decimal	6,0	The time the source record was changed.

RTMBR – Member Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
47	Src CHG Program Name	AWPQIO	Char	10	The name of the program that changed the source record.
48	ADD User Name	AWAKVN	Char	10	The person who added the transaction.
49	ADD Date	AWJ1HK	Decimal	8,0	The date the record was added. Date format is YYYYMMDD.
50	ADD Time	AWADTM	Decimal	6,0	The time the record was added.
51	ADD Program Name	AWALVN	Char	10	The name of the program that added the record.
52	CHG User Name	AWADVN	Char	10	The person who changed the transaction.
53	CHG Date	AWJ2HK	Decimal	8,0	The date the record was changed. Date format is YYYYMMDD.
54	CHG Time	AWABTM	Decimal	6,0	The time the record was changed.
55	CHG Program Name	AWAEVN	Char	10	The name of the program that changed the record.

RTPHY – Prescriber Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	PHY Prescriber Key	ADSFC5	Char	10	Identification assign to the prescriber.
2	PHY Origin Code	ADM3SU	Char	1	Indicates whether the prescriber record was manually entered or loaded into RxCLAIM by a batch process. Valid values are: C = Conversion L = Load M = Manual
3	PHY Load Source	ADM4SU	Char	1	If the value in the **Origin** field is **L = Load**, then this is the source of the data file that was loaded. Valid values are: C = Client File H = HCIdea N = NTIS R = RxCLAIM Load Format (previously known as value B=Batch)
4	PHY Retirement Date	ADWZIH	Decimal	8,0	Informational field indicating the date that the prescriber retired from active practice.
5	PHY DEA Prefix	ADLFC7	Char	2	The first 2 characters of the corresponding DEA ID associated with the Prescriber ID. The standard DEA ID is 9 characters.
6	PHY DEA Code	ADLGC7	Char	7	The last 7 characters of the corresponding DEA ID associated with the Prescriber ID. The standard DEA ID is 9 characters.
7	PHY DEA Suffix	ADLHC7	Char	4	DEA suffix indicating licensing, added at the end of the standard DEA ID.
8	PHY Busn Actv Sub Code	ADLIC7	Char	1	Additional DEA ID qualifier. This code is optional and does not serve any function in adjudication. However, since the field is on the NTIS load, it is included here.
9	PHY Last Name	ADLUU1	Char	35	Prescriber Last Name.
10	PHY First Name	ADLVU1	Char	25	Prescriber First Name.
11	PHY Middle Initial	ADLWU1	Char	1	Prescriber middle initial.
12	PHY Middle Name	ADM4U1	Char	25	Full prescriber middle name.
13	PHY Name Suffix	ADLJC7	Char	3	Prescriber suffix such as Jr., III, etc.
14	PHY Primary Degree	ADLKC7	Char	5	Prescriber primary degree (i.e. MD, NP, PHD, etc.)
15	PHY Secondary Degree	ADLLC7	Char	5	Prescriber secondary primary degree (i.e. MD, DDS, etc.)

RTPHY – Prescriber Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
16	PHY E-Mail Address	ADBJHP	Char	80	Prescriber e-mail address.
17	PHY Alt E-Mail Address	ADBKHP	Char	80	Alternate prescriber e-mail address.
18	PHY User License	ADM5U1	Char	9	The state license number for the selected prescriber.
19	PHY Address Line 1	ADM6U1	Char	55	Prescriber address, line 1.
20	PHY Address Line 2	ADM7U1	Char	55	Prescriber address, line 2.
21	PHY Suite	ADM8U1	Char	8	Prescriber suite number.
22	PHY City	ADM9U1	Char	30	Prescriber city.
23	PHY State	ADM5SU	Char	3	Prescriber state.
24	PHY Zip Code	ADNAU1	Char	11	Prescriber zip code.
25	PHY Country	ADLMC7	Char	4	Prescriber country.
26	PHY Phone 1	ADJ5NC	Decimal	10,0	Prescriber main phone number.
27	PHY Phone 1 Extension	ADNBU1	Char	4	Prescriber phone extension.
28	PHY Phone 2	ADJ6NC	Decimal	10,0	Prescriber secondary phone number.
29	PHY Phone 2 Extension	ADNCU1	Char	4	Prescriber secondary phone extension.
30	PHY Fax	ADJ7NC	Decimal	10,0	Prescriber fax number.
31	PHY Fax Extension	ADNDU1	Char	4	Prescriber fax number extension.
32	Src ADD User Name	ADPNIO	Char	10	The person who added the source information.
33	Src ADD Date	ADJ4HK	Decimal	8,0	The date the source record was added. Date format is YYYYMMDD.
34	Src ADD Time	ADIJHH	Decimal	6,0	The time the source record was added.
35	Src ADD Program Name	ADPOIO	Char	10	The name of the source program that added the record.
36	Src CHG User Name	ADPPIO	Char	10	The person who changed the source information.
37	Src CHG Date	ADJ5HK	Decimal	8,0	The date the source record was changed. Date format is YYYYMMDD.
38	Src CHG Time	ADIKHH	Decimal	6,0	The time the source record was changed.
39	Src CHG Program Name	ADPQIO	Char	10	The name of the program that changed the source record.
40	ADD User Name	ADAKVN	Char	10	The person who added the transaction.
42	ADD Date	ADJ1HK	Decimal	8,0	The date the record was added. Date format is YYYYMMDD.
43	ADD Time	ADADTM	Decimal	6,0	The time the record was added.
44	ADD Program Name	ADALVN	Char	10	The name of the program that added the record.

RTPHY – Prescriber Detail File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
45	CHG User Name	ADADVN	Char	10	The person who changed the transaction.
46	CHG Date	ADJ2HK	Decimal	8,0	The date the record was changed. Date format is YYYYMMDD.
47	CHG Time	ADABTM	Decimal	6,0	The time the record was changed.
48	CHG Program Name	ADAEVN	Char	10	The name of the program that changed the record.

RTPRA – Prior Auth File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Carrier ID	AFUKC2	Char	9	Part of basic four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to members.
2	Year Sbm	AFLHNB	Numeric	4.0	Derived from the first 4 positions of the DATESBM field on the RxCLAIM extract. Example: Submitted date in the RxCLAIM system = 20040214 (YYYYMMDD) format. Year Sbm = 2004
3	Month Sbm	AFOEN1	Numeric	2.0	Derived from the first 5th,6th positions of the DATESBM field on the RxCLAIM extract. Example: Submitted date in the RxCLAIM system = 20040214 (YYYYMMDD) format Month Sbm = 2
4	Account ID	AFUMC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the carrier to categorize their business entities.
5	Group ID	AFUNC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the account. Carriers use groups to further divide accounts, so that specific benefits can be assigned to each group.
6	Care Facility ID	AFD8C3	Char	10	ID of the Care Facility to which the member is restricted. It is enforced when the Clinic ID and the Care Assignment (Care Facility) on the additional RxCLAIM member eligibility screens in are flagged. Care Facilities and names are defined by the client in the RxCLAIM system.
7	RxClaim Nbr	AFS5NB	Decimal	15.0	Every claim is assigned a unique internal number based on a time stamp the system assigns. The 15 digit number is comprised of: - Position 1 as a century code (currently 0) - Position 2 as year (9 = 1999, 0 = 2000, 1 = 2001 - Positions 3-5 Julian day - Positions 6-10 seconds of the day - Positions 11-12 represents microseconds. Positions 13-15 refer to an internal Catamaran claim engine number.

RTPRA – Prior Auth File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
8	Claim Sequence Nbr	AFS6NB	Decimal	3.0	A claim transaction number assigned within the RxCLAIM system. A transaction can be submitted and reversed multiple times. Therefore a sequence number is assigned to the RxCLAIM number. In the RxCLAIM system, this number begins at 999 and increments downward (998, 997…etc.). RxTRACK modifies this number to increment the number upward (1,2,3…..etc.) Transactions with a reversal status (X or Z) do not increment the sequence number.
9	Claim Status	AFZSST	Char	1	The claims status associated with the RxCLAIM transaction. Claim Status can be any one of the following values: P = Paid Status X = Reversal Status R = Rejected Status C = Captured Paid Status Z = Captured Reversal Status
10	YearMonth Submitted	AFJJNC	Num	6,0	Derived from the first 1st – 6th positions of the Date Submitted Field. Example: Date Submitted = 20080214 (YYYYMMDD) format YearMonth Sbm = 200802
11	Date Submitted	AFTDNB	Dec	8,0	Date the claim was submitted for adjudication. (format: YYYYMMDD)
12	YearMonth Filled	AFJKNC	Num	6,0	Derived from the first 1st – 6th positions of the Date Filled Field. Example: Date Filled = 20080214 (YYYYMMDD) format YearMonth Filled = 200802
13	Date of Fill	AFDMDA	Dec	8,0	Submitted date the prescription was filled (format: YYYYMMDD).
14	Prior Auth Nbr	AFEKC3	Char	11	Value indicating that a prior authorization or medical certification occurred. If one is not on file, use submitted value.
15	Prior Auth Rsn	AFEJC3	Char	2	Prior Auth reason code created and attached in RxCLAIM®, else use submitted prior auth reason code. A small sampling of reason codes with their respective descriptions are listed below. DI = Drug Interaction DP = DYNAMIC PA DR = DENY NO MEDICAL RECORDS DS = Incorrect Days Supply DT = Duplicate Therapy
16	Prior Auth User ID	AFBOU1	Char	10	User ID that entered a prior authorization number into the RxCLAIM® system. Associated with a specific claim.
17	Prior Auth From Date	AFBNIH	Decimal	8.0	Member Prior Authorization From Date
18	Prior Auth Thru Date	AFBOIH	Decimal	8.0	Member Prior Authorization Thru Date

RTPRA – Prior Auth File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
19	Prior Auth Nbr Submitted	AFKGC7	CHAR	11	The number associated with the prior authorization or medical certification.
20	Prior Auth Type Code	AFMGSU	CHAR	2	Value indicating prior authorization or medical certification occurred. Valid Values are: 0 = Not specified 1 = Prior authorization 2 = Medical certification 3 = EPSDT 4 = Exemption from co-pay 5 = Exemption from prescription limits 6 = Family planning indicator 7 = AFDC 8 = Payer defined exemption
21	Status	AFC2AJ	CHAR	1	Indicates whether the selected member PA is active or inactive. Valid values are **A=Active** or **I=Inactive**.
22	Prior Auth Type	AFC3AJ	CHAR	1	The type of product(s) covered on the selected dynamic PA. Valid values are these: **G=GPI Generic Product Indicator.** **N=NDC National Drug Code.** **1=NDC List** **2=GPI List** **3=Compound NDC List** **4=Compound GPI List** Values 3 and 4 were created to accommodate multi-ingredient compounds. With values 3 or 4, the NDC/GPI/List ID field (below) is populated with all zeros, since there is not a specific product ID for a compound.
23	NDC/GPI Code	AFPNHN	CHAR	14	Depending on the value in the **Type** field (above), this field will contain either the ID of the NDC, GPI, NDC List, or GPI List. The PA NDC ID and PA GPI ID will indicate the product that is covered by the selected member PA. The List IDs refer to a list of products that are covered by the selected member PA. If the value in the **Type** field is either **3** or **4**, indicating a multi-ingredient compound PA, then this field defaults to an ID of all zeroes, since the compound does not have a specific NDC or GPI ID.
24	Description	AFAEIQ	CHAR	60	This can be the NDC or GPI description or a combination of both.
25	Agent	AFC4AJ	CHAR	1	Person or entity that authorized the creation of the selected member PA.

RTPRA – Prior Auth File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
26	Ignore PA Status	AFC5AJ	CHAR	1	Indicates whether to use the drug status found during claim adjudication, the plan's default drug status, or the drug status associated with the member PA record. (SR 20696, 21674) This field can contain one of the following values: **N= No**: Use drug status on the member PA (Member Prior Auth NDC/GPI Detail screen) to override the drug status found on the Plan NDC/GPI List on the plan. Note: If the PA's drug status should also override the drug status found at other edits, use the flags on the Member Prior Auth Override Detail screen to override those edits. **Y = Yes**: Ignore the member PA drug status and use the one on the plan instead (Plan Detail screen or in other plan edits, such as an NDC List or a GPI List). **P=Plan**- Ignore Reject Status: Ignore the member PA drug status and use the one on the plan that resulted from adjudicating through the plan edits. However, if the resulting plan drug status is a reject status, then use the plan default drug status. If the plan default drug status is a reject status, too, then set the drug status to F=Formulary. No plan edits are to be overridden as a result of the Ignore Drg Sts value P; the plan edits to be overridden will be determined based on the other attributes within the PA. (SR 22156) **I = Ign=N if Drug Sts=P;Ign=Y**: If the drug status from adjudication is P=Prior Auth Required, then reference the PA to determine the claim’s drug status. Otherwise, if the drug status from adjudication is not P, then still reference the PA, but ignore the PA’s drug status and, instead, use the drug status from adjudication. (SR 21300)
27	Incident ID	AFABC2	CHAR	25	ID of the member's Worker's Compensation incident.

RTPRF – Prescriber Cross-Reference File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Prescriber ID	ACSEC5	Character	15	Prescriber ID of the prescriber. Can sometimes be DEA#. Qualify using Prescriber Id Qualifier = '12'.
2	Prscrbr ID Qualifier	ACJNSU	Character	2	The Code qualifying the type of Prescriber ID. Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) Number 13=State Issued 14=Plan Specific 99=Other
3	Prescriber ID State	ACJOSU	Character	3	The state in which the prescriber is defined.
4	Prescriber Key	ACSFC5	Character	10	Identification assign to the prescriber.
5	Status	ACM0SU	Character	1	The prescriber status. Values: A=Active, I=Inactive.
6	Origin Code	ACM1SU	Character	1	Indicates whether the prescriber record was manually entered or loaded into RxCLAIM by a batch process. Valid values are: C = Conversion L = Load M = Manual
7	Load Source	ACM2SU	Character	1	If the value in the **Origin** field is **L = Load**, then this is the source of the data file that was loaded. Valid values are: C = Client File H = HCIdea N = NTIS R = RxCLAIM Load Format (previously known as value

RTPRF – Prescriber Cross-Reference File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
					B=Batch)
8	ADD User Name	ACPNIO	Character	10	The person who added the transaction.
9	ADD Date	ACJ4HK	Decimal	8,0	The date the record was added. Date format is YYYYMMDD.
10	ADD Time	ACIJHH	Decimal	6,0	The time the record was added.
11	ADD Program Name	ACPOIO	Character	10	The name of the program that added the record.
12	CHG User Name	ACPPIO	Character	10	The person who changed the transaction.
13	CHG Date	ACJ5HK	Decimal	8,0	The date the record was changed. Date format is YYYYMMDD.
14	CHG Time	ACIKHH	Decimal	6,0	The time the record was changed.
15	CHG Program Name	ACPQIO	Character	10	The name of the program that changed the record.

RTRSP – Response Message File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Carrier ID	APUKC2	Char	9	Part of basic four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to members.
2	Year Sbm	APLHNB	Numeric	4.0	Derived from the first 4 positions of the DATESBM field on the RxCLAIM extract. Example: Submitted date in the RxCLAIM system = 20040214 (YYYYMMDD) format. Year Sbm = 2004
3	Month Sbm	APOEN1	Numeric	2.0	Derived from the first 5th,6th positions of the DATESBM field on the RxCLAIM extract. Example: Submitted date in the RxCLAIM system = 20040214 (YYYYMMDD) format Month Sbm = 2
4	Account ID	APUMC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the carrier to categorize their business entities.
5	Group ID	APUNC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the account. Carriers use groups to further divide accounts, so that specific benefits can be assigned to each group.
6	Care Facility ID	APD8C3	Char	10	ID of the Care Facility to which the member is restricted. It is enforced when the Clinic ID and the Care Assignment (Care Facility) on the RxCLAIM additional member eligibility screens are flagged. Care Facilities and names are defined by the client in the RxCLAIM system.

RTRSP – Response Message File

(File is populated from an RxTRACK defined program – Updates daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
7	RxClaim Nbr	APS5NB	Decimal	15.0	Every claim is assigned a unique internal number based on a time stamp the system assigns. The 15 digit number is comprised of: - Position 1 as a century code (currently 0) - Position 2 as year (9 = 1999, 0 = 2000, 1 = 2001 - Positions 3-5 Julian day - Positions 6-10 seconds of the day - Positions 11-12 represents microseconds. Positions 13-15 refer to an internal Catamaran claim engine number.
8	Claim Sequence Nbr	APS6NB	Decimal	3.0	A claim transaction number assigned within the RxCLAIM system. A transaction can be submitted and reversed multiple times. Therefore a sequence number is assigned to the RxCLAIM number. In the RxCLAIM system, this number begins at 999 and increments downward (998, 997…etc.). RxTRACK modifies this number to increment the number upward (1,2,3…..etc.) Transactions with a reversal status (X or Z) do not increment the sequence number.
9	Claim Status	APZSST	Char	1	The claims status associated with the RxCLAIM transaction. Claim Status can be any one of the following values: P = Paid Status X = Reversal Status R = Rejected Status C = Captured Paid Status Z = Captured Reversal Status
10	Rsp Message 1	APHIU1	Char	40	Rsp Message 1
11	Rsp Message 2	APHJU1	Char	40	Rsp Message 2
12	Rsp Message 3	APHKU1	Char	40	Rsp Message 3

RTWCP – Worker's Compensation File

(File is populated from an RxTRACK defined program – Updates Daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	RxClaim Nbr	AGS5NB	Decimal	15,0	Every claim is assigned a unique internal number based on a time stamp the system assigns. The 15 digit number is comprised of: Position 1 as a century code (currently 0) Position 2 as year (9 = 1999, 0 = 2000, 1 = 2001 Positions 3-5 Julian day Positions 6-10 seconds of the day Positions 11-12 represents microseconds. Positions 13-15 refer to an internal Catamaran claim engine number.
2	Claim Sequence Nbr	AGS6NB	Decimal	3,0	A claim transaction number assigned within the RxCLAIM system. A transaction can be submitted and reversed multiple times. Therefore a sequence number is assigned to the RxCLAIM number. In the RxCLAIM system, this number begins at 999 and increments downward (998, 997…etc.). RxTRACK modifies this number to increment the number upward (1, 2, 3…..etc.) Transactions with a reversal status (X or Z) do not increment the sequence number.
3	Claim Status	AGZSST	Char	1	The claims status associated with the RxCLAIM transaction. Claim Status can be any one of the following values: P = Paid Status X = Reversal Status R = Rejected Status C = Captured Paid Status Z = Captured Reversal Status
4	Carrier ID	AGUKC2	Char	9	Highest level of the Carrier/Account/Group hierarchy within the RxCLAIM system. Part of basic four-tiered system (Carrier> Account> Group> Member) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to members.

RTWCP – Worker's Compensation File

(File is populated from an RxTRACK defined program – Updates Daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
5	Year Sbm	AGLHNB	Numeric	4,0	Derived from the first 4 positions of the Date Submitted field. Example: Date Submitted in the RxCLAIM system = 20080214 (YYYYMMDD) format. Year Sbm = 2008
6	Month Sbm	AGOEN1	Numeric	2,0	Derived from the first 5th, 6th positions of the Date Submitted field. Example: Date Submitted in the RxCLAIM system = 20040214 (YYYYMMDD) format Month Sbm = 2
7	Account ID	AGUMC2	Char	15	Part of a four-tiered system (Carrier> Account> Group> Member) allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the carrier to categorize their business entities.
8	Group ID	AGUNC2	Char	15	Part of a four-tiered system (Carrier> Account> Group> Member) allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the account. Carriers use groups to further divide accounts, so that specific benefits can be assigned to each group.
9	TCD Date Submitted	AGHLHK	Decimal	8,0	Date the claim was submitted for adjudication. (format: YYYYMMDD)
10	YearMonth Submitted	AGJJNC	Numeric	6,0	Derived from the first 1st – 6th positions of the Date Submitted Field. Example: Date Submitted = 20080214 (YYYYMMDD) format YearMonth Sbm = 200802
11	Quarter Submitted	AGMUU1	Char	8	Derived Quarter Indicator based on the Date Submitted of the transaction. Format example: "2008 Q1".
12	TCD Sbm Date of Service	AGHKHK	Decimal	8,0	Fill Date; the date the prescription was filled.
13	YearMonth Filled	AGJKNC	Numeric	6,0	Derived from the first 1st – 6th positions of the Date Filled Field. Example: Date Filled = 20080214 (YYYYMMDD) format

RTWCP – Worker's Compensation File

(File is populated from an RxTRACK defined program – Updates Daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
					YearMonth Filled = 200802
14	Quarter Filled	AGMVU1	Char	8	Derived Quarter Indicator based on the Date Filled. Format example: "2008 Q1".
15	TCD Member ID	AGT0C5	Char	20	Member ID from the eligibility file, if none is found field will be populated with the submitted member ID.
16	INM Incident ID	AGABC2	Char	25	A unique identifier for the member's incident.
17	Sbm Date of Injury	AGTXNB	Decimal	8,0	The date the injury occurred
18	WCB Sbm Claim/Ref ID Nbr	AGOQCD	Char	30	The submitted claim number, up to 30 characters, assigned by the worker's compensation insurance carrier. This number may be the same as the value in the Incident ID field, but it is dependent upon what entity is responsible for assigning the incident ID number.
19	Sbm Employer Name	AGW0TX	Char	30	The submitted name of the member's employer.
20	Sbm Employer Address	AGW1TX	Char	30	The submitted address of the member's employer.
21	Sbm Employer City	AGW2TX	Char	20	The submitted city of the member's employer.
22	Sbm Employer State	AGC6CD	Char	2	The submitted state of the member's employer.
23	Sbm Employer Zip Code	AGC7CD	Char	10	The submitted zip of the member's employer.
24	Sbm Employer Phone	AGJ6N2	Decimal	10,0	The submitted phone number of the member's employer.
25	Sbm Alternate Product Typ	AGSAPT	Char	1	Submitted Alternate Product Type. Valid values are: *BLANK = Blank 0 = Not Specified 1 = UPC Code 2 = HRI Number
26	Sbm Alternate Product Cod	AGW4TX	Char	13	Submitted Alternate Product Code.
27	TCD Sbm Prescriber ID Ql	AGKKSU	Char	2	The Code qualifying the type of Prescriber ID submitted. Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross

RTWCP – Worker's Compensation File

(File is populated from an RxTRACK defined program – Updates Daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
					Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) Number 13=State Issued 14=Plan Specific 99=Other
28	TCD Sbm Prescriber ID	AGT5C5	Char	15	Prescriber submitted on the pharmacy claim. (Can sometimes be DEA#. Qualify using Prescriber Id Qualifier = '12'.)
29	TCD Sbm Diagnosis Cde Ql	AGKISU	Char	2	Code qualifying the type of 'Diagnosis Code'. Blank=Not Specified Ø=Not Specified 1=International Classification of Diseases (ICD9) 2=International Classification of Diseases (ICD1Ø) 3=National Criteria Care Institute (NCCI) 4=The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED) 5=Common Dental Terminology (CDT) 6=Medi-Span Diagnosis Code 7=American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM IV) 9=Other
30	TCD Sbm Diagnosis Cde	AGLSU1	Char	15	The submitted code which identifies the diagnosis of the patient.
31	INM Injury From Date	AGB7DA	Decimal	8,0	The first date that the member will receive benefits for the injury.
32	INM Injury Thru Date	AGB9DA	Decimal	8,0	The last date that the member will receive benefits for the injury.
33	INM Carrier ID	AGBXT1	Char	10	The insurance carrier's unique

RTWCP – Worker's Compensation File

(File is populated from an RxTRACK defined program – Updates Daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
	Nbr				identification number, up to 10 characters. This is different than the RxCLAIM Carrier ID, which identifies the owner of the accounts, groups, and members.
34	Incident Claim Reference	AGTKT3	Char	30	The claim number, up to 30 characters, assigned by the worker's compensation insurance carrier. This number may be the same as the value in the Incident ID field, but it is dependent upon what entity is responsible for assigning the incident ID number.
35	INM Employer Name	AGBVT1	Char	30	The name of the member's employer.
36	INM Employer Address	AGBWT1	Char	30	The address of the member's employer.
37	INM Employer City	AGBYT1	Char	20	The city of the member's employer.
38	INM Employer State	AGEAT1	Char	2	The state of the member's employer.
39	INM Employer Zip Code	AGEBT1	Char	9	The zip of the member's employer.
40	INM State of Venue	AGECT1	Char	2	The state where the injury occurred. This state is important if the state of venue is specified in the Pharmacist segment in the Provider Validation plan edit. The pharmacist segment was created to accommodate worker's compensation claims where the ID of the pharmacist, the state of venue (state of injury), and state of dispensing pharmacy affect whether the claim is covered.
41	INM Referral Status	AGAHS2	Char	2	Identifies how an incident (injury for a worker's compensation claim) is received into the system. Settings in the plan edit can indicate whether a claim should continue adjudication or reject based on the member incident's referral status code.
42	INM Adjustor Name	AGEDT1	Char	25	The name of the adjuster responsible for handling the worker's compensation claim.
43	INM Adjustor Phone	AGEPN1	Decimal	10,0	The phone number of the adjuster responsible for handling the worker's compensation claim.

RTWCP – Worker's Compensation File

(File is populated from an RxTRACK defined program – Updates Daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
44	Plan Code	AGAECD	Char	10	Plan code attached to the group at the time the claim was adjudicated. Plans are typically attached at the group level to define the benefits that members are eligible to receive for prescriptions. The Plan can tie the benefits, products and pricing together.
45	Plan Eff Date	AGAKDT	Decimal	7,0	The effective date of the plan code that was used to adjudicate the transaction.
46	Fee Amount	AGEKP4	Decimal	9,2	Pharmacy fee based on utilization review.
47	St Fee Amt	AGELP4	Decimal	9,2	Calculated pharmacy fee based on state specified maximum unit cost.
48	Usual & Customary	AGEMP4	Decimal	9,2	This field is for future use.
49	User Defined Field	AGKGTX	Char	10	This field is for future use.
50	INM Mbr Work Phone	AGXFHU	Decimal	10,0	Employer phone number.
51	INM Mbr Work Phone Ext	AGXBHU	Decimal	5,0	Employer phone number extension.
52	INM Employer Policy ID	AGXCHU	Decimal	11,0	Employer policy ID. No additional details are provided in the SR specifications. SR23393
53	INM MCO Number	AGXDHU	Decimal	10,0	ID of the managed care organization that is associated to this incident.
54	INM Assignment	AGXEHU	Decimal	15,0	ID of the customer service team that is associated to this incident.
55	INM Activity Ind Date	AGKSHK	Decimal	8,0	Date when the incident became active or inactive.
56	INM Activity Indicator	AGT2IE	Char	2	Indicates whether the incident is active or inactive.
57	INM Status Code	AGT3IE	Char	1	The status of the incident. This field can contain one of the following values: * Blank - Blank AL - Allow NC - New Claim AG - Alleged AA - Allow/Appeal HR - Hearing DA - Disallowed SM - Settled Medical Only

RTWCP – Worker's Compensation File

(File is populated from an RxTRACK defined program – Updates Daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
					SI - Settled Indemnity Only ST - Settled (Med & Ind) DP - Disallow/Appeal HD - Hearing - DHO DS - Dismissed PM - Pend Settle Medical PI - Pend Settle Indemnity PB - Pend Settle Med & Ind
58	INM K-Program End Date	AGKTHK	Decimal	8,0	The end date of the K-program.
59	INM Coverage Code	AGT4IE	Char	2	Coverage code of the incident. This field can contain one of the following values: *Blank - Blank XI – Lost Time XM – Medical Only
60	INM Rehab Flag	AGT5IE	Char	1	Y/N flag indicating whether this incident is a rehab incident.
61	INM Coverage Type	AGT6IE	Char	1	The coverage type for this incident. This field can contain one of the following values: *Blank - Blank 0 - ER had cvg on Inj Dt 1 - ER had no cvg on Inj Dt 2 - Policy Nbr not ID 3 - The ER is bankrupt
62	INM Fund Type	AGT7IE	Char	1	The type of fund. This field can contain one of the following values: *Blank - Blank 0 - State fund 1 - Public ER 2 - Self insured ER 3 - Apprentice 4 - Civil Defense (state) 5 - Contract coverage 6 - Black lung 7 - Marine fund 8 - Ohio National Guard 9 - Public worker relief EE
63	INM Handicap Percentage	AGGGHV	Decimal	3,0	User-defined value indicating the handicap percentage.
64	INM NCCI Code	AGHGHU	Decimal	4,0	NCCI (National Council on Compensable

RTWCP – Worker's Compensation File

(File is populated from an RxTRACK defined program – Updates Daily)

Field	Field Name	Synon Name	Data Type	Field Length	Description
					Insurance) Code assigned to the incident.
65	INM Date of Death	AGKUHK	Decimal	8,0	Date that the injured worker died.
66	INM Last Paid Dte of Srvc	AGKVHK	Decimal	8,0	The most current paid date for medical services rendered to the injured worker.
67	INM Source	AGT8IE	Char	1	Y/N field indicating whether this incident is a source incident.
68	INM Related Incident ID	AGTKHJ	Char	30	ID of an incident to which this incident is related
69	INM Statute of Limit Date	AGKWHK	Decimal	8,0	The date the incident becomes ineligible due to statutory closure of the incident.
70	INM Type of Accident	AGT9IE	Char	1	The type of accident that happened to the member. This field can contain one of the following values: *Blank - Blank 0 - Accident 1 - Occupational Disease 2 - Death Claim The values in this field can be referenced to allow the member's injury date to be ignored during processing of a worker's comp claim.
71	OPA Sbm Patient SSN	AGI6N1	Decimal	9,0	Submitted member's Social Security Number.
72	TCD Sbm Cardholder ID	AGOKCD	Char	20	The Submitted Cardholder ID associated with the transaction.
73	CPQ Approved ICD-9	AGT9HJ	Char	6	Approved diagnosis code based on International Classification of Diseases (ICD). Used to code and classify morbidity data from the inpatient and outpatient records, physician offices, and most National Center for Health Statistics (NCHS) surveys
74	RTR Provider ID	AGTIHJ	Char	11	ID (usually DEA number) of the prescriber that either is or is not covered for claims submitted with the selected incident ID.

SUMMARY FILES

RTGCM – Eligibility Summary File

(File is populated from an RxTRACK defined program – Updates 1st of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Carrier ID	NZUKC2	Char	9	Part of basic four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to members.
2	GCM Year	NZK2NB	Decimal	4.0	Submitted year of the claim.
3	GCM Month	NZK3NB	Decimal	2.0	Submitted month of the claim.
4	Account ID	NZUMC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the carrier to categorize their business entities.
5	Group ID	NZUNC2	Char	15	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the account. Carriers use groups to further divide accounts, so that specific benefits can be assigned to each group.
6	Care Facility ID	NZD8C3	Char	10	ID of the Care Facility to which the member is restricted. It is enforced when the Clinic ID and the Care Assignment (Care Facility) on the RxCLAIM additional member eligibility screens are flagged. Care Facilities and names are defined by the client in the RxCLAIM system.
7	GCM Plan Code	NZU2C1	Char	10	Plan code attached to the group at the time the claim was adjudicated. Plans are typically attached at the group level to define the benefits that members are eligible to receive for prescriptions. The Plan can tie the benefits, products and pricing together. Many clients have specific plan codes that identify 2 tier and 3 tier plans.
8	GCM Client Product	NZU3C1	Char	6	The RxCLAIM eligibility file contains a product code that tags claims associated with the members client product. Client defined. Examples: HMO, PPO, POS.
9	GCM Client Rider	NZU4C1	Char	6	The RxCLAIM eligibility file contains a rider code that tags claims associated with the members client rider. Client defined. Examples: commercial, Medicaid, Medicare.
10	Sbm Sex Code	NZZHST	Char	1	Sex code of member.

RTGCM – Eligibility Summary File

(File is populated from an RxTRACK defined program – Updates 1st of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
11	Age Band	NZU7C1	Char	1	Member age, as of the first of the month. Age Bands: A = <1 B = 1 – 4 C = 5 – 9 D =10 – 19 E = 20 – 34 F = 35 – 44 G= 45 – 54 H = 55 – 64 I = 65 – 74 J = 75 – 84 K = 85 +
12	Member Relationship Code	NZMRLCD	Char	1	Submitted Relationship Code. The ID of family member's relationship to the cardholder. If relationship code is not found use submitted relationship code. 0= Unspecified 1= Cardholder 2= Spouse 3=Child 4=Other 5=Student 6=Disabled Dependent 7=Adult Dependent 8=Significant Other ** These are NCPDP values however the quality of this data and manner in which this field is used will vary by specific client.
13	Carrier ID Override	NZGIC5	Char	9	The Carrier that shares pharmacy networks in common.
14	Account Benefit Code	NZF2C5	Char	10	An additional attribute attached to an account for reporting purposes that can be used to tag a claim uniquely for each account.
15	Group Client Benefit Code	NZF8C5	Char	10	Client-defined field, commonly used to describe the plan parameters by a code, which references some other client-specific information. The code would be transmitted with eligibility. Can be used for Deduct / Max Limits.
16	GROUPSIC	NZBLU1	Char	4	The Standard Industrial Classification (SIC). This is a four-digit numerical code assigned by the U.S. government to business establishments to identify the primary business of the establishment. This currently is a 4 digit free form field used as a reporting attribute.
17	Plan Qualifier	NZBNU1	Char	10	The Plan Qualifier assists in defining a benefit formulary or other attributes with a benefit plan. Some clients use a qualifier attached to plans for rebates. A plan qualifier is used for reference and reporting purposes only. It does not affect adjudication. Codes and meanings are defined by client.
18	RxCLAIM Eligible Members	NZK4NB	Decimal	9.0	The eligible claim count as defined in RxCLAIM.

RTGCM – Eligibility Summary File

(File is populated from an RxTRACK defined program – Updates 1st of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
19	RxTRACK Eligible Members	NZBCNB	Decimal	9.0	The eligible claim count defined in RxTRACK by counting actual days in a month that a member was eligible.
20	RxTRACK Elig Members 15th	NZEANC	Decimal	9.0	
21	Utilizing Members	NZBBNB	Decimal	9.0	A count of members have had a paid claim in Rx in a given month. This includes members with paid transactions that have been reversed.
22	GCM User Defined Field 1	NZK6NB	Decimal	12.3	Turnkey clients defined.
23	GCM User Defined Field 2	NZK7NB	Decimal	12.3	Turnkey clients defined.

* Catamaran will populate these fields from the RCGCM file in RxCLAIM®. Turnkey clients may write their own programs to feed this file.

REFERENCE FILES

The reference files included in RxTRACK™ are used to enhance the value in the summary and the detail files. The NCPDP code to English files take a code from the detail or a summary file and can return a description. These files do not change on a regular basis. Examples on usage of the reference files is shown below.

RTAHF – AHFS Values File

Example: "AHFS code" from the RT200 may have little meaning when used on it's own, as it returns a numeric value such as "04000000". When paired with the AHFS Values reference file, users can add a text description for that code to make the result set more meaningful. In this case, a reject code of "01" would be associated with the text description, "ANTIHISTAMINE DRUGS".

RTRJC – Reject Codes File

Example: "Reject code" from the RT200 may have little meaning when used on it's own, as it returns a numeric value such as "01". When paired with the reject code reference file, users can add a text description for that code to make the result set more meaningful. In this case, a reject code of "01" would be associated with the text description, "M/I Bin Number".

RTMNM – Drug Name – 10 Digits

The Drug Name files take GPI subsets and provide the Medi-Span names. The names are produced from the Medi-Span data contained in RxCLAIM® and are set up for GPI first two digits, GPI first four digits, GPI first six digits, and GPI first ten digits. Example GPI first two digits 01 = Penicillin's. The last reference file, Eligibility is included so a client can populate the file with an outside eligibility source. The fields included are designed to match the summary files to enable per member per month calculations.

RTAHF – AHFS Values File

(File is populated from an RxTRACK defined program – Updates on the 1st of each month)

Field	Type	Size	Current Extract Field Name	Description
1	Char	8	AHFS Code AJTXC1	The American Hospital Formulary Service (AHFS) classification code of the product associated with the transaction.
2	Char	25	AHFS Description AJBSU1	The text description relating to The American Hospital Formulary Service (AHFS) classification code of the product associated with the transaction.

RTCAG – Carrier Account Group File

(File is populated from an RxTRACK defined program – Updates 10th and 25th of each month)

Field	Type	Size	Current Extract Field Name	Description
1	char	9	Carrier ID ACUKC2	Part of basic four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchy used in RxCLAIM. A carrier is typically the company or organization who offers benefits to members.
2	char	15	Account ID ACUMC2	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the carrier to categorize their business entities.
3	char	15	Group ID ACUNC2	Part of a four-tiered system (Carrier>Account>Group>Member) allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the account. Carriers use groups to further divide accounts, so that specific benefits can be assigned to each group.
4	char	25	CAR Carrier Name ACAATX	Carrier Description
5	char	25	Account Name ACKUTX	Account Description
6	char	25	Group Name ACKVTX	Group Description

RTDCC – Conflict Codes File

(File is populated from an RxTRACK defined program – Updates on the 1st of each month)

Field	Type	Size	Current Extract Field Name	Description
1	char	2	Conflict Code NPOYCD	NCPDP Conflict Codes. This code identifies the type of utilization conflict that was detected during ORDUR, or the reason for the pharmacist's professional service. RxTRACK captures the first three codes sent back to the provider. Examples: AD Additional Drug Needed AN Prescription Authentication AR Adverse Drug Reaction AT Additive Toxicity CD Chronic Disease Mgmt CH Call Help Desk CS Patient Complaint/Symptom DA Drug-Allergy Alert
2	char	30	Conflict Description NPKATX	Description of a Conflict Code.

RTDCL – Provider Dispenser Class File

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	DCL Dispenser Class	AQPJC5	Char	3	The Dispenser Class Code is self-designated and is not related to taxonomy codes. Valid values: 01, 02, 03, 04, 05, 06, 07
2	DCL Dispense Class Descr	AQJPU1	Char	25	Dispenser Class Descriptions: 01=Independent; 02=Chain; 03=Institution (converted to 07 in v2.0); 04=Clinic (converted to 07 in v2.0); 05=Franchise; 06=Government; 07=Alternate Dispensing Site
3	ADD User	AQAKVN	Char	10	The person who added the transaction
4	ADD Date	AQC2DT	Decimal	7	The date the transaction was added. Date format is CYYMMDD.
5	ADD Time	AQADTM	Decimal	6	The time the transaction was added
6	ADD Program Name	AQALVN	Char	10	The name of the program that added the transaction

RTDIC – Intervention Codes File

(File is populated from an RxTRACK defined program – Updates on the 1st of each month)

Field	Type	Size	Current Extract Field Name	Description
1	char	2	Intervention Code NROOCD	NCPDP Intervention Codes.
2	char	30	Intervention Description NRKCTX	Description of an Intervention Code.

RTDOC – Outcome Codes File

(File is populated from an RxTRACK defined program – Updates on the 1st of each month)

Field	Type	Size	Current Extract Field Name	Description
1	char	2	Outcome Code NQOZCD	NCPDP Outcome Codes.
2	char	30	Outcome Description NQKBTX	Description of an Outcome Code.

RTDTP – Provider Dispenser Type File

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	DTP Dispenser Type	ASPLC5	Char	3	The Dispenser Type Code is self-designated. Valid values: 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17
2	DTP Dispenser Type Descr	ASJRU1	Char	25	Dispenser Type Descriptions: 01=Community/Retail; 02=Grocery Store; 03=Department Store; 04=Long Term Care; 05=Mail order; 06=IV Infusion; 07=Dispensing Physician; 08=Indian Health Service; 09=VA Hospital; 10=State Hospital; 11=Institution; 12=HMO Pharmacy; 13=DMR; 14=Clinic Pharmacy; 15=Specialty Pharmacy; 16=Nuclear Pharmacy; 17=Military Pharmacy
3	ADD User	ASAKVN	Char	10	The person who added the transaction
4	ADD Date	ASC2DT	Decimal	7	The date the transaction was added. Date format is CYYMMDD.
5	ADD Time	ASADTM	Decimal	6	The time the transaction was added
6	ADD Program Name	ASALVN	Char	10	The name of the program that added the transaction

RTGPI – Generic Product Identifier File

(File is populated from an RxTRACK defined program – Updated on the 27th of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	GPI ID Number	GPO9C5	Char	14	Generic Product Indicator therapeutic class pattern (Ex: 123456******)
2	GPI Name	GPGLU1	Char	60	GPI Therapeutic class name associated with the GPI ID Number pattern
3	GPI14 ID Number	GPPAC5	Char	14	Full 14-position Generic Product Indicator as associated with the GPI ID Number pattern
4	GPI14 Name	GPJJU1	Char	60	GPI Name associated with the GPI14 ID Number
5	ADD User Name	GPAKVN	Char	10	The person who added the transaction
6	ADD Date	GPC2DT	Decimal	7	The date the transaction was added. Date format is CYYMMDD.
7	ADD Time	GPADTM	Decimal	6	The time the transaction was added
8	ADD Program Name	GPALVN	Char	10	The name of the program that added the transaction

RTMCL – Class Name File

(File is populated from an RxTRACK defined program – Updates on the 1st of each month)

Field	Type	Size	Current Extract Field Name	Description
1	char	4	Drug Class NMOWCD	Drug Class, the first four characters of a GPI.
2	char	50	Drug Class Name NMJ7TX	Drug Class name associated with the first four characters of a GPI.

RTMGR – Group Name File

(File is populated from an RxTRACK defined program – Updates on the 1st of each month)

Field	Type	Size	Current Extract Field Name	Description
1	char	2	MGR Drug Group NLOVCD	Drug Group, the first two characters of a GPI.
2	char	40	MGR Drug Group Name NLJ6TX	Drug Group name associated with the first two characters of a GPI.
3	char	30	MGR Major Group Name NLKETX	Medi-Span defined accumulation of drug groups into major groups. Example drug groups 1 – 16 have a major group of Anti-Infectives.

RTMNM – Drug Name File

(File is populated from an RxTRACK defined program – Updates on the 1st of each month)

Field	Type	Size	Current Extract Field Name	Description
1	char	10	Drug Name Code NSO2CD	Drug Name code, the first ten characters of a GPI.
2	char	60	Drug Name Description NSKDTX	Drug Name associated with the first ten characters of a GPI.

RTMSC – Subclass Name File

(File is populated from an RxTRACK defined program – Updates on the 1st of each month)

Field	Type	Size	Current Extract Field Name	Description
1	char	6	Drug Subclass NNOXCD	Drug Subclass, the first six characters of a GPI.
2	char	60	Drug Subclass Name NNJ8TX	Drug Subclass name associated with the first six characters of a GPI.

RTPDT – Product Detail File

(File is populated from an RxTRACK defined program – Updates on the last Saturday of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Product Type PID	AADWC5	Char	2	A code indicating the type of information contained in the Product ID field. Valid values include: 01 = Universal Product Code (UPC) 02 = Health Related Item (HRI) 03 = National Drug Code (NDC) Additional values may be added as necessary.
2	Product ID PID	AADJC5	Char	20	The NDC, UPC, HRI or code to identify a product.
3	Status PRD	AAD8SU	Char	1	The product Status A=Active, I=Inactive.
4	Origin Code PRD	AAD1SU	Char	1	Code indicating how the value was derived. L load, C conversion, E error, M manual, X calc
5	Effective Date PRD	AAAKIH	Dec	8.0	The date the product record was effective.
6	Product Key PRD	AACDNC	Dec	9.0	Unique Catamaran product key that allows you to associate each entry in the product file to an entry on the RT200 base detail file.
7	Termination Date PRD	AAALIH	Dec	8.0	The date the product record was terminated.
8	Inactive Date PRD	AAWFIH	Dec	8.0	The date the product record was inactivated.
9	Limited Distribution PRD	AAWGIH	Char	2	

RTPDT – Product Detail File

(File is populated from an RxTRACK defined program – Updates on the last Saturday of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
10	AWP Indicator PRD	AAF7SU	Char	1	Indicates how the Average Wholesale Price (AWP) was calculated. This field applies only to AWP Medi-Span costs. It does not apply to the other Medi-Span provided costs (such as DIRECT, WAC, etc.) or any other vendor (such as FDB or REDBOOK) costs. This field can contain one of the following values: (blank) = Not applicable A = Calculated & Verified: Current price was calculated and verified by Medi-Span (Inquiry Mark-up Factor) and has been checked against wholesale prices charged by wholesalers. S = Suggested by Mfgr: Current price is suggested AWP furnished by the manufacturer. M = Calculated: Current price was calculated by Medi-Span by adding a standard 25% to the manufacturer furnished WAC or DIRECT price (aka Standard Mark-up Factor).
11	Manufacturer ID PRD	AADQC5	Char	5	The manufacturer of the drug as listed by MEDI-SPAN.
12	Manu Abbrev PID	AADXC5	Char	10	The Manufacturers abbreviated name.
13	GPPC ID PRD	AADPC5	Char	10	Generic Product Packaging Code composed of 2 parts, 5 digit GPI core and three digit suffix. The Core GPPC identifies all products with the same generic ingredient, strength and dosage form.

RTPDT – Product Detail File

(File is populated from an RxTRACK defined program – Updates on the last Saturday of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
14	GPI ID Number PRD	AADOC5	Char	14	Generic Product Indicator. A MEDI-SPAN number identifying pharmaceutically equivalent drugs. It is a 14 digit number with a hierarchy of seven subsets, each providing more specific information about the drug products. 12-xx-xx-xx-xx-xx-xx Drug Group 12-34-xx-xx-xx-xx-xx Drug Class 12-34-56-xx-xx-xx-xx Drug Subclass 12-34-56-78-xx-xx-xx Drug Name 12-34-56-78-90-xx-xx Drug Name Ext 12-34-56-78-90-12-xx Dosage Form 12-34-56-78-90-12-34 Strength
15	Product Class PRD	AADAC5	Char	4	The four position Medi-Span drug classification. Derived from the first four positions of the GPI (Drug Class).
16	Product Group PRD	AADBC5	Char	2	The two position Medi-Span drug classification. Derived from the first two positions of the GPI (Drug Group).
17	Product Subclass PRD	AADCC5	Char	6	The six position Medi-Span drug classification. Derived from the first six positions of the GPI (Drug Subclass).
18	Product Generic PRD	AADDC5	Char	10	The ten position Medi-Span drug classification. Derived from the first ten positions of the GPI.
19	DDI Drug Descriptr ID PRD	AADMC5	Char	6	Medi-Span's drug description identifier.
20	KDC PRD	AAABBL	Dec	10.0	The Knowledge Base Drug Code associated with the product on the transaction comprised of a 10 character number with three parts 5, 2, 3.
21	AHFS Class Code PRD	AAHDC5	Char	8	The American Hospital Formulary Service (AHFS) classification of the product.

RTPDT – Product Detail File

(File is populated from an RxTRACK defined program – Updates on the last Saturday of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
22	3EX 3rd party Excp Cd PRD	AADKC5	Char	1	Third party restriction code is a MEDI-SPAN grouping of drugs by general categories to simplify formulary exclusions. Examples: Blank = None 1 = Insulin 2 = Contraceptives 7 = Fertility drugs 8 = Anorexics C = Cosmetic altering drugs D = Antidepressants S = Smoking deterrents For a more exhaustive list, query the RxCLAIM® System or reference a MEDI-SPAN manual.
23	Brand Name PRD	AADOSU	Char	1	Flag denoting brand name code as defined by Medi-Span. T = Trademark B = Branded generic name G = Generic name
24	Multi-Source PRD	AAD0SU	Char	1	MEDI-SPAN code identifying drug products as either single or multi-source original drug products or a generic copy of the standard drug product. ‘ ‘= Blank no indicator on the drug <u>Typically considered to be Brand:</u> N = Single-source product available from one manufacturer. The drug is not available as a generic. M = Drug that is co-licensed and not available as a generic. It is considered a single source product despite multiple manufacturers. O = Original product available from multiple manufacturers. <u>Typically considered to be Generic:</u> Y = Drug product available from many manufacturers, considered generic.

RTPDT – Product Detail File

(File is populated from an RxTRACK defined program – Updates on the last Saturday of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
25	Rx OTC Indicator PRD	AAD6SU	Char	1	Indicates legend Rx or over-the counter. A code of R or S requires a prescription. A code of O or P means the product does not require a prescription. If unknown it will be blank.
26	FDA Therapeutic Equiv PRD	AADUSU	Char	3	Code indicating FDA rating of therapeutic equivalence of drug products. Codes beginning with an A are considered pharmaceutically equivalent to other pharmaceutically equivalent products. Codes beginning with a B are not considered pharmaceutically equivalent to other non-pharmaceutically equivalent products.
27	Internal/External PRD	AADWSU	Char	1	Complements the Route of Admin field Internal, External, Combo, Other.
28	DEA Class PRD	AADRSU	Char	1	DEA class code identifies federally controlled substances. The appropriate classes are: 1 = High abuse potential 2 = High abuse potential with severe dependence liability. 3 = Less potential abuse than II and moderate dependence liability. 4 = Less abuse than III limited dependence liability. 5 = Limited abuse potential and in some states can be directly purchased from a pharmacist.
29	Labeler Type PRD	AADXSU	Char	1	How the manufacturer prices or promotes the product as brand or generic. This field can contain one of the following values: [blank] = Not specified B = Promoted as brand O = Promoted as brand/generic G = Promoted as generic

RTPDT – Product Detail File

(File is populated from an RxTRACK defined program – Updates on the last Saturday of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
30	Pricing Spread PRD	AAD3SU	Char	1	Identifies pricing spread between AWP, WAC or DP if available. Possible values (1 <21% (, 2 21 - 25%, 3 > 25%, 9.
31	Reimbursement PRD	AAD4SU	Char	1	Assists with the identification of Brands and Generics. Potential values include: 1,2, 3…blank
32	Local/Systemic PRD	AADYSU	Char	1	Indicates if a product has a local or systemic affect
33	Maintenance Drug PRD	AADZSU	Char	1	MEDI-SPAN general guideline flagging products as potential maintenance products. Items are flagged with an X.
34	Dispensing Unit PRD	AADTSU	Char	1	Indicates the usual dispensing sizes for tablets, capsules and liquids. U=Usual Dispensing Size, BLANK = Other than usual.
35	Single/Combination PRD	AAD7SU	Char	1	Designates if the product has a Single or Combination of active ingredients. Values are S = Single and C = Combination
36	Description Abbrev PRD	AAGMU1	Char	30	The abbreviated drug name with Strength and Dosage form that appears on the script.
37	Name/Name Ext PRD	AAGNU1	Char	70	The full 70 character name of the product.
38	Route of Admin Code PRD	AADTC5	Char	2	Indicates how the medication's dosage form is administered. Examples: IJ = Injection IM = Intramuscular IV = Intravenous SC = Subcutaneous IN = Inhalation MT = Mouth throat NA = Nasal OP = Ophthalmic OR = Oral For a more exhaustive list and codes used in your system, query the RxCLAIM® System or reference a MEDI-SPAN manual.
39	Strength 13.5 PRD	AAEENC	Dec	13.5	Strength of the product.
40	Strength UOM PRD	AAGOU1	Char	25	The unit measure associated with the metric strength of the product, if applicable.

RTPDT – Product Detail File

(File is populated from an RxTRACK defined program – Updates on the last Saturday of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
41	Dosage Form Code PRD	AADNC5	Char	4	The dosage form of the drug. Examples of the codes used: AER = Aerosol CAPS = Capsule CRE = Cream For an exhaustive list, query the RxCLAIM® System or reference a MEDI-SPAN manual.
42	Package Size PRD	AAACH2	Dec	9.3	Represents the dispensing size of the package in terms of the volume or number of units.
43	Package Size UOM PRD	AAD2SU	Char	2	Indicates the unit of measure associated with the package.
44	Package Qty PRD	AAABH2	Dec	5.0	The number of individual containers or units per package as supplied by the manufacturer.
45	Total Package Qty PRD	AAAEH2	Dec	13.5	The Package Size multiplied by the Package Quantity = Total Package Quantity (Example: Indocin Package Size of 100 each x Package Quantity of 12 = 1200 Total Package Quantity.
46	Unit-Dose/Unit-Use PRD	AAD9SU	Char	1	Indicates whether the drug is labeled for Unit of Dose or Unit of Use. Values are U, X.
47	DESI Code PRD	AADSSU	Char	1	The Drug Efficacy Study Implementation (DESI) code: 2=Safe & Effective, 3=Under Review, 4=Less than effective for some indications, 5=Less than effective for all indications, 6=Less than effective, withdrawn from market.
48	Repackage Code PRD	AAD5SU	Char	1	Y/N flag which Identifies products that have been repackaged for use by: Mail order suppliers Home health agencies Nursing Homes Physicians Others Y = Repackaged N = Not repackaged BLANK = Unknown

RTPDT – Product Detail File

(File is populated from an RxTRACK defined program – Updates on the last Saturday of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
49	Innerpack Code PRD	AADVSU	Char	1	Indicates if packed within a package and could potentially have different codes.
50	Clinic Pack Code PRD	AADQSU	Char	1	The clinic pack code associated with the given product.
51	Next Smaller NDC PkSz PRD	AADSC5	Char	2	The size indicated as the next smaller package size for the product.
52	Next Larger NDC PkgSz PRD	AADRC5	Char	2	The size indicated as the next larger package size for the product.
53	ADD Date	AAC2DT	Dec	7	Date this record was added as recorded by the system. Date format is CYYMMDD.
54	CHG User Name	AAADVN	Char	10	Date this record was changed as recorded by the system.
55	CHG Date	AABMDT	Dec	7	Date this product record was last modified. Date format is CYYMMDD.
56	CHG Time	AAABTM	Dec	6	Time this record was changed as recorded by the system.

RTPHA – Pharmacy File

(File is populated from an RxTRACK defined program – Updates 10th & 25th of the month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	PHA Pharmacy ID	B1AVCD	Char	12	Submitted Service Provider ID Qualifier (usually the NABP number).
2	PHA Alternate Pharmacy ID	B1TLC1	Char	12	Alternate Service Provider ID Qualifier
3	PHA Pharmacy Name	B1AAU1	Char	25	The Pharmacy name from the NCPDP based pharmacy information within the RxCLAIM system.
4	PHA Pharmacy Store Number	B1TCC1	Char	10	Pharmacy Store Number
5	PHA Pharmacy Address 1	B1ABU1	Char	55	Pharmacy Address line 1
6	PHA Pharmacy Address 2	B1ACU1	Char	55	Pharmacy Address line 2
7	PHA Pharmacy City	B1ADU1	Char	30	Pharmacy City
8	PHA Pharmacy State	B1TDC1	Char	2	Pharmacy State
9	PHA Pharmacy Zip 1	B1AHU1	Char	5	Pharmacy Zip 1
10	PHA Pharmacy Zip 2	B1AIU1	Char	4	Pharmacy Zip 2
11	PHA Pharmacy Zip 3	B1AJU1	Char	2	Pharmacy Zip 3
12	PHA Pharmacy Country	B1PVC5	Char	4	Country abbreviation
13	PHA Pharmacy County	B1J7U1	Char	15	Code for County or Parish (FIPS – Federal Information Processing Standards)
14	PHA Pharmacy Mail Addr1	B1AKU1	Char	55	Pharmacy Mailing Address line 1
15	PHA Pharmacy Mail Addr2	B1ALU1	Char	55	Pharmacy Mailing Address line 2
16	PHA Pharmacy Mail City	B1AMU1	Char	30	Pharmacy Mailing Address City
17	PHA Pharmacy Mail State	B1TEC1	Char	2	Pharmacy Mailing Address State
18	PHA Pharmacy Mail Zip 1	B1ANU1	Char	5	Pharmacy Mailing Address Zip 1
19	PHA Pharmacy Mail Zip 2	B1AOU1	Char	4	Pharmacy Mailing Address Zip 2
20	PHA Pharmacy Mail Zip 3	B1APU1	Char	2	Pharmacy Mailing Address Zip 3
21	PHA Pharmacy Phone	B1ABNB	Decimal	10	Pharmacy Phone Number
22	PHA Pharmacy Fax Phone	B1ACNB	Decimal	10	Pharmacy Fax Number

RTPHA – Pharmacy File

(File is populated from an RxTRACK defined program – Updates 10th & 25th of the month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
23	PHA Dispenser Class	B1UFST	Char	3	Indicates the type of dispensing entity. Valid values are these: 0 = Other 1 = Independent: One, two, or three pharmacies under common ownership. 2 = Chain: A pharmacy that is part of a group of four or more pharmacies under common ownership. Pharmacies may or may not share the same Federal Tax ID number. 3 = Hospital 4 = Clinic 5 = Franchise: An independently owned pharmacy that has signed a franchise agreement with a franchisor. 6 = Government/Federal: A pharmacy under the jurisdiction of federal, state, county or city government or the Indian Health Service. This includes military pharmacies within or outside the United States. 7 = Alternate Dispensing Site: A pharmacy or dispensing site that does not fit into the four classes above. This includes mail service pharmacies, institutional and hospital pharmacies, most clinic pharmacies and non-pharmacy dispensing sites

RTPHA – Pharmacy File

(File is populated from an RxTRACK defined program – Updates 10th & 25th of the month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
24	PHA Dispenser Type	B1UGST	Char	3	The primary dispenser type, which further clarifies the dispenser class in the field above. This field can contain one of the following values: 0 = Other 1 = Retail 2 = Grocery Store 3 = Department Store 4 = Long Term Care 5 = Mail Order 6 = IV Infusion 7 = Dispensing Physician 8 = Indian Health Services 9 = VA Hospital 10 = State Hospital 11 = Institution 12 = HMO Pharmacy 13 = DMR 14 = Clinic Pharmacy 15 = Specialty Pharmacy 16 = Nuclear Pharmacy 17 = Military Pharmacy 18 = Compound Pharmacy
25	PHA Dispenser Type 2	B1INSU	Char	3	This field contains the provider's secondary dispenser type code. Blanks=none/not specified or not applicable in this field(provider does not specify a secondary type)
26	PHA Dispenser Type 3	B1IOSU	Char	3	This field contains the provider's tertiary dispenser type code. Blanks=none/not specified or not applicable in this field(provider does not specify a tertiary type)
27	PHA Affiliation	B1TFC1	Char	12	The name of the affiliation of which the selected pharmacy is a part. An affiliation is a collective group of pharmacies. Independent pharmacies will not have an affiliation.
28	PHA Affiliation From Date	B1G1DA	Decimal	8	Date from which the affiliation became effective.
29	PHA Payment Center	B1TGC1	Char	12	The Pharmacy payment center associated with the transaction. A pharmacy chain may have several regional payment centers.
30	PHA Pay Center From Date	B1G2DA	Decimal	8	Date Payment Center became effective.

RTPHA – Pharmacy File

(File is populated from an RxTRACK defined program – Updates 10th & 25th of the month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
31	PHA EFT Routing Address	B1AQU1	Char	9	EFT Routing Address
32	PHA Federal License Nbr	B1THC1	Char	12	The selected pharmacy's federal license number, if provided to NCPDP.
33	PHA Federal Tax ID	B1TIC1	Char	15	The selected pharmacy's federal tax ID, if provided to NCPDP.
34	PHA State License Nbr	B1ARU1	Char	20	The selected pharmacy's state license number, if provided to NCPDP.
35	PHA State Tax ID	B1TJC1	Char	15	The selected pharmacy's state tax ID.
36	PHA Medicaid ID	B1ASU1	Char	20	Pharmacy Medicaid ID
37	PHA Pharmacy 24 Hour Flag	B1UHST	Char	1	Y/N Flag indicating whether or not Pharmacy provides 24-hour service.
38	PHA Region Code	B1TKC1	Char	2	The Pharmacy Region Code from the NCPCD based pharmacy files contained within the RxCLAIM system.
39	PHA Status	B1UIST	Char	1	Indicates whether the selected pharmacy is available to fill prescriptions. Valid values are I=Inactive and A=Active**.** .
40	PHA Hold Type	B1IQSU	Char	1	
41	PHA Network Usage Count	B1HXNC	Decimal	3	
42	PHA Location MSA	B1PWC5	Char	4	Metropolitan Statistical Area code, if any, in which some or all of the ZIP code lies. The MSA is a 4-digit FIPS code assigned by the White House's Office of Management and Budget.
43	PHA Location PSMA	B1PXC5	Char	4	Primary Metropolitan Statistical Area code, if any, in which some or all of the ZIP code lies. The PMSA is a 4-digit FIPS code assigned by the White House's Office of Management and Budget.
44	PHA Congressional District	B1PYC5	Char	4	
45	PHA NCPDP Load Flag	B1IRSU	Char	1	
46	PHA Accepts e-prescribing	B1ISSU	Char	1	(Y)es or (No) indicator that provider accepts NCPDP SCRIPT transactions

RTPHA – Pharmacy File

(File is populated from an RxTRACK defined program – Updates 10th & 25th of the month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
47	PHA Delivery Service	B1ITSU	Char	1	(Y)es or (No) indicator that provider provides prescription delivery service
48	PHA Compounding Service Flag	B1IUSU	Char	1	(Y)es or (No) indicator that provider provides prescription compounding services
49	PHA Drive-Up Window Flag	B1IVSU	Char	1	(Y)es or (No) indicator that provider has a drive-up window
50	PHA Durable Med Equipmnt Flag	B1IWSU	Char	1	(Y)es or (No) indicator that provider sells Durable Medical Equipment
51	PHA Handicap Accessible Flag	B1IXSU	Char	1	(Y)es or (No) indicator that provider is accessible for handicapped individuals
52	PHA Language Code 1	B1P0C5	Char	2	Language Spoken Code (ISO 639-1 codes)
53	PHA Language Code 2	B1P1C5	Char	2	Language Spoken Code (ISO 639-1 codes)
54	PHA Language Code 3	B1P2C5	Char	2	Language Spoken Code (ISO 639-1 codes)
55	PHA Language Code 4	B1P3C5	Char	2	Language Spoken Code (ISO 639-1 codes)
56	PHA Language Code 5	B1P4C5	Char	2	Language Spoken Code (ISO 639-1 codes)
57	PHA UPIN/Medicare Provider ID	B1P5C5	Char	10	Universal Provider ID Number (UPIN) of the provider used to submit Medicare claims
58	PHA National Provider ID	B1P6C5	Char	10	The standard unique health identifier for health care providers to use in filing and processing health care claims and other transactions at the pharmacy or alternate dispensing site level.
59	ADD User Name	B1AKVN	Char	10	The person who added the transaction
60	ADD Date	B1C2DT	Decimal	7	Date the transaction was added. Date format is CYYMMDD.
61	ADD Time	B1ADTM	Decimal	6	Time the transaction was added
62	ADD Program Name	B1ALVN	Char	10	Name of the program that added the transaction

RTPHP – Product HCPCS

(File is populated from an RxTRACK defined program)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Short Description HCP	HPHPU1	CHAR	30	Description of the HCPCS Code.
2	Long Description HCP	HPHQU1	CHAR	150	The entire description from the government file. The Medi-Span HCPCS Database reports only the first 150 characters of the name.
3	Code Added Date HCP	HPWCIH	DECIMAL	8.0	Date that CMS considered this HCPCS code effective.
4	Action Eff Date HCP	HPWDIH	DECIMAL	8.0	Date that the HCPCS code was acted upon by CMS.
5	Termination Date HCP	HPWEIH	DECIMAL	8.0	Date that CMS retired this HCPCS code.
6	HCPCS Code HCP	HPG6C5	CHAR	10	5-digit HCPCS code.
7	Action Code HCP	HPFRSU	CHAR	1	

RTPHP – Product HCPCS

(File is populated from an RxTRACK defined program)

Field	Field Name	Synon Name	Data Type	Field Length	Description
8	Pricing Ind 1 HCP	HPFSSU	CHAR	2	Up to 4 codes assigned to a procedure to identify the appropriate methodology for developing unique pricing amounts. The possible values are defined by Medi-Span. A partial list of values is as follows: 00 Not separately B-priced: Service not separately priced by part B (example: services not covered, bundled, used by part A only, etc.) 11 MD Fee Sched, RVU's: Linked to Physician Fee Schedule, price established using national RVUs. 12 MD Fee Sched, Anesthesia: Linked to Physician Fee Schedule, price established using national anesthesia base units 13 MD Fee Sched, Carriers: Linked to Physician Fee Schedule, price established by carriers (for example, not otherwise classified, individual determination, carrier discretion). 21 Lab Fee Sched, Natl limit: Linked to Clinical Lab Fee Schedule, price subject to national limitation amount 22 Lab Fee Sched, Carriers: Linked to Clinical Lab Fee Schedule, price established by carriers (for example: gag-fills, carrier established panels) prosthetics, prosthetic devices & vision services (price subject to floors and ceilings) 39 = DME, Parenteral / enteral: Linked to Durable Medical Equipment, Prosthetics, Orthotics, Supplies And Surgical Dressings; Parenteral and Enteral Nutrition 51 = Drugs 52 = Reasonable charge 53 = Statute 54 = Vaccinations 55 = Priced by carrier 57 = Other carrier priced 99 = Value not established
9	Pricing Ind 2 HCP	HPFTSU	CHAR	2	Please see 'Pricing Ind 1 HCP' above.

RTPHP – Product HCPCS

(File is populated from an RxTRACK defined program)

Field	Field Name	Synon Name	Data Type	Field Length	Description
10	Pricing Ind 3 HCP	HPFUSU	CHAR	2	Please see 'Pricing Ind 1 HCP' above.
11	Pricing Ind 4 HCP	HPFVSU	CHAR	2	Please see 'Pricing Ind 1 HCP' above.
12	Multiple Pricing Code HCP	HPG7C5	CHAR	1	An instance where a procedure can be priced under multiple methodologies. Following is a partial list of values: 9 = N/a (no separate PartB pricing or not established): Not applicable as HCPCS not priced separately by part B (pricing indicator is '00') or value is not established (pricing indicator is '99'). A = N/a, priced as one method: Not applicable as HCPCS priced under one methodology. B = Prof uses RVU; tech/global Part D Carrier: Professional component of HCPCS priced using RVU's, while technical component and global service priced by Medicare part B carriers. C = LAB: MD Fee sched w/RVU; lab fee sched: Physician interpretation of clinical lab service is priced under physician fee schedule using RVU's, while pricing of lab service is paid under clinical lab fee schedule.
13	Cross Reference Code1 HCP	HPG8C5	CHAR	5	Codes for cross-referencing a deleted code or a code that currently is not valid for Medicare. This may be necessary because CMS occasionally deletes code. Assign up to 5 cross-reference codes to an HCPCS code.
14	Cross Reference Code2 HCP	HPG9C5	CHAR	5	Please see Cross Reference Code1 HCP above.
15	Cross Reference Code3 HCP	HPHAC5	CHAR	5	Please see Cross Reference Code1 HCP above.
16	Cross Reference Code4 HCP	HPHBC5	CHAR	5	Please see Cross Reference Code1 HCP above.
17	Cross Reference Code5 HCP	HPHCC5	CHAR	5	Please see Cross Reference Code1 HCP above.

RTPHP – Product HCPCS

(File is populated from an RxTRACK defined program)

Field	Field Name	Synon Name	Data Type	Field Length	Description
18	Origin Code HCP	HPFWSU	CHAR	1	Indicates how this HCPCS record was loaded to *RxCLAIM*. Valid values are these: M = Manual L = Medi-Span HCPCS Load D = Medi-Span Delete Reported

RTPHX – Product HCPCS Xref

(File is populated from an RxTRACK defined program)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	HCPCS Code HCP	HXG6C5	DECIMAL	9.0	5-digit HCPCS code.
2	Billing Mapping Code HPP	HXHEC5	CHAR	10	Code representing the HCPCS billing mapper indicator.
3	Record Status HPP	HXFYSU	CHAR	2	
4	Origin Code HPP	HXFZSU	CHAR	1	Indicates how this HCPCS record was loaded to *RxCLAIM*. Valid values are these: M = Manual L = Medi-Span HCPCS Load D = Medi-Span Delete Reported
5	Product Key PRD	HXCDNC	CHAR	1	Unique Catamaran product key that allows you to associate each entry in the product file to an entry on the RT200 base detail file.

RTPIM – Provider Medicaid File

(File is populated from an RxTRACK defined program – Updated on the 10th and 25th of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	PIM Pharmacy ID	APAVCD	Char	12	The NCPDP number of the provider
2	PIM Medicaid ID State	APIGSU	Char	2	The two-digit state code for the Medicaid ID
3	PIM Pharmacy Medicaid ID	APPIC5	Char	20	The Identification number assigned to the provider by the State Medicaid Agency
4	PIM Status	APIHSU	Char	1	Indicates whether the PIM is active or inactive. Valid values: **A**=Active; **I**=Inactive
5	PIM Obsolete Date	APVHIJ	Decimal	7	The date stamped by NCPDP that this PIM is no longer active. If PIM is active, this field will contain zeros.
6	ADD User Name	APAKVN	Char	10	The person who added the transaction
7	ADD Date	APC2DT	Decimal	7	The date the transaction was added. Date format is CYYMMDD.
8	ADD Time	APADTM	Decimal	6	The time the transaction was added
9	ADD Program Name	APALVN	Char	10	The name of the program that added the transaction

RTPMC – Provider Payment Center File

(File is populated from an RxTRACK defined program – Updated on the 10th & 25th of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	PMC Payment Center ID	AZTOC1	Char	12	Payee ID. Payee might be a corporate entity or a member.
2	PMC Payee Seq	AZHYNC	Decimal	3	Payee Sequence Number associated to the Payee ID.
3	PMC Pharmacy ID	AZJ9U1	Char	12	The NCPDP number of the provider associated with the Payment Center ID
4	PMC From Date	AZV8IJ	Decimal	7	The date that the Payment Center ID is active for the provider
5	PMC Thru Date	AZV9IJ	Decimal	7	The date that the Payment Center ID is no longer active for the provider, as specified by the entity. If relationship is still active, this field will contain zeros or 1391231.
6	PMC Payment Center Name	AZTPC1	Char	40	Name of the Payment Center associated with the Payment Center ID
7	PMC Address 1	AZA8U1	Char	55	Physical address of the main office of the Payment Center – Line 1
8	PMC Address 2	AZA9U1	Char	55	Physical address of the main office of the Payment Center – Line 2
9	PMC City	AZBAU1	Char	30	Physical address of the main office of the Payment Center – City
10	PMC State	AZTQC1	Char	2	Physical address of the main office of the Payment Center – State abbreviation
11	PMC ZIP 1	AZBBU1	Char	5	Physical address of the main office of the Payment Center – ZIP (5)
12	PMC ZIP 2	AZBCU1	Char	4	Physical address of the main office of the Payment Center – ZIP (4)
13	PMC ZIP 3	AZBDU1	Char	2	Physical address of the main office of the Payment Center – ZIP (2)
14	PMC Country	AZP8C5	Char	4	Physical address of the main office of the Payment Center – Country abbreviation
15	PMC Mail Address 1	AZBEU1	Char	55	Mailing address of the Payment Center associated with the Payment Center ID – Line 1
16	PMC Mail Address 2	AZBFU1	Char	55	Mailing address of the Payment Center associated with the Payment Center ID – Line 2
17	PMC Mail City	AZBGU1	Char	30	Mailing address of the Payment Center associated with the Payment Center ID – City
18	PMC Mail State	AZTRC1	Char	2	Mailing address of the Payment Center associated with the Payment Center ID – State abbreviation
19	PMC Mail ZIP 1	AZBHU1	Char	5	Mailing address of the Payment Center associated with the Payment Center ID – ZIP (5)

RTPMC – Provider Payment Center File

(File is populated from an RxTRACK defined program – Updated on the 10th & 25th of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
20	PMC Mail ZIP 2	AZBIU1	Char	4	Mailing address of the Payment Center associated with the Payment Center ID – ZIP (4)
21	PMC Mail ZIP 3	AZBJU1	Char	2	Mailing address of the Payment Center associated with the Payment Center ID – ZIP (2)
22	PMC Mail Country	AZP7C5	Char	4	Mailing address of the Payment Center associated with the Payment Center ID – Country abbreviation
23	PMC Phone	AZAGNB	Decimal	10	Telephone number of the Payment Center associated with the Payment Center ID
24	PMC Phone Ext	AZHZNC	Decimal	5	Telephone number extension
25	PMC FAX	AZAINB	Decimal	10	Facsimile number of the Payment Center associated with the Payment Center ID
26	ADD User Name	AZAKVN	Char	10	The person who added the transaction
27	ADD Date	AZC2DT	Decimal	7	The date the transaction was added. Date format is CYYMMDD.
28	ADD Time	AZADTM	Decimal	6	The time the transaction was added
29	ADD Program Name	AZALVN	Char	10	The name of the program that added the transaction

RTPOG – Provider Parent Organization File

(File is populated from an RxTRACK defined program – Updated on the 10th and 25th of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	POG Parent Organization ID	ANPBC5	Char	6	Headquarter address information for chains, buying groups, or third party contracting organizations where multiple relationship entities exist and need to be linked to a common organization such as common ownership for several chains
2	POG Parent Organization Name	ANJKU1	Char	35	The name of the parent organization
3	POG Address Line 1	ANJMU1	Char	55	The first address line
4	POG Address Line 2	ANJNU1	Char	55	The second address line
5	POG City	ANJLU1	Char	30	Location city
6	POG State	ANIBSU	Char	2	The two-digit state code
7	POG ZIP Code	ANJOU1	Char	9	This field identifies the expanded ZIP Code
8	POG Phone Number	ANPCC5	Char	10	The telephone number
9	POG Phone Extension	ANPDC5	Char	5	Telephone extension
10	POG FAX Number	ANPEC5	Char	10	The facsimile machine telephone line number
11	POG E-Mail Address	ANPFC5	Char	50	E-mail or primary contact person
12	POG National Provider ID	ANPGC5	Char	10	NPI of Parent Organization. The standard unique health identifier for health care providers to use in filing and processing health care claims and other transactions
13	POG Obsolete Date	ANVFIJ	Decimal	7	The date stamped by NCPDP that this parent organization is no longer active. If parent organization is active, this field will contain zeros.
14	POG Status	ANICSU	Char	1	Indicates whether parent organization is active or inactive. Valid values are: **A**=Active; **I**=Inactive
15	ADD User	ANAKVN	Char	10	The person who added the transaction
16	ADD Date	ANC2DT	Decimal	7	The date the transaction was added. Date format is CYYMMDD.
17	ADD Time	ANADTM	Decimal	6	The time the transaction was added
18	ADD Program Name	ANALVN	Char	10	The name of the program that added the transaction

RTPPR – Product Pricing File

(File is populated from an RxTRACK defined program – Updates on the 27th of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	Cost Source PUC	RPDUC5	CHAR	10	Indicates the source of the cost information. Valid values include but are not limited to: FDB Medi-Span Redbook
2	Cost Type PUC	RPDVC5	CHAR	10	The type of cost information indicated for the Product (AWP, WAC, etc.)
3	Cost Seq Nbr PUC	RPCENC	DECIMAL	5.0	The Product File sequence number associated with each record of a product.
4	Status PUC	RPEBSU	CHAR	1	The product status. A=Active; I=Inactive.
5	Cost From Date PUC	RPWJIH	DECIMAL	8.0	From date for which this cost was effective.
6	Product Key PRD	RPCDNC	DECIMAL	9.0	Unique Catamaran product key that allows you to associate each entry in the product file to an entry on the RT200 base detail file.
7	Cost Thru Date PUC	RPWKIH	DECIMAL	8.0	Thru date for which this cost was effective.
8	Unit Cost PUC	RPCOP2	DECIMAL	13.5	The per unit cost for the selected product as of the date range indicated in the From Date and Thru Date fields.
9	Origin Code PUC	RPFXSU	CHAR	1	Code indicating how the value was derived. L= Load C=Conversion E=Error M=Manual X=Calculated
10	ADD Date	RPC2DT	DECIMAL	7.0	Date record was added as recorded by the system. Date format is CYYMMDD.
11	CHG User Name	RPADVN	CHAR	10	Date the record was changed as recorded by the system.
12	CHG Date	RPBMDT	DECIMAL	7.0	Date this product record was last modified. Date format is CYYMMDD.
13	CHG Time	RPABTM	DECIMAL	6.0	Date the record was changed as recorded by the system.

RTPRL – Provider Relationship File

(File is populated from an RxTRACK defined program – Updated on the 10th and 25th of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	PRL Pharmacy ID	ATAVCD	Char	12	The NCPDP number of the provider
2	PRL Sequence Number	ATHSNC	Decimal	7	GPI Therapeutic class name associated with the GPI ID Number pattern
3	PRL Affiliation ID	ATPRC5	Char	6	The identifier assigned to represent the affiliation associated with the provider
4	PRL Payment Center ID	ATPQC5	Char	6	The code or identification associated with a provider that corresponds to the payment center assigned to a particular provider
5	PRL Status	ATIISU	Char	1	Indicates whether the Relationship ID and/or Payment Center ID is active or inactive. Valid values: **A**=Active; **I**=Inactive
6	PRL From Date	ATVIIJ	Decimal	7	The date that the Relationship ID and/or Payment Center ID is active for the provider
7	PRL Thru Date	ATVJIJ	Decimal	7	The date that the Relationship ID and/or Payment Center ID is no longer active for the provider, as specified by the entity. If relationship is still active, this field will contain zeros or 1391231.
8	PRL Relationship ID	ATPSC5	Char	6	The identifier assigned to represent the relationship associated with the provider
9	PRL Relationship Type	ATILSU	Char	2	Indicates the Type of Relationship associated with the ID: **01**=Chain **02**=Franchise **03**=Purchasing Buying Group **04**=Third Party Reconciliation Entity **05**=Third Party Contracting Group
10	PRL Relationship Name	ATA9HP	Char	35	The name of the relationship entity
11	PRL Address1	ATJ2U1	Char	55	The first address line
12	PRL Address2	ATJ3U1	Char	55	The second address line
13	PRL City	ATJ4U1	Char	30	Location city
14	PRL State	ATIJSU	Char	2	The two-digit state code
15	PRL ZIP	ATJSU1	Char	5	ZIP Code
16	PRL ZIP2	ATJTU1	Char	4	ZIP Code 2
17	PRL ZIP3	ATJUU1	Char	2	ZIP Code 3
18	PRL Country	ATPTC5	Char	4	Country abbreviation
19	PRL Mailing Address1	ATJVU1	Char	55	The first mailing address line

RTPRL – Provider Relationship File

(File is populated from an RxTRACK defined program – Updated on the 10th and 25th of each month)

Field	Field Name	Synon Name	Data Type	Field Length	Description
20	PRL Mailing Address2	ATJWU1	Char	55	The second mailing address line
21	PRL Mailing City	ATJ6U1	Char	30	Mailing city
22	PRL Mailing State	ATIKSU	Char	2	The two-digit mailing state code
23	PRL Mailing ZIP	ATJXU1	Char	5	Mailing ZIP Code
24	PRL Mailing ZIP2	ATJYU1	Char	4	Mailing ZIP Code 2
25	PRL Mailing ZIP3	ATJZU1	Char	2	Mailing ZIP Code 3
26	PRL Mailing Country	ATPUC5	Char	4	Mailing country abbreviation
27	PRL Phone	ATHTNC	Decimal	10	Telephone number
28	PRL Phone Ext	ATHWNC	Decimal	5	Telephone number extension
29	PRL FAX	ATHUNC	Decimal	10	The facsimile machine telephone line number
30	PRL Relationship E-Mail	ATPMC5	Char	50	The email address of the primary contact person
31	PRL AFF Status	ATIMSU	Char	1	Indicates whether the Affiliation ID is active or inactive. Valid values: **A**=Active; **I**=Inactive
32	PRL AFF Obsolete Date	ATVKIJ	Decimal	7	The date stamped by NCPDP that the affiliation information is no longer active. If information is active, this field will contain zeros.
33	PRL Parent OrganizationID	ATPNC5	Char	6	Parent Organization ID associated with the relationship ID
34	ADD User Name	ATAKVN	Char	10	The person who added the transaction
35	ADD Date	ATC2DT	Decimal	7	The date the transaction was added. Date format is CYYMMDD.
36	ADD Time	ATADTM	Decimal	6	The time the transaction was added
37	ADD Program Name	ATALVN	Char	10	The name of the program that added the transaction

RTRJC – Reject Codes File

(File is populated from an RxTRACK defined program – Updates on the 1st of each month)

Field	Type	Size	Current Extract Field Name	Description
1	char	3	Reject Code NOO1CD	NCPDP Reject Codes. The first code sent to the provider indicating the reason for adjustment or reject. Examples: ØØ ("M/I" MEANS MISSING/INVALID) Ø1 M/I BIN Ø2 M/I VERSION NUMBER Ø3 M/I TRANSACTION CODE Ø4 M/I PROCESSOR CONTROL NUMBER Ø5 M/I PHARMACY NUMBER Ø6 M/I GROUP NUMBER Ø7 M/I CARDHOLDER ID NUMBER Ø8 M/I PERSON CODE A total list of reject codes can be created by querying the RxTRACK® reference file RTRCP (conflict codes).
2	char	65	Reject Description NOJ9TX	Text description of a Reject Code. For example, a reject code of "79" would correspond to a text description of "Refill Too Soon".

RTRTP – Provider Relationship Type File

Field	Field Name	Synon Name	Data Type	Field Length	Description
1	RTP Relationship Type	ARPKC5	Char	2	Valid values: **01, 02, 03, 04, 05**
2	RTP Relationship Descr	ARJQU1	Char	25	Relationship Type Descriptions: 01=Chain; 02=Franchise; 03=Purchasing Buying Group; 04=Third Party Reconciliation Entity; 05=Third Party Contracting Group
3	ADD User	ARAKVN	Char	10	The person who added the transaction
4	ADD Date	ARC2DT	Decimal	7	The date the transaction was added. Date format is CYYMMDD.
5	ADD Time	ARADTM	Decimal	6	The time the transaction was added
6	ADD Program Name	ARALVN	Char	10	The name of the program that added the transaction

RxTRACK TABLE DESCRIPTIONS AND USAGE

RT200 – Base Detail File

This file is intended to answer business intelligence questions like:

- Which members have had a script for Paxil in the last 90 days?
- How many transactions were captured for a given member?
- What transactions occurred on a given date for a Carrier, Account or Group?

Things to consider about this file:

- This file represents ALL transaction level detail from the RxTRACK Data Warehouse.
- Each claim status is represented in this detail.
- This file contains the contracted amount of rolling history for each Client based on the Client's contract.

RT270 – Claims Last Sequence File

This file captures and stores the last sequence of each transaction. When each set of daily transactions is loaded into RxTRACK, each is compared to the transactions contained in the RT270 and the RT270 is updated accordingly.

This file is intended to provide business intelligence information like:

- EOB (explanation of benefits) Reports for patients. It allows the EOB report to be generated that will eliminate the transactions with a status of X (reversal) or R (rejects).

Things to consider about this file:

- Transaction level information is contained in this file.
- This file is a fact table, but contains only the RxClaim Number, Sequence number and status of each transaction. (Please use these three fields when joining to the RT200). In almost all cases, it will be joined back to the RT200 Base Detail File to capture other information regarding each transaction.
- This file is updated on a daily basis.
- This file accounts for transactions that have been rejected for code 83 (Duplicate Claim) by treating them as Paid.
- This file contains the contracted amount of rolling history for each Client based on the Client's contract.

RTAHF – AHFS Values File

This file is a reference file that contains all The American Hospital Formulary Service (AHFS) classification codes and descriptions of a product associated with a transaction. This file can be used in conjunction with the RT200 base detail file.

"AHFS code" from the RT200 may have little meaning when used on it's own, as it returns a numeric value such as "04000000". When paired with the AHFS Values reference file, users can add a text description for that code to make the result set more meaningful. In this case, a reject code of "01" would be associated with the text description, "ANTIHISTAMINE DRUGS".

Things to consider about this file:

- This file is updated monthly
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file can be joined to RxTRACK detail or summary files to add text descriptions of AHFS values to end user reporting

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTCAG – Carrier Account Group File

This file is a detail file that contains the RxCLAIM text descriptions associated with each RxCLAIM defined Carrier ID, Account ID, and Group ID. This file can be joined to the RT200 base detail file to provide additional transaction level information.

Things to consider about this file:

- Transaction level information is contained in this file.
- This file is a fact table, and contains information that is not captured in the RT200 Base Detail file.
- This file is updated weekly.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTCMD – Multi-Ingredient Compound Detail

This file represents all multi-ingredient compound detail records for qualifying compounds processed within the RxCLAIM system for RxTRACK clients.

Things to consider about this file:

- Each claim status is represented in this detail.
- For each qualifying multi-ingredient compound record RT200P, there are one or more multi-ingredient compound detail records within the RTCMDP.
- This file contains a record with product and pricing detail for each component for the particular compound.
- This file will typically be used in conjunction with last sequence paid claims from the RT270P.

This file is intended to answer business intelligence questions like:

- How many multi-ingredient compound claims are we paying?
- What are is the product make-up of those particular claims?
- What are the costs/pricing associated with the individual components of a given compound?

RTDCC – Conflict Codes File

This file is a reference file that contains all NCPDP DUR Conflict codes and associated text descriptions. This file is used in conjunction with the RTDUSP (DUR Submitted File) and RTDURP (DUR Response File).

Things to consider about this file:

- This file is updated monthly, based on information provided to Catamaran by NCPDP.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTDCL – Provider Dispenser Class File

This file is a detail file that contains a universe of all pharmacy dispenser Class data. This file is based on data provided to Catamaran Health Solutions, Inc. by NCPCP. This file contains data such as:

- Pharmacy Dispenser Class data.

Things to consider:

- This file contains all pharmacy dispenser Class data regardless of utilization.
- This file is updated monthly, based on information provided to Catamaran by NCPCP.
- This file contains data that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file is maintained manually by RxTRACK staff.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTDIC – Intervention Codes File

This file is a reference file that contains all NCPDP Intervention codes and associated text descriptions. This file is used in conjunction with the RTDUSP (DUR Submitted File).

Things to consider about this file:

- This file is updated monthly, based on information provided to Catamaran by NCPDP
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTDOC – Outcome Codes File

This file is a reference file that contains all NCPDP Outcome codes and associated text descriptions. This file is used in conjunction with the RTDUSP (DUR Submitted File).

Things to consider about this file:

- This file is updated monthly, based on information provided to Catamaran by NCPDP.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTDTP – Provider Dispenser Type File

This file is a detail file that contains a universe of all pharmacy dispenser type data. This file is based on data provided to Catamaran Health Solutions, Inc. by NCPCP. This file contains data such as:

- Pharmacy Dispenser Type data.

Things to consider:

- This file contains all pharmacy dispenser type data regardless of utilization.
- This file is updated monthly, based on information provided to Catamaran by NCPCP.
- This file contains data that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file is maintained manually by RxTRACK staff.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTDUR – Response DUR File

For each transaction in RxCLAIM that utilizes DUR, this file captures DUR related response information back to the pharmacy. This DUR information is separated from the base detail file so that it can be queried independently, or joined back to the RT200 base detail file to capture other non-DUR information associated with the transaction.

Things to consider about this file:

- Transaction level information is contained in this file.
- This file is a fact table, and contains information that is not captured in the RT200 Base Detail file.
- This file can be queried independently or joined to the RT200 Base Detail File.
- This file is updated on a daily basis.
- This file contains the contracted amount of rolling history for each Client based on the Client's contract.

RTDUS – Submitted DUR File

For each transaction in RxCLAIM that utilizes DUR, this file captures DUR related information submitted by the pharmacy. This DUR information is separated from the base detail file so that it can be queried

independently, or joined back to the RT200 base detail file to capture other non-DUR information associated with the transaction.

Things to consider about this file:

- Transaction level information is contained in this file.
- This file is a fact table, and contains information that is not captured in the RT200 Base Detail file.
- This file can be queried independently or joined to the RT200 Base Detail File.
- This file is updated on a daily basis.
- This file contains the contracted amount of rolling history for each Client based on the Client's contract.

RTGCM – Eligibility Summary File

This is a summary level file that captures aggregated utilizing and eligible member count information. The system updates it following the end of each month. This allows the RxCLAIM Eligible Members field to capture eligibility changes made between the 29th and the last day of the month that are not reflected in RxCLAIM Member count on the 29th of the month. This file counts utilizing and eligible members by values including but not limited to:

Carrier ID
Account ID
Group ID
Care Facility ID
Care Network
Care Network Qualifier
Age Band
Member Sex
Member Product
Member Rider
Relationship Code

This file is intended to yield actuarial information related to a Clients membership. These values can be used as the basis for PMPM calculations in reports or Cognos data cubes.

Things to consider about this file:

- No member level detail is contained in this file
- This file is updated on a monthly basis
- There are detailed business rules regarding how members are counted in this file, for additional information, see the RxTRACK staff

- This file contains the contracted amount of rolling history for each Client based on the Client's contract
- This table is not designed to join efficiently to other tables.
- The **RxCLAIM Eligible Members** field uses the same logic as the RxCLAIM Member count. However, this file is updated following the end of each month. This allows the RxCLAIM Eligible Members field to capture eligibility changes made between the 29th and the last day of the month that are not reflected in RxCLAIM Member count on the 29th of the month.
- The **RxTRACK Eligible Members** field retains a partial member value for those members that are active for only part of a given month. Therefore, if a member is active at the beginning of a month, then terms on the 15th of the month, a partial member (or 0.5 member) would be counted. Once the member count is tallied, then the number is rounded to the neared whole member. This method creates an accurate representation of the actual quantity of member months during a given month.
- The **Utilizing Members** field counts the number of distinct members that utilize during a given month. This field is generated by the same program as the RxTRACK Eligible Members field and the RxTRACK Eligible Members field. Therefore it also is updated following the end of a month.

RTGPI – Generic Product Identifier File

This file is a detail file that contains a universe of all GPIs. This file is based on data provided to Catamaran Health Solutions, Inc. by Medi-Span. This file contains data such as:

- GPI number and description.
- GPI therapeutic pattern and descriptions.

Things to consider:

- This file contains all GPI data regardless of utilization.
- This file is updated monthly, based on information provided to Catamaran by NCPCP.
- This file contains data that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file is updated on the 27th of each month.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTMBR – Member Detail

This detail file contains member information including member demographic data such as address, phone number, and email address.

Things to consider about this file:

- This file is updated daily.
- This file is based on source data from RxCLAIM member tables.
- While this file includes original effective date (the date this member was originally entered as a member into the RxCLAIM system), this file DOES NOT contain eligibility roll-level logic (i.e. active to/from dates).
- There can be Member IDs that exist in the RT200 with net paid claims > 0, that don't exist in the RTMBR file.
- Some carriers may not populate Member Cardholder information.

This file is intended to answer business intelligence questions like:

- What is the address for utilizing members?
- What is the email address for a member?
- What is the member's primary language?

RTMCL – Class Name File

This file is a reference file that contains all GPI based drug class numbers and drug group text descriptions provided to Catamaran under licensing agreement with Medi-Span. This file is heavily used in Catamaran data cube development.

Things to consider about this file:

- This file is updated monthly, based on information provided to Catamaran by Medi-Span.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file can be joined to RxTRACK detail or summary files to add text descriptions of therapeutic classifications to end user reporting.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTMGR – Group Name File

This file is a reference file that contains all GPI based drug group numbers and drug group text descriptions provided to Catamaran under licensing

agreement with Medi-Span. The file also contains a Catamaran proprietary Major Drug Group Classification, which groups the Medi-Span Drug Group Level into a Therapeutic Class set of 'Super Categories' such as Respiratory Agents, Cardiovascular Agents, etc.. This file is heavily used in Catamaran data cube development.

Things to consider about this file:

- This file is updated monthly, based on information provided to Catamaran by Medi-Span.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file can be joined to RxTRACK detail or summary files to add text descriptions of therapeutic classifications to end user reporting.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTMNM – Drug Name File

This file is a reference file that contains all GPI based drug name codes (the first 10 characters of the GPI) and text descriptions provided to Catamaran under licensing agreement with Medi-Span. This file is heavily used in Catamaran data cube development.

Things to consider about this file:

- This file is updated monthly, based on information provided to Catamaran by Medi-Span.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file can be joined to RxTRACK detail or summary files to add text descriptions of therapeutic classifications to end user reporting.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTMSC – Subclass Name File

This file is a reference file that contains all GPI based drug subclass numbers and drug group text descriptions provided to Catamaran under licensing agreement with Medi-Span. This file is heavily used in Catamaran data cube development.

Things to consider about this file:

- This file is updated monthly, based on information provided to Catamaran by Medi-Span.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file can be joined to RxTRACK detail or summary files to add text descriptions of therapeutic classifications to end user reporting.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTPDT – Product Detail File

This file is a detail file that contains a universe of all products. The file is based on the RxCLAIM product detail table which draws primarily from Medi-Span data, as well as product information from other sources. The file contains information related to each product's specifications. The file can be queried independently, or in conjunction with the RT200 main detail file.

Things to consider about this file:

- This file contains all products, regardless of utilization.
- This file is based on the RxCLAIM product detail table which draws its data primarily from Medi-Span and other sources.
- The file contains active and inactive records for each product.
- This file is updated every Sunday.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTPHA – Pharmacy File

This file is a detail file that contains a universe of all pharmacies. The file is based on data provided to Catamaran Health Solutions by NCPDP. This file contains information such as:

- Pharmacy NABP Number.
- Pharmacy chain and payment center information.
- Pharmacy primary and secondary mailing information.

- Pharmacy classifications.

Things to consider about this file:

- This file contains all pharmacies, regardless of utilization.
- This file is updated monthly, based on information provided to Catamaran by NCPDP.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file is updated on the 10th & 25th of each month.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTPHP – Product HCPCS

This file contains the universe of all HCPCS codes and associated short and long descriptions. The intention of this file is to allow RxTRACK users to associate HCPCS codes to products within the RTPDP or other detail files. The file can be queried independently, joined to the RTPDTP Product Detail File or in conjunction with the RT200 main detail file.

Things to consider about this file:

- This file contains all HCPCS Codes, regardless of utilization
- This file is updated on the 27th of each month.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion the Client databases, applications, etc.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTPHX – Product HCPCS Xref

This file contains a list of Product Key (the internal Catamaran value that allows you a method to link product related files together) values and associated HCPCS values. This file is used to link HCPCS information to adjudication transactions in the RxTRACK detail files or product information in the RxTRACK product files.

Things to consider about this file:

- This file contains all HCPCS Codes, regardless of utilization
- This file is updated on the 27th of each month.

- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTPHY – Prescriber Detail

This detail file contains prescriber information including prescriber demographic data such as address, phone number, and email address. This file is based on data provided to Catamaran Health Solutions, Inc. by NCPDP.

Things to consider about this file:

- This file is updated daily.
- This file is based on source data from RxCLAIM prescriber information supplied by NCPDP.
- The RTPHY table includes the prescriber detail information. Like the Prescriber file in RxCLAIM on which it is based, the RTPHY table is indexed using the Prescriber Key. To join this table with the RT200 or any other table that only has Prescriber ID, use the RTRPFP table (Prescriber Cross-Ref). For more information, see the section on Join Conditions.

This file is intended to answer business intelligence questions like:

- What is the address for a prescriber?
- What is the email address for a prescriber?
- What is a prescriber's fax number?

RTPIM – Provider Medicaid File

This file is a detail file that contains a universe of all pharmacy Medicaid data. This file is based on data provided to Catamaran Health Solutions, Inc. by NCPCP. This file contains data such as:

- Pharmacy Medicaid ID and related data

Things to consider:

- This file contains all pharmacy Medicaid data regardless of utilization.
- This file is updated monthly, based on information provided to Catamaran by NCPCP.
- This file contains data that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to

be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.

- This file is updated on the 10th and 25th of each month.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTPMC – Provider Payment Center File

This file is a detail file that contains a universe of all pharmacy payment center data. This file is based on data provided to Catamaran Health Solutions, Inc. by NCPCP. This file contains data such as:

- Payment center ID data.
- Payment center primary and secondary address data.

Things to consider:

- This file contains all pharmacy payment center data regardless of utilization.
- This file is updated monthly, based on information provided to Catamaran by NCPCP.
- This file contains data that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file is updated on the 10th and 25th of each month.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTPOG – Provider Parent Organization File

This file is a detail file that contains a universe of all pharmacy parent organizations. This file is based on data provided to Catamaran Health Solutions, Inc. by NCPCP. This file contains data such as:

- Parent Organization data.
- Parent organization address data.
- Payment center related data.
- NPI related data.

Things to consider:

- This file contains all pharmacy parent organization data regardless of utilization.
- This file is updated monthly, based on information provided to Catamaran by NCPCP.

- This file contains data that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file is updated on the 10th and 25th of each month.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTPPR – Product Pricing File

This file is a detail pricing file that contains pricing information for the universe of all products. The pricing information is from multiple different sources including Medi-Span, FDB, Redbook. There are also different price types (AWP, WAC, AVGBRAND, etc.) stored within the file. Pricing history for each of these is maintained within the file.

Things to consider about this file:

- This file contains various unit pricing for all products, regardless of utilization
- This file is based on RxCLAIM source data
- The file contains active and inactive records for each product
- This file is updated weekly, every Sunday.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTPRA – Prior Auth File

This file is a detail file that contains all RxCLAIM transactions that utilized a prior authorization. The file contains information related to the prior auth and can be joined to the RT200 base detail file to provide additional prior auth information.

Things to consider about this file:

- Transaction level information is contained in this file.
- This file is a fact table, and contains information that is not captured in the RT200 Detail file.
- This file can be queried independently or joined to the RT200 Base Detail File.
- This file is updated on a daily basis.

- This file contains the contracted amount of rolling history for each Client.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTPRF – Prescriber Cross Reference

The purpose of this file is to allow analysts to join prescriber detail information to detail utilization records in the RT200 and other detail tables. This file is based on data provided to Catamaran Health Solutions, Inc. by NCPDP.

Like the Prescriber file in RxCLAIM on which it is based, the RTPHY table (Prescriber Detail) is indexed using the Prescriber Key. To join this table with the RT200 or any other table that only has Prescriber ID, analysts must use this Prescriber Cross-Ref table. For more information, see the section on Join Conditions.

Things to consider about this file:

- This file is updated daily.
- This file is based on source data from RxCLAIM prescriber information supplied by NCPDP.
- By using the Prescriber Key, analysts can use this table as an intermediary to join information from the RTPHY table (Prescriber Detail) to the RT200 or any other table that only has Prescriber ID. For more information, see the section on Join Conditions.

RTPRL – Provider Relationship File

This file is a detail file that contains a universe of all pharmacy relationships. This file is based on data provided to Catamaran Health Solutions, Inc. by NCPCP. This file contains data such as:

- Pharmacy NABP number.
- Pharmacy relationship and affiliation data.
- Relationship primary and secondary address data.

Things to consider:

- This file contains all pharmacy relationships regardless of utilization.
- This file is updated monthly, based on information provided to Catamaran by NCPCP.
- This file contains data that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.

- This file is updated on the 10th and 25th of each month.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTRJC – Reject Codes File

This file is a reference file that contains all NCPDP Reject codes and associated text descriptions. This file can be used in conjunction with the RT200 base detail file.

For example: "Reject code" from the RT200 may have little meaning when used on it's own, as it returns a numeric value such as "01". When paired with the reject code reference file, users can add a text description for that code to make the result set more meaningful. In this case, a reject code of "01" would be associated with the text description, "M/I Bin Number".

Things to consider about this file:

- This file is updated monthly, based on information provided to Catamaran by NCPDP.
- This file contains information that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTRSP – Response Message File

This file is a detail file that contains all RxCLAIM transactions that use custom messaging. The file contains information related detailed transactions and can be joined to the RT200 base detail file to provide additional transaction level information.

Things to consider about this file:

- Transaction level information is contained in this file.
- This file is a fact table, and contains information that is not captured in the RT200 Base Detail file.
- This file can be queried independently or joined to the RT200 Base Detail File.
- This file is updated on a daily basis.
- This file contains the contracted amount of rolling history for each Client based on the Client's contract.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTRTP – Provider Relationship Type File

This file is a detail file that contains a universe of all pharmacy relationship type data. This file is based on data provided to Catamaran Health Solutions, Inc. by NCPCP. This file contains data such as:

- Pharmacy Relationship Type data.

Things to consider:

- This file contains all pharmacy relationship type data regardless of utilization.
- This file is updated monthly, based on information provided to Catamaran by NCPCP.
- This file contains data that is licensed for use by Catamaran and Catamaran Client for reporting. The file is not intended (or licensed) to be consumed or used in whole by Catamaran RxTRACK clients for inclusion with Client databases, applications, etc.
- This file is maintained manually by RxTRACK staff.

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

RTWCP – Worker's Compensation File

This file contains detail Worker's Compensation data extracted from RxCLAIM tables.

Things to consider about this file:

- This file is updated daily.
- This file is based on source data from RxCLAIM member tables.

This file is intended to answer business intelligence questions like:

- What is the Incident ID for a Worker's Comp claim?
- What is the date of injury for a Worker's Comp claim?
- In what state did the injury occur for a Workers Comp claim?

Note: For information on how to join this file to the base detail file, please refer to the ***TABLE JOIN RELATIONSHIPS*** section.

TABLE JOIN RELATIONSHIPS

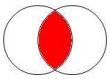
Overview of Joins

One strength of RxTRACK is its ability to define relationships between multiple tables. This relationship is known as a join condition and is necessary when a query needs to draw data from more than one table.

When tables are joined, it is helpful to think of the results of the join as being a temporary or intermediate table. This intermediate table cannot be viewed and is not saved. However, the criteria you specify for the query is applied to the intermediate table. Refer to the **Table Join Relationships** section of the Data Dictionary to see the correct fields to use when joining two RxTRACK tables.

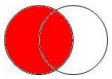
Following are some of the more common join types you can create:

Inner Join



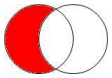
An inner join, also called a *direct join*, combines data from tables that have a column of information in common.

Left Outer Join



A left outer join returns data that two tables have in common and also includes data from the primary, or first table selected, which does not have matching data to join to in the secondary table.

Exception Join



An exception join returns only the data from the primary, or first table selected, which does not have matching data to join to in the secondary table.

Looking Up Join Conditions in the Data Dictionary

Before you can create a join, you need to know what join conditions are appropriate for the two or more tables you want to join together. Fortunately, all the possible join conditions are defined in the ***RxTRACK Data Dictionary***.

To look up a join condition in the Data Dictionary:

1. This section includes a cross-reference chart that helps you find the appropriate join relationship (if one is possible) between all the major tables in the RxTRACK Data Warehouse.
2. Look up the relationship condition code at the intersection of the row and column representing the two tables you want to join.

   For example, if you were trying to join the RT200P (Base Extract File) with the RT270P (Claims Last Sequence File), you would find the intersection of these two tables in the chart as shown below:

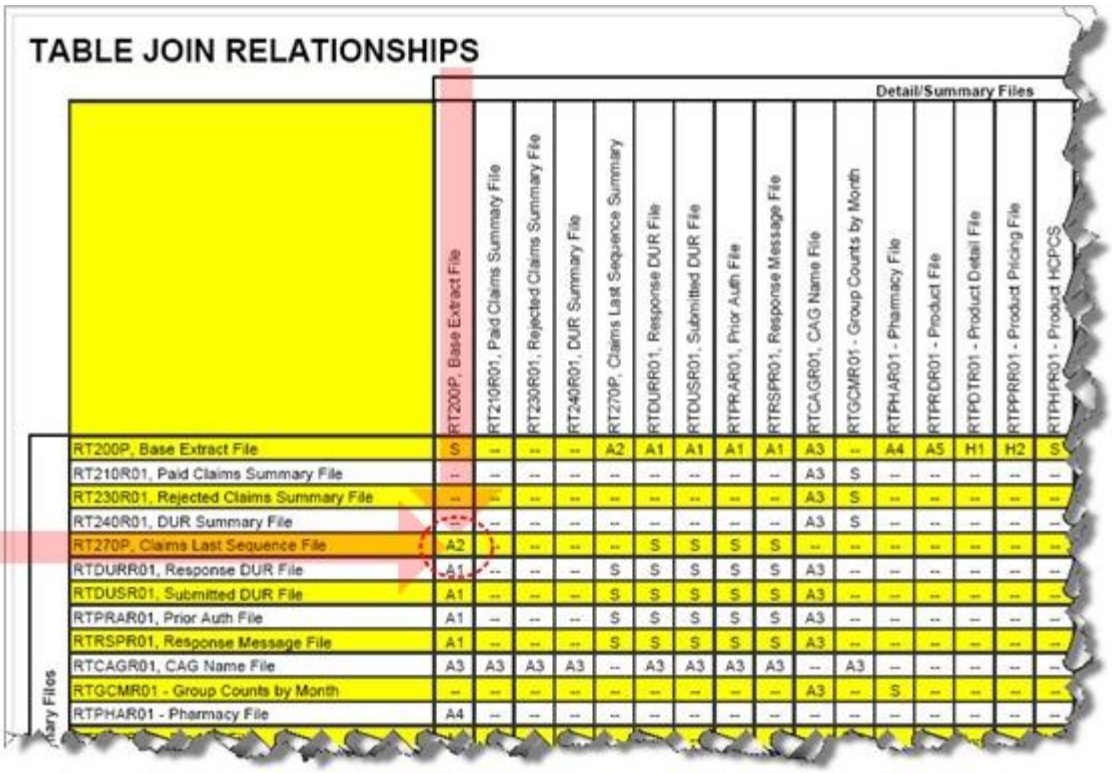
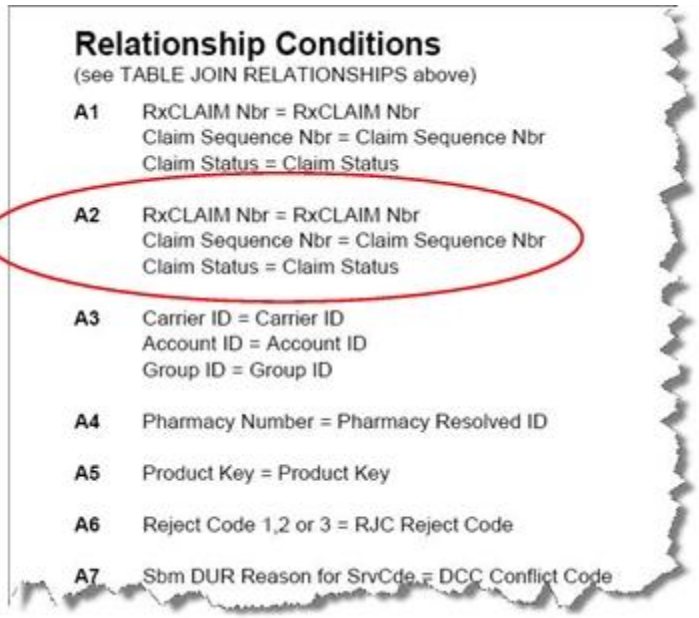


TABLE JOIN RELATIONSHIPS

Detail/Summary Files

	RT200P, Base Extract File	RT210R01, Paid Claims Summary File	RT230R01, Rejected Claims Summary File	RT240R01, DUR Summary File	RT270P, Claims Last Sequence Summary	RTDURR01, Response DUR File	RTDUSR01, Submitted DUR File	RTPRAR01, Prior Auth File	RTRSPR01, Response Message File	RTCAGR01, CAG Name File	RTGCMR01 - Group Counts by Month	RTPHAR01 - Pharmacy File	RTPRDR01 - Product File	RTPDTR01 - Product Detail File	RTPPRR01 - Product Pricing File	RTPHPR01 - Product HCPCS
RT200P, Base Extract File	S	--	--	--	A2	A1	A1	A1	A1	A3	--	A4	A5	H1	H2	S
RT210R01, Paid Claims Summary File	--	--	--	--	--	--	--	--	--	A3	S	--	--	--	--	--
RT230R01, Rejected Claims Summary File	--	--	--	--	--	--	--	--	--	A3	S	--	--	--	--	--
RT240R01, DUR Summary File	--	--	--	--	--	--	--	--	--	A3	S	--	--	--	--	--
RT270P, Claims Last Sequence File	A2	--	--	--	--	S	S	S	S	--	--	--	--	--	--	--
RTDURR01, Response DUR File	A1	--	--	--	S	S	S	S	S	A3	--	--	--	--	--	--
RTDUSR01, Submitted DUR File	A1	--	--	--	S	S	S	S	S	A3	--	--	--	--	--	--
RTPRAR01, Prior Auth File	A1	--	--	--	S	S	S	S	S	A3	--	--	--	--	--	--
RTRSPR01, Response Message File	A1	--	--	--	S	S	S	S	S	A3	--	--	--	--	--	--
RTCAGR01, CAG Name File	A3	A3	A3	A3	--	A3	A3	A3	A3	--	A3	--	--	--	--	--
RTGCMR01 - Group Counts by Month	--	--	--	--	--	--	--	--	--	A3	--	S	--	--	--	--
RTPHAR01 - Pharmacy File	A4	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. In the next section of the Data Dictionary, titled **Relationship Conditions**, look up the corresponding relationship condition code.
2. For example, if you were trying to join the RT200P (Base Extract File) with the RT270P (Claims Last Sequence File), you would find the code **A2** in the **Relationship Conditions** section as shown below:



Relationship Conditions
(see TABLE JOIN RELATIONSHIPS above)

A1 RxCLAIM Nbr = RxCLAIM Nbr
Claim Sequence Nbr = Claim Sequence Nbr
Claim Status = Claim Status

A2 RxCLAIM Nbr = RxCLAIM Nbr
Claim Sequence Nbr = Claim Sequence Nbr
Claim Status = Claim Status

A3 Carrier ID = Carrier ID
Account ID = Account ID
Group ID = Group ID

A4 Pharmacy Number = Pharmacy Resolved ID

A5 Product Key = Product Key

A6 Reject Code 1,2 or 3 = RJC Reject Code

A7 Sbm DUR Reason for SrvCde = DCC Conflict Code

3. Use the corresponding relationship conditions to set up the join conditions in ShowCase query (see **Joining Tables** below)

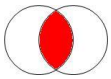
A Join Example

The following example illustrates how different types of joins can affect the records that are returned in a query.

Let's say you have a list of RxCLAIM numbers from the RT200P Base Detail File representing claims that were rejected. You want to join to the RTRJCP Reject Codes File so you can display the full reject code description in your query. You start out with the following information from the RT200P.

RxCLAIM #	Claim Sequence #	Claim Status	Product Name	Reject Code 1
100000000001001	**1**	**R**	**Paxil**	**88**
100000000002005	**1**	**P**	**Ambien**	**—**
100000000003002	**2**	**X**	**Paxil**	**—**
100000000005005	**5**	**R**	**Ambien**	**70**

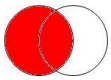
We look up the appropriate join conditions in the ***RxTRACK Data Dictionary***. To join the RT200P to the RTRJC, we see that to create join criteria where one of the Reject Code fields (there are three of them) in the RT200P, must equal the RJC Reject Code field in the RTRJCP. We have the values for the Reject Code 1 field in the RT200P, so that is the field we will use to match against the RJC Reject Code field in the RTRJCP table.



Inner Join

Using an Inner Join, the query only returns those records from the list above where Reject Code 1 equals the RJC Reject Code:

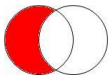
RxCLAIM #	Claim Sequence #	Claim Status	Product Name	Reject Code 1
100000000001001	**1**	**R**	**Paxil**	**88**
100000000005005	**5**	**R**	**Ambien**	**70**



Left Outer Join

If we were to change the join type to a Left Outer Join, the query returns the records from the original list where Reject Code 1 equals the RJC Reject Code, and also all the records from the RT200P that *do not* match the Reject Code table. This effectively returns the original list:

RxCLAIM #	Claim Sequence #	Claim Status	Product Name	Reject Code 1
100000000001001	**1**	**R**	**Paxil**	**88**
100000000002005	**1**	**P**	**Ambien**	**—**
100000000003002	**2**	**X**	**Paxil**	**—**
100000000005005	**5**	**R**	**Ambien**	**70**



Exception Join

If we were to use an Exception Join, the query returns all the records where Reject Code 1 *does not match* the RJC Reject Code.

RxCLAIM #	Claim Sequence #	Claim Status	Product Name	Reject Code 1
100000000002005	**1**	**P**	**Ambien**	**—**
100000000003002	**2**	**X**	**Paxil**	**—**

Table Join Cross-Reference

Please also see relationship conditions on following pages.

		Detail/Summary Files																										Referen				
		RT200P - Base Extract File	RT270P - Claims Last Sequence Summar	RTCAGP -CAG Name File	RTCMDP - Muti-Ingr Compound Detail Fi	RTDCLP - Dispense Class File	RTDTPP - Dispenser Type File	RTDURP -Response DUR File	RTDUSP -Submitted DUR File	RTGCMP - Eligibility Summary File	RTMBRP - Member Detail	RTPDTP - Product Detail File	RTPHAP - Pharmacy File	RTPHPP - Product HCPCS	RTPHXP - Product HCPCS Xref	RTPHYP - Prescriber Detail	RTPIMP - Medicaid File	RTPMCP - Payment Center File	RTPOGP - Parent Organization File	RTPPRP - Product Pricing File	RTPRAP - Prior Auth File	RTRSPP - Response Message File	RTPRDP - Product File	RTPRFP - Prescriber Cross-Ref	RTPRLP - Relationship File	RTRTPP - Relationship Type	RTWCPP - Worker's Compensation	RTAHFP - AHFS Values File	RTDCCP - Conflict Codes File	RTDICP - Intervention Codes File	RTDOCP - Outcome Codes File	RTGPIP - Generic Product Identifier File
Detail/Summary Files	RT200P - Base Extract File	S	A2	A3	J1	--	--	A1	A1	--	C3	H1	A4	S	S	--	--	--	--	H2	A1	A1	A5	C2	--	--	A2	A12	--	--	--	H28
	RT270P - Claims Last Sequence File	A2	--	--	A14	--	--	S	S	--	--	--	--	--	--	--	--	--	--	--	S	S	--	--	--	--	A2	--	--	--	--	--
	RTCAGP -CAG Name File	A3	--	--	--	--	--	A3	A3	A3	--	--	--	--	--	--	--	--	--	--	A3	A3	--	--	--	--	--	--	--	--	--	--
	RTCMDP - Muti-Ingredient Compound Detail	J1	A14	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTDCLP - Dispenser Class File	--	--	--	--	--	--	--	--	--	--	--	H14	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTDTPP - Dispenser Type File	--	--	--	--	--	--	--	--	--	--	--	H11	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTDURP - Response DUR File	A1	S	A3	--	--	--	S	S	--	--	--	--	--	--	--	--	--	--	--	S	S	--	--	--	--	--	--	E1	--	--	--
	RTDUSP - Submitted DUR File	A1	S	A3	--	--	--	S	S	--	--	--	--	--	--	--	--	--	--	--	S	S	--	--	--	--	--	--	A7	F1	F2	--
	RTGCMP - Eligibility Summary File	--	--	A3	--	--	--	--	--	--	--	--	S	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTMBRP - Member Detail	C3	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTPDTP - Product Detail File	H1	--	--	--	--	--	--	--	--	--	S	--	H4	H4	--	--	--	--	H3	--	--	--	--	--	--	--	--	--	--	--	H33
	RTPHAP - Pharmacy File	A4	--	--	--	H14	H11	--	--	--	--	--	--	--	--	--	H17	H21	--	--	--	--	--	--	H19	--	--	--	--	--	--	--
	RTPHPP - Product HCPCS	S	--	--	--	--	--	--	--	--	--	H4	--	--	H10	--	--	--	--	H9	--	--	--	--	--	--	--	--	--	--	--	--
	RTPHXP - Product HCPCS Xref	S	--	--	--	--	--	--	--	--	--	H4	--	H10	--	--	--	--	--	H9	--	--	--	--	--	--	--	--	--	--	--	--
	RTPHYP - Prescriber Detail	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	C1	--	--	--	--	--	--	--	--
	RTPIMP - Medicaid File	--	--	--	--	--	--	--	--	--	--	--	H17	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTPMCP - Payment Center File	--	--	--	--	--	--	--	--	--	--	--	H21	--	--	--	--	--	--	--	--	--	--	--	H20	--	--	--	--	--	--	--
	RTPOGP - Parent Organization File	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	H18	--	--	--	--	--	--	--
	RTPPRP - Product Pricing File	H2	--	--	--	--	--	--	--	--	--	H3	--	H9	H9	--	--	--	--	S	--	--	--	--	--	--	--	--	--	--	--	--
	RTPRAP -Prior Auth File	A1	S	A3	--	--	--	S	S	--	--	--	--	--	--	--	--	--	--	--	S	S	--	--	--	--	--	--	--	--	--	--
	RTPRDP - Product File	A5	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTPRFP - Prescriber Cross-Ref	C2	--	--	--	--	--	--	--	--	--	--	--	--	--	C1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTPRLP - Relationship File	--	--	--	--	--	--	--	--	--	--	--	H19	--	--	--	--	H20	H18	--	--	--	--	--	--	H13	--	--	--	--	--	--
	RTRSPP - Response Message File	A1	S	A3	--	--	--	S	S	--	--	--	--	--	--	--	--	--	--	--	S	S	--	--	--	--	--	--	--	--	--	--
	RTRTPP - Relationship Type	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	H13	--	--	--	--	--	--	--
	RTWCPP - Worker's Compensation	A2	A2	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Reference Files	RTAHFP - AHFS Values File	A12	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTDCCP - Conflict Codes File	--	--	--	--	--	--	--	A7	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTDICP - Intervention Codes File	--	--	--	--	--	--	--	F1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTDOCP - Outcome Codes File	--	--	--	--	--	--	--	F2	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	RTGPIP - Generic Product Identifier File	H28	--	--	--	--	--	--	--	--	--	H33	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	S
	RTMCLP - Class Name File	A9	--	--	--	--	--	--	--	--	--	H6	--	--	--	--	--	--	--	S	--	--	G2	--	--	--	--	--	--	--	--	H35
	RTMGRP - Group Name File	A8	--	--	--	--	--	--	--	--	--	H5	--	--	--	--	--	--	--	S	--	--	G1	--	--	--	--	--	--	--	--	H34
	RTMNMP - Drug Name File	A11	--	--	--	--	--	--	--	--	--	H8	--	--	--	--	--	--	--	S	--	--	G4	--	--	--	--	--	--	--	--	H37
	RTMSCP - Subclass Name File	A10	--	--	--	--	--	--	--	--	--	H7	--	--	--	--	--	--	--	S	--	--	G3	--	--	--	--	--	--	--	--	H36
	RTRJCP - Reject Codes File	A6	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship Conditions

(see table above)

A1	RxCLAIM Nbr = RxCLAIM Nbr Claim Sequence Nbr = Claim Sequence Nbr Claim Status = Claim Status	
A2	RxCLAIM Nbr = RxCLAIM Nbr Claim Sequence Nbr = Claim Sequence Nbr Claim Status = Claim Status	
A3	Carrier ID = Carrier ID Account ID = Account ID Group ID = Group ID	
A4	Pharmacy ID = Pharmacy Resolved ID	
A5	Product Key = Product Key	
A6	Reject Code 1,2 or 3 = RJC Reject Code	
A7	Sbm DUR Reason for SrvCde = DCC Conflict Code	
A8	Drug Group = MGR Drug Group	
A9	Drug Class = MCL Drug Class	
A10	Drug Subclass = MCS Drug Sub Class	
A11	LEFT(RT200R01.[GPI Number],10) = MNM Drug Name Code	
A12	AHFS Code = AHFS Code	
A13	RT200P.RxCLAIM Nbr = RTCMDP.RxCLAIM Nbr RT200P.Claim Sequence Nbr = RTCMDP.Claim Sequence Nbr RT200P.Claim Status = RTCMDP.Claim Status	
A14	RT270P.RxCLAIM Nbr = RTCMDP.RxCLAIM Nbr RT270P.Claim Sequence Nbr = RTCMDP.Claim Sequence Nbr RT270P.Claim Status = RTCMDP.Claim Status	
B1	Drug Sub Class = Drug Sub Class	
C1	Prescriber Key = Prescriber Key	Use the RTPRFP (Prescriber Cross-Ref) table to join data from the RTPHY (Prescriber Detail) table to the RT200P.
C2	RTPRFP.Prescriber ID = Prescriber ID Sbm	To join data from the RTPHY (Prescriber Detail) to the RT200P, first join the RTPHY to the RTPRFP (Prescriber Cross-Ref) using the Prescriber Key. Then join the RTPRFP table to the RT200P using Prescriber ID.

C3	Two join methods available based on either Member ID or Cardholder: ▪ To get data based on Member ID: RT200P.Carrier ID = RTMBRP.Carrier ID RT200P.Account ID = RTMBRP.Account ID RT200P.Group ID = RTMBRP.Group ID RT200P.Member ID = RTMBRP.Member ID ▪ To get data based on Cardholder: RT200P.Carrier ID = RTMBRP.Carrier ID RT200P.Account ID = RTMBRP.Account ID RT200P.Group ID = RTMBRP.Group ID RT200P.Member Cardholder = RTMBRP.Member ID	There can be Member IDs that exist in the RT200 with net paid claims > 0, that don't exist in the RTMBR file. Also, some carriers may not populate Member Cardholder information. If this is the case, you may want to try a left join between the RTMBRP and the RT200P so that the RTMBRP data is displayed if a record exists in the RTMBRP, but still include results if there is not a matching utilization record in the RT200P.
D1	DUR1,2 or 3 Drug Conflict Code = DCC Conflict Code	
E1	DUR Reason for SrvCde = DCC Conflict Code	
F1	Sbm DUR Prof Service Code = DIC Intervention Code	
F2	Sbm DUR Service Cd Result = DOC Outcome Code	
G1	Product Group PRD = MGR Drug Group	
G2	Product Class PRD = MCL Drug Class	
G3	Product Sub Class PRD = Drug Sub Class	
G4	Product Generic PRD = MNM Drug Name Code	
H1	RT200R01 Product Key = RTPDTR01 Product Key PRD RT200R01 Date Submitted >= RTPDTR01 Effective Date PRD RT200R01 Date Submitted <= RTPDTR01 Termination Date PRD	NOTE: This represents a typical join scenario for this file. There may be instances where the date logic is not needed
H2	RT200R01 Product Key = RTPPRR01 Product Key PRD RT200R01 Date Submitted >= RTPPRR01 Cost From Date PUC RT200R01 Date Submitted <= RTPPRR01 Cost Thru Date PUC	NOTE: This represents a typical join scenario for this file. There may be instances where the date logic is not needed
H3	RTPDTR01 Product Key PRD = RTPPRR01 Product Key PRD Additional date logic as needed	NOTE: This represents a typical join scenario for this file. There may be instances where the date logic is needed. Please see RxTRACK staff for additional assistance
H4	RTPDTR01 Product Key PRD = RTPHXR01 Product Key PRD RTPHXR01 HCPCS Code HCP = RTPHPR01 HCPCS Code HCP Additional date logic as needed	NOTE: This represents a typical join scenario for this file. There may be instances where the date logic is needed. Please see RxTRACK staff for additional assistance
H5	RTPDTR01 Product Group PRD = RTMGRR01 MGR Drug Group	
H6	RTPDTR01 Product Class PRD = RTMCLR01 MCL Drug Class	
H7	RTPDTR01 Product SubClass PRD = RTMSCR01 MSC Drug Sub Class	

H8	RTPDTR01 Product Generic PRD = RTMNMR01 MNM Drug Name Code	
H9	RTPPRR01 Product Key PRD = RTPHXR01 Product Key PRD RTPHXR01 HCPCS Code HCP = RTPHPR01 HCPCS Code HCP Additional date logic as needed	NOTE: This represents a typical join scenario for this file. There may be instances where the date logic is needed. Please see RxTRACK staff for additional assistance
H10	RTPHXR01 HCPCS Code HCP = RTPHR01 HCPCS Code HCP	
H11	RTPHAR01.PHA Dispenser Type* = RTDTPR01.DTP Pharmacy Disp Type	* Substitute PHA Dispenser Type 2 or PHA Dispener Type 3 where applicable
H13	RTPRLR01.PRL Relationship Type = RTRTPR01.RTP Pharmacy Rel Type	
H14	RTPHAR01.PHA Dispenser Class = RTDCLR01.DCL Dispenser Class	
H17	RTPHAR01.PHA Pharmacy ID = RTPIMR01.PHA Pharmacy ID RTPHAR01.PHA Medicaid ID = RTPIMR01.PIM Medicaid ID RTPHAR01.PHA Region Code = RTPIMR01.PIM Medicaid ID State	
H18	RTPRLR01.PRL Parent Organization* = RTPOGR01.POG Parent OrganizationID	* Requires conditions on PRL From Date and PRL Thru Date, RTPRLP Status = 'A'
H19	RTPRLR01.PHA Pharmacy ID = RTPHAR01.PHA Pharmacy ID	* Requires conditions on PRL From Date and PRL Thru Date, RTPHAP Status = 'A' and RTPRLP Status = 'A'
H20	RTPRLR01.PHA Pharmacy ID = RTPMC01.PMC Pharmacy ID RTPMCP.From Date <= specified date RTPMCP.Thru Date >= specified date	* Requires conditions on PRL From Date and PRL Thru Date, RTPHAP Status = 'A' and RTPRLP Status = 'A'
H21	RTPHAR01.PHA Pharmacy ID = RTPMC01.PMC Pharmacy ID RTPMCP.From Date <= specified date RTPMCP.Thru Date >= specified date	* Requires condition on RTPHAP Status = 'A'
H28	RT200R01.GPI Number = RTGPIR01.GPI Number	
H29	CONCAT(TRIM(RT210R01.GPI Nbr), '********') = RTGPIR01.GPI ID Number	
H30	CONCAT(TRIM(RT240R01.GPI Nbr), '********') = RTGPIR01.GPI ID Number	
H33	RTPDTR01.GPI ID Number PRD = RTGPIR01.GPI 14 ID Number	
H34	CONCAT(TRIM(RTMGRR01.Drug Group), '**********') = RTGPIR01.GPI ID Number	
H35	CONCAT(TRIM(RTMCLR01.Drug Class), '**********') = RTGPIR01.GPI ID Number	

H36 CONCAT(TRIM(RTMSCR01.Drug Subclass), '********') = RTGPIR01.GPI ID Number

H37 CONCAT(TRIM(RTMNMR01.Drug Name Code), '****') = RTGPIR01.GPI ID Number

J1 There is a one to many relationship between the RT200P and the RTCMDP. Please see the RxTRACK team for assistance.

S See RxTRACK staff for assistance

-- Not typically recommended or allowed. See RxTRACK team for assistance.

RxTRACK DATA WAREHOUSE GENERAL INFORMATION

Net Paid Claims and the Claim Counter

The Data Warehouse utilizes a field called the Claim Counter. The usage of this field enhances the ease and flexibility of the Data Warehouse data by reducing the need for calculating "Clean Paid" values or "Net Paid Claims".

The Claim Counter field works by assigning a 0, 1 or –1 to each sequence number of an RxCLAIM number. This 0, 1 or –1 is assigned based on the Claim Status of each sequence number.

Claim Status	Claim Counter
P = Paid	1
X = Reversal	-1
R = Reject	0
C = Claim Captured	1
Z = Claim Reversed	-1

This allows users to calculate the number of Net Paid Claims by using a SUM function over the Claim Counter field. In addition to applying the sum function to the Claim Counter field, the end user can apply the SUM function to any of the financial fields associated with a transaction. This is possible because the claims with a reversal status have negative financial values associated with them. This allows the user to determine the 'Net Costs' associated with the claims as well. See the following example:

RxCLAIM Number	Seq Number (RxCLAIM)	Seq Number (RxTRACK)	Claim Status	Drug Label Name	Claim Counter	RSP Due Amount
1001	999	1	R	PAXIL	0	$0
1001	998	2	P	PAXIL	1	$100
1001	998	3	X	PAXIL	-1	-$100
1001	997	4	P	PAXIL	1	$100
SUM				PAXIL	1	$100

Even though this particular Claim had four associated sequences, it resulted in only 1 'Net Paid Claim'. Notice also that the financial values in the RSP Due Amount column yielded a net RSP Due Amount of $100.

You may also notice that the example indicated the first sequence as a reject. This reject had a RSP Due Amount of $0 associated with it. This is not always true. Many times a claim with a rejected claim status can still have costs associated with it. Lets re-examine the example above assuming that the claim sequence 999 with the Claim Status = R had a

financial value associated with it. See the revised example shown in the following illustration:

RxCLAIM Number	Seq Number (RxCLAIM)	Seq Number (RxTRACK)	Claim Status	Drug Label Name	Claim Counter	RSP Due Amount
1001	999	1	R	PAXIL	0	$100
1001	998	2	P	PAXIL	1	$100
1001	998	3	X	PAXIL	-1	-$100
1001	997	4	P	PAXIL	1	$100
SUM				PAXIL	1	$200

Now that the claim sequence number 999 has financial value associated with it, it creates an erroneous sum for our RSP Due Amount field. Therefore, to utilize the Claim Counter field accurately, we need to ALWAYS use a condition in our query that will only look at claim sequences with a Claim Status of P or X. This will eliminate any sequence numbers with a Claim Status of R, and any potential erroneous data associated with them. See the revised example shown following:

Same example with **Claim Status** = **P** or **Claim Status** = **X**

RxCLAIM Number	Claim Seq Number	Seq Number (RxTRACK)	Claim Status	Drug Label Name	Claim Counter	RSP Due Amount
~~1001~~	~~999~~	~~1~~	~~R~~	~~PAXIL~~	~~0~~	~~$100~~
1001	998	2	P	PAXIL	1	$100
1001	998	3	X	PAXIL	-1	-$100
1001	997	4	P	PAXIL	1	$100
SUM				PAXIL	1	$100

RxTRACK Member Count Information

Rules for RxCLAIM Member Count

The following rules apply to the RxCLAIM member counts:

- If a member is active through the 15th of a given month, they are considered active for the entire month. This applies even if a member terms after the 15th of the month.
- The Member Count in the RxCLAIM System is updated on the 10th and the 29th of the month. These updated counts are used to populate many screens within the RxCLAIM system.

Rules for RxCLAIM Eligible Members field in the RTGCM file

The ***RxCLAIM*** Eligible Members field uses the same logic as the RxCLAIM Member count, however, this file is updated following the end

of each month. This allows the RxCLAIM Eligible Members field to capture eligibility changes made between the 29th and the last day of the month that are not reflected in RxCLAIM Member count on the 29th of the month.

Rules for RxTRACK Eligible Members field in the RTGCM file

The ***RxTRACK*** Eligible Members field in the RTGCM file retains a partial member value for those members that are active for only part of a given month. Therefore, if a member is active at the beginning of a month, then terms on the 15th of the month, a partial member (or 0.5 member) would be counted. Once the member count is tallied, then the number is rounded to the nearest whole member. This method creates an accurate representation of the actual quantity of member months during a given month.

Rules for Utilizing Members field in the RTGCM file:

The Utilizing Members field in the RTGCM file counts the number of distinct members that utilize during a given month. This field is generated by the same program as that used for the RxTRACK Eligible Members field. Therefore it also is updated following the end of a month.

Pricing Field Classifications

Pricing Fields	Definition
Submitted (Sbm)	The set of costs submitted from the pharmacy. These values represent the requested amounts by the pharmacy for the given transaction.
Pharmacy (Phr)(approved)	The set of costs for the transaction after all RxCLAIM system calculations are performed/pricing comparisons completed from the pricing schedules. If reporting is to be generated that will be distributed back to the pharmacies, these are the costs that would typically be reported.
Client (Clt)	This set of costs for a given transaction will show the costs as reported to the PBM's client. If reporting is to be distributed to the PBM's client, these are the costs that typically would be reported.
Calculated (Cal)	The set of costs RxCLAIM calculates from the client defined pricing schedules/plan setup rules in RxCLAIM.
Response (Rsp)	The set of costs sent back to the pharmacy once pricing is complete. Typically the same as Pharmacy Costs. There are situations where the response cost back to the pharmacy may be the result of a comparison of the Calculated and Submitted costs.
Post Adjudicated(Pst)	The set of costs associated with a given transaction as the result of a third party adjudication, if applicable.

GPI Therapeutic Class Hierarchy

The GPI therapeutic classification system is a fourteen digit number associated with each drug product. Each two digit split of the fourteen digit number represents a more detailed description of the product.

Level	Example
Major Drug Group	Respiratory Agents
Drug Group	Drug Group 43 = Cough/Cold/Allergy
Drug Class	Drug Class 4399 = COUGH/COLD/ALLERGY COMBINATIONS**
Drug Subclass	Drug Sub Class 439930 = Decongestant & Antihistamine***
Drug Name	
Drug Name Extension	Drug Generic Name 4399300268 = Fexofenadine-Pseudoephedrine Tab SR 12HR 60-120 MG
Dosage Form	12 digit GPI 439930026874 = Allegra-D with a Dosage form of Tabs
Strength	14 digit GPI 43993002687420 = Allegra-D with a Metric Strength of 60 MG

In addition to the GPI levels, Catamaran has added a super-classification of sixteen Major Drug Groups. The Major Drug Groups are as follows:

Major Drug Group	Drug Groups
Placebos	00
Anti-Infective Agents	01 – 16
Biologicals	17 - 20
Antineoplastic Agents	21
Endocrine and Metabolic Drugs	22 - 30
Cardiovascular Agents	31 - 40
Respiratory Agents	41 – 45
Gastrointestinal Agents	46 – 52
Genitourinary Products	53 – 56
Central Nervous System Drugs	57 - 62
Analgesics and Anesthetics	64 - 70
Neuromuscular Drugs	72 - 76
Nutritional Products	77 - 81
Hematological Agents	82 - 85
Topical Products	86 - 90
Miscellaneous Products	92 - 99

The Data Warehouse has reference files at the Drug Group, Drug Class and Drug SubClass levels to allow the attachment of naming to each subcategory of the GPI.

Sample Calculations

Total Price: Equals Ingredient Cost + Dispensing Fee + Sales Tax

Average Ingredient Cost: True baseline without other costs or fees. Best for comparisons. Pharmacy by Pharmacy comparison. Removes dispensing fee differences, sales tax, etc.

Calculation: Divide the ingredient cost for a period by the number of rxs

Average Dispensing Fee per Rx: Measure allowing comparison of costs based on pharmacy contract.

Calculation: Divide the dispensing fee for a period by the number of rxs

Average Rx Price: Valuable but less meaningful since it compares costs with fees.

Calculation – Divide the total price for a period by the number of rxs

Effective Discount off AWP:

Calculation: Use the formula 1-(Total Ingredient Cost/Total AWP) to derive the % discount that was between the AWP price and the adjudicated cost

% Members Utilizing Per Unit Time (should be based on Month):

Calculation: the utilization factor to be measured divided by the member months for the same time period.

Example: PMPM Rx Cost for May. Take the total Rx cost (ingredient cost + dispensing fee + sales tax) and divide by the eligible member count for May.

Glossary Of Terms

AAWP Average Wholesale Price. The average price of all of the average wholesale prices from the different drug manufacturers for a particular drug.

Account Part of a four-tiered system allowing for flexibility in defining benefit parameters for a group of people. Accounts are the second level of the hierarchy used in RxCLAIM. They belong to the Carrier. Accounts can be used by the Carrier to categorize their business entities. *See also Carrier, Group and Member.*

Adjudication The processing of a claim. Successful adjudication happens when a claim is processed through the proper benefit plan and finishes with the client's expected result. This is usually done electronically within a few seconds.

Affiliation In RxCLAIM, used to identify pharmacies with their parent company.

AHFS American Hospital Formulary Service. Codes assigned to drugs to further describe them.

APC Allergy Pattern Code.

AWP Average Wholesale Price. This is the suggested wholesale price of a drug that is published. This is usually the lowest price possible. It is seldom the actual price paid, but may serve as a cost basis for pricing prescriptions.

Benefit Maximum Defines the maximum amount that benefit plans will provide to members. Benefit Maximums refer to how much financial coverage the insurance company is willing to provide for prescriptions.

BIN Bank ID Number. Number submitted by the pharmacy on the claim that helps route it to the correct processor.

Captured A status that indicates that the claim information will be collected for validation purposes, but it will not go through the billing and payment cycle. Captured claims are usually used just to determine eligibility. The Member will pay 100% of the price.

Care Facility A place where a Member may go to receive care, such as a hospital.

Carrier Part of a four-tiered system allowing for flexibility in defining benefit parameters for a group of people. Carriers are the highest level of the hierarchical system. A Carrier is typically the company offering the benefits. *See also Account, Group and Member.*

CAS Chemical Abstract Service.

Claim A member's request for coverage on a prescription from the insurance company.

Client Logical	A naming technique used throughout RxCLAIM to identify data as belonging to a specific client as well as keeping the data private from other clients. For example, John Q. Client may use JQC as their client logical in their naming conventions. Client Logicals are important for Service Bureau Clients.
COB	Coordination of Benefits. Indicated when the member has primary and secondary insurance. The process that determines which insurance carrier is responsible for what portion of payment, eliminating over-insurance and duplication of benefits.
Compound	Products made up of two or more ingredients that the Pharmacy dispenses as a single product.
Contingent Therapy	Used to restrict or limit the use of a drug product based on prior or concurrent therapy with other product(s). In essence, the product cannot be dispensed unless another product has been used previously or concurrently.
Copay	The portion of the claim that the member pays when filling a prescription. Sometimes referred to as Patient Pay.
Crossover	Used to describe a claim that crosses over from one step to another on a schedule with steps, such as deductible or copay schedules. Based on the Member's accumulations, the current claim meets the criteria on one step, which pushes them on to the next step, or "crosses over" to the next step. This is also known as a Bubble Claim or Bubble Script.
CT	Contingent Therapy. *See Contingent Therapy.*
DAW	Dispense as Written. Also known as Product Selection Code. *See PSC.*
DDID	Drug Description Identifier. Groups products together based on route, form, strength, unit of measure and source; from First Data Bank (Like GPPC for Medi-Span).
DEA	Drug Enforcement Agency. Federal agency designed to administer control over drugs in the United States. Every prescription written in the United States bears a DEA number that belongs to the prescribing doctor. The DEA established five schedules that classify controlled substances according to their potential for abuse. Drugs were placed into categories according to how dangerous they were, how great their potential for abuse, and whether they have any legitimate medical value. The DEA licenses individual physicians to prescribe drugs for medical purposes.
Deductible	The dollar amount a Member must pay out-of-pocket each year before the plan will begin making payments for eligible benefits.
DESI	Drug Efficacy Study Indicator. Code that rates the drug on its effectiveness for treatment.

Differential	The penalty charged for selecting a brand drug when a generic drug is available.
DOB	Date of Birth. Used throughout RxCLAIM to designate the member's date of birth for identification purposes.
DPC	DDI Pattern Code.
Drug Status	The code that indicates whether a drug is covered or not. The drug status may be specified in many places throughout RxCLAIM.
DUR	Drug Utilization Review. A file supported by Medi-Span that houses information on drugs related to their uses. The purpose is to improve the quality and cost effectiveness of drugs by ensuring that prescriptions are medically necessary for the indicated diagnosis. DUR is used during claim adjudication to make sure that the member is not receiving a drug that may be harmful to them based on interactions with other drugs or based on their age, gender, or allergies. DUR is encouraged so that interventions may take place before the first dose.
EOB	Explanation of Benefits. Document that is sent to the member explaining why their claim was paid or rejected. The statement itemizes the services or products provided, amounts billed, and payments made.
Family ID	Used to create an identifier that is unique to the Member's family members. All members of the family must share the same Family ID on their individual Member records. That will ensure that they are getting the proper family benefits and that they are meeting family deductibles, benefit maximums and out-of-pocket maximums.
FDA	Food and Drug Administration. An agency within the U.S. Public Health Service, which regulates products to ensure that food is safe and wholesome, cosmetics won't hurt people, the medicines and medical devices are safe and effective, and that radiation-emitting products such as microwave ovens won't do harm. FDA ensures that all of these products are labeled truthfully with the information that people need to use them properly.
Fill	The first fill of a prescription. Subsequent fills of the same prescription are considered refills.
Formulary	A status used to indicate that the drug is covered by the benefit plan.
Generic Drug	A chemically and pharmaceutically equivalent version of a brand name drug whose patent has expired. A generic drug meets the same FDA standard for bio-equivalency that brand name drugs are required to meet, but is typically substantially less expensive.
Generic Indicator	*See Multi-Source Code.*

GPI

Generic Product Indicator. A group of drugs categorized by their generic name. A GPI number from Medi-Span is 14 digits long and uses the following numbering convention: 01-23-45-67-89-10-11. Each pair of digits represents something about the drug category with each pair making the number more specific in this order: drug group, drug class, drug sub-class, drug name, drug name extension, dosage form, strength.

01-xx-xx-xx-xx-xx-xx	Drug Group
01-23-xx-xx-xx-xx-xx	Drug Class
01-23-45-xx-xx-xx-xx	Drug Subclass
01-23-45-67-xx-xx-xx	Product Name
01-23-45-67-89-xx-xx	Drug Name Ext
01-23-45-67-89-10-xx	Dosage Form
01-23-45-67-89-10-11	Strength (Drug Label Name field)

GPPC

Generic Product Packaging Code. Used to group products with the same package description, size, unit of measure, quantity and unit dose. Used only on MAC lists. A GPPC number is more specific than a GPI, but less specific than an NDC. From Medi-Span.

Group

Part of a four-tiered system allowing for flexibility in defining benefit parameters for a group of people. Groups are the third level of the hierarchy used in RxCLAIM. They belong to the Account. Carriers use Groups to further divide their Accounts so that specific benefits may be defined for each group. *See also Carrier, Account and Member.*

HCFA

Healthcare Finance Administration. The part of the U.S. Department of Health and Human Services (HHS) that is responsible for administering Medicare and Medicaid.

HIPAA

Health Insurance Portability & Accountability Act. A law that ensures that each member's privacy is protected in regards to his/her health related issues.

ICD9

International Classification of Diseases. Used to code and classify morbidity data from the inpatient and outpatient records, physician offices, and most National Center for Health Statistics (NCHS) surveys.

IRS

Identical Related or Similar. Used with the Drug Efficacy Study Indicator. *See DESI.*

LTE

Less Than Effective. Used with the Drug Efficacy Study Indicator. *See DESI.*

MAC

Maximum Allowable Cost. The maximum cost allowed on a drug as defined by the client.

Maintenance Drugs

Drugs that are commonly used to treat a chronic disease. These are usually administered continuously rather than intermittently.

Medicaid

A joint federal and state-funded health service program administered and operated individually by states that provides medical benefits to indigent and disabled individuals.

Medicare	A federally administered national health insurance program directed toward elderly Americans. Part A covers in-patient costs, including drugs. Part B covers out-patient costs, but does not provide a standard drug benefit.
Member	Part of a four-tiered system allowing for flexibility in defining benefit parameters for a group of people. Members are the fourth and most specific level of the hierarchy used in RxCLAIM. A Member is the individual receiving the benefits. Members are attached to Groups based on the benefits provided to the Member. *See also Carrier, Account and Group.*
Metric Decimal Quantity	Identifies the exact metric quantity amount. This is the legitimate dispensed quantity. It relates to the package size and is always used for reimbursement. This value is calculated by multiplying the quantity that the pharmacy dispensed by the total quantity. Also known as Dispensed Quantity.
Modifier	1. For products, it is additional descriptive information about the product. 2. For contingent therapy, the relationship between protocols if multiple protocols are specified, such as And & Or.
Multi-Source Code	Defines whether the drug is generic, brand or if there are generics available. Also known as Generic Indicator.
NABP	National Association of Boards of Pharmacy. A number most commonly used as the pharmacy's id number.
NCPDP	National Council of Prescription Drug Program. Group that regulates pharmacies. Every pharmacy must be registered with NCPDP. RxCLAIM's pharmacy data is updated by NCPDP.
NDC	National Drug Code. The industry standard drug label name following a naming convention of: 12345-1234-12, where the first five digits are the manufacturer's code, the next four digits are the strength and the last two digits represent the package size.
Non-Formulary **NTIS**	A status used to indicate that the drug is not covered by the benefit plan. National Technical Information Services. The service used to update the prescriber data in RxCLAIM.
Out-of-Pocket Maximum	Puts a cap on the amount of money a member would have to pay when fulfilling one or more deductibles.
Patient	Used interchangeably with Member. *See Member.*
PBM	Prescription Benefit Manager. Manage prescription benefit plans for carriers. They manage only the pharmacy benefit with the goal of decreasing cost and increasing the quality of pharmacy services.
PCN	Process Control Number. Number submitted by the pharmacy on the claim that helps route it to the correct processor.

Plan	Defines the benefits that Members are eligible to receive. Also known as the Benefit Plan.
Post Adjudication	On Claim Pricing, values that were added to the claim from a third party source after the claim had adjudicated through RxCLAIM.
Prescriber	Any person who can write a prescription for a Member such as a medical doctor, a dentist, or a nurse practitioner.
Prior Authorization	The process of obtaining prior approval from the managed care organization as to the appropriateness of service or medication. In RxCLAIM, PAs allow the coverage of certain drugs that would normally be rejected by the plan.
Processor	The entity that processes the claim. In this case, RxCLAIM.
PSC	Product Selection Code. Codes that are used to determine the allowance of drugs that have generics available based on why they were selected.
PTD	Period to Date.
Refill	Any fill on a prescription after the original fill. The first fill on a prescription is a fill and all subsequent fills are considered refills.
Row Logic	Intelligence written into many programs in RxCLAIM that recognizes the overlapping of effective dates. Row Logic will create a new record where the old effective dates end one day before the beginning of the next effective dates. For example, the end date of the old plan would be on 7/31/02 and the beginning of the new plan would be 8/1/02.
Switch	Receives claim from pharmacy and determines which processor should process the claim.
UOM	Unit of Measure.
WAC	Wholesale Acquisition Cost.
Wildcard	Asterisks (*) used in place of digits in either a GPI or NDC number. The purpose is to make the number less specific so that a wider range of drugs may be covered with one entry when creating a GPI List or NDC List.
Withhold	Amount that is subtracted from the pharmacy's portion of a paid claim used for various purposes such as reimbursing the pharmacy with generic incentive programs or charging an administrative fee for each paid claim.