



NYC
Health

THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE



New York City – New York State Medication History Pilot

*Medication History
Companion Guide*

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CHANGE HISTORY

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1.1	07/24/2007	Update of Formulary

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1.0 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers and providers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The National Council for Prescription Drug Programs' (NCPDP) SCRIPT Implementation Guide has been established to provide guidelines for consistent implementation of the SCRIPT Standard for the purpose of transmitting electronic prescription messages including patient medication history inquiry. The following information is intended to serve only as a Companion Guide to the NCPDP Prescriber/Pharmacist Interface SCRIPT Standard Version 8.1 Implementation Guide. The use of this Companion Guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This Companion Guide supplements, but does not contradict any requirements in the NCPDP SCRIPT Standard Version 8.1 Implementation Guide.

NCPDP is a non-profit organization formed in 1976. It is dedicated to the development and dissemination of voluntary consensus standards that are necessary to transfer information that is used to administer the prescription drug benefit program.

To request a copy of the NCPDP Standard Formats or for more information contact the National Council for Prescription Drug Programs, Inc. The HIPAA Implementation Guide can be accessed at www.ncpdp.org. The contact information is as follows:

National Council for Prescription Drug Programs
9240 East Raintree Drive
Scottsdale, AZ 85260 -7518
Phone: (480) 477-1000
Fax: (480) 767-1042
E-mail: ncpdp@ncpdp.org

1.1 Purpose

This companion guide is intended to provide guidelines to software vendors, switching companies, patient care providers and pharmacy providers as they implement the NCPDP SCRIPT 8.1 Medication History Standard.

1.2 Industry Standards

This companion guide was created based on industry standards as set by NCPDP. The following standard implementation guides were referenced and used to define standards that are implemented and supported in the current release of the NYCDOHMH Medication History Pilot Interface:

- NCPDP Prescriber/Pharmacist Interface SCRIPT Standard Implementation Guide Version 8.1
- NCPDP Formulary And Benefit Standard Implementation Guide Version 1.0

1.3 Companion Guide Disclaimer

The New York State Department of Health (NYSDOH) has provided this Medication History Companion Guide (MHCG) for the NCPDP transaction to assist Providers, Clearinghouses and all Covered Entities in preparing HIPAA compliant transactions. This document was prepared using the NCPDP SCRIPT Standard Implementation Guide (IG) Version 8.1. NYSDOH has focused primarily on the rules and policies regulating the submission of NYS Medicaid data that are provided within this Companion Guide.

NYSDOH does not offer individual training to assist Providers in the use of the NCPDP transactions described in this guide.

The information provided herein is believed to be true and correct based on the NCPDP SCRIPT Standard Implementation Guide Version 8.1. The HIPAA regulations are continuing to evolve. Therefore, NYSDOH makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYCDOHMH policy changes or as HIPAA legislation is updated or revised.

1.4 National Provider Indicator (NPI)

ALL NYS MEDICAID PROVIDERS WHO ARE HEALTH CARE PROVIDERS ARE REQUIRED TO VISIT EMEDNY.ORG TO REGISTER THEIR NPI (S) AS SOON AS POSSIBLE.

NYSDOH will not be ready to implement the National Provider Identifier (NPI) in the eMedNY system by the mandated date of May 23, 2007. All submitters should continue to use the NYS Medicaid Provider ID and the License Number until NYSDOH announces that the system is ready to accept the NPI as the main provider identifier.

NYSDOH has developed the National Provider Identifier (NPI) Web Enabled Entry process as a means for providers/submitters to register their NPI(s) in the eMedNY system. The NPI Web Enabled Entry system can be accessed by going to www.emedny.org and clicking on "Enter NPI" located in the green box on the right of the screen. It is required to register all NPIs associated with a NYS Medicaid provider by using the web-enabled application on the emedny.org website.

A batch process for reporting the NPI to eMedNY is also available. Refer to the "NPI Information" area at emedny.org for the file specification for the batch process. All submitters should be aware that after NPI implementation the NPI will be the only permitted provider identifier (except for non-healthcare providers) other than Tax-ID. The NYS Medicaid Provider ID, the Locator Code, and the License Number will all be disallowed.

1.5 NYSDOH Medicaid Notes

The NCPDP Implementation Guide (IG) has been established by Health and Human Services as the standard for HIPAA compliance, for the specified transactions.

This Companion Guide, which is provided by the New York State Department of Health (NYSDOH), outlines the required format for the New York State Medicaid medication history transactions and formulary and benefit file upload. It is important that Providers study the Companion Guide and become familiar with the data that

will be expected by NYS Medicaid in transmission of a Medication History Transaction.

This Companion Guide does not modify the standards; rather, it puts forth the subset of information from the IG that will be required for processing transactions. It is important that providers use this Companion Guide as a supplement to the IG. Within the IG, there are data elements, which have many different qualifiers available for use. Each qualifier identifies a different piece of information. This document omits code qualifiers that are not necessary for NYSDOH Medication History. Although not all available codes are listed in this document, NYSDOH will accept any codes named or listed in the IG. When necessary, a "NYS MEDICAID NOTE" is included to describe NYSDOH specific requirements. These notes provide guidance to ensure proper processing of patient medication history requests.

It is important to understand that where applicable, NYSDOH provides "NYS NOTE(s)" stating "NYSDOH will ignore data when provided" in some segments/elements ("required" or "situational"). The intent here is to advise the submitting entity to submit data (for "required" segments), but that the data will not be used for NYSDOH medication history transaction processing. The IG lists all transactions, segments, elements, and codes. The Companion Guide may omit some of the previously mentioned IG items, unless they are defined as required in the IG, or the situation requires their use for medication history request processing. Although not all IG items are listed in the Companion Guide, NYSDOH will accept and capture the data from all transactions that comply with the IG. Providers are encouraged to use the IG and the NCPDP Data Dictionary to understand the positioning and format of the data elements.

NCPDP Implementation Guides can be acquired from www.ncdp.org.

2.0 MEDICATION HISTORY PILOT

The US Department of Health and Human Services, parent agency of the Centers for Medicare and Medicaid Services (CMS), created the Office of the National Coordinator for Health Information Technology (ONCHIT) in 2004, to advance the President's agenda of creating an electronic medical record for every American by 2014. ONCHIT produced a "Framework for Strategic Action" intended to improve overall population health and reduce the cost of Healthcare by getting more information into the hands of healthcare providers when and where needed.

New York State, in alignment with this framework, created the Healthcare Efficiency and Affordability Law for New Yorkers (HEAL-NY), a grant program promoting adoption of the processes and interoperable Health Information Technologies that will improve population health and reduce healthcare costs to New York's citizens. The response has been very positive, with over 100 New York exchange programs submitting applications for the first round of grants under this program. Most of these starting projects need Medicaid data at the point of care to be successful.

This project is a pilot program intended to facilitate the exchange of Medication history and formulary information between the Medicaid program and Regional clinical exchanges that have a high concentration of Medicaid recipients. The pilot intends to show that the base capabilities of viewing medication history and checking formulary at the point of care will improve healthcare outcomes for the pilot population and reduce the costs of healthcare for these Medicaid recipients.

New York State Department of Health (NYSDOH) has responsibility for the eMedNY system. eMedNY is the Electronic Medicaid Program of New York State. NYSDOH is making an arrangement to conduct this pilot with the assistance of the New York City Department of Health and Mental Hygiene (NYCDOHMH).

3.0 PILOT PARTICIPATION PROCESS OVERVIEW

3.1 Participant Credentialing

To access eligibility and medication history through eMedNY, the following identifiers and credentials are required in the following order:

3.1.1 Obtain a valid Medicaid Provider ID

The “Physician Enrollment Packet” posted on the eMedNY website (<http://www.emedny.org/info/ProviderEnrollment/index.html>) includes an enrollment form an entity must complete to achieve a Medicaid Provider ID. This is a Provider ID issued by New York State Department of Health. All Healthcare providers who check eligibility and submit claims have them. For centralized exchanges like a RHIO, a Service Bureau enrollment is required. NY State DOH requires approximately 90 calendar days to approve these requests and issue the provider ID.

3.1.2 Obtain a valid Electronic Transmitter Identification Number (ETIN)

An enrollment form can be downloaded from the eMedNY website at <http://www.emedny.org/info/ProviderEnrollment/index.html> (*Electronic/Paper Transmitter Identification Number (TSN/Provider)*) – once the Provider ID has been issued, CSC can create an ETIN within 1-2 business days based on this application form.

The form must be notarized. Attached to the ETIN form is a “certification” of a Provider ID to the ETIN. This “certification” form must be re-certified annually. If the certification is allowed to lapse, transactions submitted to the system will return an error.

For service bureaus, a single ETIN is issued, but each provider ID using this ETIN must submit a notarized certification form each year. In the case of a service bureau, EACH Provider with an ID that uses the service bureau must return one certification form. If there are 1,500 providers using a single service bureau, each of the 1500 providers must return a certification form once per year certifying that they will comply with state rules and regulations, and that their Provider ID is to be associated with the service bureau’s ETIN. For example, a Service Bureau ABC will apply for an ETIN, and include a certification form with their Service Bureau Provider ID. In turn as each Physician gets the system installed, they can submit a certification form for their Provider ID to be associated with Service Bureau ABC’ ETIN. This is also an opportune time for the Provider to ascertain the licensing status of the Anti-virus/anti-spyware software and use this process to attest to their licenses being up to date.

The eMedNY system sends out letters notifying Provider ID holders 45 days and 30 days in advance of certification expiration.

3.2 Establishing Secure Connection Requirements

To further enhance and enforce security while granting access to the Medication History Pilot Interface, the following security requirements must be established prior to submitting NCPDP medication history transactions:

3.2.1 Obtain ePACES administrator User ID and Password (ETIN required)

Once an ETIN has been obtained, someone from the Service Bureau should be designated as an ePACES administrator, e.g. a person who can administer ePACES user IDs and passwords via self-help screens on www.emedny.org. That person must call eMedNY Provider Services 1-800-343-9000 to request a token be sent to them in e-mail.

Once the token arrives in e-mail, the administrator goes to the ePACES enrollment screen on www.emedny.org and walks through completion of the process for issuance of the User ID and Password. This process takes about 1-2 business days.

3.2.2 Obtain a digital certificate issued by eMedNY (ePACES administrator UID/Password required)

An ePACES administrator will be able to login to ePACES administration on www.emedny.org and request a digital certificate. The certificate request will go into a queue and be established on a first come, first served basis. The certificate will be issued in general within 1-2 business days, depending on number of requests in the queue.

4.0 CONNECTING TO MEDICATION HISTORY PILOT INTERFACE

4.1 Medication History Transactions Connectivity

The NYCDOHMH Medication History Pilot Interface (MHPI) uses Hypertext Transfer Protocol (HTTP) over Secure SSL (HTTPS) to exchange medication history request and response transactions with client applications over the World Wide Web (WWW). MHPI facilitates the exchange of patient medication history information between a client and the NYSDOH eMedNY Medicaid system.

To establish secure connection between a client and MHPI, the following data transmission and networking infrastructure elements are required:

- Digital certificates – certificates are used for authentication purposes and to encrypt data as it flows over the web. A client application must be able to establish a trusted session over SSL using a digital certificate issued by a trusted digital certificate authority.
- Static IP - in order for MHPI to allow only incoming traffic from trusted sources pass through its firewall, a client application must have a static IP assigned to the machine that it runs on. This requirement will prevent undesirable traffic coming from an untrusted source to reach the eMedNY system through MHPI.

4.2 Formulary and Benefit File Distribution

NYCDOHMH Medication History Pilot participants can download the NYSDOH eMedNY Medicaid Formulary and Benefit File using eMedNY eXchange. eMedNY eXchange is a tool based on an access method used to exchange HIPAA-compliant transactions and files with the eMedNY system via a web-based application.

To successfully use eXchange, a client (or provider) will first need to enroll in ePACES (refer to section 3.2.1). Upon having successfully completed a login on ePACES, the client may then request activation of the eXchange inbox. The ePACES User ID and password are also used for accessing eXchange. Activation of an eXchange Inbox takes 3-5 business days to complete.

Enrollment in ePACES is all that is required for an eMedNY Exchange account. Please note that you must successfully login to ePACES at least once and call Provider Services to request that your eMedNY eXchange inbox be activated. eMedNY Provider Services can be reached at 1-800-343-9000. When calling for activation, please have the following information available: TSN/ETIN and ePACES Logon ID. It will take 3-5 business days before your inbox is activated.

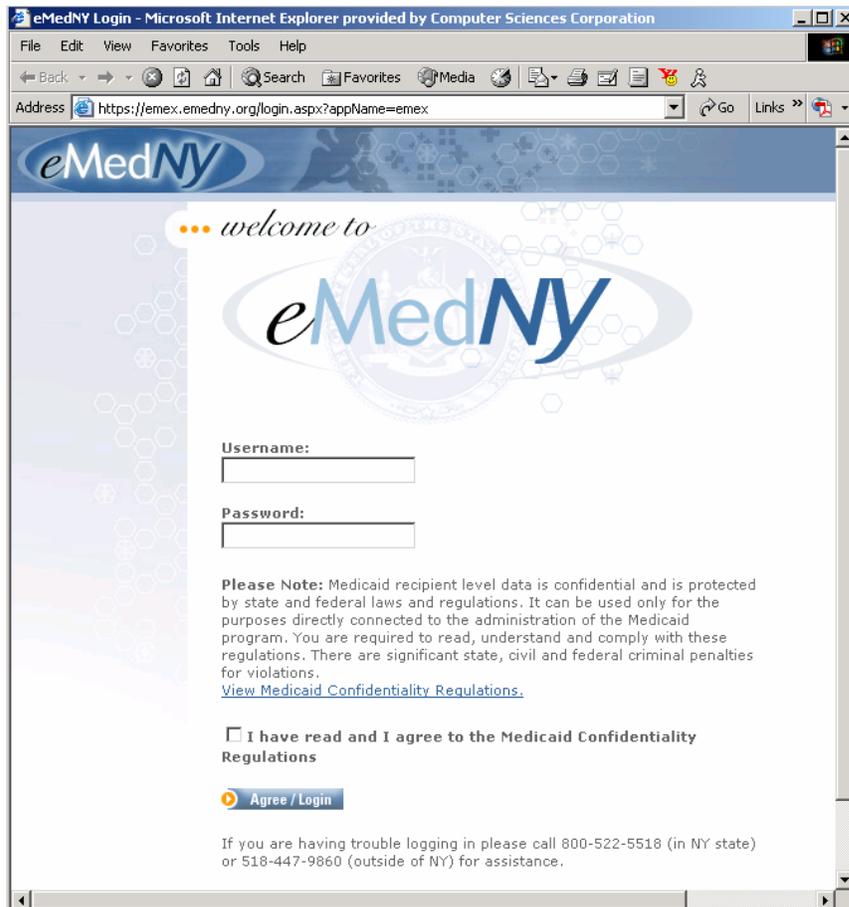
Receiving the Formulary and Benefit File using eMedNY eXchange is very similar to receiving a file through email. When the file is ready, eMedNY will send it to the Pilot Participant's (provider, service bureau, etc) inbox. The client must periodically connect to eMedNY eXchange to check if a new file is available for download. Once in the inbox, the file can be opened and saved to a local server for further processing. Files are retained for 14 days in an eXchange mailbox. To ensure the availability of your files for an extended period of time, save them to your local server when you receive them.

4.3 Using eMedNY eXchange

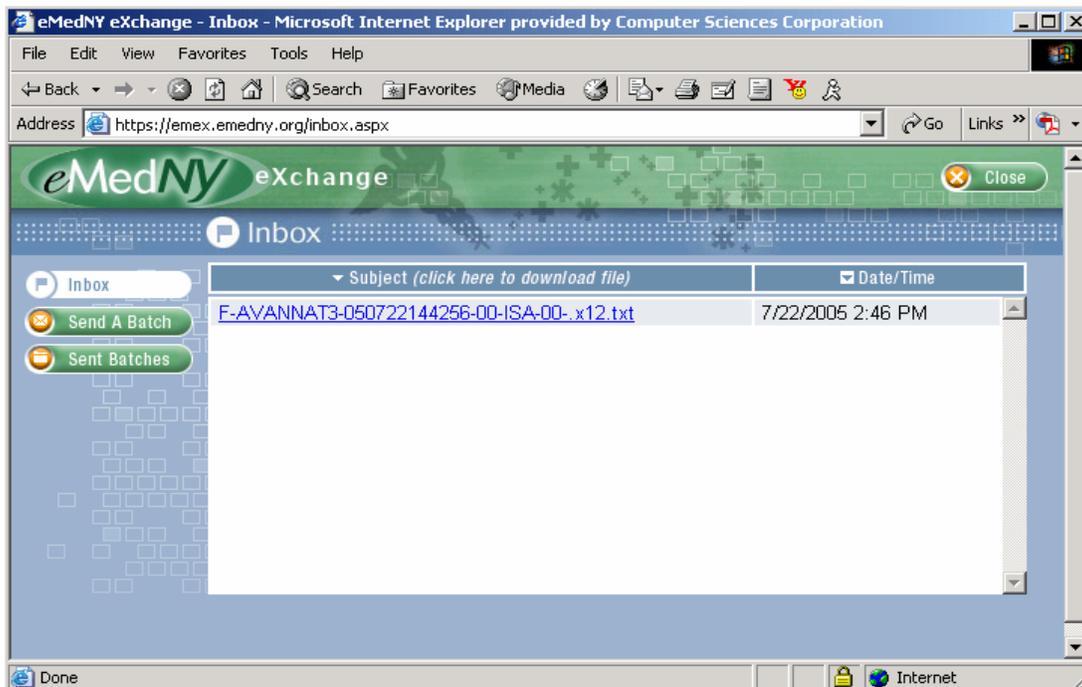
eMedNY eXchange can be accessed from any page within www.eMedNY.org (upon logging in) through this navigation button at the top of the page. A Link to eMedNY Exchange is also provided on the “Site Map” page.



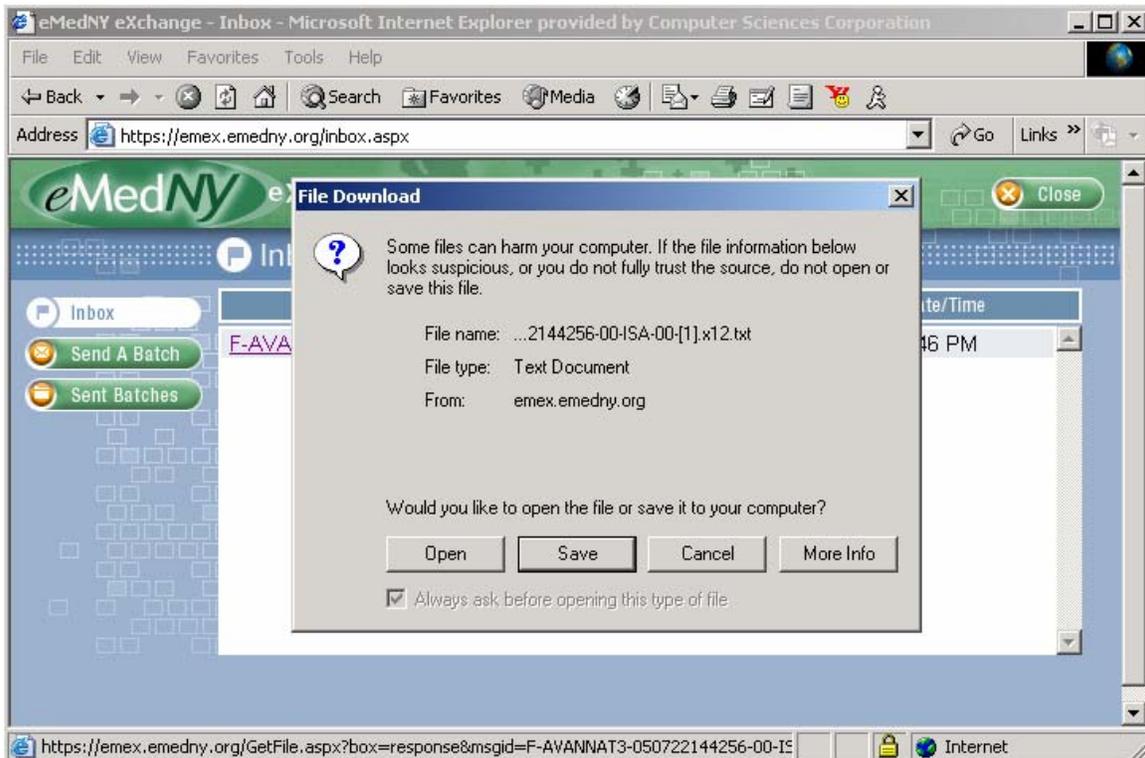
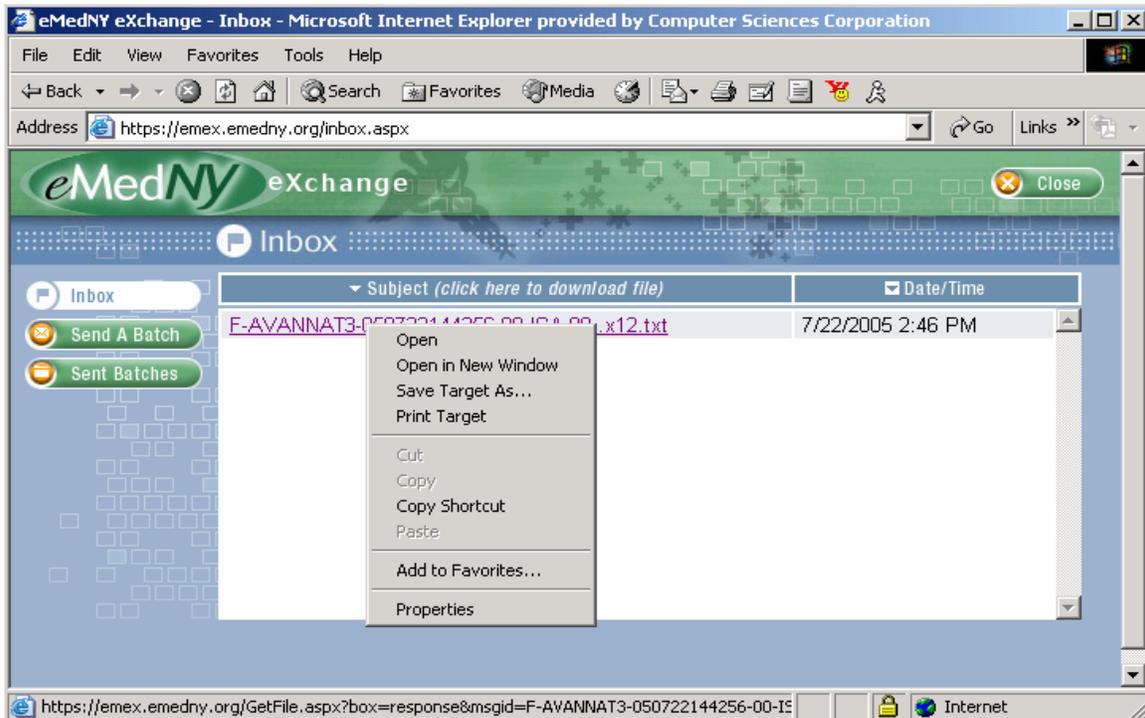
Clicking the “eXchange” button will open a new browser instance to the login for eMedNY eXchange.

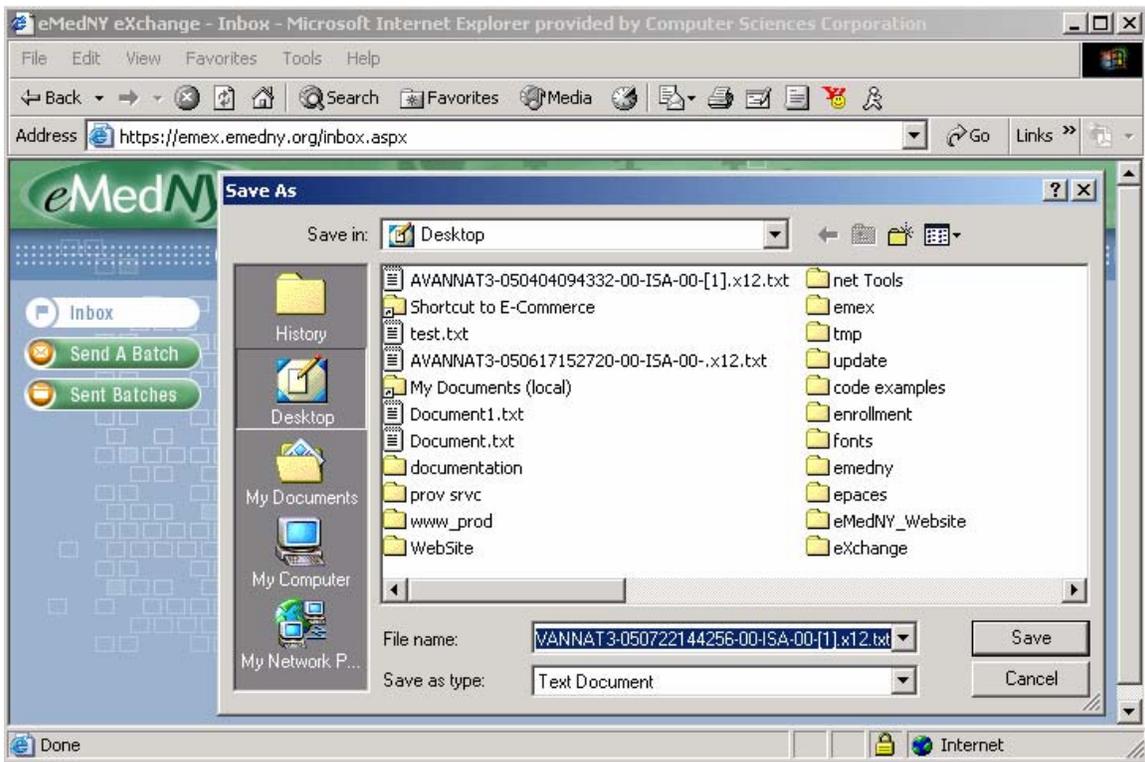


Upon supplying valid credentials, users will be brought to their Inbox. The Inbox displays the list of messages in the user’s shared DASD directory with a hyperlink to an attached file and a date it was placed in the Inbox. A message in the Inbox will be held for fourteen days before being removed automatically.



- Left Clicking the hyperlink for the file will either:
 - Open the attached file with the appropriate program (i.e. notepad for .txt files)
 - Display a "File Download" windows file selection window, which a user can then choose to "Open the file from its current location" or "Save the file to disk".
- Right Clicking the hyperlink for the attachment will present a windows menu where a user can select to:
 - Open the file.
 - Open in a new window.
 - Save Target As.
 - Print Target



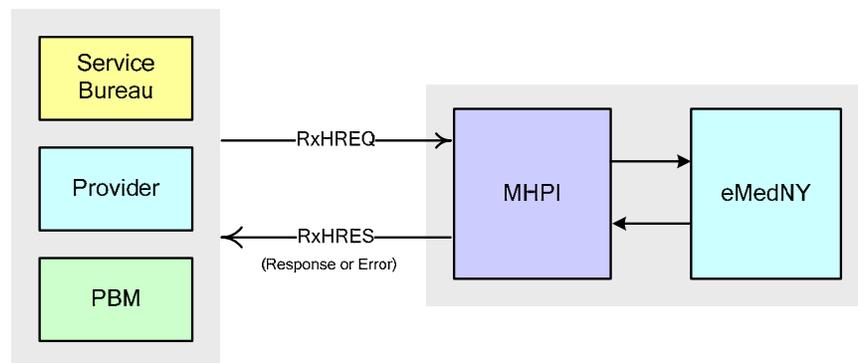


5.0 MEDICATION HISTORY TRANSACTIONS OVERVIEW

5.1 Medication History Sequence

The NYSDOH Medication History (RxH) transactions enable NYS Medicaid Providers to request and receive information on up to the 50 most recent drugs prescribed and filled by prescribers and pharmacies for a Medicaid client (Participant). Only drugs included in pharmacy claims that Medicaid paid for are returned in a request. These transactions are based on NCPDP Standards.

The RxH transaction flow model shown in the figure below depicts how RxH is processing the MHPI in conjunction with the NYDOH eMedNY system.



- (1) A Provider or Pharmacy Benefit Manager (PBM) entity sends an NCPDP Medications History (RxHREQ) transaction to MHPI.
- (2) MHPI processes the request in conjunction with the backend system eMedNY and creates a response transaction (RxHRES)
 - a. eMedNY validates the format of the request
 - b. eMedNY finds the patient via the Medicaid Client Number
 - c. eMedNY checks for the date range of the history request
- (3) eMedNY returns the response (RxHRES) to MHPI who sends it back to the provider or PBM
- (4) If an error is detected in the request or the response cannot be constructed due to an error in the request, the response will include an NCPDP standard error message.
- (5) If a communication error occurs where an NCPDP error cannot be sent to the requester, a NAK string (message) will be returned to inform the requester of the error.

The following table lists the Medication History Transactions that are supported in the current pilot release and the corresponding standards for implementations.

Transaction	Requester	Processor	Industry Standard
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Medication History Request	Provider's System	NYSDOH eMedNY	NCPDP SCRIPT 8.1
Medication History Response	NYSDOH eMedNY	Provider's System	NCPDP SCRIPT 8.1
Error Message	ANY	ANY	NCPDP SCRIPT 8.1
Formulary and Benefit Data Load	NYSDOH eMedNY	Provider's System	NCPDP Formulary and Benefit Version 1.0

5.2 Transaction Types

Medication History Request

This transaction is the request sent from the provider to the eMedNY to get the Medication History on a Medicaid client. In general this transaction is requested following an X12 270/271 (eligibility verification) transaction.

Medication History Response

Once a Medication History request is received by the eMedNY system, this transaction gives a listing of up to 50 previously dispensed medications including the prescribing provider and the pharmacy at which it is filled.

Situational Error Handling

There are two types of errors that can be generated; functional and communication errors. The NCPDP ERROR transaction is used to indicate that a functional error has occurred and defines what the error is based on set responses.

Communication errors where an NCPDP error message cannot be sent back are handled using a NAK string that goes back to the requestor.

Formulary and Benefit Data Load

Providers can download on a regular basis a group level formulary and benefit update from the eMedNY system by utilizing the Formulary and Benefit Data Load process using eMedNY eXchange. Once downloaded and saved locally on the provider's network it can be used as a local cache for formulary checks.

5.3 General Interface Description

A transaction consists of a collection of segments. A segment contains data elements separated by delimiters. To properly interpret and process a transaction the delimiters must be defined within the transaction. In NCDPDP Transactions the delimiters are defined in the UNA segment. The MHPI system accepts delimiters that have been denied in the NCPDP Guide (v 8.1). The examples below shows how delimiters specified in the UNA segment are used.

UNA: +./*'

Char	Delimiters
:	Data Elements in a Composite Data element
+	Composite Data Elements
.	Decimal Notation
/	Release Indicator
*	Repetitions
'	Segments

5.3.1 Character Set

NYSDOH recommends the following character set be used:

Letters, upper or lowercase (**A to Z**)
 Numerals (**0 to 9**)
 Symbols (**Printable characters**)

- Alpha character is defined as the character subset Letters, upper or lowercase (A-Z)
- Numeric is defined as the character subset Numerals (0-9)
- Alphanumeric is the character set Letters, upper and lowercase, Numerals, and Printable characters
- Printable characters include, but are not limited to #! \$%&* _-
- Unprintable characters, such as control characters, are not used within the field sets. Defined unprintable characters are used as delimiters

5.3.2 Representation

The following list denotes the Field Type Abbreviation used in the transactions:

an - **Alphanumeric**
an - **String**
dt - **Date**
id - **ID number (Medicaid Client Identification)**
r - **Decimal**
tm - **Time**

Double periods (..) after an abbreviation indicates a range. If there are no periods, then the fields is an exact value.

- an..6** shows an alphanumeric with range from zero to six characters.
an6 shows an alphanumeric with exactly six characters is required.

5.3.3 Numeric Representation

A period is used as a decimal point. It should only be used in the following circumstances:

- If there are important digits to the right of the decimal: **0.5788 or 0.89**
- When there is a digit before and after the decimal point: **25.67 or 209.01**

If a decimal point is necessary there must be at least one digit before and after the decimal point. A decimal is not used with whole numbers (**4.00 or 25**). A decimal should not be counted towards the length total of a data element.

5.3.4 Requirement Designations

All elements will be designated either mandatory or conditional. If something is not used, then the line will be grayed out with N/U to the right. The table below shows the requirements designations used throughout this guide.

Req. Code	Description
M	Mandatory

C	Conditional
C/M	Conditional Mandatory (the composite is Conditional but if the composite is used the field within is Mandatory)
N/U	Not Used

6.0 NCPDP – MEDICATION HISTORY TRANSACTIONS

This section describes the composition of Medication History Transactions. A transaction consists of a header, request/response and trailer type segments. Each segment contains elements (fields) and delimiters.

6.1 Medication History Transactions Envelope Segments

The segments listed in the table below are used in all NCPDP RxH and Error messages. Each segment type must be included only once in a transaction.

Segment	Description	Remarks
UNA	Service String Advice	This segment is fixed length and is necessary on all transactions
UIB	Interactive Interchange Control Header	Assigns trace numbers, date and time stamps at the interchange level, and responder and requester IDs
UIH	Interactive Header	Specifies trace numbers at message level along with indicating type of message
UIT	Interactive Trailer	Assigns message trace number and number of segments in the message
UIZ	Interactive Interchange Trailer	Assigns the number of messages in the transaction and also assigns the interchange trace number

6.2 Request Transaction Segments (RxHREQ)

Segment	Description	Remarks
UNA	Service String Advice	This segment is fixed length and is necessary on all transactions
UIB	Interactive Interchange Control Header	Assigns trace numbers, date and time stamps at the interchange level, and responder and requester IDs
UIH	Interactive Header	Specifies trace numbers at message level along with indicating type of message
PVD	Prescribing Provider Segment	Prescriber requesting information
PTT	Patient Segment	Holds patient Information
COO	Coordination of Benefits Segment	Holds date range for requested information along with patients benefits information
UIT	Interactive Trailer	Assigns message trace number and number of segments in the message
UIZ	Interactive Interchange Trailer	Assigns the number of messages in the transaction and also assigns the interchange trace number

6.3 Response Transaction Segments (RxHRES)

Segment	Description	Remarks
UNA	Service String Advice	This segment is fixed length and is necessary on all transactions
UIB	Interactive Interchange Control Header	Assigns trace numbers, date and time stamps at the interchange level, and responder and requester IDs
UIH	Interactive Header	Specifies trace numbers at message level along with indicating type of message
PVD	Prescribing Provider Segment	Prescriber requesting information
PTT	Patient Segment	Holds patient Information
COO	Coordination of Benefits Segment	Holds date range for requested information along with patients benefits information
The DRU can repeat up to 50 times, with each loop having potentially 2 PVD segments		
<i>DRU</i>	<i>Drug Segment</i>	<i>Previously prescribed drugs</i>
<i>PVD</i>	<i>Prescribing Provider Segment</i>	<i>Prescriber for drug in DRU segment</i>
<i>PVD</i>	<i>Pharmacy Provider Segment</i>	<i>Pharmacy where drug in DRU segment was filled</i>
UIT	Interactive Trailer	Assigns message trace number and number of segments in the message
UIZ	Interactive Interchange Trailer	Assigns the number of messages in the transaction and also assigns the interchange trace number

6.4 NCPDP ERROR Transaction Segments

Segment	Description	Remarks
UNA	Service String Advice	This segment is fixed length and is necessary on all transactions
UIB	Interactive Interchange Control Header	Assigns trace numbers, date and time stamps at the interchange level, and responder and requester IDs
UIH	Interactive Header	Specifies trace numbers at message level along with indicating type of message
STS	Status Segment	NCPDP ERROR messages will be listed here
UIT	Interactive Trailer	Assigns message trace number and number of segments in the message.
UIZ	Interactive Interchange Trailer	Assigns the number of messages in the transaction and also assigns the interchange trace number

7.0 NCPDP SCRIPT TRANSACTION HEADERS AND TRAILERS

7.1.1 UNA – Service String Advice

The Service String Advice segment (UNA) is always the first segment of the message. It defines what characters are selected as delimiters and indicators. It is a fixed length segment and must have all data elements present.

Field Number	Field Name	Data Type	Req	Value	Remarks
UNA-000	Segment Tag		M		
UNA-000-01	Segment Code	a3	M	UNA	Segment ID
UNA-010	Delimiters		M		
UNA-010-01	Component Data Element Separator	an1	M		Value 28 Hex(1C)
UNA-010-02	Data Element Separator	an1	M		Value 29 Hex(1D)
UNA-010-03	Decimal Notation	an1	M		Value 46 "." – Hex (2E) (Decimal Point)
UNA-010-04	Release Indicator	an1	M		Value 7 Hex(7)
UNA-010-05	Repetition Separator	an1	M		Value 31 Hex(1F)
UNA-010-06	Segment Separator	an1	M		Value 30 Hex(1E)

7.1.2 UIB Interactive Interchange Control Header

The Interactive Interchange Control Header segment (UIB) opens and identifies an interchange. It assigns the sender and receiver identifiers along with the trace numbers, dates and timestamps at an interchange level.

Field Number	Field Name	Data Type	Req	Value	Remarks
UIB-000	Segment tag		M		
UIB-000-01	Segment code	a3	M	UIB	Segment ID
UIB-010	Syntax identifier		M		
UIB-010-01	Syntax identifier	a4	M	UNOA	
UIB-010-02	Syntax version number	an1	M	0	
UIB-010-03	Service code	Directory	N/U	Version Number	
UIB-010-04	Service code agency	Directory	N/U	Controlling	
UIB-020	Dialogue reference		N/U		
UIB-030	Transaction reference		M		

Field Number	Field Name	Data Type	Req	Value	Remarks
UIB-030-01	Transaction control reference	an..35	M		This is a tracer number generated by the requesting system to identify the transaction. It is echoed back in an ERROR message
UIB-030-02	Initiator reference identifier	an..35	C		
UIB-030-03	Controlling agency, coded	an..3	C		
UIB-040	Scenario identifier		N/U		
UIB-050	Dialogue identifier		N/U		
UIB-060	Interchange sender		M		
UIB-060-01	Sender id - level one	an..35	M		Sender's eMedNY ePACES User ID
UIB-060-02	Level one id code qualifier	an..4	M	ZZZ	
UIB-060-03	Sender id -- level two	an..35	M		Sender's eMedNY ePACES password
UIB-060-04	Sender id – level three	an..35	C		Participants eMedNY ETIN
UIB-070	Interchange recipient		M		
UIB-070-01	Recipient id – level one	an..35	M	EMEDNY	Recipients eMedNY ePACES User ID
UIB-070-02	Level one id code qualifier	an..4	M	ZZZ3	
UIB-070-03	Recipient id – level two	an..35	C		
UIB-070-04	Recipient id – level three	an..35	C		
UIB-080	Date/time of initiation		C		
UIB-080-01	Date	n8	C		Date of the interchange CCYYMMDD format
UIB-080-02	Event time	n6	C		Time of the interchange HHMMSS format
UIB-080-03	Time offset		N/U		
UIB-090	Duplicator indicator		N/U		
UIB-100	Test indicator	n1	C		Test = 1 Live = Any other digit

7.1.3 UIH – Interactive Message Header

The Interactive Message Header (UIH) heads, specifies and identifies a message. It assigns the type of message. It also shows trace numbers at the message level.

Field Number	Field Name	Data Type	Req	Value	Remarks
UIH-000	Segment tag		M		
UIH-000-01	Segment code	a3	M	UIH	Segment ID
UIH-010	Interactive message identifier		M		

Field Number	Field Name	Data Type	Req	Value	Remarks
UIH-010-01	Message type	an..6	M	Script	For RXHREQ, RXHRES, and ERROR the Message Type is SCRIPT;
UIH-010-02	Message version number	an..3	M	008	
UIH-010-03	Message release number	an..3	M	001	
UIH-010-04	Message function	an..6	C		For Message Type=SCRIPT values are RXHREQ, RXHRES or ERROR
UIH-010-05	Controlling agency, coded		N/U		
UIH-010-06	Association assigned code	an..6	C		This field contains the highest version and release the sender is capable of handling.
UIH-020	Message reference number	an..35	C		
UIH-030	Dialogue reference		C		
UIH-030-01	Initiator control reference	an..35	M		Trace number assigned by sender. This field may be used as a trace number for the Message. It is a reference field which can uniquely identify at any point to the sender the transaction being referenced. While this data element is not mandatory, it is mandatory that if sent on a request, it should be returned on any conversation referencing this request.
UIH-030-02	Initiator reference id	an..35	C		
UIH-030-03	Controlling agency, coded	an..3	C		
UIH-030-04	Responder control reference	an..35	C		
UIH-040	Status of transfer interactive		N/U		
UIH-050	Date/time of initiation		C		
UIH-050-01	Date	n8	C	Date of Transaction	CCYYMMDD
UIH-050-02	Event time	n6	C	Time of Transaction	HHMMSS
UIH-050-03	Time offset		N/U		
UIH-060	Test indicator	n1	N/U		UIB-100 is utilized to indicate test and prod.

7.1.4 UIT – Interactive Message Trailer

The Interactive Message Trailer (UIT) ends and checks the completeness of a message. It assigns the message trace number and it indicates the numbers of segments in a message.

Field Number	Field Name	Data Type	Req	Value	Remarks
UIT-000	Segment tag		M		
UIT-000-01	Segment code	a3	M	UIT	Segment ID
UIT-010	Message reference number	an..35	C		Must be the same as in UIH-020
UIT-020	Number of segments in message	n..10	C		Total number of segments in message, not including UNA, UIB and UIZ segments.

7.1.5 UIZ – Interactive Interchange Trailer

The Interactive Interchange Trailer (UIZ) ends and checks the completeness of an interchange. It assigns the interchange trace number and it indicates the numbers of messages in a transaction.

Field Number	Field Name	Data Type	Req	Value	Remarks
UIZ-000	Segment tag		M		
UIZ-000-01	Segment code	a3	M	UIZ	Segment ID
UIZ-010	Dialogue reference		N/U		
UIZ-020	Interchange control count	n..6	C		Total number of messages
UIZ-030	Duplicate indicator		N/U		

8.0 MEDICATION HISTORY REQUEST SEGMENTS

8.1 Introduction

The provider can send a Medication History request transaction (RXHREQ) to the NYSDOH eMedNY system. It must contain the following segments: UNA, UIB, UIH, REQ, PVD, PTT, COO, UIT, and UIZ.

Example Layout:

REQ	
PVD	Requesting Physician
PTT	Patient
COO	Coordination of Benefits

8.2 REXHREQ – Medication History Request Segments

Please refer to section 7.0 for a detailed description of the UNA, UIB, UIH, UIT and UIZ segments.

8.2.1 PVD – Prescriber Segment

Field Number	Field Name	Data Type	Req	Value	Remarks
PVD-000	Segment tag		M		
PVD-000-01	Segment code	a3	M	PVD	Segment ID
PVD-010	Provider code	an..3	M	PC	PC = Prescriber
PVD-020	Reference number		M		Repeats up to 3 times
PVD-020-01	Reference number	an..35	M		Medicaid Provider ID of requester - 8 Characters
PVD-020-02	Reference qualifier	an..3	M	1D	Qualifier for reference number. Refer to External Code List X12 DE 128
PVD-030	Healthcare service location		N/U		
PVD-040	Provider specialty		C		
PVD-040-01	Agency Qualifier, coded	an..3	M		Refer to External Code List X12 DE 559
PVD-040-02	Provider Specialty, coded	an..3	M		Refer to External Code List X12 DE 1222
PVD-050	Name		M		Name Of Prescriber
PVD-050-01	Party name	an..35	M		Last Name of Prescriber
PVD-050-02	First name	an..35	C		First Name of Prescriber
PVD-050-03	Middle name	an..35	C		Middle Name of Prescriber
PVD-050-04	Suffix	an..10	C		
PVD-050-05	Prefix	an..10	C		
PVD-060	Postcode identification		N/U		

Field Number	Field Name	Data Type	Req	Value	Remarks
PVD-070	Party name	an..35	C		Clinic or Pharmacy Name
PVD-080	Address		C		
PVD-080-01	Street and Number / PO Box	an..35	C		
PVD-080-02	City name	an..35	C		
PVD-080-03	State	an..9	C		
PVD-080-04	Postal code	an..11	C		
PVD-080-05	Place/location qualifier	an..3	C		
PVD-080-06	Place location	an..35	C		
PVD-090	Communication number	Repeats multiple times	C		
PVD-090-01	Communication number	an..80	C		
PVD-090-02	Code list qualifier	an..3	C		Refer to External Code List X12 DE 365
PVD-100	Name		C		
PVD-100-01	Party name	an..35	C		
PVD-100-02	First name	an..35	C		
PVD-100-03	Middle name	an..35	C		
PVD-100-04	Suffix	an..10	C		
PVD-100-05	Prefix	an..10	C		

8.2.2 PTT – Patient Segment

Field Number	Field Name	Data Type	Req	Value	Remarks
PTT-000	Segment tag		M		
PTT-000-01	Segment code	a3	M	PTT	Segment ID
PTT-010	Relationship to cardholder	an..3	C		1=Medicaid Client
PTT-020	Date of birth	d8	C		CCYYMMDD
PTT-030	Name		M		Patient Name
PTT-030-01	Party name	an..35	M		Last Name
PTT-030-02	First name	an..35	M		First Name
PTT-030-03	Middle name	an..35	C		Middle Name
PTT-030-04	Suffix	an..10	C		Suffix
PTT-030-05	Prefix	an..10	C		Prefix
PTT-040	Gender	an..3	C		M=Male; F=Female; U=Unknown
PTT-050	Reference number	Repeats twice	C		
PTT-050-01	Reference number	an..35	M		Medicaid Client ID
PTT-050-02	Reference qualifier	an..3	C	1D	Refer to External Code List X12 DE 128
PTT-060	Address		C		
PTT-060-01	Street and Number / P.O. Box	an..35	C		
PTT-060-02	City name	an..35	C		

Field Number	Field Name	Data Type	Req	Value	Remarks
PTT-060-03	State	an..9	C		
PTT-060-04	Postal code	an..11	C		
PTT-060-05	Place/location qualifier	an..3	C		Trading partner defined value
PTT-060-06	Place location	an..35	C		Address Line 2
PTT-070	Communication number	Repeats Multiple Times	C		
PTT-070-01	Communication number	an..80	C		Patient contact number
PTT-070-02	Code list qualifier	an..3	C		Refer to External Code List X12 DE 365

8.2.3 COO – Coordination of Benefits Segment

Field Number	Field Name	Data Type	Req	Value	Remarks
COO-000	Segment tag		M		Minimum length of segment: 15 elements
COO-000-01	Segment code	a3	M	COO	Segment ID
COO-010	Reference number		C		
COO-010-01	Reference number	an..35	C		
COO-010-02	Reference qualifier	an..3	C		
COO-020	Party name	an..35	C		
COO-030	Service type code		N/U		
COO-040	Reference number		C		
COO-040-01	Reference number	an..35	C		
COO-040-02	Reference qualifier	an..3	N/U		
COO-050	Name	an..35	C		
COO-060	Reference number	an..35	C		
COO-070	Party name	an..35	N/U		
COO-080	Address		N/U		
COO-090	Date		C		Repeats 2. 1st occurrence is the beginning date for the desired history 2nd occurrence is the end date for the desired history. If the Date composite (COO-090) is used, both the effective date and expiration date is required.
COO-090-01	Date/time period qualifier	an..3	M	07, 36	For RxHREQ 07=effective date; 36=expiration date of needed history
COO-090-02	Date	an..35	M		CCYYMMDD
COO-090-03	Date/time period format qualifier	an..3	C	102	102=CCYYMMDD
COO-100	Insurance type, coded		N/U		
COO-110	Address		N/U		
COO-120	Reference number		N/U		

Field Number	Field Name	Data Type	Req	Value	Remarks
COO-130	Condition/response coded	an..3	M	Y, N, P, X, Z	Y=Consent given N=No consent P=Prescriber X=Parental/Guardian consent on behalf of a minor for prescriber to receive the medication history from any prescriber Z=Parental/Guardian consent on behalf of a minor for prescriber to only receive the medication history this prescriber prescribed
COO-140	Patient identifier	an..80	M		Medicaid Client ID

9.0 MEDICATION HISTORY RESPONSE SEGMENTS

The transaction that is sent back to the Provider in response to a Medication History Request is the RXHRES – it must contain the following segments: UNA, UIB, UIH, RES, PVD, PTT, COO, DRU, PVD (prescriber), PVD (pharmacy), UIT, and UIZ. The DRU segment can have up to 50 loops, with each one potentially having two PVD segments that correspond to the prescriber and pharmacy.

Example Layout:

RES	
PVD	Requesting Physician
PTT	Patient
COO	
DRU	Most recent drug prescribed
PVD	Prescriber
PVD	Supplying Pharmacy
DRU	2 nd most recent drug
DRU	3 rd most recent drug
PVD	Prescriber
DRU	4 th most recent drug
PVD	Prescriber

9.1 RXHRES – Medication History Response Segments

Please refer to 7.0 and 8.0 for a detailed description of the UNA, UIB, PVD, COO, PTT, UIH, UIT and UIZ segments.

9.1.1 RES – Response Segment

Field Number	Field Name	Data Type	Req	Value	Remarks
RES-000	Segment tag				
RES-000-01	Segment code	a3	M	RES	Segment ID
RES-010	Response type, coded	an..3	M		A=Approved D=Denied
RES-020	Code list qualifier	an..3	C		AQ= More History Available. There may be less than 50 drugs in this response due to payer processing.
RES-030	Reference number	an..35	C		Not used RxHREQ/RxHRES
RES-040	Free text	an..70	C		

9.1.2 DRU – Drug Segment

Field Number	Field Name	Data Type	Req	Value	Remarks
DRU-000	Segment tag		M		
DRU-000-01	Segment code	a3	M	DRU	Segment ID
DRU-010	Drug		M		
DRU-010-01	Item Description identification	an..7	M	D	D=Dispensed
DRU-010-02	Item description	an..35	M		Drug name
DRU-010-03	Item number	an..35	C		Drug number
DRU-010-04	Code list responsibility agency	an..3	C	ND	ND=NDC11
DRU-010-05	Code list qualifier	an..3	C		Refer to External Code List X12 DE 1330
DRU-010-06	Free text	an..70	C		Measurement Value – Drug Strength
DRU-010-07	Code list qualifier	an..3	C		Refer to External Code List X12 DE 355
DRU-010-08	Reference number	an..35	C		GPI, GCN SEQ #, GFC, DDID, SMARTKEY, GM, Multum MMDC or Multum Drug ID
DRU-010-09	Reference qualifier	an..3	C		Code value to define the reference number. Values: FG = First DataBank GCN Seq #
DRU-010-10	Item description	an..35	C		Drug name If the full drug name, strength, form does not fit in 010-02 without abbreviation, level 10-12 are to be used for the full name, strength and form
DRU-010-11	Item description	an..35	C		Drug name
DRU-010-12	Item description	an..35	C		Drug name
DRU-020	Quantity	Repeats twice	C		
DRU-020-01	Quantity qualifier	an..3	M		Refer to External Code List X12 DE 355
DRU-020-02	Quantity	an..35	M		
DRU-020-03	Code list qualifier	an..3	C	87	87= Quantity Received Refer to External Code List X12 DE 673
DRU-030	Directions		C		
DRU-030-01	Dosage ID		N/U		
DRU-030-02	Dosage	an..70	C		
DRU-030-03	Dosage	an..70	C		
DRU-040	Date	Repeats five Times	M		
DRU-040-01	Date/time period qualifier	an..3	M		LD = Last Demand (Last Fill) ZDS = Days Supply

Field Number	Field Name	Data Type	Req	Value	Remarks
DRU-040-02	Date or Quantity	an..35	M		Required if DRU-040-01 is provided
DRU-040-03	Date/time period format qualifier	an..3	M		Defines date format 102=CCYYMMDD 108=Quantity of Days
DRU-050	Product/service substitution, coded	an..3	C		
DRU-060	Quantity	Repeat	C		
DRU-060-01	Quantity qualifier	an..3	M		
DRU-060-02	Quantity	an..35	C		
DRU-070	Diagnosis		C		
DRU-070-01	Clinical information qualifier	an..3	M		
DRU-070-02	Clinical information – primary	an..17	M		
DRU-070-03	Code list qualifier	an..3	C		
DRU-070-04	Clinical information – secondary	an..17	C		
DRU-070-05	Code list qualifier	an..3	C		
DRU-080	Reference number		C		
DRU-080-01	Reference number	an..35	M		
DRU-080-02	Reference qualifier	an..3	C		
DRU-090	Free text	an..70	C		
DRU-100	Drug use evaluation		C		
DRU-100-01	DUE Reason for Service Code	an..2	M		
DRU-100-02	Due professional service code	an..2	C		
DRU-100-03	DUE Result of Service Code	an..2	C		
DRU-100-04	Due co-agent id	an..19	C		
DRU-100-05	Due co-agent id qualifier	an..2	C		
DRU-110	Drug coverage status code	an2	C		

9.1.3 PVD – Prescribing Physician Segment

Field Number	Field Name	Data Type	Req	Value	Remarks
PVD-000	Segment tag		M		
PVD-000-01	Segment code	a3	M	PVD	Segment ID
PVD-010	Provider code	an..3	M	PC	PC = Prescriber
PVD-020	Reference number	Repeats up to three times	C		
PVD-020-01	Reference number	an..35	M		This is the Provider ID or License Number
PVD-020-02	Reference qualifier	an..3	C		Refer NCPDP External Code List X12 DE 128
PVD-030	Healthcare service location		N/U		

Field Number	Field Name	Data Type	Req	Value	Remarks
PVD-040	Provider specialty		C		
PVD-040-01	Agency Qualifier, coded	an..3	M		Refer to External Code List X12 DE 559
PVD-040-02	Provider Specialty, coded	an..3	M		Refer to External Code List X12 DE 1222
PVD-050	Name	Prescriber Name	C		
PVD-050-01	Party name	an..35	C		Last Name
PVD-050-02	First name	an..35	C		First Name
PVD-050-03	Middle name	an..35	C		Middle Name
PVD-050-04	Suffix	an..10	C		Suffix
PVD-050-05	Prefix	an..10	C		Prefix
PVD-060	Postcode identification		N/U		
PVD-070	Party name	an..35	C		Clinic Name
PVD-080	Address		C		
PVD-080-01	Street and Number / PO Box	an..35	C		
PVD-080-02	City name	an..35	C		
PVD-080-03	State	an..9	C		
PVD-080-04	Postal code	an..11	C		
PVD-080-05	Place/location qualifier	an..3	C		
PVD-080-06	Place location	an..35	C		
PVD-090	Communication number	Repeats Multiple Times	C		
PVD-090-01	Communication number	an..80	C		
PVD-090-02	Code list qualifier	an..3	C		Refer to External Code List X12 DE 365
PVD-100	Name		C		
PVD-100-01	Party name	an..35	C		
PVD-100-02	First name	an..35	C		
PVD-100-03	Middle name	an..35	C		
PVD-100-04	Suffix	an..10	C		
PVD-100-05	Prefix	an..10	C		

9.1.4 PVD – Pharmacy Segment

Field Number	Field Name	Data Type	Req	Value	Remarks
PVD-000	Segment tag		M		
PVD-000-01	Segment code	a3	M	PVD	Segment ID
PVD-010	Provider code	an..3	M	P2	P2 = Pharmacy
PVD-020	Reference number	Repeats up to 3 times	C		
PVD-020-01	Reference number	an..35	M		Provider ID Number of the pharmacy
PVD-020-02	Reference qualifier	an..3	C		Refer to External Code List X12 DE 128

Field Number	Field Name	Data Type	Req	Value	Remarks
PVD-030	Healthcare service location		N/U		
PVD-040	Provider specialty		C		
PVD-040-01	Agency Qualifier, coded	an..3	M		Refer to External Code List X12 DE 559
PVD-040-02	Provider Specialty, coded	an..3	M		Refer to External Code List X12 DE 1222
PVD-050	Name	Pharmacist's Name	C		
PVD-050-01	Party name	an..35	C		Last Name
PVD-050-02	First name	an..35	C		First Name
PVD-050-03	Middle name	an..35	C		Middle Name
PVD-050-04	Suffix	an..10	C		Suffix
PVD-050-05	Prefix	an..10	C		Prefix
PVD-060	Postcode identification		N/U		
PVD-070	Party name	an..35	C		Pharmacy Name
PVD-080	Address		C		
PVD-080-01	Street and Number / PO Box	an..35	C		
PVD-080-02	City name	an..35	C		
PVD-080-03	State	an..9	C		
PVD-080-04	Postal code	an..11	C		
PVD-080-05	Place/location qualifier	an..3	C		
PVD-080-06	Place location	an..35	C		
PVD-090	Communication number	Repeats Multiple Times	C		
PVD-090-01	Communication number	an..80	C		
PVD-090-02	Code list qualifier	an..3	C		Refer to External Code List X12 DE 365
PVD-100	Name		C		
PVD-100-01	Party name	an..35	C		
PVD-100-02	First name	an..35	C		
PVD-100-03	Middle name	an..35	C		
PVD-100-04	Suffix	an..10	C		
PVD-100-05	Prefix	an..10	C		

10.0 MEDICATION HISTORY EXAMPLE

10.1 Medication History Request

In this example, the prescriber is requesting historical drug information for a patient. There are two prescriptions that are known to the payer.

Medication History Request (from Prescriber)

```
UNA: +./*'
UIB+UNOA:0++123456+++ePacesID:ZZZ:ePacesPwd:1AY+EMEDNY:ZZZ'
UIH+SCRIPT:008:001'
PVD+PC+2225555:1D+++SMITH'
PTT+++JONES:KIMBERLY'
COO++++++07:20070401*36:20070615++++Y+ AB54321Z'
UIT'
UIZ
```

Segment	Value	Comment
UIB	UNOA:0	Syntax Identifier and Syntax Version Number
UIB	123456	Trace number generated from the sender, used as a reference number in the case where an ERROR message is generated as a response.
UIB	ePacesID	ePaces User ID (Sender's ID)
UIB	ZZZ	Indicator that the user ID above is mutually agreed upon between the sender and the receiver
UIB	ePacesPwd	ePaces Password
UIB	1AY	Electronic/Paper Transmitter Identification Number (ETIN) assigned to Sender, which is required to send and receive New York State Medicaid data electronically or on paper
UIB	EMEDNY	Recipient ID (hard coded value used to identify the Recipient)
UIB	ZZZ	Indicator that the user ID above is mutually agreed upon between the sender and the receiver
UIH	SCRIPT:008:001	Message type (SCRIPT), NCPDP SCRIPT Standard Implementation Guide Version Number (001) and Release Number (008) used to decode this message.
PVD	PC	Provider code indicating the requesting provider as a Prescriber (PC)
PVD	2225555:1D	Provider ID of the Requesting Provider and Qualifier (1D) indicating it is the Medicaid ID
PVD	SMITH	Last Name of the Requesting Provider
PTT	JONES	Patient Last Name
PTT	KIMBERLY	Patient First Name
COO	Y	Consent Indicator indicating the patient has given consent for the Prescriber to receive medication history for that patient from any prescriber

Segment	Value	Comment
COO	AB54321Z	Patient Medicaid ID
COO	07:20070401	Beginning date for the requested history is 04/01/2007. 07 indicates that this is the beginning date of the requested range
COO	36:20070615	End date for the requested history is 06/15/2007. 36 indicates that this is the end date of the requested range

10.2 Medication History Response (from Payer)

UNA: +./*'

 UIB+UNOA:0++123456+++EMEDNYUID:ZZZ:EMEDNYPW+ePacesID:ZZZ'

 UIH+SCRIPT:008:001'

 RES+A'

 PVD+PC+2225555:1D+++SMITH'

 PTT+++JONES:KIMBERLY'

 COO++++++07:20070401*36:20070615++++Y+ AB54321Z'

 DRU+D:MUCINEX 600 MG TABLET:63824000820 +++LD:20070525: *ZDS:30+'

 PVD+PC+2225555:0B +++SMITH:MICHAEL++++2124843322'

 PVD+P2+1234567+++++REGAL PHARMACY++2124845511'

 DRU+D:CYMBALTA 60 MG CAPSULE:00002324030 +++LD:20070418: *ZDS:14'

 PVD+PC+2227777:0B +++ROBINSON:JANE++++2124845000'

 PVD+P2+7654321+++++ GENOVESE DRUG STORES INC++2124846633'

 UIT'

 UIZ

Segment	Value	Comment
UIB	UNOA:0	Syntax Identifier and Syntax Version Number
UIB	123456	Trace number generated from the sender, used as a reference number in the case where an ERROR message is generated as a response.
UIB	EMEDNYUID	Hard coded value representing Sender (Sender ID field)
UIB	ZZZ	Indicator that the user ID above is mutually agreed upon between the sender and the receiver
UIB	EMEDNYPW	Hard coded value representing Sender (Sender password field)
UIB	ePacesID	ePaces User ID (Recipient's ID)
UIB	ZZZ	Indicator that the user ID above is mutually agreed upon between the sender and the receiver
UIH	SCRIPT:008:001	Message type (SCRIPT), NCPDP SCRIPT Standard Implementation Guide Version Number (001) and Release Number (008) used to decode this message.
RES	A	Code indicating the request was Approved
PVD	PC	Provider code indicating the requesting provider as a Prescriber (PC)
PVD	2225555:1D	Provider ID of the Requesting Provider and Qualifier (1D) indicating it is the Medicaid ID

Segment	Value	Comment
PVD	SMITH	Last Name of the Requesting Provider
PTT	JONES	Patient Last Name
PTT	KIMBERLY	Patient First Name
COO	Y	Consent Indicator indicating the patient has given consent for the Prescriber to receive medication history for that patient from any prescriber
COO	AB54321Z	Patient Medicaid ID
COO	07:20070401	Beginning date for the requested history is 04/01/2007. 07 indicates that this is the beginning date of the requested range
COO	36:20070615	End date for the requested history is 06/15/2007. 36 indicates that this is the end date of the requested range
DRU	D	Dispensed (1st drug record)
DRU	MUCINEX 600 MG TABLET	Name/description of the drug dispensed
DRU	63824000820	NDC of the drug
DRU	LD:20070525	Last Demand (Last Fill) Date is 05/25/2006
DRU	ZDS: 30	Days Supply (Quantity) is 30
PVD	2225555:0B	Provider ID of Prescribing Provider and Qualifier (0B) indicating it is the State License Number
PVD	SMITH:MICHAEL	Prescribing Provider's Name
PVD	2124843322	Prescribing Provider's Phone Number
PVD	1234567	Provider ID of Pharmacy
PVD	REGAL PHARMACY	Pharmacy's Name
PVD	2124845511	Pharmacy's Phone Number
DRU	D	Dispensed (2nd drug record)
DRU	CYMBALTA 60 MG CAPSULE	Name/description of the drug dispensed
DRU	00002324030	NDC of the drug
DRU	LD:20070418	Last Demand (Last Fill) Date is 04/18/2006
DRU	ZDS: 14	Days Supply (Quantity) is 14
PVD	2227777:0B	Provider ID of Prescribing Provider and Qualifier (0B) indicating it is the State License Number
PVD	ROBINSON:JANE	Prescribing Provider's Name
PVD	2124845000	Prescribing Provider's Phone Number
PVD	7654321	Provider ID of Pharmacy
PVD	GENOVESE DRUG STORES INC	Pharmacy's Name
PVD	2124846633	Pharmacy's Phone Number

11.0 ERROR RESPONSE

The error message transaction response indicates a problem has occurred specifying the request was terminated. There are two types of error responses that can be received: transmission error and structure or functional error response.

11.1 Transmission Error Response

If a transaction cannot be recognized or processed such that an NCPDP error message cannot be constructed the requester will receive a Negative Acknowledgement (NAK) with a message. The message will be sent in string format.

11.2 Structure (Functional) Error Response

This error response will occur when the transaction has an error. The error may be due to a badly formatted message, or due to wrong or invalid data included in a mandatory field in a segment. When a transaction (RxHREQ) is received, the structure of the transaction and the mandatory fields are checked and validated. If an error is detected, and a valid NCPDP ERROR message can be composed using headers, STS segments and trailers, an error will be sent back to the requester (sender). For details about the Error message structure including the STS segment, please refer to section 6.4. The STS segment is described in the table below.

Field Number	Field Name	Data Type	Req	Value	Remarks
STS-000	Segment tag				
STS-000-01	Segment code	a3	M	STS	Segment ID
STS-010	Status type code	an..3	M		Possible Rejection Code 900 = Transaction rejected
STS-020	Code list qualifier	an..3	C		Reject Codes used by responder who takes responsibility for the transaction. Refer to External Code List X12 DE 1131
STS-030	Free text	an..70	C		Description of Error(s)

The following tables includes all of the errors that will be returned to the sender in the STS-010 and STS-030 fields.

STS-010	STS-030
900	Missing Segment UNA
900	Missing Delimiter
900	Duplicate Delimiters
900	Missing Delimiters or UIB segment
900	Too Many Segments
900	Unknown Segment
900	Missing or Unknown Segment UNA, UIB, UIH etc.
900	Invalid Segment UIB

STS-010	STS-030
900	Invalid UIB-010
900	Missing UIB-030
900	Missing UIB-030-01
900	Invalid UIB-030-01
900	Invalid UIB-030-02
900	Invalid UIB-030-03
900	Missing UIB-060
900	Invalid UIB-060
900	Invalid UIB-060-01
900	Missing UIB-060-01
900	Missing UIB-060-03
900	Invalid UIB-060-03
900	Missing UIB-060-03
900	Invalid UIB-060-03
900	Missing UIB-070
900	Invalid UIB-070
900	Invalid Segment UIH
900	Missing UIH-010
900	Invalid UIH-010
900	Invalid UIH-010-02
900	Invalid UIH-010-03
900	Invalid UIH-010-04
900	Invalid UIH-010-06
900	Missing UIH-030-01
900	Invalid UIB-030-02

12.0 FORMULARY AND BENEFIT FILE

12.1 Introduction

Formulary and Benefit Data Load is envisioned as a publishing service accessible to participants in the NYC-NYS Medication History Pilot. Providers can 'subscribe' to the service and when updates occur a subscriber receives the new file in the inbox on eMedNY eXchange. Each file details information about the current eMedNY Medicaid formulary. The participant will periodically use a eMedNY eXchange to download the formulary file(s) so that physicians can review the current formulary on the participant's screens. For example, a physician could request to view in real-time the Medication History of the patient. Then the provider could review the current formulary before determining an appropriate prescription.

The Formulary and Benefit file for Medication History is a flat variable length file which uses the pipe character (hex 7c) as a delimiter in the fields. The records will be delimited with the new line character (hex 0a).

The following files are available for the NYDOH Medication History Formulary and Benefit file.

File Type	Description/Notes
Formulary Status List	Main drug file
Copay List	Main drug copay file
Coverage List (Limitations)	Prior Auth, Age Limit, Qty Limit, Gender Limit, Coverage Text Msg (for Family Planning)
Cross Reference	

12.2 Formulary and Benefits File Load

12.2.1 Formulary and Benefits File Header

Header and trailer records are consistent for all the formulary files.

Field Name	Data Type	Req	Field Detail	Remarks
Record Type	an 3/3	Yes	Identifies record type.	Value = HDR
Version/Release Number	an 1/2	Yes	Version Number of this specification	10
Sender ID	an 3/30	Yes	The sender represents the entity that is providing the data and creating the file.	NYMCAID
Sender Participant Password	an 10/10	NO		Not Used
Receiver ID	an 3/30	Yes		Participants Name
Source Name	an 1/35	Yes	Name of Source supplying the formulary - Formulary Publisher	EMEDNY

Field Name	Data Type	Req	Field Detail	Remarks
Transmission Control Number	an 1/10	Yes	Unique identifier defined by the sender	Value = 1111111111
Transmission Date	dt 8/8	Yes	Date transaction was created	CCYYMMDD
Transmission Time	tm 8/8	Yes	Time transaction was created	HHMMSSDD
Transmission File Type	an 1/3	Yes	Identifier telling the type of transaction	FRM = Formulary And Benefit Load
Transmission Action	an 1/1	Yes	Full Replacement is only type currently accepted	F – Full Replacement
Extract Date	dt 8/8	Yes	Date the file was extracted from the eMedNY	CCYYMMDD
File Type	an 1/1	Yes	Test or Production	T=Test P=Production

12.2.2 Formulary and Benefits Trailer

Field Name	Data Type	Req	Field Detail	Remarks
Record Type	an 3/3	Yes	Identifies record type.	Value = TRL
Total Records	n 1/10	Yes	Total records processed	Do not include the file header and trailer in this count. Total Records in file minus 2.

12.3 Formulary Status List

The Formulary Status table lists all NDC codes for drugs on the formulary. The source of data for the table will be the Monthly Formulary Current Price extract file and the R_DRUG_TB table.

12.3.1 Formulary Status Header

Field Name	Data Type	Req	Field Detail	Remarks
Record Type	an 3/3	Yes	Identifies record type	Value = FHD
Formulary ID	an 1/10	Yes	Identification for the formulary	Value = FSLNYMCAID
Formulary Name	an 1/35	No	Name given to the formulary	Value = NY Medicaid Formulary
Non-Listed Prescription Brand Formulary Status	an 1/2	Yes	Directions for receiver how to treat non-listed prescription branded drugs.	0 – Not Reimbursable
Non-listed Prescription Generic Formulary Status	an 1/2	Yes	Directions for receiver how to treat non-listed prescription generic drugs.	0 – Not Reimbursable

Field Name	Data Type	Req	Field Detail	Remarks
Non-listed Brand Over The Counter Formulary Status	an 1/2	Yes	Directions for receiver how to treat non-listed brand over the counter drugs.	U - Unknown 0 – Not Reimbursable
Non-listed Generic Over The Counter Formulary Status	an 1/2	Yes	Directions for receiver how to treat non-listed generic over the counter drugs.	U - Unknown 0 – Not Reimbursable
Non-listed Supplies Formulary Status	an 1/2	Yes	Directions for receiver how to treat non-listed supplies.	U - Unknown 0 – Not Reimbursable
Relative Cost Limit	n 1/2	Yes	Number of levels used within the Relative value indicator.	Value = 0
List Action	an 1/1	Yes	Tells the receiver that this is a Full List Replacement	Value = F
List Effective Date	dt 8/8	Yes	Effective date of list	CCYYMMDD

12.3.2 Formulary Status Detail Format

Field Name	Data Type	Req	Field Detail	Remarks
Record Type	an 3/3	Yes	Identifies record type.	Value = FDT
Change Identifier	an 1/1	Yes	Add is only type currently accepted	A – Addition
Product/Service ID	an 1/19	Yes	Drug ID (NDC)	Always N 11/11
Product/Service ID Qualifier	an 2/2	Yes	Drug ID qualifier	03 = National Drug Code (NDC)
Drug Reference Number	an 1/35	No	Identifier for the drug from proprietary code sources.	Not Used
Drug Reference Qualifier	an 1/3	No	Code value that identifies the source and type for the Drug Reference Number.	Not Used
RxNorm Code	an 1/15	No	ID From RxNorm database.	Not Used
RxNorm Qualifier	an 1/3	No	Code qualifying the RxNorm code submitted.	Not Used
Formulary Status	an 1/2	Yes	Status of the drug within the formulary.	0 – Not Reimbursable 2 – On Formulary (NotPreferred) 3 – Preferred Level 1
Relative Cost	n 1/2	No	The relative value of this drug within its classification.	Not Used

12.3.3 Formulary Status Trailer

Field Name	Data Type	Req	Field Detail	Remarks
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Record Type	an 3/3	Yes	Identifies record type	Value = FTR
Total Records	n 1/10	Yes	Total records sent for this formulary ID	Do not include the file header and trailer in this count. Total of Detail Records.

12.4 Benefit Coverage List

Files will be created for drugs restrictions specifying the restriction and the NDC code. The following Coverage Files are expected to be created:

Restriction Type	Code	Example File Name
Age Limits	AL	ALCNYMCAID_20081126_20070627.txt
Gender Limit	GL	GLCNYMCAID_20081126_20070627.txt
Prior Auth	PA	PACNYMCAID_20081126_20070627.txt
Quantity Limits	QL	QLCNYMCAID_20081126_20070627.txt
Coverage Text Message	TM	TMCNYMCAID_20081126_20070627.txt

Coverage Text Message is used to indicate drugs on Family Planning. Drugs on Family Planning have no copay provided the patient is a female with Family Planning coverage benefits. The message tells the physician that there may be a copay if patient is male or not eligible for Family Planning.

The following restriction types will not be supported:

- DE – Product Coverage Exclusion
- MN – Medical Necessity
- RD – Resource Link – Drug Specific Level
- RS – Resource Link – Drug Summary Level
- SM – Step Medication
- ST – Step Therapy

12.4.1 Coverage Information Header

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = GHD
Coverage List ID	an 1/10	Yes	ID for the list	CNYMCAID
Coverage List Type	an 1/2	Yes	Code identifying the type of coverage factor being conveyed	Each Coverage List ID will have only one List Type - Coverage associated within it. AL = Age Limits GL = Gender Limits PA = Prior Authorization QL = Quantity Limits TM = Coverage Text Message
List Action	an 1/1	Yes	Tells the receiver that this is a Full list replacement	F = Full list replacement
List Effective Date	dt 8/8	Yes	Date the list goes into effect.	CCYYMMDD

12.4.2 Coverage Information Detail – Coverage Text Message (TM)

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = TDT
Change Identifier	an 1/1	Yes	Add is only type currently accepted	A – Addition
Coverage ID	an 1/40	Yes	The membership population to which the coverage rule applies.	Value = CNYMCAID
Product/Service ID	an 1/19	Yes	Drug ID (NDC)	Always N 11/11
Product/Service ID Qualifier	an 2/2	Yes	Drug ID qualifier	Value = 03 National Drug Code (NDC)
Drug Reference Number	an 1/35	No	Identifier for the drug from proprietary code sources.	Not Used
Drug Reference Qualifier	an 1/3	No	Code value that identifies the source and type for the Drug Reference Number.	Not Used
RxNorm Code	an 1/15	No	ID From RxNorm database.	Not Used
RxNorm Qualifier	an 1/3	No	Code qualifying the RxNorm code submitted.	Not Used
Message – Short	an 1/100	Yes	A text message to be presented to the prescriber.	There is one(1) text message per NDC
Message - Long	an 1/200	No	A text message to be presented to the prescriber.	Optional long text message. If this is used, then a condensed version should be placed in the field Message-Short

12.4.3 Coverage Information Detail – Prior Authorization (PA)

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = DDT
Change Identifier	an 1/1	Yes	Add is only type currently accepted	A – Addition
Coverage ID	an 1/40	Yes	The membership population to which the coverage rule applies.	Value = CNYNYMCAID
Product/Service ID	an 1/19	Yes	Drug ID (NDC)	Always N 11/11
Product/Service ID Qualifier	an 2/2	Yes	Drug ID qualifier	Value = 03 National Drug Code (NDC)
Drug Reference Number	an 1/35	No	Identifier for the drug from proprietary code sources.	Not Used
Drug Reference Qualifier	an 1/3	No	Code value that identifies the source and type for the Drug Reference Number.	Not Used

Field	Type	Required	Description	Notes
RxNorm Code	an 1/15	No	ID From RxNorm database.	Not Used
RxNorm Qualifier	an 1/3	No	Code qualifying the RxNorm code submitted.	Not Used

12.4.4 Coverage Information Detail – Quantity Limits (QL)

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = QDT
Change Identifier	an 1/1	Yes	Add is only type currently accepted	A – Addition
Coverage ID	an 1/40	Yes	The membership population to which the coverage rule applies.	CNYMCAID
Product/ServiceID	an 1/19	Yes	Drug ID (NDC)	Always N 11/11
Product/Service ID Qualifier	an 2/2	Yes	Drug ID qualifier	Value = 03 National Drug Code (NDC)
Drug Reference Number	an 1/35	No	Identifier for the drug from proprietary code sources.	Not Used
Drug Reference Qualifier	an 1/3	No	Code value that identifies the source and type for the Drug Reference Number.	Not Used
RxNorm Code	an 1/15	No	ID From RxNorm database.	Not Used
RxNorm Qualifier	an 1/3	No	Code qualifying the RxNorm code submitted.	Not Used
Maximum Amount	r 1/10	Conditional	Maximum amount qualified by Amount Qualifier	If dollar amount, No dollar sign. Decimal required if value includes cents. Currency: USD The length includes the decimal point. If Max Quantity then quantity is stated in this NDC's unit of measure Required if Maximum Amount Qualifier is present.
Maximum Amount Qualifier	an 2/2	Conditional	This field qualifies the amount in the Maximum Amount."	Value = QY Required if Maximum Amount is present.
Maximum Amount Time Period	an 2/2	Conditional	Type of time period associated with the overall Maximum Amount Qualifier.	Value = DY or LF
Maximum Amount Time Period Start Date	dt 8/8	Conditional	Starting date of Specific Date Range	Not Used

Field	Type	Required	Description	Notes
Maximum Amount Time Period End Date	dt 8/8	Conditional	Ending date of Specific Date Range	Not Used
Maximum Amount Time Period Units	n 1/4	Conditional	Number of units associated with the overall Time Period	Required if Maximum Amount Time Period = "DY"

12.4.5 Coverage Information Detail – Age Limits (AL)

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = GDA
Change Identifier	an 1/1	Yes	Add is only type currently accepted	A – Addition
Coverage ID	an 1/40	Yes	The membership population to which the coverage rule applies.	CNYMCAID
Product/Service ID	an 1/19	Yes	Drug ID (NDC)	Always N 11/11
Product/Service ID Qualifier	an 2/2	Yes	Drug ID qualifier	Value = 03 National Drug Code (NDC)
Drug Reference Number	an 1/35	No	Identifier for the drug from proprietary code sources.	Not Used
Drug Reference Qualifier	an 1/3	No	Code value that identifies the source and type for the Drug Reference Number.	Not Used
RxNorm Code	an 1/15	No	ID From RxNorm database.	Not Used
RxNorm Qualifier	an 1/3	No	Code qualifying the RxNorm code submitted.	Not Used
Minimum Age	n 1/3	Conditional	Minimum age at which the drug is covered (inclusive)	If minimum does not apply, leave blank
Minimum Age Qualifier	an 1/1	Conditional,	Qualifier for the Minimum Age field: Years	If Minimum Age is populated, Y = Years
Maximum Age	n 1/3	Conditional	Maximum age at which the drug is covered (inclusive)	If maximum does not apply, leave blank
Maximum Age Qualifier	an 1/1	Conditional	Qualifier for the Maximum Age field: Years	Maximum Age is populated, Y = Years

12.4.6 Coverage Information Detail – Gender Limits (GL)

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = GDT

Field	Type	Required	Description	Notes
Change Identifier	an 1/1	Yes	Add is only type currently accepted	A – Addition
Coverage ID	an 1/40	Yes	The membership population to which the coverage rule applies.	CNYMCAID
Product/ServiceID	an 1/19	Yes	Drug ID (NDC)	Always N 11/11
Product/Service ID Qualifier	an 2/2	Yes	Drug ID qualifier	Value = 03 National Drug Code (NDC)
Drug Reference Number	an 1/35	No	Identifier for the drug from proprietary code sources.	Not Used
Drug Reference Qualifier	an 1/3	No	Code value that identifies the source and type for the Drug Reference Number.	Not Used
RxNorm Code	an 1/15	No	ID From RxNorm database.	Not Used
RxNorm Qualifier	an 1/3	No	Code qualifying the RxNorm code submitted.	Not Used
Gender	an 1/1	Yes	Gender for which the drug is covered	1 = Male 2 = Female

12.4.7 Coverage Information Trailer

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = GTR
Record Count	n 1/10	Yes	Total Records included in this list	This does not include the header and trailer.

12.5 Formulary Copay

Specific Copays associated with a specific drug (i.e. no Copay, increased Copay) will be provided in the Copay Information Detail Drug Specific list.

Exemption Areas: There are Copay exemptions: client age < 21, coverage code is 18,30-34, or 36 or Clients Administrative Country Code is 97 or the Provider Number is 01854580 (Aids Drug Assistance Program).

12.5.1 Copay Header

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = CHD
Copay List ID	an 1/10	Yes	ID for the list.	CPLNYMCAID
Copay List Type	an 1/2	Yes	Code identifying the type of Copay being conveyed	SL – Summary Level DS – Drug Specific

Field	Type	Required	Description	Notes
List Action	an 1/1	Yes	Tells the receiver that this is a Full list replacement	F = Full list replacement
List Effective Date	dt 8/8	Yes	Date the list goes into effect.	CCYYMMDD

12.5.2 Copay Information Detail – Drug Specific (DS)

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = CRT
Change Identifier	an 1/1	Yes	Add is only type currently accepted	A – Addition
Copay ID	an 1/40	Yes	The membership population to which the Copay rule applies.	Value = CPLNYMCAID
Product/Service ID	an 1/19	Yes	Drug ID (NDC)	Always N 11/11
Product/Service ID Qualifier	an 2/2	Yes	Drug ID qualifier	Value = 03 National Drug Code (NDC)
Drug Reference Number	an 1/35	No	Identifier for the drug from proprietary code sources.	Not Used
Drug Reference Qualifier	an 1/3	No	Code value that identifies the source and type for the Drug Reference Number.	Not Used
RxNorm Code	an 1/15	No	ID From RxNorm database.	Not Used
RxNorm Qualifier	an 1/3	No	Code qualifying the RxNorm code submitted.	Not Used
Pharmacy Type	an 1/1	No	Dispensing pharmacy type	R = Retail
Flat Copay Amount	r 1/10	Conditional	Fixed Copay amount At least one of the following fields must be populated: Flat Copay Amount, Percent Copay Rate, or Copay Tier	No dollar sign. Decimal required if value includes cents. The length includes the decimal point. Currency: USD
Percent Copay Rate	r 1/10	Conditional	Percentage Copay rate	Not Used
First Copay Term	an 1/1	Conditional	First Copay term (flat Copay amount or percent Copay) to be considered	Not Used
Minimum Copay	r 1/10	Conditional	Minimum total Copay to be paid by the patient	Not Used
Maximum Copay	r 1/10	Conditional	Maximum total Copay to be paid by the patient	Not Used
Days Supply per Copay	n 1/3	No	The days' supply associated with the stated Copay terms	Not Used
Copay Tier	n 1/2	Conditional	This medication's Tier; an indication of the cost to the patient	Not Used
Maximum Copay Tier	n 1/2	Conditional	Provides the range within which the Copay Tier is stated. The highest Copay tier within that range.	Not Used

12.5.3 Copay Trailer

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = CTR
Record Count	n 1/10	Yes	Total Records Processed for this Copay List	Do not include the Copay Header and Trailer records in this count. Total of Copay Information Detail records.

12.6 Cross Reference List

Allows NYDOH to link Formulary and Benefit information to a group.

12.6.1 Cross Reference List Header

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = XHD
List Effective Date	dt 8/8	Yes	Date the list goes into effect.	CCYYMMDD
List Action	an 1/1	Yes	Tells the receiver that this is a Full list replacement	F = Full list replacement

12.6.2 Cross Reference List Detail

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = XDT
Change Identifier	an 1/1	Yes	Only the Add option is accepted.	A – Addition
Product Name - Health Plan	an 1/35	Yes		NYMCAID
Formulary ID	an 1/10	Yes	Identification for the formulary	FSLNYMCAID
Alternatives ID	an 1/10	Yes	The Alternative Formulary ID associated with the Product Name - Health Plan.	Not Used
Coverage List ID	an 1/10	Yes	The Coverage ID associated with the Product Name - Health Plan.	CNYMCAID
Copay List ID	an 1/10	Yes	The Copay ID associated with the Product Name - Health Plan.	CPLNYMCAID
Classification ID	an 1/10	Yes	The Classification ID associated with the Product Name - Health Plan.	Not Used

12.6.3 Cross Reference List Trailer

Field	Type	Required	Description	Notes
Record Type	an 3/3	Yes	Identifies record type.	Value = XTR

Field	Type	Required	Description	Notes
Record Count	n 1/10	Yes	Total Records sent for this formulary ID.	Do not include the Cross Reference Header and Trailer records in this count. Total of Cross Reference Detail records.

