

The SPAP Input and Response File Data Layouts

**Version Effective Date:
March 27, 2006**

SPAP Input File Layout for Part D – 249 bytes

State Pharmaceutical Assistance Program Input File Layout for Part D – 249 bytes					
Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Numeric	Social Security Number – Required Populate with spaces if unavailable.
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number Required if SSN not provided. Populate with spaces if unavailable.
3.	Surname	6	22-27	Text	Surname of Covered Individual - Required
4.	First Initial	1	28-28	Text	First Initial of Covered Individual - Required
5.	DOB	8	29-36	Date	Date of Birth of Covered Individual - Required CCYYMMDD
6.	Sex Code	1	37-37	Numeric	Sex of Covered Individual - Required 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Date	Effective Date of SPAP Coverage - Required CCYYMMDD
8.	Termination Date	8	46-53	Date	Termination Date of SPAP Coverage - Required CCYYMMDD *Use all zeros if open-ended
9.	N-PLAN ID	10	54-63	Filler	Future use for National Health Plan Identifier. Fill with spaces only
10.	Rx ID/Policy Number	20	64-83	Text	Covered Individual Pharmacy Benefit ID for SPAP Rx ID Required if Coverage Type = U Policy Number Required if Coverage Type = V

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Field	Name	Size	Displacement	Data Type	Description
11.	Rx Group	15	84-98	Text	SPAP Pharmacy Benefit Group Number
12.	Part D PCN	10	99-108	Text	SPAP (Part D specific) Pharmacy Benefit Processor Control Number
13.	Part D RxBIN	6	109-114	Text	SPAP (Part D specific) Pharmacy Benefit International Identification Number – Required when Coverage Type (Field 16) = U
14.	Toll-Free Number	18	115-132	Text plus “(“ and “)”	Pharmacy Benefit Toll-Free Number
15.	Document Control Number	15	133-147	Text	Document Control Number Assigned by SPAP- Required
16.	Coverage Type	1	148-148	Alpha-Numeric	Coverage Type Indicator - Required U: Network (electronic, point-of-sale benefit) V: Non-Network (other type of benefit)
17.	Insurance Type	1	149-149	Alpha-Numeric	Insurance Type - Required N: Non-qualified State Program O: Other P: PAP Q: SPAP (qualified i.e. send LIS data) R: Charity S: ADAP
18.	Filler	100	150-249	Alpha-Numeric	Unused Field Fill with spaces only
<i>HEADER RECORD – All fields required</i>					
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: ‘H0’
2.	SPAP-ID	5	3-7	Alpha-Numeric	SPAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: ‘S0000’
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Filler	229	21-249	Alpha-Numeric	Unused Field Fill with Spaces.
<i>TRAILER RECORD – All fields required</i>					
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: ‘T0’

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Field	Name	Size	Displacement	Data Type	Description
2.	SPAP-ID	5	3-7	Alpha-Numeric	SPAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Record Count	9	21-29	Numeric	Number of records on file
6.	Filler	220	30-249	Alpha-Numeric	Unused Field Fill with Spaces.

SPAP Response File Layout for Part D – 417 bytes

State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Alpha-Numeric	Social Security Number
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number
3.	Surname	6	22-27	Alpha-Numeric	Surname of Covered Individual
4.	First Initial	1	28-28	Alpha-Numeric	First Initial of Covered Individual
5.	DOB	8	29-36	Alpha-Numeric	Date of Birth of Covered Individual CCYYMMDD
6.	Sex Code	1	37-37	Alpha-Numeric	Sex of Covered Individual 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Alpha-Numeric	Effective Date of SPAP Coverage CCYYMMDD
8.	Termination Date	8	46-53	Alpha-Numeric	Termination Date of SPAP Coverage CCYYMMDD *Use all zeros if open-ended
9.	N-PLAN ID	10	54-63	Alpha-Numeric	Future use for National Health Plan Identifier
10.	Rx ID	20	64-83	Alpha-Numeric	Covered Individual Pharmacy Benefit ID for SPAP
11.	Rx Group	15	84-98	Alpha-Numeric	SPAP Pharmacy Benefit Group Number
12.	Part D PCN	10	99-108	Alpha-Numeric	SPAP (Part D specific) Pharmacy Benefit Processor Control Number
13.	Part D RxBIN	6	109-114	Alpha-Numeric	SPAP (Part D specific) Pharmacy Benefit International Identification Number
14.	Toll-Free Number	18	115-132	Alpha-Numeric	Pharmacy Benefit Toll-Free Number
15.	Original Document Control Number	15	133-147	Alpha-Numeric	Document Control Number Assigned by SPAP
16.	COBC Document Control Number	15	148-162	Alpha-Numeric	Document Control Number Assigned by COBC

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Field	Name	Size	Displacement	Data Type	Description
17.	Coverage Type	1	163-163	Alpha-Numeric`	Coverage Type Indicator U: Network (Electronic, Point-of-Sale Benefit) V: Non-Network (Other type of Benefit)
18.	Insurance Type	1	164-164	Alpha-Numeric	N: Non-qualified State Program O: Other P: PAP Q: SPAP (qualified i.e. send LIS data) R: Charity S: ADAP
19.	Rx Current Disposition Code	2	165-166	Alpha-Numeric	Rx Result from BENEMSTR/ MBD (Action taken by COBC).
20.	Current Disposition Date	8	167-174	Alpha-Numeric	Date of Rx Result from BENEMSTR/MBD (CCYYMMDD)
21.	Edit Code 1	4	175-178	Alpha-Numeric	Error Code
22.	Edit Code 2	4	179-182	Alpha-Numeric	Error Code
23.	Edit Code 3	4	183-186	Alpha-Numeric	Error Code
24.	Edit Code 4	4	187-190	Alpha-Numeric	Error Code
25.	Part D Eligibility Start Date	8	191-198	Alpha-Numeric	Earliest Date that Beneficiary is eligible to enroll in Part D (This date only refers to eligibility for Part D not enrollment in a Part D Plan) -Refer to Field 46 for Part D Plan Enrollment Date CCYYMMDD
26.	Part D Eligibility Stop Date	8	199-206	Alpha-Numeric	Date Beneficiary is no longer eligible to receive Part D Benefits- Refer to Field 47 for Part D Plan Termination Date CCYYMMDD
27.	Medicare Beneficiary Date of Death	8	207-214	Alpha-Numeric	Medicare Beneficiary Date of Death CCYYMMDD
28.	Part D Subsidy Effective Date	8	215-222	Alpha-Numeric	Effective Date of Low Income Subsidy CCYYMMDD
29.	Part D Subsidy Termination Date	8	223-230	Alpha-Numeric	Termination Date of Low Income Subsidy CCYYMMDD

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Field	Name	Size	Displacement	Data Type	Description
30.	Part D Premium Subsidy Percent	3	231-233	Alpha-Numeric	Identifies the portion of the Part D Premium subsidized by CMS based on a sliding scale linked to the %FPL. Percentage of Part D Premium Values: 100= 100% of subsidy level (If individual is under 135% FPL); 75= 75% of subsidy level (If individual is 136-145% FPL) ; 50= 50% of subsidy level (If individual is 141-145% FPL); and 25= 25% of subsidy level (If individual is 146-149% FPL)
31.	Part D Subsidy Disapproval Date	8	234-241	Alpha-Numeric	Date of Low Income Subsidy Disapproval CCYYMMDD
32.	Basis of Part D Subsidy Denial 1	1	242-242	Alpha-Numeric	Beneficiary is not Part A entitled and/or Part B enrolled Y=Yes N=No
33.	Basis of Part D Subsidy Denial 2	1	243-243	Alpha-Numeric	Beneficiary does not reside in USA Y=Yes N=No
34.	Basis of Part D Subsidy Denial 3	1	244-244	Alpha-Numeric	Beneficiary has failed to cooperate Y=Yes N=No
35.	Basis of Part D Subsidy Denial 4	1	245-245	Alpha-Numeric	Beneficiary resources too high Y=Yes N=No
36.	Basis of Part D Subsidy Denial 5	1	246-246	Alpha-Numeric	Beneficiary income too high Y=Yes N=No
37.	Result of an Appeal	1	247-247	Alpha-Numeric	Result of the appeal filed by the beneficiary 1=Basis of Appeal 2=Denial 9=N/A Blank=Not based on appeal
38.	Change to Previous Determination	1	248-248	Alpha-Numeric	Change made to a previous subsidy determination: FUTURE 1=Yes 2=No 9=N/A

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Field	Name	Size	Displacement	Data Type	Description
39.	Determination Canceled	1	249-249	Alpha-Numeric	1=Yes 2=No 9=N/A
40.	Part D Subsidy Approved	1	250-250	Alpha-Numeric	Subsidy approved 1=Yes 2=No 9=N/A
41.	Basis for Part D Subsidy Determination	1	251-251	Alpha-Numeric	Determines if LIS determination was based on income of an individual or couple. 1=Individual 2=Couple 9=N/A
42.	LIS Determination Source Code	2	252-253	Alpha-Numeric	Code indicating the source of the LIS determination. Allowable sources include State and SSA. 'SS'= determination was made through SSA State Code = determination was made through the State (VT, MD etc.)
43.	Part D Premium Amount	9	254-262	Alpha-Numeric	Premium Amount owed by the beneficiary for Part D Plan
44.	Part D Premium Effective Date	8	263-270	Alpha-Numeric	CCYYMMDD
45.	Current Medicare Part D Plan Contractor Number	5	271-275	Alpha-Numeric	Contractor Number of the Current Part D Plan in which the Beneficiary is Enrolled
46.	Current Medicare Part D Plan Enrollment Date	8	276-283	Alpha-Numeric	Effective Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD
47.	Current Part D Plan Termination Date	8	284-291	Alpha-Numeric	Termination Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD

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Field	Name	Size	Displacement	Data Type	Description
48.	Current DEEMED Start Date	8	292-299	Alpha-Numeric	Effective date of the deeming period. Always the first day of the month the deeming was made. The date will always reflect “01” in data portion of date: CCYYMMDD Deemed status will continue at least until the end of the calendar year in which the basis (Medicaid, MSP,SSI eligibility) for deemed status ends. Deemed status will continue throughout the next calendar year if eligibility for Medicaid, MSP, or SSI ends in a month after August of the current year.
49.	Current DEEMED End Date	8	300-307	Alpha-Numeric	Termination date of the deeming period. Always the last day of the year the deeming was made. The month will always reflect “12” and the day always “31”.: CCYYMMDD

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Field	Name	Size	Displacement	Data Type	Description
50.	Current DEEMED Reason Code	2	308-309	Alpha-Numeric	Code indicating the reason the beneficiary was deemed eligible for LIS. Suggested values: 01=Eligible is entitled to Medicare – QMB only; 2A=Eligible is entitled to Medicare – QMB and Medicaid coverage including RX and FPL>100% 2B= Eligible is entitled to Medicare - QMB and Medicaid coverage including RX and FPL= or <100% 03= Eligible is entitled to Medicare- ,SLMB only 4A= Eligible is entitled to Medicare-SLMB and Medicaid coverage including RX FPL>100% 4B=Eligible is entitled to Medicare-SLMB and Medicaid coverage including RX FPL= or <100% 06=Eligible is entitled to Medicare-Qualifying Individuals 8A=Eligible is entitled to Medicare-Other full dual eligibles FPL>100% 8B=Eligible is entitled to Medicare-Other full dual eligibles FPL= or <100% 10=SSI 11=MBD 3rd Party (partial dual) 12=EEVS (Eligibility Enrollment Verification System) Deemed status received through EEVS data in March 2005 without further updates from the deeming state. Individual with this status code would be deemed for CY 2006 as a full dual.
51.	Dual Status Code	2	310-311	Alpha-Numeric	Dual Status Code: 'Y' = Beneficiary has dual status. The field will contain either a "Y" and a space or 2 spaces. "N" is not a valid value in this field.
52.	PBP	3	312-314	Alpha-Numeric	Part D Plan Benefit Package (PBP)
53.	FPL %	3	315-317	Alpha-Numeric	Federal Poverty Level Income Percent. Not populated for Deemed Individuals.

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Field	Name	Size	Displacement	Data Type	Description
54.	Transaction Type	1	318	Alpha-Numeric	Type of Maintenance: '0' = Add Record '1' = Delete record '2' = Update record
55.	Co-pay Level ID	1	319	Alpha-Numeric	Co-payment Level Identifier: 1 = High (Co-Pays of \$2/\$5) 2 = Low (Co-pays of \$1/\$3) 3 = Zero (Institutionalized full dual) 4 = 15% 5 = Unknown
56.	Co-pay Level ID	1	320	Alpha-Numeric	Co-payment Level Identifier: FUTURE USE
57.	Co-pay Effective Date	8	321-328	Alpha-Numeric	Co-pay start date CCYYMMDD
58.	Co-pay End Date	8	329-336	Alpha-Numeric	Co-pay end date CCYYMMDD
59.	Filler	81	337-417	Alpha-Numeric	Unused Field.
HEADER RECORD					
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: 'H0'
2.	SPAP ID	5	3-7	Alpha-Numeric	SPAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD
5.	Filler	397	21-417	Alpha-Numeric	Unused Field
TRAILER RECORD					
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: 'T0'
2.	SPAP ID	5	3-7	Alpha-Numeric	SPAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD

State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
5.	Record Count	9	21-29	Alpha-Numeric	Number of records on file
6.	Filler	388	30-417	Alpha-Numeric	Unused Field