

PBM Data Exchange Submission Scenarios: SPAPs, RDS, Supplemental, Non-Reporting Query, MSP

Field Placement	FIELD NAME	Qualified SPAPs	Retiree Drug Subsidy	Supplemental	Non-Reporting Query	MSP Reporting
HEADER RECORD	HEADER RECORD	HEADER RECORD	HEADER RECORD	HEADER RECORD	HEADER RECORD	HEADER RECORD
1	Header Indicator	M	M	M	M	M
2	PBM ID	M	M	M	M	M
3	Filler	N/A	N/A	N/A	N/A	N/A
4	File Type	M	M	M	M	M
5	File Date	M	M	M	M	M
6	RDS Application ID	N/A	M	N/A	N/A	N/A
7	PBM TIN	N/A	N/A	N/A	N/A	M
8	File Action Type	M	M	M	M	M
9	Filler	N/A	N/A	N/A	N/A	N/A
INPUT RECORD	INPUT RECORD	INPUT RECORD	INPUT RECORD	INPUT RECORD	INPUT RECORD	INPUT RECORD
1	HIC Number	R (must have SSN or HICN)				
2	Beneficiary Surname	R	R	R	R	R
3	Beneficiary First Initial	R	R	R	R	R
4	Beneficiary Middle Initial					
5	Beneficiary DOB	R	R	R	R	R
6	Beneficiary Sex Code	R	R	R	R	R
7	DCN	O	O	O	O	O
8	Transaction Type	N/A	M	M (updates)	N/A	M
9	Coverage Type	N/A	N/A	N/A	N/A	M
10	Network Indicator	M	M	M	N/A	M
11	Beneficiary SSN	R (must have SSN or HICN)				
12	Effective Date	M	M	M	N/A	M
13	Termination Date	M	M	M	N/A	M
14	Relationship Code	N/A	M	N/A	N/A	R
15	Policy Holder's First Name	N/A	N/A	N/A	N/A	R
16	Policy Holder's Last Name	N/A	N/A	N/A	N/A	R
17	Policy Holder's SSN	N/A	N/A	N/A	N/A	R
18	Employer Size	N/A	N/A	N/A	N/A	R

Key:
M=Mandatory element for processing of record
R=Required if the PBM possesses the element
O=Optional element
N/A= Not applicable for this type of submission

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Field Placement	FIELD NAME	Qualified SPAPs	Retiree Drug Subsidy	Supplemental	Non-Reporting Query	MSP Reporting
19	GPN	M (non-network)	M (non-network)	M (non-network)	N/A	M (non-network)
20	Individual PN	M (non-network)	R (non-network)	M (non-network)	N/A	M (non-network)
21	Employee Coverage Election	N/A	N/A	N/A	N/A	R
22	Employee Status	N/A	N/A	N/A	N/A	R
23	Employer TIN	N/A	N/A	N/A	N/A	R
24	Insurer TIN	N/A	N/A	N/A	N/A	R
25	National Health Plan ID	N/A	N/A	N/A	N/A	N/A
26	RX Insured ID Number	M (network)	R (network)	M (network)	N/A	M (network)
27	Action Type	M	M	M	M	M
28	RX Group Number	R (network)	M (network)	R (network)	N/A	R (network)
29	RX PCN	R (network)	R (network)	R (network)	N/A	R (network)
30	RX BIN Number	M (network)	R (network)	M (network)	N/A	M (network)
31	RX Toll Free Number	R	R	R	N/A	R
32	Person Code	R (network)	R (network)	R (network)	N/A	R (network)
33	Data Sharing Agreement Indicator	M	M	M	N/A	M
34	Data Sharing Agreement ID Code	M	M	M	N/A	M
35	Supplemental Insurance Type	M	N/A	M	N/A	N/A
36	Filler	N/A	N/A	N/A	N/A	N/A
TRAILER RECORD	TRAILER RECORD	TRAILER RECORD	TRAILER RECORD	TRAILER RECORD	TRAILER RECORD	TRAILER RECORD
1	Trailer Indicator	M	M	M	M	M
2	Filler	N/A	N/A	N/A	N/A	N/A
3	Filler	N/A	N/A	N/A	N/A	N/A
4	File Type	M	M	M	M	M
5	File Date	M	M	M	M	M
6	Record Count	M	M	M	M	M
7	Filler	N/A	N/A	N/A	N/A	N/A

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Field Placement	FIELD NAME	Qualified SPAPs	Retiree Drug Subsidy	Supplemental/N Record	MSP Reporting
HEADER RECORD	HEADER RECORD	HEADER RECORD	HEADER RECORD	HEADER RECORD	HEADER RECORD
1	Header Indicator	X	X	X	X
2	PBM ID	X	X	X	X
3	Filler	N/A	N/A	N/A	N/A
4	File Type	X	X	X	X
5	File Date	X	X	X	X
6	RDS Application ID	N/A	X	N/A	N/A
7	Filler	N/A	N/A	N/A	N/A
RESPONSE RECORD	RESPONSE RECORD	RESPONSE RECORD	RESPONSE RECORD	RESPONSE RECORD	RESPONSE RECORD
1	Filler	N/A	N/A	N/A	N/A
2	HIC Number	X	X	X	X
3	Beneficiary Surname	X	X	X	X
4	Beneficiary First Initial	X	X	X	X
5	Beneficiary Middle Initial	X	X	X	X
6	Beneficiary DOB	X	X	X	X
7	Beneficiary Sex Code	X	X	X	X
8	COBC DCN	X	X	X	X
9	Disposition Code	N/A	N/A	N/A	X
10	Transaction Type	N/A	X	X	X
11	Reason for Medicare Entitlement	N/A	X	X	X
12	Coverage Type	X	X	X	X
13	RDS Error Code 1	N/A	X	N/A	N/A
14	RDS Error Code 2	N/A	X	N/A	N/A
15	RDS Error Code 3	N/A	X	N/A	N/A
16	RDS Error Code 4	N/A	X	N/A	N/A
17	RDS Split Indicator	N/A	X	N/A	N/A
18	LIS Denial 1	X	N/A	N/A	N/A
19	LIS Denial 2	X	N/A	N/A	N/A
20	LIS Denial 3	X	N/A	N/A	N/A
21	LIS Denial 4	X	N/A	N/A	N/A
22	LIS Denial 5	X	N/A	N/A	N/A
23	Filler	N/A	N/A	N/A	N/A

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Field Placement	FIELD NAME	Qualified SPAPs	Retiree Drug Subsidy	Supplemental/N Record	MSP Reporting
24	LIS Appeal Result	X	N/A	N/A	N/A
25	LIS CPD	X	N/A	N/A	N/A
26	LIS Determination	X	N/A	N/A	N/A
27	LIS Approval	X	N/A	N/A	N/A
28	LIS Determination Basis	X	N/A	N/A	N/A
29	Filler	N/A	N/A	N/A	N/A
30	Premium Amount	X	N/A	N/A	N/A
31	DEEMED Start Date	X	N/A	N/A	N/A
32	DEEMED End Date	X	N/A	N/A	N/A
33	DEEMED Reason Code	X	N/A	N/A	N/A
34	DEEMED Split Reason	X	N/A	N/A	N/A
35	PBP	X	N/A	N/A	N/A
36	FPL %	X	N/A	N/A	N/A
37	Filler	N/A	N/A	N/A	N/A
38	S Disposition Code	N/A	X	N/A	N/A
39	Insurer TIN	N/A	N/A	N/A	X
40	Beneficiary SSN	X	X	X	X
41	MSP Effective Date	N/A	N/A	N/A	X
42	MSP Termination Date	N/A	N/A	N/A	X
43	Relationship code	N/A	N/A	X	X
44	Policy Holder's First Name	N/A	N/A	N/A	X
45	Policy Holder's Last Name	N/A	N/A	N/A	X
46	Policy Holder's SSN	N/A	N/A	N/A	X
47	S Disposition Date	N/A	X	N/A	N/A
48	RDS Start Date	N/A	X	N/A	N/A
49	RDS End Date	N/A	X	N/A	N/A
50	LIS Effective Date	X	N/A	N/A	N/A
51	LIS Termination Date	X	N/A	N/A	N/A
52	Filler	N/A	N/A	N/A	N/A

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Field Placement	FIELD NAME	Qualified SPAPs	Retiree Drug Subsidy	Supplemental/N Record	MSP Reporting
53	LIS Disapproval Date	X	N/A	N/A	N/A
54	Premium Effective Date	X	N/A	N/A	N/A
55	SPAP Effective Date	X	N/A	N/A	N/A
56	SPAP Termination Date	X	N/A	N/A	N/A
57	State Code	X	N/A	N/A	N/A
58	Employer's TIN	N/A	N/A	N/A	X
59	Group Policy Number	N/A	X	X	X
60	Individual Policy Number	N/A	X	X	X
61	Last Query Date	N/A	N/A	N/A	X
62	Current Disposition Code	N/A	N/A	N/A	X
63	Current Disposition Date	N/A	N/A	N/A	X
64	Previous Disposition Code	N/A	N/A	N/A	X
65	Previous Disposition Date	N/A	N/A	N/A	X
66	First Disposition Code	N/A	N/A	N/A	X
67	Fist Disposition Date	N/A	N/A	N/A	X
68	Error Code 1	N/A	X	N/A	X
69	Error Code 2	N/A	X	N/A	X
70	Error Code 3	N/A	X	N/A	X
71	Error Code 4	N/A	X	N/A	X
72	Split Entitlement Indicator	N/A	N/A	N/A	X
73	Original Reason for Medicare Entitlement	N/A	N/A	X	X
74	Original Coverage Effective Date	N/A	N/A	N/A	X
75	Original Coverage Termination Date	N/A	N/A	N/A	X

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Field Placement	FIELD NAME	Qualified SPAPs	Retiree Drug Subsidy	Supplemental/N Record	MSP Reporting
76	Original DCN	X	X	X	X
77	Current Medicare Part A Effective Date	N/A	X	X	X
78	Current Medicare Part A Termination Date	N/A	X	X	X
79	Current Medicare Part B Effective Date	N/A	X	X	X
80	Current Medicare Part B Termination Date	N/A	X	X	X
81	Medicare Beneficiary Date of Death	X	X	X	X
82	MA/MA-PD Contractor #	N/A	X	X	X
83	MA/MA-PD Effective Date	N/A	X	X	X
84	MA/MA-PD Termination Date	N/A	X	X	X
85	PDP Contractor Number	X	X	X	X
86	PDP Effective Date	X	X	X	X
87	PDP Termination Date	X	X	X	X
88	Current Part D Eligibility Effective Date	X	X	X	X
89	Current Part D Eligibility Termination Date	X	X	X	X
90	National Health Plan ID	N/A	N/A	N/A	N/A
91	RX Insured ID Number	X	X	X	X
92	RX Group Number	X	X	X	X
93	RX PCN	X	X	X	X
94	RX BIN Number	X	X	X	X
95	RX Toll Free Number	X	X	X	X

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Field Placement	FIELD NAME	Qualified SPAPs	Retiree Drug Subsidy	Supplemental/N Record	MSP Reporting
96	Person Code	N/A	X	X	X
97	Rx Disposition Code	X	X	X	X
98	Rx Disposition Date	X	X	X	X
99	Rx Error Code 1	X	X	X	X
100	Rx Error Code 2	X	X	X	X
101	Rx Error Code 3	X	X	X	X
102	Rx Error Code 4	X	X	X	X
103	ESRD Data	N/A	N/A	N/A	N/A
104	LIS Premium Subsidy %	X	N/A	N/A	N/A
105	Data Sharing Agreement ID Code	X	X	X	X
106	Data Sharing Agreement Indicator	X	X	X	X
107	Supplemental Insurance Type	X	N/A	X	N/A
108	Filler	N/A	N/A	N/A	N/A
TRAILER RECORD	TRAILER RECORD	TRAILER RECORD	TRAILER RECORD	TRAILER RECORD	TRAILER RECORD
1	Trailer Indicator	X	X	X	X
2	PBM ID	X	X	X	X
3	Filler	N/A	N/A	N/A	N/A
4	File Type	X	X	X	X
5	File Date	X	X	X	X
6	Record Count	X	X	X	X
7	Filler	N/A	N/A	N/A	N/A

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PBM Data Exchange Tax Identification Number (TIN) Reference File for MSP Reporting Only

Field Placement	FIELD NAME
HEADER RECORD	HEADER RECORD
1	Header Indicator
2	PBM ID
3	Filler
4	File Type
5	File Date
6	RDS Application ID
7	PBM TIN
8	File Action Type
9	Filler
TIN REFERENCE FILE	TIN REFERENCE FILE
1	TIN
2	Name
3	Address Line 1
4	Address Line 2
5	City
6	State
7	Zip
8	Pseudo ID
9	Filler
TRAILER RECORD	TRAILER RECORD
1	Trailer Indicator
2	Filler
3	Filler
4	File Type
5	File Date
6	Record Count
7	Filler