



New York City – New York State Medication History Pilot

*Medication History
Companion Guide*

*Version 1.0
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CHANGE HISTORY

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|----------------------|---------------|---------------------|
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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.ncdp.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: ncdp@ncdp.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.

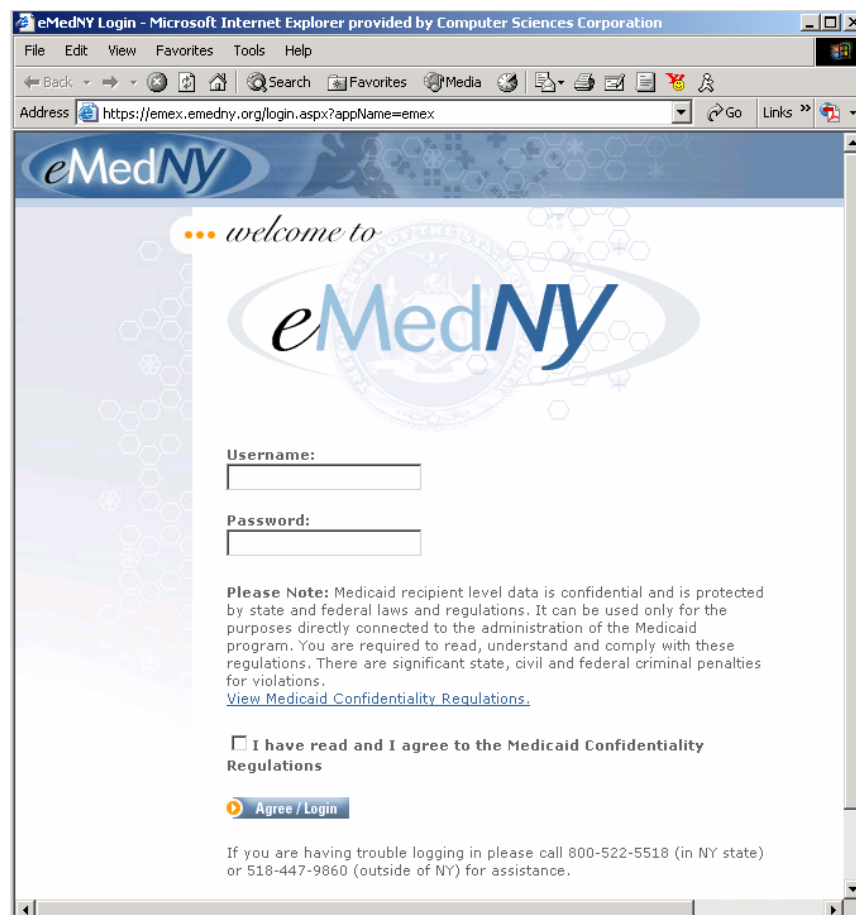
Receiving the Formulary and Benefit File using eMedNY eXchange is very similar to receiving a file through email. When the file is ready, eMedNY will send it to the Pilot Participant's (provider, service bureau, etc) inbox. The client must periodically connect to eMedNY eXchange to check if a new file 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

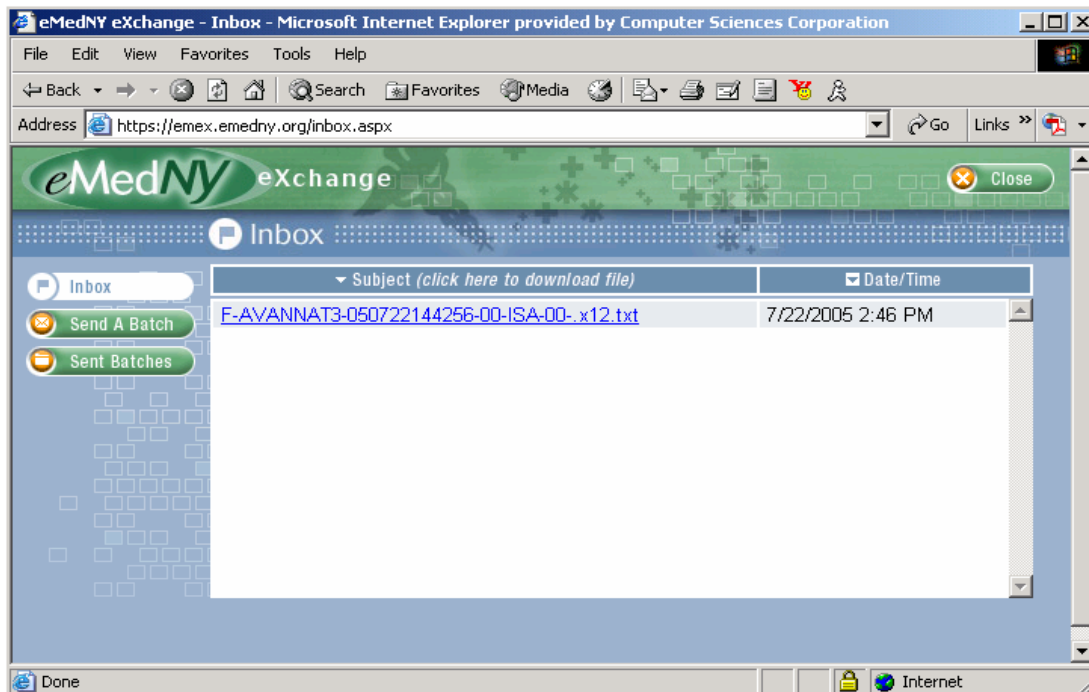
eMedNY eXchange can be accessed from any page within www.eMedNY.org (upon logging in) through this navigation button at the top of the page. A Link to eMedNY Exchange is also provided on the “Site Map” page.



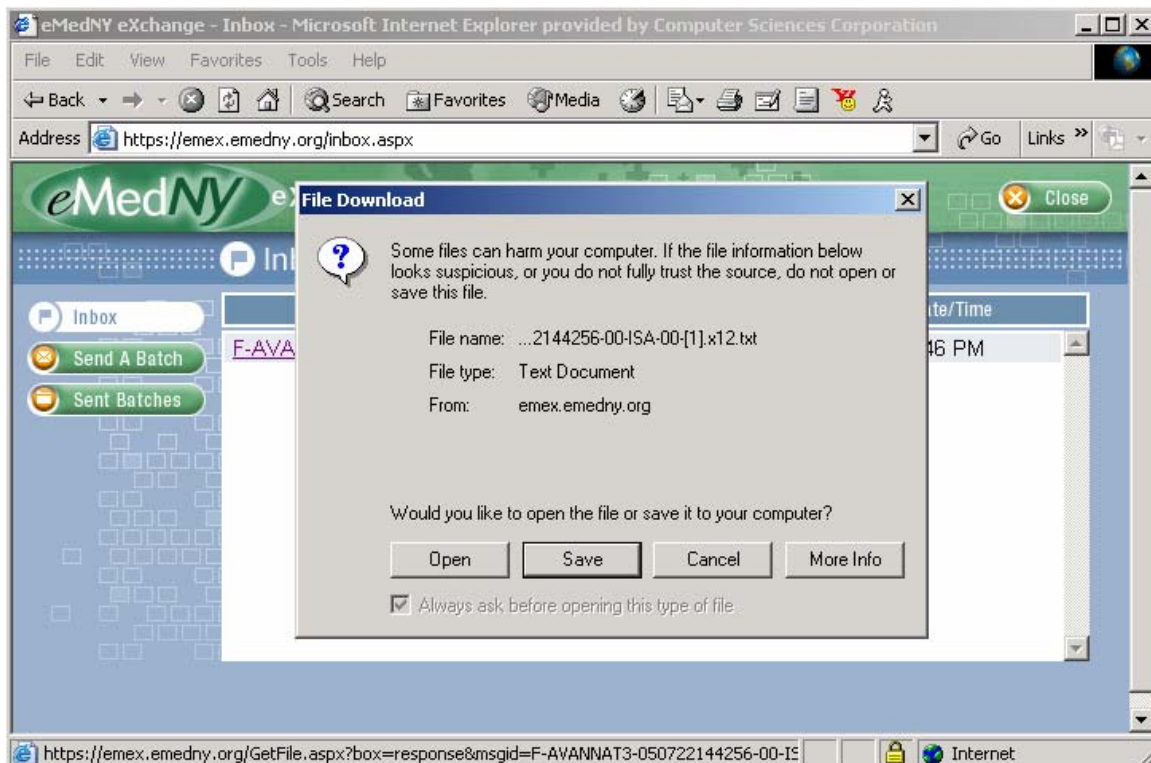
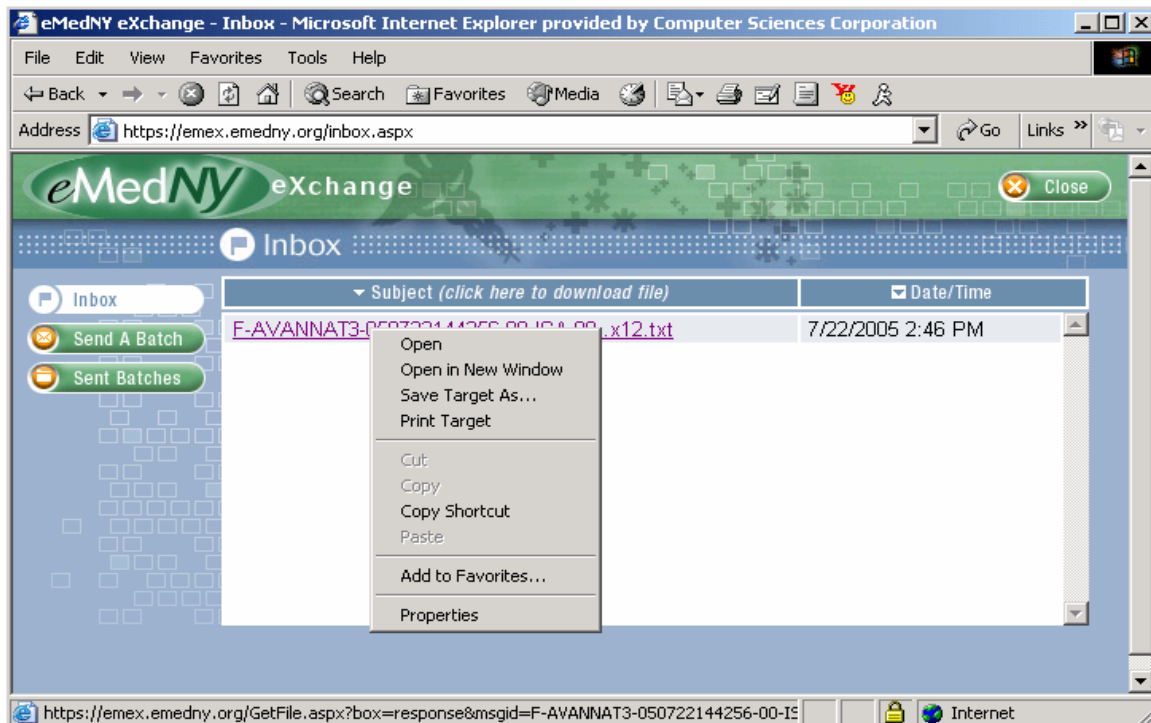
Clicking the “eXchange” button will open a new browser instance to the login for eMedNY eXchange.

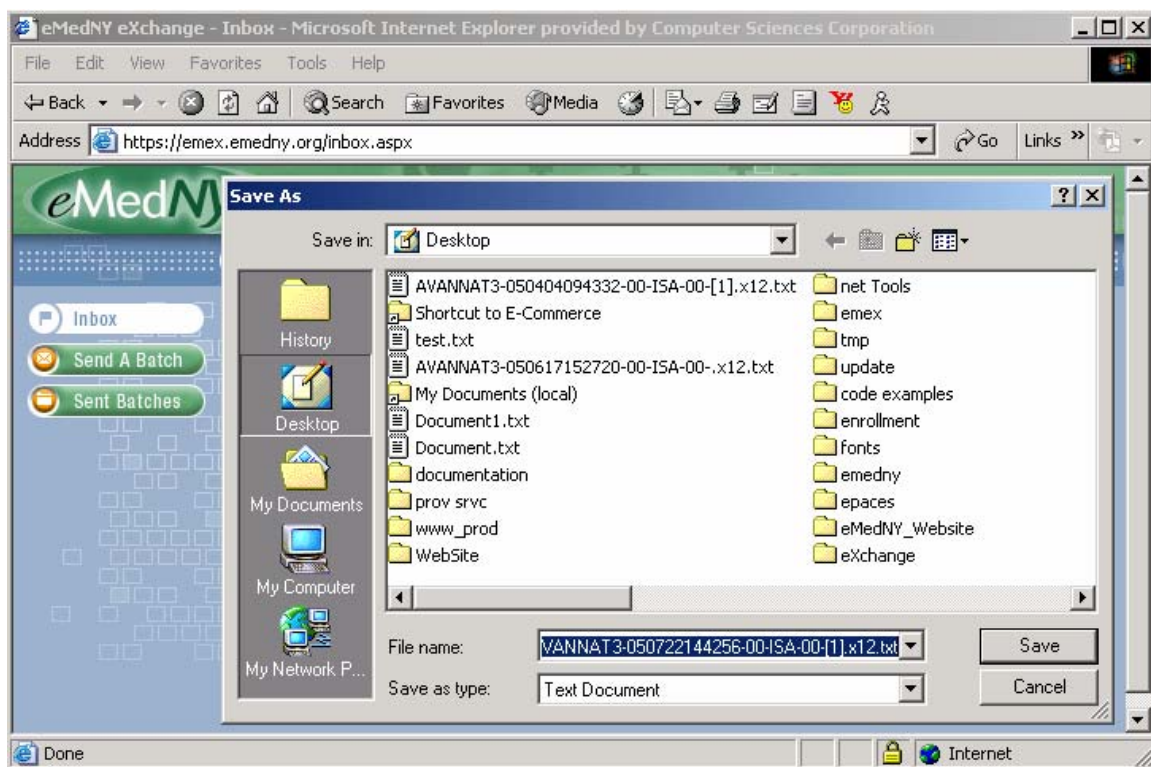


Upon supplying valid credentials, users will be brought to their Inbox. The Inbox displays the list of messages in the user's shared DASD directory with a hyperlink to an attached file and a date it was placed in the Inbox. A message in the Inbox will be held for fourteen days before being removed automatically.



- 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



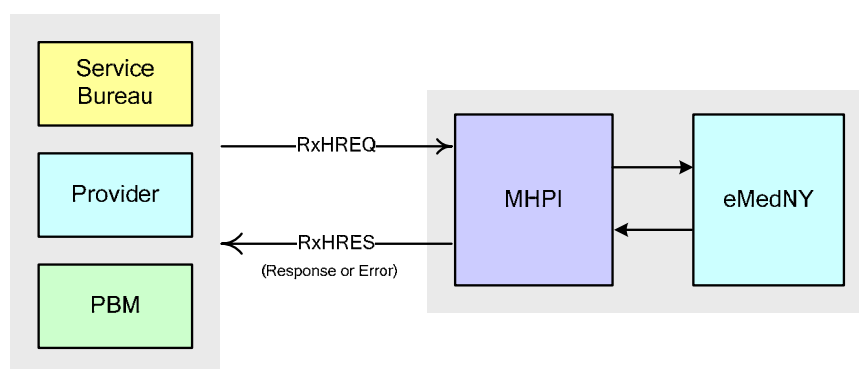


5.0 MEDICATION HISTORY TRANSACTIONS OVERVIEW

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 |
|-------------|-----------|-----------|-------------------|
|-------------|-----------|-----------|-------------------|

| | | | |
|---------------------------------|-------------------|-------------------|---|
| 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 field 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 then 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:OB | Provider ID of Prescribing Provider and Qualifier (OB) 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:OB | Provider ID of Prescribing Provider and Qualifier (OB) 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 |
|------------|-----------|-----|--------------|---------|
|------------|-----------|-----|--------------|---------|

| | | | | |
|---------------|--------|-----|--|--|
| 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. |

