Drug Files

03/28/2016

Files CP-F-061 Claims Check Error Report File

General Information

This file will contain error report data from the Claim Check process.

Subsystem:	Drug
Copybook:	CPEXTHP
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	EXCLUDED - Claim check Print Error Report (CPR851)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
	DE0000	New Field Definition	
CPEXTHP	DE2002	CCIRPT-INVOICE-TYPE	Claim Type
CPEXTHP	DE2001	CCIRPT-REF-NUMBER	Claim Request ICN
CPEXTHP	DE2004	CCIRPT-PROVIDER-NUMBER	Claim Billing Provider Identification Number
CPEXTHP	DE2650	CCIRPT-RECIPIENT-NUMBER	PA Enrollee Identification Number
CPEXTHP	DE2010	CCIRPT-SERVICE-FROM-DATE	Claim Service From Date
CPEXTHP	DE2011	CCIRPT-	Claim Service Thru Date

		SERVICE-THRU-DATE	
CPEXTHP	DE2008	CCIRPT-PROCEDURE-CODE	Claim Principal Procedure Code
CPEXTHP	DE2009	CCIRPT-NO-UNITS	Claim Number of Units/Visits/Studies
CPEXTHP	DE0000	CCIRPT-CCSF2502-LINE-NUM	
	DE0000	CCIRPT-CCSF2502-FIELD-NUM	

Files CP-F-062 Medicare Part-D Paid Claims File

General Information

This file contains the Medicare Part-D paid claims file added to the database during a specified week. This file is comma-delimited, and can be downloaded to an application such as Excel.

Subsystem:	Drug
Copybook:	CPEXTHP
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicaid Part D Paid and Denied Claims Report (DRW300)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE5747	Generic Name	Drug Generic Name
CPEXTHP	DE5200	NDC	Drug Code (NDC)
CPEXTHP	DE5061	GCN	Drug Generic Code Number (GCN)
CPEXTHP	DE2010	Date of Service	Claim Service From Date
CPEXTHP	DE2248	Quantity	Claims Pharmacy Metric/Dec/Qty
CPEXTHP	DE2216	Days Supply	Claim Pharmacy Days Supply
CPEXTHP	DE2016	Billed Amount	Claim Billed Charge
CPEXTHP	DE2023	Paid Amount	Claim Payment Amount
CPEXTHP	DE2227	TPL IND	Claim Pharmacy Other Coverage Indicator
CPEXTHP	DE2018	TPL Amount	Claim Third Party Payment
CPEXTHP	DE5506	ESC Codes	Claim Error ESC Code

Files CP-F-063 Medicare Part-D Denied Claims File

General Information

This file contains the Medicare Part-D Denied claims file added to the database during a specified week. This file is comma-delimited, and can be downloaded to an application such as Excel.

Subsystem:	Drug
Copybook:	CPEXTHP
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicaid Part D Paid and Denied Claims Report (DRW300)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE5747	Generic Name	Drug Generic Name
CPEXTHP	DE5200	NDC	Drug Code (NDC)
CPEXTHP	DE5061	GCN	Drug Generic Code Number (GCN)
CPEXTHP	DE2010	Date Of Service	Claim Service From Date
CPEXTHP	DE2248	Quantity	Claims Pharmacy Metric/Dec/Qty
CPEXTHP	DE2216	Days Supply	Claim Pharmacy Days Supply
CPEXTHP	DE2016	Billed Amount	Claim Billed Charge
CPEXTHP	DE2023	Paid Amount	Claim Payment Amount
CPEXTHP	DE2227	TPL IND	Claim Pharmacy Other Coverage Indicator
CPEXTHP	DE2018	TPL Amount	Claim Third Party Payment
CPEXTHP	DE5506	ESC Codes	Claim Error ESC Code

Files FIQ-080 To Be Determined

General Information

N/A

Subsystem:	Drug
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	

Files fiq-80 To Be Determined

General Information

N/A

Subsystem:	Drug
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files FIQ-F-001 First IQ Medicaid Provider Extract

General Information

This is one of the extract files used in First IQ processing.

Subsystem:	Drug
Copybook:	RXIQMEDP
	N/A
File Organization:	SEQ - FB/263
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Provider Base Extract (VAFIQPP1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQMEDP	DE4002	Provider ID	Provider Identification Number
RXIQMEDP	DE4085	Provider Name	Provider Name
RXIQMEDP	DE4006	Provider Type	Provider Type
RXIQMEDP	DE4096	Provider Address Line 1	Provider Attention Name
RXIQMEDP	DE4097	Provider Address Line 2	Provider Address Line
RXIQMEDP	DE4130	Provider City	Provider Address City Name
RXIQMEDP	DE4098	Provider State	Provider Address State
RXIQMEDP	DE4099	Provider Zip Code	Provider Address ZIP Code
RXIQMEDP	DE4090	Provider Telephone Number	Provider Phone Number
RXIQMEDP	DE5254	County Code	MMIS Locality Code based on Postal Code
RXIQMEDP	DE5255	County Name	Locality Name
RXIQMEDP	DE0003	Vendor	Reserved for future First IQ use
RXIQMEDP	DE0003	Drug Store Type	Reserved for future First IQ use

		Code	
RXIQMEDP	DE4544	Tax ID	Provider Alternate ID Type
RXIQMEDP	DE0003	Report Field1	Reserved for future First IQ use
RXIQMEDP	DE0003	Report Field2	Reserved for future First IQ use
RXIQMEDP	DE0003	Report Field3	Reserved for future First IQ use

Files FIQ-F-002 First IQ Provider Client Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPRVC
	N/A
File Organization:	SEQ - FB/64
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Provider Base Extract (VAFIQPP1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPRVC	DE4002	Provider Number	Provider Identification Number
RXIQPRVC	DE0003	GHP VENDOR	Reserved for future First IQ use
RXIQPRVC	DE0003	Chain Number	Reserved for future First IQ use
RXIQPRVC	DE0003	Provider Indicator	Reserved for future First IQ use
RXIQPRVC	DE0003	PPO Begin Date	Reserved for future First IQ use
RXIQPRVC	DE0003	PPO End Date	Reserved for future First IQ use
RXIQPRVC	DE0003	Audit Date	Reserved for future First IQ use

Files FIQ-F-003 First IQ Provider Eligibility Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPRVE
	N/A
File Organization:	SEQ - FB/37
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Provider Base Extract (VAFIQPP1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPRVE	DE4002	Provider number	Provider Identification Number
RXIQPRVE	DE4010	Provider Elig Begin Date	Provider Type Begin Date
RXIQPRVE	DE4011	Provider Type End Date	Provider Type End Date
RXIQPRVE	DE0002	Provider Eligibility Status	Calculated

Files FIQ-F-004 First IQ Physician Client Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPHYC
	N/A
File Organization:	SEQ - FB/400
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Physician Extract (VAFIQPH1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPHYC	DE4002	Physician Number	Provider Identification Number
RXIQPHYC	DE4006	Provider Type	Provider Type
RXIQPHYC	DE4085	Physician Mail Name	Provider Name
RXIQPHYC	DE4085	Physician Last Name	Provider Name
RXIQPHYC	DE4085	Physician First Name	Provider Name
RXIQPHYC	DE4085	Physician Middle Initial	Provider Name
RXIQPHYC	DE4096	Physician Address Line1	Provider Attention Name
RXIQPHYC	DE4097	Physician Address Line2	Provider Address Line
RXIQPHYC	DE0003	Physician Address Line3	Reserved for future First IQ use
RXIQPHYC	DE4130	Physician City	Provider Address City Name

RXIQPHYC	DE4098	Physician State	Provider Address State
RXIQPHYC	DE4099	Physician Zip Code	Provider Address ZIP Code
RXIQPHYC	DE4090	Physician Phone	Provider Phone Number
RXIQPHYC	DE4044	Physician DEA Number	Provider Alternate ID Value
RXIQPHYC	DE4064	Physician License Number	Provider License Number
RXIQPHYC	DE0003	Physician Medi-caid Number	Reserved for future First IQ use
RXIQPHYC	DE0003	Physician Group Number	Reserved for future First IQ use
RXIQPHYC	DE0003	Physician Region Code	Reserved for future First IQ use
RXIQPHYC	DE0003	Physician PCP Number	Reserved for future First IQ use
RXIQPHYC	DE0003	Physician HMO Number	Reserved for future First IQ use
RXIQPHYC	DE0003	Physician Clinic Number	Reserved for future First IQ use
RXIQPHYC	DE0003	Physician Clinic Name	Reserved for future First IQ use
RXIQPHYC	DE0003	Physician Degree	Reserved for future First IQ use

Files FIQ-F-005 First IQ Physician Specialty Extract

General Information

This files contains Physician Specialties and is used in First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPHYS
	N/A
File Organization:	SEQ - FB/45
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Physician Extract (VAFIQPH1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPHYS	DE4002	Physician ID Number	Provider Identification Number
RXIQPHYS	DE4007	Physician Specialty Code	Provider Specialty Code
RXIQPHYS	DE4210	Physician Specialty Begin Date	Provider Specialty Begin Date
RXIQPHYS	DE4211	Physician Specialty End Date	Provider Specialty End Date

Files FIQ-F-006 First IQ Enrollee Extract

General Information

This is the Enrollee Extract needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPSUB
	N/A
File Organization:	SEQ - FB 501
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Enrollee Extract (VAFIQPR1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPSUB	DE3001	Enrollee ID Number	Enrollee Identification Number
RXIQPSUB	DE5864	Enrollee Carrier Code	Pharmacy Carrier (Business Entity)
RXIQPSUB	DE8776	Enrollee Client Number	Drug Application Client Number
RXIQPSUB	DE3110	Enrollee Last Name	Enrollee Last Name
RXIQPSUB	DE3111	Enrollee First Name	Enrollee First Name
RXIQPSUB	DE3112	Enrollee Middle Initial	Enrollee Middle Initial
RXIQPSUB	DE3007	Enrollee Sex Code	Enrollee Sex Code
RXIQPSUB	DE3005	Enrollee Birth Date	Enrollee Birth Date
RXIQPSUB	DE3114	Enrollee Address Line	Enrollee Additional Address Name

RXIQPSUB	DE3115	Enrollee Address Line 2	Enrollee Street Address
RXIQPSUB	DE0003	Enrollee Address Line3	Reserved for future First IQ use
RXIQPSUB	DE3116	Enrollee City	Enrollee City Name
RXIQPSUB	DE3117	Enrollee State	Enrollee State Code
RXIQPSUB	DE3118	Enrollee Zip Code	Enrollee ZIP Code
RXIQPSUB	DE3095	Enrollee Phone Number	Enrollee Telephone Number
RXIQPSUB	DE0002	Enrollee Deceased Indicator	Calculated
RXIQPSUB	DE3006	Enrollee Race	Enrollee Race Code
RXIQPSUB	DE3016	Enrollee Marital Indicator	Enrollee Marital Status
RXIQPSUB	DE3008	Enrollee County Code	Enrollee FIPS Code
RXIQPSUB	DE5255	Enrollee County Name	Locality Name
RXIQPSUB	DE3035	Enrollee Gross Income	Enrollee Gross Income
RXIQPSUB	DE0003	Enrollee Premium	Reserved for future First IQ use
RXIQPSUB	DE3093	ENROLLEE REPORT FIELD1	Enrollee Permanent Identification Number
RXIQPSUB	DE0003	Enrollee Report Field2	Reserved for future First IQ use
RXIQPSUB	DE0003	Enrollee Report Field3	Reserved for future First IQ use
RXIQPSUB	DE0003	Enrollee Report Field4	Reserved for future First IQ use
RXIQPSUB	DE0003	Enrollee Report Field5	Reserved for future First IQ use
RXIQPSUB	DE0003	Enrollee Report Field6	Reserved for future First IQ use
RXIQPSUB	DE0003	Enrollee Report Field7	Reserved for future First IQ use
RXIQPSUB	DE0003	Enrollee Report Field8	Reserved for future First IQ use
RXIQPSUB	DE0003	Enrollee Report Field9	Reserved for future First IQ use
RXIQPSUB	DE0003	Enrollee Report	Reserved for future First IQ use

		Field10	
RXIQPSUB	DE3034	Enrollee SSN	Enrollee Social Security Number (SSN)
RXIQPSUB	DE0002	Enrollee Relationship Code	Calculated

Files FIQ-F-007 First IQ Enrollee Eligibility Segments Extract

General Information

This file contains Enrollee Eligibility Segments Extract needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPSUB
	N/A
File Organization:	SEQ - FB 73
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Drug/Pricing Extract (VAFIQPD1) First IQ Enrollee Extract (VAFIQPR1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPSUB	DE3001	Enrollee ID	Enrollee Identification Number
RXIQPSUB	DE5864	Carrier	Pharmacy Carrier (Business Entity)
RXIQPSUB	DE8776	Client	Drug Application Client Number
RXIQPSUB	DE3010	Eligibility Begin Date	Enrollee Eligibility Begin Date
RXIQPSUB	DE3009	Eligibility Group Number	Enrollee Eligibility Aid Category
RXIQPSUB	DE3011	Eligibility End Date	Enrollee Eligibility End Date
RXIQPSUB	DE0003	Eligibility Product Code	Reserved for future First IQ use

Files FIQ-F-008 First IQ Medicaid Drug Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPDRG
	N/A
File Organization:	SEQ - FB/272
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Drug/Pricing Extract (VAFIQPD1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPDRG	DE5200	NDC	Drug Code (NDC)
RXIQPDRG	DE5208	Drug Brand Name	Drug Brand Name
RXIQPDRG	DE5747	Drug Generic Name	Drug Generic Name
RXIQPDRG	DE5040	Drug Man-ufacturer Name	Drug Manufacturer/Distributor Name
RXIQPDRG	DE5043	Drug Dosage Form Description	Drug Dosage Form Description
RXIQPDRG	DE5070	Drug Strength Description	Drug Strength Description
RXIQPDRG	DE5091	Drug Route Description	Drug Route Description
RXIQPDRG	DE5041	Drug Package Size	Drug Package Size
RXIQPDRG	DE5042	Drug Unit Dose Code	Drug Unit Dose Code
RXIQPDRG	DE5032	Drug DEA Code	Drug Enforcement Administration (DEA) Code

RXIQPDRG	DE5059	Drug Class Code	Drug Class Code
RXIQPDRG	DE5088	Drug Category Code	Drug Category Code
RXIQPDRG	DE5105	Drug DESI Drug Indicator	Drug HCFA DESI Code
RXIQPDRG	DE5290	Drug Therapeutic Class AHFS Code	Drug Therapeutic Class AHFS Code
RXIQPDRG	DE5037	Drug Therapeutic Class Generic Code	Drug Therapeutic Class Generic Code
RXIQPDRG	DE5735	Drug Therapeutic Class Specific Code	Drug Therapeutic Class Specific Code
RXIQPDRG	DE5232	Drug Therapeutic Class Standard Code	Drug Therapeutic Class Standard Code
RXIQPDRG	DE5061	Drug Generic Code Number (GCN)	Drug Generic Code Number (GCN)
RXIQPDRG	DE5238	Drug Obsolete Date	Drug Obsolete Date
RXIQPDRG	DE5297	Drug Restrict Sex Code	Drug Gender-Specific Code
RXIQPDRG	DE0003	Drug Restrict Age Min	Reserved for future First IQ use
RXIQPDRG	DE0003	Drug Restrict Age Max	Reserved for future First IQ use
RXIQPDRG	DE0002	Drug Midi-Cal Drug Indicator	Calculated
RXIQPDRG	DE5753	Drug Replace-ment NDC	Drug Replacement National Drug Code (NDC)
RXIQPDRG	DE5752	Drug Previous NDC	Drug Previous National Drug Code (NDC)
RXIQPDRG	DE0003	Drug Generic Manufacturer	Reserved for future First IQ use
RXIQPDRG	DE5754	Drug Orange Book Code	Drug Orange Book Code
RXIQPDRG	DE5093	Drug Generic Named Drug Code	Generic Named Drug Indicator
RXIQPDRG	DE0003	Drug Generic Price Spread	Reserved for future First IQ use

		Code	
RXIQPDRG	DE5083	Drug Generic Therapeutic Drug Code	Virginia Generic Indicator
RXIQPDRG	DE0002	Drug Innovator Indicator	Calculated
RXIQPDRG	DE5295	Drug Strength	Drug Strength Number
RXIQPDRG	DE5296	Drug Strength Units	Drug Strength Units
RXIQPDRG	DE5731	Drug GCN Sequence Number	Drug Generic (GSN) Sequence Number
RXIQPDRG	DE5206	Drug Form Code	Drug Form Code
RXIQPDRG	DE0003	Drug Prior Authorization Indicator	Reserved for future First IQ use
RXIQPDRG	DE5112	Drug HCFA Termination Date	Drug HCFA Termination Date
RXIQPDRG	DE5218	Drug HICL Sequence Number	Drug Hierarchical Ingredient Code List (HICL) Sequence Number
RXIQPDRG	DE5098	Drug NDA	Drug New Drug Application
RXIQPDRG	DE5099	DRUG ANDA	Drug Abbreviated New Drug Application

Files FIQ-F-009 First IQ Drug Client Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPDRC
	N/A
File Organization:	SEQ - FB/61
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Drug/Pricing Extract (VAFIQPD1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPDRC	DE5200	Drug NDC	Drug Code (NDC)
RXIQPDRC	DE8776	Client	Drug Application Client Number
RXIQPDRC	DE5104	Single Source	Drug HCFA Drug Category Code
RXIQPDRC	DE5039	Generic Prod Code	Drug Generic Price
RXIQPDRC	DE2075	Family Planning Indicator	Claim Family Planning/EPSDT Indicator
RXIQPDRC	DE0003	Min Days	Reserved for future First IQ use
RXIQPDRC	DE0003	Max Days	Reserved for future First IQ use
RXIQPDRC	DE0003	Min Quantity	Reserved for future First IQ use
RXIQPDRC	DE0003	Max Quantity	Reserved for future First IQ use
RXIQPDRC	DE5201	Coverage Begin Date	Drug Coverage Begin Date
RXIQPDRC	DE5202	Coverage End Date	Drug Coverage End Date

Files FIQ-F-010 First IQ Drug Pricing Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPDRP
	N/A
File Organization:	SEQ - FB/60
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPDRP	DE5200	NDC	Drug Code (NDC)
RXIQPDRP	DE5221	Pricing Code	Drug Price Source Code
RXIQPDRP	DE5222	Pricing Begin Date	Drug Price Effective Date
RXIQPDRP	DE8776	Client	Drug Application Client Number
RXIQPDRP	DE0002	Pricing End Date	Calculated
RXIQPDRP	DE5220	Unit Price Amount	Drug Price Amount

Files FIQ-F-011 First IQ Drug Rebate Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPDRR
	N/A
File Organization:	SEQ - FB/27
Device Type:	disk
Primary Key:	NDC (5200)
Alternate Key:	N/A
Program:	First IQ Drug/Pricing Extract (VAFIQPD1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPDRR	DE5200	NDC	Drug Code (NDC)
RXIQPDRR	DE0002	Rebate State/Federal Indicator	Calculated
RXIQPDRR	DE5216	Rebate Effective Date	Drug Federal Financial Participation (FFP) Rebate Manufacturer Code Date
RXIQPDRR	DE5197	Rebate Indicator	Drug Federal Financial Participation (FFP) Rebate Manufacturer Code

Files FIQ-F-012 First IQ Claims Data Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	ABSPRTN
	N/A
File Organization:	SEQ - FB/547
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Claims Data Extract (VAFIQPC1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
ABSPRTN	DE2001	ICN	Claim Request ICN
ABSPRTN	DE3093	Enrollee ID	Enrollee Permanent Identification Number
ABSPRTN	DE5200	NDC	Drug Code (NDC)
ABSPRTN	DE2010	Service Date	Claim Service From Date
ABSPRTN	DE8776	Client	Drug Application Client Number
ABSPRTN	DE0002	Source Type Code	Calculated
ABSPRTN	DE2002	Claim Type	Claim Type
ABSPRTN	DE2039	Status	Claim Status
ABSPRTN	DE2071	Servicing Provider ID	Claim Pricing Source Code
ABSPRTN	DE2004	Billing Provider	Claim Billing Provider Identification Number
ABSPRTN	DE060	Admitting Provider Id	Claim Attending Provider Identification Number
ABSPRTN	DE2060	Attending Physician	Claim Attending Provider Identification Number
ABSPRTN	DE2060	Referring Pro-	Claim Attending Provider Identification Number

		vider ID	
ABSPRTN	DE2826	Prescribing Physician ID	Claim Prescribing Physician Identification Number
ABSPRTN	DE0003	Other Provider ID	Reserved for future First IQ use
ABSPRTN	DE9578	Payment Date	Remittance Payment Date
ABSPRTN	DE0003	Group Number	Reserved for future First IQ use
ABSPRTN	DE0003	Medicare Carrier	Reserved for future First IQ use
ABSPRTN	DE3551	Plan ID	Benefit Definition Plan Program Code
ABSPRTN	DE0003	Vendor DUR Code	Reserved for future First IQ use
ABSPRTN	DE2177	Entered Date	Claim Entered Date
ABSPRTN	DE0002	Length of stay	Calculated
ABSPRTN	DE0003	Exception Code	Reserved for future First IQ use
ABSPRTN	DE0003	Doc Form Type Code	Reserved for future First IQ use
ABSPRTN	DE0003	Approved Date	Reserved for future First IQ use
ABSPRTN	DE2027	Accident Indicator	Claim Accident Indicator
ABSPRTN	DE2802	Emergency Indicator	Claim Emergency Identifier
ABSPRTN	DE0012	Technician ID	User/Operator ID
ABSPRTN	DE2034	Former ICN	Claim Related Document Number
ABSPRTN	DE0003	Eligibility Type Code	Reserved for future First IQ use
ABSPRTN	DE2003	Claim Type Modifier	Claim Type Modifier
ABSPRTN	DE0003	Report Field1	Reserved for future First IQ use
ABSPRTN	DE0003	Report Field2	Reserved for future First IQ use
ABSPRTN	DE0003	Report Field3	Reserved for future First IQ use
ABSPRTN	DE0003	Report Field4	Reserved for future First IQ use
ABSPRTN	DE0003	Report Field5	Reserved for future First IQ use
ABSPRTN	DE0003	Report Field 6	Reserved for future First IQ use
ABSPRTN	DE0003	Report Field7	Reserved for future First IQ use
ABSPRTN	DE0003	Report Field8	Reserved for future First IQ use
ABSPRTN	DE0003	Report Field9	Reserved for future First IQ use
ABSPRTN	DE0003	Report Field10	Reserved for future First IQ use
ABSPRTN	DE0003	Resubmission Code	Reserved for future First IQ use
ABSPRTN	DE0003	Out-of-Work Begin Date	Reserved for future First IQ use
ABSPRTN	DE0003	Out-of-Work End	Reserved for future First IQ use

		Date	
ABSPRTN	DE0003	Rel Hospital Begin Date	Reserved for future First IQ use
ABSPRTN	DE0003	Rel Hospital End Date	Reserved for future First IQ use
ABSPRTN	DE0003	Sim Ill First date	Reserved for future First IQ use

Files FIQ-F-013 First IQ Claims Service Data Extraction

General Information

This is one of the extracts needed for First IQ processing

Subsystem:	Drug
Copybook:	RXIQCSVC
	N/A
File Organization:	SEQ - FB/660
Device Type:	disk
Primary Key:	Basis Code (2231)
Alternate Key:	N/A
Program:	First IQ Claims Data Extract (VAFIQPC1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
RXIQCSVC	DE2001	ICN	Claim Request ICN
RXIQCSVC	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RXIQCSVC	DE4002	Provider ID	Provider Identification Number
RXIQCSVC	DE0002	Source Type Code	Calculated
RXIQCSVC	DE8776	Client number	Drug Application Client Number
RXIQCSVC	DE2002	Claim Type	Claim Type
RXIQCSVC	DE2343	Service Line Number	Claim Payment Request Line Number
RXIQCSVC	DE2122	Revenue Code	Claim Revenue Code
RXIQCSVC	DE5002	Procedure Code	Procedure Code
RXIQCSVC	DE2171	Procedure Code Modifier	Claims Procedure Code Modifier
RXIQCSVC	DE0003	Diagnosis Code	Reserved for future First IQ use
RXIQCSVC	DE2010	Service From Date	Claim Service From Date
RXIQCSVC	DE2011	Service End Date	Claim Service Thru Date

RXIQCSVC	DE0003	Unit Type Code	Reserved for future First IQ use
RXIQCSVC	DE2009	Service Units	Claim Number of Units/Visits/Studies
RXIQCSVC	DE0003	Service Rate	Reserved for future First IQ use
RXIQCSVC	DE0003	Covered Units	Reserved for future First IQ use
RXIQCSVC	DE0003	NonCovered Units	Reserved for future First IQ use
RXIQCSVC	DE0003	Authorized Units	Reserved for future First IQ use
RXIQCSVC	DE0003	Service Unit Limit	Reserved for future First IQ use
RXIQCSVC	DE0003	Charge Amount	Reserved for future First IQ use
RXIQCSVC	DE0003	Deductible Amount	Reserved for future First IQ use
RXIQCSVC	DE0003	Usual and Customary Amount	Reserved for future First IQ use
RXIQCSVC	DE0003	Sales Tax Amount	Reserved for future First IQ use
RXIQCSVC	DE2022	Copay Amount	Claim Medicaid Co-Payment
RXIQCSVC	DE0003	Copay Code	Reserved for future First IQ use
RXIQCSVC	DE0003	Received Amount	Reserved for future First IQ use
RXIQCSVC	DE2083	Patient Pay Amount	Claim Patient Pay Amount
RXIQCSVC	DE0003	Patient Pay Begin date	Reserved for future First IQ use
RXIQCSVC	DE2073	P Allowed Amount	Claim Allowed Amount
RXIQCSVC	DE2023	P Payment Amount	Claim Payment Amount
RXIQCSVC	DE2217	P Dispensing Fee	Claim Pharmacy Dispensing Fee
RXIQCSVC	DE0003	P Online Charge Amount	Reserved for future First IQ use
RXIQCSVC	DE2073	G Allowed Amount	Claim Allowed Amount
RXIQCSVC	DE2023	G Payment Amount	Claim Payment Amount
RXIQCSVC	DE2217	G Dispensing Fee Amount	Claim Pharmacy Dispensing Fee
RXIQCSVC	DE0003	G Online Charge Amount	Reserved for future First IQ use
RXIQCSVC	DE0003	Computed Amount	Reserved for future First IQ use
RXIQCSVC	DE0003	MAC Penalty Amount	Reserved for future First IQ use
RXIQCSVC	DE0003	Over LifeMax Amount	Reserved for future First IQ use
RXIQCSVC	DE0003	Ingredient Cost Amount	Reserved for future First IQ use
RXIQCSVC	DE0003	Cogn Reimbursement Amount	Reserved for future First IQ use
RXIQCSVC	DE0002	Late Charge Indicator	Calculated
RXIQCSVC	DE0002	Lab Charge Allowed Indicator	Calculated
RXIQCSVC	DE0003	Special Program Code	Reserved for future First IQ use
RXIQCSVC	DE2674	TPL Indicator	Claim TPL Flag
RXIQCSVC	DE2039	Status	Claim Status
RXIQCSVC	DE0002	Prior Auth Number	Calculated
RXIQCSVC	DE5501	Error Code	Error Text Error Code

RXIQCSVC	DE9865	Budget Code	Budget Account Identifier
RXIQCSVC	DE2173	Place of Service	Claim Professional Place of Service
RXIQCSVC	DE2038	Category Code	Claim Category of Service
RXIQCSVC	DE0003	Frequency	Reserved for future First IQ use
RXIQCSVC	DE2003	CLAIM TYPE MODIFIER	Claim Type Modifier
RXIQCSVC	DE9578	PAYMENT DATE	Remittance Payment Date
RXIQCSVC	DE5200	NDC	Drug Code (NDC)
RXIQCSVC	DE2214	Date Written	Claim Pharmacy Date Prescription Written
RXIQCSVC	DE2211	RX Number	Claim Pharmacy Prescription Number
RXIQCSVC	DE2248	Metric Decimal Quantity	Claims Pharmacy Metric/Dec/Qty
RXIQCSVC	DE5230	Drug Cost	Drug Unit Dose Price
RXIQCSVC	DE2216	Days Supply	Claim Pharmacy Days Supply
RXIQCSVC	DE2231	Basis Code	Claim Pharmacy Provider Drug Cost Basis
RXIQCSVC	DE2220	Compound Indicator	Claim Pharmacy Compound Indicator
RXIQCSVC	DE2418	DAW Indicator	Claim Dispensed as Written Indicator
RXIQCSVC	DE2212	Refill Number	Claim Pharmacy Refill Code
RXIQCSVC	DE0002	Captivated Claim Indicator	Calculated
RXIQCSVC	DE0003	P Price Percent	Reserved for future First IQ use
RXIQCSVC	DE0003	P Price Cost Code	Reserved for future First IQ use
RXIQCSVC	DE0003	G Price Percent	Reserved for future First IQ use
RXIQCSVC	DE0003	G Price Cost Code	Reserved for future First IQ use
RXIQCSVC	DE0002	Prior Auth Indicator	Calculated
RXIQCSVC	DE2238	PA PAMC Code	Claim Pharmacy PA/MC Code
RXIQCSVC	DE0003	Formulary Drug Code	Reserved for future First IQ use
RXIQCSVC	DE0003	Benefit Number	Reserved for future First IQ use
RXIQCSVC	DE0003	Recip Mac Ben Code	Reserved for future First IQ use
RXIQCSVC	DE0003	PCP Number	Reserved for future First IQ use
RXIQCSVC	DE2226	Line of Business (Source)	Claim Pharmacy Transmission Received Line
RXIQCSVC	DE2478	Media Code	Claims Payment Request Media Code
RXIQCSVC	DE2229	Service Level Code	Claim Pharmacy Level of Service
RXIQCSVC	DE0003	Lock-in Indicator	Reserved for future First IQ use
RXIQCSVC	DE0003	Nursing Home Indicator	Reserved for future First IQ use
RXIQCSVC	DE0003	LTC Indicator	Reserved for future First IQ use
RXIQCSVC	DE0003	Network Provider Indicator	Reserved for future First IQ use
RXIQCSVC	DE0003	POS timestamp	Reserved for future First IQ use
RXIQCSVC	DE5740	PRODUR Reason Code	ProDUR Reason Code (Reason for Service)
RXIQCSVC	DE5741	PRODUR Service Code	ProDUR Service Code (Professional Service Code)

RXIQCSVC	DE5742	PRODUR Result Code	ProDUR Result Code
RXIQCSVC	DE2018	TPL Amount	Claim Third Party Payment
RXIQCSVC	DE0003	Liability Code	Reserved for future First IQ use
RXIQCSVC	DE0003	Eligibility Type Code	Reserved for future First IQ use
RXIQCSVC	DE2262	Professional Service Fee	Claim Pharmacy Professsional Service Fee
RXIQCSVC	DE5531	BASIS OF COST	BASIS OF COST
RXIQCSVC	DE5532	SUBMISSION CLARIFICATION CODE	SUBMISSION CLARIFICATION CODE

Files FIQ-F-014 First IQ Claims HCFA 1450 Data Extraction

General Information

This is one of the extracts needed for First IQ processing. COPYBOOK=RXIQCHCF

Subsystem:	Drug
Copybook:	RXIQCHCF
	N/A
File Organization:	SEQ - FB/570
Device Type:	disk
Primary Key:	Claim Type (2002)
Alternate Key:	N/A
Program:	First IQ Claims Data Extract (VAFIQPC1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQCHCF	DE2001	ICN	Claim Request ICN
RXIQCHCF	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RXIQCHCF	DE5200	NDC	Drug Code (NDC)
RXIQCHCF	DE4002	Provider ID	Provider Identification Number
RXIQCHCF	DE2010	Service Date	Claim Service From Date
RXIQCHCF	DE8776	Client Number	Drug Application Client Number
RXIQCHCF	DE0002	Source Type Code	Calculated
RXIQCHCF	DE2002	Claim Type	Claim Type
RXIQCHCF	DE2039	Claim Status	Claim Status
RXIQCHCF	DE2105	Admit Date	Claim Admission Date
RXIQCHCF	DE2136	Admit Hour	Claim Hour of Admission
RXIQCHCF	DE2107	Admit Type Code	Claim Nature of Admission
RXIQCHCF	DE2106	Admit Source	Claim Admission Source
RXIQCHCF	DE2102	Bill Type	Claim Facility Bill Type
RXIQCHCF	DE0003	Patient Status	Reserved for future First IQ use

RXIQCHCF	DE2869	Discharge Status	Claim Discharge Status
RXIQCHCF	DE2412	Discharge Hour	Claim Hour of Discharge
RXIQCHCF	DE2845	Medical Record Number	Claim Medical Record Number
RXIQCHCF	DE4044	Federal Tax ID Number	Provider Alternate ID Value
RXIQCHCF	DE0003	Pcode Method	Reserved for future First IQ use
RXIQCHCF	DE2108	Covered Days	Claim Covered Days
RXIQCHCF	DE2109	Non-covered Days	Claim Non-Covered Days
RXIQCHCF	DE2315	Payment Days	Claim Payment days
RXIQCHCF	DE2358	Reduced Payment Days	Claim Reduced Payment Days
RXIQCHCF	DE2031	Patient Control Number	Claim Patient Account Number
RXIQCHCF	DE0003	Life Reserve Days	Reserved for future First IQ use
RXIQCHCF	DE0003	Insured Name	Reserved for future First IQ use
RXIQCHCF	DE0003	Patient Relationship Code	Reserved for future First IQ use
RXIQCHCF	DE0003	Certificate Number	Reserved for future First IQ use
RXIQCHCF	DE2516	Group Number	Claim Group Number or FECA Number (Insurance)
RXIQCHCF	DE0002	Treatment Authorization Number	Calculated
RXIQCHCF	DE0003	Employment Status Code	Reserved for future First IQ use
RXIQCHCF	DE0003	HCFA Control Number	Reserved for future First IQ use
RXIQCHCF	DE0003	Payor ID	Reserved for future First IQ use
RXIQCHCF	DE4044	Medicare Provider ID	Provider Alternate ID Value
RXIQCHCF	DE0000	Payer Date	
RXIQCHCF	DE0000	Payer Amount	

Files FIQ-F-015 First IQ Claims Diagnosis Data Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQCDGN
	N/A
File Organization:	SEQ - FB/93
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Claims Data Extract (VAFIQPC1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQCDGN	DE2001	ICN	Claim Request ICN
RXIQCDGN	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RXIQCDGN	DE5200	NDC	Drug Code (NDC)
RXIQCDGN	DE4002	Provider ID	Provider Identification Number
RXIQCDGN	DE2010	Service Date	Claim Service From Date
RXIQCDGN	DE8776	Client Number	Drug Application Client Number
RXIQCDGN	DE0002	Source Type Code	Calculated
RXIQCDGN	DE2003	Claim Type Modifier	Claim Type Modifier
RXIQCDGN	DE2039	Claim Status	Claim Status
RXIQCDGN	DE5301	Diagnosis Code	Diagnosis Code
RXIQCDGN	DE0002	Diagnosis Sequence Number	Calculated
RXIQCDGN	DE0002	Admit Diagnosis Indicator	Calculated

Files FIQ-F-016 First IQ Claims Produr Data Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQCDUR
	N/A
File Organization:	Sequential
Device Type:	disk
Primary Key:	Claim Type Modifier (2003)
Alternate Key:	N/A
Program:	First IQ Claims Data Extract (VAFIQPC1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQCDUR	DE2001	ICN	Claim Request ICN
RXIQCDUR	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RXIQCDUR	DE5200	NDC	Drug Code (NDC)
RXIQCDUR	DE4002	Provider ID	Provider Identification Number
RXIQCDUR	DE2010	Service Date	Claim Service From Date
RXIQCDUR	DE8776	Client Number	Drug Application Client Number
RXIQCDUR	DE0002	Source Type Code	Calculated
RXIQCDUR	DE2002	Claim Type	Claim Type
RXIQCDUR	DE2343	Service Line Number	Claim Payment Request Line Number
RXIQCDUR	DE2003	Claim Type Modifier	Claim Type Modifier
RXIQCDUR	DE2039	Claim Status	Claim Status
RXIQCDUR	DE5740	PRODUR Problem Code	ProDUR Reason Code (Reason for Service)
RXIQCDUR	DE0002	Claim Type Indicator	Calculated
RXIQCDUR	DE4002	Provider ID	Provider Identification Number

RXIQCDUR	DE2211	RX number	Claim Pharmacy Prescription Number
RXIQCDUR	DE2010	Service Date	Claim Service From Date
RXIQCDUR	DE5951	Chronic Code	PRODUR Chronic Allergy

Files FIQ-F-017 First IQ Claims Errors Data Extract

General Information

This is one of the extracts needed for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQCERR
	N/A
File Organization:	SEQ - FB/99
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Claims Data Extract (VAFIQPC1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQCERR	DE2001	ICN	Claim Request ICN
RXIQCERR	DE3093	Enrollee ID	Enrollee Permanent Identification Number
RXIQCERR	DE5200	NDC	Drug Code (NDC)
RXIQCERR	DE4002	Provider Number	Provider Identification Number
RXIQCERR	DE2010	Service Date	Claim Service From Date
RXIQCERR	DE8776	Client Number	Drug Application Client Number
RXIQCERR	DE0002	Source Type Code	Calculated
RXIQCERR	DE2002	Claim Type	Claim Type
RXIQCERR	DE2343	Service Line Number	Claim Payment Request Line Number
RXIQCERR	DE2003	Claim type modifier	Claim Type Modifier
RXIQCERR	DE2039	Claim Status	Claim Status
RXIQCERR	DE5506	Error Code	Claim Error ESC Code
RXIQCERR	DE0002	Claim Type Indicator	Calculated

RXIQCERR	DE5603	Error Status Code	Error Text Disposition Attachments
RXIQCERR	DE0002	Error Type Code	Calculated

Files FIQ-F-018 First IQ Control File

General Information

This files contains control counts of records submitted for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQPZ01
	N/A
File Organization:	seq
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Claims Data Extract (VAFIQPC1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPZ01	DE0002	Extract Date	Calculated
RXIQPZ01	DE8776	Client Number	Drug Application Client Number
RXIQPZ01	DE0002	Enrollee Count	Calculated
RXIQPZ01	DE0002	Eligibility Seg-ments Count	Calculated
RXIQPZ01	DE0002	Provider Count	Calculated
RXIQPZ01	DE0002	Provider Client Count	Calculated
RXIQPZ01	DE0002	Drug Count	Calculated
RXIQPZ01	DE0002	Drug Pricing Count	Calculated
RXIQPZ01	DE0002	Client Drug Count	Calculated
RXIQPZ01	DE0002	Claim Data Count	Calculated
RXIQPZ01	DE0002	Claim Diagnosis Count	Calculated
RXIQPZ01	DE0002	Claim HCFA Count	Calculated
RXIQPZ01	DE0002	Claim Service Data Count	Calculated

RXIQPZ01	DE0002	Drug Rebate Count	Calculated
RXIQPZ01	DE0002	Claim Payment Amount	Calculated
RXIQPZ01	DE0002	Claim Error Count	Calculated
RXIQPZ01	DE0002	Claim ProDUR Count	Calculated
RXIQPZ01	DE0002	Physician Count	Calculated
RXIQPZ01	DE0002	Recon Count	Calculated
RXIQPZ01	DE0002	Physician Specialty Count	Calculated
RXIQPZ01	DE0002	Provider Eligibility Count	Calculated

Files FIQ-F-019 First IQ Reconciliation File

General Information

This file contains balancing/recon records of counts and amounts or records submitted for First IQ processing.

Subsystem:	Drug
Copybook:	RXIQRECN
	N/A
File Organization:	seq
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Claims Data Extract (VAFIQPC1) First IQ Drug/Pricing Extract (VAFIQPD1) First IQ Physician Extract (VAFIQPH1) First IQ Provider Base Extract (VAFIQPP1) First IQ Enrollee Extract (VAFIQPR1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQRECN	DE0002	Extract Date	Calculated
RXIQRECN	DE5864	Carrier	Pharmacy Carrier (Business Entity)
RXIQRECN	DE8776	Client	Drug Application Client Number
RXIQRECN	DE9578	Payment Date	Remittance Payment Date
RXIQRECN	DE0002	Claim Source	Calculated
RXIQRECN	DE2002	Invoice Type	Claim Type
RXIQRECN	DE0002	Recon Claim Type Code	Calculated
RXIQRECN	DE2039	Claim Status	Claim Status
RXIQRECN	DE2003	Claim Type Mod	Claim Type Modifier
RXIQRECN	DE0002	Record Count	Calculated
RXIQRECN	DE0002	Total Provider	Calculated

		Paid	
RXIQRECN	DE0002	Total Group Paid	Calculated
RXIQRECN	DE0002	Total Usual	Calculated

Files FIQ-F-020 First IQ Parm Control File

General Information

This file is used internally during the First IQ run.

Subsystem:	Drug
Copybook:	RXRXPARM
	N/A
File Organization:	FB
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Claims Data Extract (VAFIQPC1) First IQ Drug/Pricing Extract (VAFIQPD1) First IQ Physician Extract (VAFIQPH1) First IQ Provider Base Extract (VAFIQPP1) First IQ Enrollee Extract (VAFIQPR1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
RXRXPARM	DE0002	Data Base ID	Calculated
RXRXPARM	DE0002	Run type	Calculated
RXRXPARM	DE0002	Cycle	Calculated
RXRXPARM	DE0002	Extract Date	Calculated
RXRXPARM	DE0002	Drug Data Indicator	Calculated
RXRXPARM	DE0002	Drug Client Indicator	Calculated
RXRXPARM	DE0002	Drug Pricing Indicator	Calculated
RXRXPARM	DE0002	Client PRC Indicator	Calculated

RXRXPARM	DE0002	Provider Indicator	Calculated
RXRXPARM	DE0002	Provider Client Indicator	Calculated
RXRXPARM	DE0002	Enrollee Indicator	Calculated
RXRXPARM	DE0002	Claims Indicator	Calculated
RXRXPARM	DE0002	Physician Indic-ator	Calculated
RXRXPARM	DE0002	All, Except, Only Indicator	Calculated
RXRXPARM	DE8776	Client1 Number	Drug Application Client Number
RXRXPARM	DE0002	Client1 Claims Indicator	Calculated
RXRXPARM	DE0002	Client1 Enrollee Indicator	Calculated
RXRXPARM	DE0003	Client2 Number	Reserved for future First IQ use
RXRXPARM	DE0003	Client2 Claims Indicator	Reserved for future First IQ use
RXRXPARM	DE0003	Client2 Enrollee Indicator	Reserved for future First IQ use
RXRXPARM	DE0003	Client3 Number	Reserved for future First IQ use
RXRXPARM	DE0003	Client3 Claims Indicator	Reserved for future First IQ use
RXRXPARM	DE0003	Client3 Enrollee Indicator	Reserved for future First IQ use
RXRXPARM	DE0003	Client4 Number	Reserved for future First IQ use
RXRXPARM	DE0003	Client4 Claims Indicator	Reserved for future First IQ use
RXRXPARM	DE0003	Client4 Enrollee Indicator	Reserved for future First IQ use
RXRXPARM	DE0003	Client5 Number	Reserved for future First IQ use
RXRXPARM	DE0003	Client5 Claims Indicator	Reserved for future First IQ use
RXRXPARM	DE0003	Client5 Enrollee Indicator	Reserved for future First IQ use
RXRXPARM	DE0003	Summary Switch	Reserved for future First IQ use

Files FIQ-F-021 First IQ History Control File

General Information

This file is used internally in First IQ Processing.

Subsystem:	Drug
Copybook:	RXIQPHST
	N/A
File Organization:	SEQ
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First IQ Claims Data Extract (VAFIQPC1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQPHST	DE2001	Hist ICN	Claim Request ICN
RXIQPHST	DE5864	Hist Carrier	Pharmacy Carrier (Business Entity)
RXIQPHST	DE8776	Hist Client	Drug Application Client Number
RXIQPHST	DE0002	Hist Claim Source	Calculated
RXIQPHST	DE2002	Hist Invoice Type	Claim Type
RXIQPHST	DE2039	Hist Claim Status	Claim Status
RXIQPHST	DE2003	Hist Claim Type Mod	Claim Type Modifier
RXIQPHST	DE0002	Hist Claim Type Code	Calculated
RXIQPHST	DE0003	Hist Extract Date	Reserved for future First IQ use
RXIQPHST	DE0003	Hist Payment Date	Reserved for future First IQ use
RXIQPHST	DE0003	Hist Group Payment	Reserved for future First IQ use
RXIQPHST	DE0002	Hist Provider Pay-	Calculated

		ment	
RXIQPHST	DE0003	Hist Usual	Reserved for future First IQ use
RXIQPHST	DE3001	Hist Enrollee ID	Enrollee Identification Number
RXIQPHST	DE2211	Hist RX Number	Claim Pharmacy Prescription Number
RXIQPHST	DE5200	Hist NDC	Drug Code (NDC)
RXIQPHST	DE4002	Hist Provider ID	Provider Identification Number
RXIQPHST	DE2010	Hist Service Date	Claim Service From Date

Files FIQ-F-022 First IQ Claims Compound Extract

General Information

This is one of the extracts needed for First IQ Processing

Subsystem:	Drug
Copybook:	RXIQCMPD
	N/A
File Organization:	SEQ
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
RXIQCMPD	DE2001	ICN	Claim Request ICN
RXIQCMPD	DE3093	Recipient ID	Enrollee Permanent Identification Number
RXIQCMPD	DE5200	NDC	Drug Code (NDC)
RXIQCMPD	DE2071	Provider ID	Claim Pricing Source Code
RXIQCMPD	DE2010	Service Date	Claim Service From Date
RXIQCMPD	DE8776	Client Number	Drug Application Client Number
RXIQCMPD	DE0002	Source Type Code	Calculated
RXIQCMPD	DE0002	Claim Type Mod	Calculated
RXIQCMPD	DE2039	Claim Status	Claim Status
RXIQCMPD	DE0002	Cost Determine Cd	Calculated
RXIQCMPD	DE0002	Ingred Cost Amt	Calculated
RXIQCMPD	DE0002	Drug Quantity	Calculated
RXIQCMPD	DE0002	Drug Seq No	Calculated

Files FRB-F-001 First Rebate Provider Extract file

General Information

This is the data extracted from the DB2 provider tables to support First Rebate.

Subsystem:	Drug
Copybook:	FRBF001
	N/A
File Organization:	sequential
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	First Rebate Data Extract Program (DRW200)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
FRBF001	DE5509	WS-CLIENT-PROV	Drug Client ID
FRBF001	DE4700	WS-I-PROVIDER	National Provider Identifier
FRBF001	DE4085	WS-T-PROVIDER-NAME1	Provider Name
FRBF001	DE4097	WS-T-STREET1	Provider Address Line
FRBF001	DE0000	WS-T-STREET2	
FRBF001	DE4130	WS-T-CITY	Provider Address City Name
FRBF001	DE4098	WS-C-STATE	Provider Address State
FRBF001	DE4099	WS-C-ZIP	Provider Address ZIP Code
FRBF001	DE4090	WS-T-PHONE	Provider Phone Number

Files FRB-F-011 Drug Manufacturer Rebate - Claims Extract File

General Information

Rebate Claims Extract file. (DSN = VAP.PRODS.PR.VAPDW200.CLAIMS (0)),

Subsystem:	Drug
Copybook:	FRBF011 Note: this is not a physical copybook. The record layout is hard-coded in the program.
File Organization:	SEQ - FB / 288
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Drug Manufacturer Rebate Extract Program (DRW200)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
FRBF011	DE5509	WS-CLIENT-ID	Drug Client ID
FRBF011	DE2477	WS-ICN-YYYYDDD	Claims Payment Request Date Identifier
FRBF011	DE2478	WS-ICN-MEDIA	Claims Payment Request Media Code
FRBF011	DE2480	WS-ICN-BATCH-NO	Claims Payment Request Sequence
FRBF011	DE2480	WS-ICN-SEQUENCE	Claims Payment Request Sequence
FRBF011	DE2343	WS-LINE-NO	Claim Payment Request Line Number
FRBF011	DE2039	WS-STATUS	Claim Status
FRBF011	DE8841	WS-YRQTR	Drug Rbt Period Covered
FRBF011	DE5200	WS-NDC	Drug Code (NDC)
FRBF011	DE2248	WS-UNITS	Claims Pharmacy Metric/Dec/Qty
FRBF011	DE2023	WS-PAID-AMT	Claim Payment Amount
FRBF011	DE2016	WS-BILLED-AMT	Claim Billed Charge

FRBF011	DE4700	WS-PHARM-PROV	National Provider Identifier
FRBF011	DE2826	WS-PRESC-PROV	Claim Prescribing Physician Identification Number
FRBF011	DE2010	WS-DOS	Claim Service From Date
FRBF011	DE3093	WS-RECIP-ID	Enrollee Permanent Identification Number
FRBF011	DE2211	WS-RX-NO	Claim Pharmacy Prescription Number
FRBF011	DE5002	WS-PROC-CODE	Procedure Code
FRBF011	DE2018	WS-TPL-AMT	Claim Third Party Payment
FRBF011	DE2022	WS-COPAY	Claim Medicaid Co-Payment
FRBF011	DE9578	WS-PAY-DATE	Remittance Payment Date
FRBF011	DE2177	WS-DATE-RCVD	Claim Entered Date
FRBF011	DE2418	WS-DAW	Claim Dispensed as Written Indicator
FRBF011	DE2220	WS-COMPOUND	Claim Pharmacy Compound Indicator
FRBF011	DE0000	WS-EXCL-RSN	
FRBF011	DE2216	WS-DAYS-SUPPLY	Claim Pharmacy Days Supply
FRBF011	DE0000	WS-CLM-SOURCE	
FRBF011	DE2217	WS-DISP-FEE	Claim Pharmacy Dispensing Fee
FRBF011	DE2212	WS-REFILL-CODE	Claim Pharmacy Refill Code
FRBF011	DE8841	WS-CYCLE-QTR	Drug Rbt Period Covered
FRBF011	DE0000	WS-REBATE-PGM	
FRBF011	DE0000	WS-BNFT-CATG	
FRBF011	DE9831	WS-FUND-CODE	Budget Fund Code
FRBF011	DE0000	WS-TOWN-CODE	
FRBF011	DE2228	WS-LOCA-CODE	Claim Pharmacy Patient Location Code
FRBF011	DE4002	WS-ORIG-PROV	Provider Identification Number
FRBF011	DE5531	WS-BASIS-OF-COST	Basis of Cost
FRBF011	DE5532	WS-SUB-CLARIF-CD	Sub Clarification Code

Files FRB-F-012 Drug Manufacturer Rebate - Encounter Extract File

General Information

Rebate Encounter Extract file. (DSN=VAP.PRODS.PR.VAPDW200.CLAIMS (0)),

Subsystem:	Drug
Copybook:	FRBF011 Note: this is not a physical copybook. The record layout is hard-coded in the program.
	N/A
File Organization:	SEQ - FB / 288
Device Type:	DISK
Primary Key:	N/A
Alternate Key:	N/A
Program:	Drug Manufacturer Rebate Extract Program (DRW200)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
FRBF011	DE5509	WS-CLIENT-ID	Drug Client ID
FRBF011	DE2477	WS-ICN-YYYYDDD	Claims Payment Request Date Identifier
FRBF011	DE2478	WS-ICN-MEDIA	Claims Payment Request Media Code
FRBF011	DE2480	WS-ICN-BATCH-NO	Claims Payment Request Sequence
FRBF011	DE2480	WS-ICN-SEQUENCE	Claims Payment Request Sequence
FRBF011	DE2343	WS-LINE-NO	Claim Payment Request Line Number
FRBF011	DE2039	WS-STATUS	Claim Status
FRBF011	DE8841	WS-YRQTR	Drug Rbt Period Covered
FRBF011	DE5200	WS-NDC	Drug Code (NDC)
FRBF011	DE2248	WS-UNITS	Claims Pharmacy Metric/Dec/Qty
FRBF011	DE2023	WS-PAID-AMT	Claim Payment Amount
FRBF011	DE2016	WS-BILLED-AMT	Claim Billed Charge

FRBF011	DE4700	WS-PHARM-PROV	National Provider Identifier
FRBF011	DE2826	WS-PRESC-PROV	Claim Prescribing Physician Identification Number
FRBF011	DE2010	WS-DOS	Claim Service From Date
FRBF011	DE3093	WS-RECIP-ID	Enrollee Permanent Identification Number
FRBF011	DE2211	WS-RX-NO	Claim Pharmacy Prescription Number
FRBF011	DE5002	WS-PROC-CODE	Procedure Code
FRBF011	DE2018	WS-TPL-AMT	Claim Third Party Payment
FRBF011	DE2022	WS-COPAY	Claim Medicaid Co-Payment
FRBF011	DE9578	WS-PAY-DATE	Remittance Payment Date
FRBF011	DE2177	WS-DATE-RCVD	Claim Entered Date
FRBF011	DE2418	WS-DAW	Claim Dispensed as Written Indicator
FRBF011	DE2220	WS-COMPOUND	Claim Pharmacy Compound Indicator
FRBF011	DE0000	WS-EXCL-RSN	
FRBF011	DE2216	WS-DAYS-SUPPLY	Claim Pharmacy Days Supply
FRBF011	DE0000	WS-CLM-SOURCE	
FRBF011	DE2217	WS-DISP-FEE	Claim Pharmacy Dispensing Fee
FRBF011	DE2212	WS-REFILL-CODE	Claim Pharmacy Refill Code
FRBF011	DE8841	WS-CYCLE-QTR	Drug Rbt Period Covered
FRBF011	DE0000	WS-REBATE-PGM	
FRBF011	DE0000	WS-BNFT-CATG	
FRBF011	DE9831	WS-FUND-CODE	Budget Fund Code
FRBF011	DE0000	WS-TOWN-CODE	
FRBF011	DE2228	WS-LOCA-CODE	Claim Pharmacy Patient Location Code
FRBF011	DE4002	WS-ORIG-PROV	Provider Identification Number
FRBF011	DE5531	WS-BASIS-OF-COST	Basis of Cost
FRBF011	DE5532	WS-SUB-CLARIF-CD	Sub Clarification Code

Files FRB-F-013 Manufacturer Rebate - Encounter Exceptions File

General Information

Rebate Encounter Exception file. (DSN=VAP.PRODS.PR.VAPDW200. XCPTNS (0)),

Subsystem:	Drug
Copybook:	FRBF013
	N/A
File Organization:	SEQ - FB / 109
Device Type:	DISK
Primary Key:	N/A
Alternate Key:	N/A
Program:	Drug Manufacturer Rebate Extract Program (DRW200)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
FRBF013		XCPT-SERVICE-VENDOR	Drug Client ID
		XCPT-CLAIM-TYPE	
FRBF013	DE2477	XCPT-MMIS-ICN	Claims Payment Request Date Identifier
FRBF013	DE2478	XCPT-MMIS-ICN	Claims Payment Request Media Code
FRBF013	DE2480	XCPT-MMIS-ICN	Claims Payment Request Sequence
FRBF013	DE2343	XCPT-MMIS-ICN	Claim Payment Request Line Number
FRBF013	DE2039	XCPT-STATUS	Claim Status
		XCPT-CLAIM-TYPE-MODIFIER	
		XCPT-HMO-CLAIM-NUMBER	
		XCPT-ERROR-DESCRIPTION	
FRBF013	DE2010	XCPT-FROM-DATE-OF-	Claim Service From Date

		SERVICE	
FRBF013	DE3093	XCPT-MEMBER-ID	Enrollee Permanent Identification Number
FRBF013	DE5200	XCPT-NDC-CODE	Drug Code (NDC)
FRBF013	DE2016	XCPT-BILLED-AMOUNT	Claim Billed Charge

Files POS-F-008 Drug Application POS NCPDP Version 5.0 Response File

General Information

This file contains the NCPDP data elements and responses for claims submitted through POS..

Subsystem:	Drug
Copybook:	V50INIT
	N/A
File Organization:	VSAM ESDS
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Online Inquiry of POS Reject File Version 5.0 (VPT052) Formats Provider Responses in NCPDP V50 Format (VPT99R50)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
V50INIT	DE0000	V50-CNTL-DATE	
V50INIT	DE0000	V50-CNTL-TIME	
V50INIT	DE0000	V50-TASKID	
V50INIT	DE0002	V50-IN-TRNID	Calculated
V50INIT	DE2226	V50-IN-TERMID	Claim Pharmacy Transmission Received Line
V50INIT	DE0002	V50-IN-STARTCD	Calculated
V50INIT	DE0002	V50-IN-SYSID	Calculated
V50INIT	DE0000	V50-BANK-ID	
V50INIT	DE2225	V50-VERSION	Claim Pharmacy NCPDP Version
V50INIT	DE2224	V50-TRANS-CODE	Claim Pharmacy Transaction Type
V50INIT	DE0002	V50-PROCESSOR	Calculated

V50INIT	DE8776	V50-CAR-INIT	Drug Application Client Number
V50INIT	DE0002	V50-RX-COUNT	Calculated
V50INIT	DE0000	V50-PHARMACY-QUAL	
V50INIT	DE4002	V50-PROV	Provider Identification Number
V50INIT	DE0000	V50-DATE-FILLED	
V50INIT	DE0000	V50-FILL-CC	
V50INIT	DE0000	V50-FILL-YYMMDD	
V50INIT	DE0000	V50-FILL-YY	
V50INIT	DE0000	V50-FILL-MM	
V50INIT	DE0000	V50-FILL-DD	
V50INIT	DE0000	V50-CERT-ID	
V50INIT	DE0000	NCPDP-REV-CLM-SEG-ID	
V50INIT	DE0000	NCPDP-REV-RX-QUAL	
V50INIT	DE0000	NCPDP-REV-RX	
V50INIT	DE0000	NCPDP-REV-NDC-QUAL	
V50INIT	DE0000	NCPPDP-REV-NDC	

Files POS-F-009 Drug Application Data Entry Batch/EMC File

General Information

Batch/EMC claims are loaded into this file for processing through point-of-sale.

Subsystem:	Drug
Copybook:	PRBTCHDE
	N/A
File Organization:	VSAM ESDS
Device Type:	Disk
Primary Key:	DE-DATE-PROCESSED (2177) DE-ICN (2001) DE-POS-CRN (2001) DE-TIME-STAMP (DE0000)
Alternate Key:	N/A
Program:	Pharmacy Batch/EMC Reformatted (VPR032VA) Online Batch Sequential Transaction Interface (VPT001)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PRBTCHDE	DE2001	DE-POS-CRN	Claim Request ICN
PRBTCHDE	DE2001	DE-ICN	Claim Request ICN
PRBTCHDE	DE2177	DE-DATE-PROCESSED	Claim Entered Date
PRBTCHDE	DE0000	DE-TIME-STAMP	
PRBTCHDE	DE2478	DE-BATCH-POS-FLAG	Claims Payment Request Media Code
PRBTCHDE	DE8776	DE-CARRIER	Drug Application Client Number
PRBTCHDE	DE8776	DE-CLIENT	Drug Application Client Number
PRBTCHDE	DE2226	DE-LOB	Claim Pharmacy Transmission Received Line
PRBTCHDE	DE2224	DE-TRAN	Claim Pharmacy Transaction Type
PRBTCHDE	DE2002	DE-CLAIM-TYPE	Claim Type

PRBTCHDE	DE2003	DE-CLAIM-TYPE-MOD	Claim Type Modifier
PRBTCHDE	DE3034	DE-CLAIM-RECIP-L5	Enrollee Social Security Number (SSN)
PRBTCHDE	DE3034	DE-CLAIM-RECIP-F4	Enrollee Social Security Number (SSN)
PRBTCHDE	DE3005	DE-CLAIM-RECIP-DOB	Enrollee Birth Date
PRBTCHDE	DE3001	DE-RECIP-NO	Enrollee Identification Number
PRBTCHDE	DE3110	DE-RECIP-LAST-NAME	Enrollee Last Name
PRBTCHDE	DE3111	DE-RECIP-FIRST-NAME	Enrollee First Name
PRBTCHDE	DE3112	DE-RECIP-INITIAL	Enrollee Middle Initial
PRBTCHDE	DE3007	DE-RECIP-SEX	Enrollee Sex Code
PRBTCHDE	DE3006	DE-RECIP-RACE	Enrollee Race Code
PRBTCHDE	DE3005	DE-RECIP-BIRTHDATE	Enrollee Birth Date
PRBTCHDE	DE4002	DE-RECIP-AGE	Calculated
PRBTCHDE	DE4002	DE-RECIP-REV-IND	Calculated
PRBTCHDE	DE0000	DE-RECIP-QUADRANT-IND	
PRBTCHDE	DE0000	DE-RECIP-UPDATE-IND	
PRBTCHDE	DE4002	DE-RECIP-HAS-PA-IND	Calculated
PRBTCHDE	DE4085	DE-PROV-NAME	Provider Name
PRBTCHDE	DE4249	DE-PROV-TYPE	Provider Name Type
PRBTCHDE	DE4069	DE-PROV-SPEC	Provider Specialty Certification Board Code
PRBTCHDE	DE4089	DE-PROV-LOCATION	Provider Locality Code
PRBTCHDE	DE0000	DE-PROV-CNTY-IND	
PRBTCHDE	DE4089	DE-PROV-COUNTY	Provider Locality Code
PRBTCHDE	DE4002	DE-PROV-EMC-BATCH-NO	Calculated
PRBTCHDE	DE0000	DE-PROV-REV-IND	
PRBTCHDE	DE0000	DE-PROV-FACILITY-CONTROL	
PRBTCHDE	DE0000	DE-PROV-CHK-DIGIT	
PRBTCHDE	DE0000	DE-PROV-SAME-ANY-PROV	
PRBTCHDE	DE0000	DE-PROV-RA-SORT-SEQ	
PRBTCHDE	DE2055	DE-PROVIDER QUALIFIER	Claim Pharmacy Provider Number Qualifier
PRBTCHDE	DE5200	DE-DRUG-NDC	Drug Code (NDC)
PRBTCHDE	DE2075	DE-DRUG-FAM-PLAN-IND	Claim Family Planning/EPSDT Indicator
PRBTCHDE	DE0000	DE-DRUG-TYPE	

PRBTCHDE	DE0000	DE-DRUG-MAX-TIME	
PRBTCHDE	DE5232	DE-DRUG-THERP-CLASS	Drug Therapeutic Class Standard Code
PRBTCHDE	DE5061	DE-DRUG-GEN-XREF	Drug Generic Code Number (GCN)
PRBTCHDE	DE5206	DE-DRUG-FORM-IND	Drug Form Code
PRBTCHDE	DE5059	DE-DRUG-CLASS	Drug Class Code
PRBTCHDE	DE5043	DE-DRUG-FORM-CODE	Drug Dosage Form Description
PRBTCHDE	DE0000	DE-DRUG-EAC-COST	
PRBTCHDE	DE5084	DE-DRUG-AWP-COST	Drug Average Wholesale Price (AWP)
PRBTCHDE	DE5036	DE-DRUG-FMAC-COST	Drug Federal Maximum Allowable Cost (FMAC)
PRBTCHDE	DE5233	DE-DRUG-CMAC-COST	Drug Virginia Maximum Allowable Cost (VMAC) 60th Percentile
PRBTCHDE	DE3672	DE-TPL-AMOUNT	TPL Coverage Co-pay Amount
PRBTCHDE	DE0000	DE-COB-NO	
PRBTCHDE	DE2227	DE-TPL-IND	Claim Pharmacy Other Coverage Indicator
PRBTCHDE	DE3013	DE-TPL-COV	TPL Coverage Code
PRBTCHDE	DE3698	DE-TPL-STATUS	TPL Status Code
PRBTCHDE	DE0000	DE-TPL-REPORT-IND	
PRBTCHDE	DE0000	DE-TPL-PAYDATE	
PRBTCHDE	DE2068	DE-MANUAL-IND	Claim Special Batch Indicator
PRBTCHDE	DE2158	DE-MANUAL-PRICE	Claim Manual Price Amount
PRBTCHDE	DE2010	DE-FROM-DATE	Claim Service From Date
PRBTCHDE	DE2009	DE-QUANTITY	Claim Number of Units/Visits/Studies
PRBTCHDE	DE2216	DE-DAYS-SUPPLY	Claim Pharmacy Days Supply
PRBTCHDE	DE2212	DE-REFILL-CODE	Claim Pharmacy Refill Code
PRBTCHDE	DE2826	DE-PRESC-PHYS	Claim Prescribing Physician Identification Number
PRBTCHDE	DE0000	DE-PA-UPDATE-IND	
PRBTCHDE	DE5555	DE-PA-PAMC	Benefit Master PAMC Flag 5
PRBTCHDE	DE2024	DE-PA-NUMBER	Prior Authorization Control Number
PRBTCHDE	DE2070	DE-PRICING-TOS	Claim Pricing Source Type
PRBTCHDE	DE2069	DE-PRICING-LEVEL	Claim Pricing Source
PRBTCHDE	DE2016	DE-BILLED-CHARGES	Claim Billed Charge
PRBTCHDE	DE2213	DE-U-AND-C-PRICE	Claim Pharmacy Usual Charge
PRBTCHDE	DE0000	DE-PRICING-PCT	
PRBTCHDE	DE2223	DE-INGRED-COST	Pharmacy Ingredient Cost
PRBTCHDE	DE2022	DE-CO-PAY-AMOUNT	Claim Medicaid Co-Payment
PRBTCHDE	DE0000	DE-TAX-AMOUNT	

PRBTCHDE	DE0000	DE-ONLINE-CHARGE	
PRBTCHDE	DE2217	DE-DISP-FEE	Claim Pharmacy Dispensing Fee
PRBTCHDE	DE4002	DE-COMPUTED-PRICE	Calculated
PRBTCHDE	DE2073	DE-ALLOWED-AMOUNT	Claim Allowed Amount
PRBTCHDE	DE2023	DE-PAYMENT	Claim Payment Amount
PRBTCHDE	DE0000	DE-BILLING-DATE	
PRBTCHDE	DE2177	DE-DATE-ENTERED	Claim Entered Date
PRBTCHDE	DE2383	DE-STATUS-DATE	Claim Status Begin Date
PRBTCHDE	DE9578	DE-PAYMENT-DATE	Remittance Payment Date
PRBTCHDE	DE2214	DE-DATE-WRITTEN	Claim Pharmacy Date Prescription Written
PRBTCHDE	DE0000	DE-FILING-LIMIT-IND	
PRBTCHDE	DE0000	DE-LOCKIN-IND	
PRBTCHDE	DE2218	DE-NH-IND	Claim Pharmacy Add-on Fee
PRBTCHDE	DE2220	DE-COMPOUND-IND	Claim Pharmacy Compound Indicator
PRBTCHDE	DE0000	DE-LTC-IND	
PRBTCHDE	DE0000	DE-GENERIC-IND	
PRBTCHDE	DE2418	DE-DAW-IND	Claim Dispensed as Written Indicator
PRBTCHDE	DE5032	DE-DEA-IND	Drug Enforcement Administration (DEA) Code
PRBTCHDE	DE5196	DE-PRODUCT-CODE	Drug Institutional Product Code
PRBTCHDE	DE8843	DE-DESI-IND	Drug Rbt HCFA Desi Indicator
PRBTCHDE	DE0000	DE-PRICING-IND	
PRBTCHDE	DE0000	DE-COST-IND	
PRBTCHDE	DE0000	DE-MAC-IND	
PRBTCHDE	DE0000	DE-ACCT-TYPE	
PRBTCHDE	DE2033	DE-ADJ-REASON	Adjustment/Void Reason
PRBTCHDE	DE2034	DE-FORMER-ICN	Claim Related Document Number
PRBTCHDE	DE9580	DE-FORMER-REMIT-ID	Remittance Advice Number
PRBTCHDE	DE9576	DE-FORMER-CHECK-NO	Remittance Check Number
PRBTCHDE	DE9578	DE-FORMER-PAYMENT-DATE	Remittance Payment Date
PRBTCHDE	DE2440	DE-DUPE-ICN	Claim Conflict ICN
PRBTCHDE	DE9578	DE-DUPE-RA-DATE	Remittance Payment Date
PRBTCHDE	DE9580	DE-REMIT-ID	Remittance Advice Number
PRBTCHDE	DE9576	DE-CHECK-NO	Remittance Check Number
PRBTCHDE	DE2039	DE-STATUS	Claim Status
PRBTCHDE	DE4002	DE-NUMBER-ERRORS	Calculated
PRBTCHDE	DE5501	DE-EACH-ERR	Error Text Error Code

PRBTCHDE	DE5604	DE-EACH-ERR-STAT	Error Text Disposition No Attachments
PRBTCHDE	DE4002	DE-HIST-ERRORS	Calculated
PRBTCHDE	DE5501	DE-HIST-ERR	Error Text Error Code
PRBTCHDE	DE5604	DE-HIST-ERR-STAT	Error Text Disposition No Attachments
PRBTCHDE	DE2051	DE-OVR-ERRORS	Claim Extract Record Type Code
PRBTCHDE	DE2078	DE-OVR-ERR	Claim Edit Override
PRBTCHDE	DE2078	DE-OVR-ERR-STAT	Claim Edit Override
PRBTCHDE	DE4002	DE-PEND-TIMES	Calculated
PRBTCHDE	DE4002	DE-PRO-OVERFLOW-IND	Calculated
PRBTCHDE	DE5740	DE-PRO-PROBLEM-TYPE	ProDUR Reason Code (Reason for Service)
PRBTCHDE	DE2001	DE-PRO-HIST-CRN	Claim Request ICN
PRBTCHDE	DE4002	DE-PRO-HIST-TIME-STAMP	Calculated
PRBTCHDE	DE0000	DE-PRO-CHRONIC-CODE	
PRBTCHDE	DE5740	DE-PRO-CONFLICT-CODE	ProDUR Reason Code (Reason for Service)
PRBTCHDE	DE5741	DE-PRO-INTERVENTION-CODE	ProDUR Service Code (Professional Service Code)
PRBTCHDE	DE5742	DE-PRO-OUTCOME-CODE	ProDUR Result Code
PRBTCHDE	DE2228	DE-CUST-LOC	Claim Pharmacy Patient Location Code
PRBTCHDE	DE2230	DE-ELIG-CLARR-CODE	Claim Pharmacy Deny Eligibility Clarification Code
PRBTCHDE	DE4002	DE-NBR-REFILLS	Calculated
PRBTCHDE	DE0000	DE-DENY-OVERRIDE	
PRBTCHDE	DE2223	DE-IN-INGRED-COST	Pharmacy Ingredient Cost
PRBTCHDE	DE2217	DE-IN-FEE	Claim Pharmacy Dispensing Fee
PRBTCHDE	DE0000	DE-IN-SALES-TAX	
PRBTCHDE	DE2030	DM-ATT-IND	Claim Attachments Indicator
PRBTCHDE	DE0000	DM-EPSDT-IND	
PRBTCHDE	DE0000	DM-PEND-RES-DET-IND	
PRBTCHDE	DE0000	DM-COST-CENTER	
PRBTCHDE	DE0000	DM-FP-COST-CENTER	
PRBTCHDE	DE0000	DM-PROGRAM-IND	
PRBTCHDE	DE0000	DM-COE-SUB	
PRBTCHDE	DE0000	DM-COE-IND	

PRBTCHDE	DE3001	DM-RECIP-ORIG-NO	Enrollee Identification Number
PRBTCHDE	DE0000	DM-RECIP-CODE	
PRBTCHDE	DE0000	DM-RECIP-HMO	
PRBTCHDE	DE0000	DM-COST-AVOID-IND	
PRBTCHDE	DE0000	DM-MONEY-CODE	
PRBTCHDE	DE0000	DM-DAILY-MAX	
PRBTCHDE	DE0000	DM-MAX-UNITS	
PRBTCHDE	DE0000	DM-MAX-DOLLARS	
PRBTCHDE	DE0000	DM-MAX-TIME	
PRBTCHDE	DE0000	DM-LIM-ERR	
PRBTCHDE	DE2038	DM-CATEGORY-OF-SERVICE	Claim Category of Service
PRBTCHDE	DE3450	DM-SOC-SEC-CLAIM-NO	Case Social Security Number
PRBTCHDE	DE2845	DM-MED-REC-NO	Claim Medical Record Number
PRBTCHDE	DE5231	DM-UNIT-DOSE	Drug Unit Dose Source Code

Files POS-F-010 Drug Application Disease State Management File

General Information

This is a file received by the DSM Program Manager (currently Heritage Systems).

Subsystem:	Drug
Copybook:	
	N/A
File Organization:	VSAM
Device Type:	disk
Primary Key:	Enrollee ID (3001)
Alternate Key:	N/A
Program:	POS Pharmacy Claims Enrollee Edits Process (VPTM1RCP)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE3001	Enrollee ID	Enrollee Identification Number
	DE3003	Enrollee Name	Enrollee Full Name

Files POS-F-011 Drug VA POS ERROR TEXT File

General Information

This file is the demoralized Error Text data table to assist in POS edit processing

Subsystem:	Drug
Copybook:	VAERRTXT
	N/A
File Organization:	VSAM
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	POS Pharmacy Claims Error Loader using Datatable (VPT99ERN) POS Error Text CICS Data Table Build (VPT99ERR)
Graphics:	POS-F-011

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VAERRTXT	DE5521	VA-ERR-MEDIA	Error Text Claim Type Media Code
VAERRTXT	DE2003	VA-ERR-CLM-TYPE-MOD	Claim Type Modifier
VAERRTXT	DE2030	VA-ERR-ATT-IND	Claim Attachments Indicator
VAERRTXT	DE3551	VA-ERR-BEN-PROG	Benefit Definition Plan Program Code
VAERRTXT	DE5506	VA-ERR-CODE	Claim Error ESC Code
VAERRTXT	DE5602	VA-ERR-EFF-BEG-DATE	Error Text Disposition Location Effective Date
VAERRTXT	DE5682	VA-ERR-EFF-END-DATE	Disposition Location End Date
VAERRTXT	DE0011	VA-ERR-EFF-TIME	Row Update Date
VAERRTXT	DE5606	VA-ERR-ERROR-DISP	Error Text Location No Attachments

VAERRTXT	DE5020	VA-ERR-EDIT-PARM-SEQ-NO	Reference Data Base Sequential Number
VAERRTXT	DE5518	VA-ERR-PA-FLAG	Error Text Prior Authorization Override Indicator
VAERRTXT	DE5518	VA-ERR-CRITERIA-FLAG	Error Text Prior Authorization Override Indicator
VAERRTXT	DE5504	VA-ERR-OVERRIDE-FLAG	Error Text Resolution Override Indicator
VAERRTXT	DE5499	VA-ERR-PRIORITY-FLAG	Error Text Display Priority
VAERRTXT	DE5681	VA-ERR-COMPOUND-FLAG	Edit Text Compound Code
VAERRTXT	DE5522	VA-ERR-NCPDP-ERROR-CODE	Error Text NCPDP Error Code
VAERRTXT	DE5680	VA-ERR-EDIT-TYPE	Edit Error Edit Type
VAERRTXT	DE5604	VA-ERR-EDIT-LOCATION	Error Text Disposition No Attachments
VAERRTXT	DE5560	VA-ERR-ADJ-RSN-RMRK	Adjustment Reason/Response Cross Reference
VAERRTXT	DE5679	VA-ERR-ERROR-RECYCLE-DAYS	Error Text Recycled Days
VAERRTXT	DE5519	VA-ERR-DATE-TYPE	Error Text Service/Payment Date Code

Files POS-F-015 Drug Application POS NCPDP Version 3C Response File

NOTE: This file is no longer used effective with the 5010 implementation – 1/1/2012.

General Information

This file contains the NCPDP data elements and response for NCPDP Version 3C claims.

Subsystem:	Drug
Copybook:	NCPDPV3C
	N/A
File Organization:	ESDS
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Online Inquiry of POS Reject File Version 3C (VPT051) Formats Provider Responses in NCPDP V3C Format (VPT99R3C)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
NCPDPV3C	DE0002	V3C-REC-NBR	Calculated
NCPDPV3C	DE0002	V3C-IN-TRNID	Calculated
NCPDPV3C	DE0002	V3C-IN-TERMID	Calculated
NCPDPV3C	DE0002	V3C-IN-STARTCD	Calculated
NCPDPV3C	DE0002	V3C-IN-SYSID	Calculated
NCPDPV3C	DE0000	V3C-BANK-ID	
NCPDPV3C	DE2225	V3C-VERSION	Claim Pharmacy NCPDP Version
NCPDPV3C	DE2224	V3C-TRANS-CODE	Claim Pharmacy Transaction Type
NCPDPV3C	DE0002	V3C-PROCESS	Calculated
NCPDPV3C	DE0002	V3C-RX-COUNT	Calculated
NCPDPV3C	DE8776	V3C-CARRIER	Drug Application Client Number

NCPDPV3C	DE4002	V3C-PROV	Provider Identification Number
NCPDPV3C	DE0000	V3C-GROUP	
NCPDPV3C	DE2001	V3C-ICN	Claim Request ICN
NCPDPV3C	DE2033	V3C-ADJ-REAS	Adjustment/Void Reason
NCPDPV3C	DE3001	V3C-CARD-ID	Enrollee Identification Number
NCPDPV3C	DE0000	V3C-PERSON-CODE	
NCPDPV3C	DE3005	V3C-BIRTH-DATE	Enrollee Birth Date
NCPDPV3C	DE3007	V3C-SEX-CODE	Enrollee Sex Code
NCPDPV3C	DE0000	V3C-RELATIONSHIP	
NCPDPV3C	DE2227	V3C-OTHER-COVER	Claim Pharmacy Other Coverage Indicator
NCPDPV3C	DE2010	V3C-DATE-FILLED	Claim Service From Date
NCPDPV3C	DE2228	V3C-CUST-LOC	Claim Pharmacy Patient Location Code
NCPDPV3C	DE2230	V3C-ELIG-CLAR-CODE	Claim Pharmacy Deny Eligibility Clarification Code
NCPDPV3C	DE3111	V3C-PAT-FIRST-NAME	Enrollee First Name
NCPDPV3C	DE2211	V3C-RX-NUMBER	Claim Pharmacy Prescription Number
NCPDPV3C	DE2212	V3C-REFILL-CODE	Claim Pharmacy Refill Code
NCPDPV3C	DE2009	V3C-QUANT	Claim Number of Units/Visits/Studies
NCPDPV3C	DE2220	V3C-COMPOUND-CODE	Claim Pharmacy Compound Indicator
NCPDPV3C	DE5200	V3C-NDC	Drug Code (NDC)
NCPDPV3C	DE2418	V3C-DAW	Claim Dispensed as Written Indicator
NCPDPV3C	DE2223	V3C-INGRED-COST	Pharmacy Ingredient Cost
NCPDPV3C	DE3001	V3C-PRESCRIBER-ID	Enrollee Identification Number
NCPDPV3C	DE2214	V3C-DATE-WRITTEN	Claim Pharmacy Date Prescription Written
NCPDPV3C	DE2213	V3C-USUAL-CUSTOM	Claim Pharmacy Usual Charge
NCPDPV3C	DE2238	V3C-PRIOR-AUTH	Claim Pharmacy PA/MC Code
NCPDPV3C	DE2024	V3C-PRIOR-NBR	Prior Authorization Control Number
NCPDPV3C	DE5302	V3C-DIAGNOSIS	Diagnosis Name
NCPDPV3C	DE0000	V3C-AMT-DUE	
NCPDPV3C	DE2018	V3C-OTH-AMT	Claim Third Party Payment
NCPDPV3C	DE0000	V3C-PATIENT-PAID	
NCPDPV3C	DE0000	V3C-INCENT-SUB	
NCPDPV3C	DE5740	V3C-DUR-CON-CODE	ProDUR Reason Code (Reason for Service)
NCPDPV3C	DE5741	V3C-DUR-INT-CODE	ProDUR Service Code (Professional Service Code)
NCPDPV3C	DE5742	V3C-DUR-OUT-CODE	ProDUR Result Code
NCPDPV3C	DE2009	V3C-METRIC-QUANT	Claim Number of Units/Visits/Studies

NCPDPV3C	DE2383	V3C-DENIAL-DATE	Claim Status Begin Date
NCPDPV3C	DE2010	V3C-REV-FILL-DATE	Claim Service From Date
NCPDPV3C	DE2211	V3C-REV-RX9	Claim Pharmacy Prescription Number
NCPDPV3C	DE0000	V3C-REV-INCENT-AMT	
NCPDPV3C	DE5740	V3C-REV-CONF-CDE	ProDUR Reason Code (Reason for Service)
NCPDPV3C	DE5741	V3C-REV-INTER-CDE	ProDUR Service Code (Professional Service Code)
NCPDPV3C	DE5742	V3C-REV-OUTCOME-CDE	ProDUR Result Code
NCPDPV3C	DE0000	V3C-FHSC-HEADER-OUT	
NCPDPV3C	DE2225	V3C-VERSION-OUT	Claim Pharmacy NCPDP Version
NCPDPV3C	DE2224	V3C-TRANS-OUT	Claim Pharmacy Transaction Type
NCPDPV3C	DE0000	V3C-FO	
NCPDPV3C	DE0000	V3C-PLAN-OUT	
NCPDPV3C	DE0000	V3C-GROUP-SEP	
NCPDPV3C	DE0000	V3C-RX-RESPN	
NCPDPV3C	DE0000	V3C-ELIG-STAT	
NCPDPV3C	DE0000	V3C-ELIG-PA	
NCPDPV3C	DE0000	V3C-ELIG-REJS	
NCPDPV3C	DE0000	V3C-FO-SEP	
NCPDPV3C	DE0000	V3C-FO-E	
NCPDPV3C	DE0000	V3C-PLAN-E	
NCPDPV3C	DE0000	V3C-REV-RESPON	

Files POS-F-250 340B Paid Claims Data Extraction

General Information

This is a CSV extract that is sent to ECM of 340B paid claims created by VPW250

Subsystem:	Drug
Copybook:	N/A
File Organization:	SEQ - FB/161
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	340B Paid Claims Extract Program (VPW250)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE2001	DATA250-ICN-CSV	Claim Request ICN
	DE4002	DATA250-PHARM-CSV	Provider Identification Number
	DE2826	DATA250-PRESC-CSV	Claim Prescribing Physician Identification Number
	DE3093	DATA250-MEMBER-ID-CSV	Enrollee Permanent Identification Number
	DE2010	DATA250-DATE-FILL-CSV	Claim Service From Date
	DE5200	DATA250-NDC-CSV	National Drug Code
	DE5208	DATA250-BRAND-NM-CSV	Drug Brand Name
	DE5747	DATA250-GENER-NM-CSV	Drug Generic name
	DE2233	DATA250-QTY-CSV	Claim Pharmacy Quantity Dispensed
	DE2023	DATA250-AMOUNT-PAID-CSV	Claim Payment Amount

Files POS-F-999 Pandemic Relief Claims

General Information

Claims processed using Benefit Program 99.

Subsystem:	Drug
Copybook:	POSF999
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pandemic Relief Program (PRW999)
Graphics:	POS-F-999

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
POSF999	DE2721	Zip Code	Transportation Destination Zip Code
POSF999	DE2450	NDC	NDC Drug Sequence Number
POSF999	DE4150	NPI	NPI XREF Provider Sequence Number
POSF999	DE4085	Provider Name	Provider Name
POSF999	DE5208	Drug Brand Name	Drug Brand Name
POSF999	DE2039	Claim Status	Claim Status
POSF999	DE2003	Claim Type Modi-fier	Claim Type Modifier
POSF999	DE0002	Total Claims 1	Calculated
POSF999	DE0002	Quantity 1	Calculated
POSF999	DE0002	Total Claims 2	Calculated
POSF999	DE0002	Quantity 2	Calculated
POSF999	DE0002	Total Claims 3	Calculated
POSF999	DE0002	Quantity 3	Calculated
POSF999	DE0002	Claims Count	Calculated

POSF999	DE4096	RA Provider Attention	Provider Attention Name
POSF999	DE4097	RA Provider Address Line	Provider Address Line
POSF999	DE4130	RA Provider City	Provider Address City Name
POSF999	DE4098	RA Provider State	Provider Address State
POSF999	DE4099	RA Provider Zip Code	Provider Address ZIP Code

Files SX-F-001 Weekly Claims File for FirstTrax

General Information

Claims extracted from Weekly claims file

Subsystem:	Drug
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Create Weekly Claims for FirstTrax (VAPDLHST)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files SX-F-100 First Traxx Provider Base and Alias File

General Information

First Traxx Provider Base and Alias File

Subsystem:	Drug
Copybook:	SXF100
	N/A
File Organization:	SEQUENTIAL
Device Type:	DISK
Primary Key:	N/A
Alternate Key:	N/A
Program:	First Traxx Provider Extract, Pharmacy Report and Medicaid File (PHDSXPR)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
SXF100	DE0002	Segment Id	Calculated
SXF100	DE0002	Update Type	Calculated
SXF100	DE4085	First Name	Provider Name
SXF100	DE4085	Last Name	Provider Name
SXF100	DE4002	Register ID	Provider Identification Number
SXF100	DE0002	Register CD	Calculated
SXF100	DE4006	Prov Type Code	Provider Type
SXF100	DE0002	Birth Date	Calculated
SXF100	DE0002	Death Date	Calculated
SXF100	DE0002	Retire Date	Calculated
SXF100	DE0002	Pref Language Code	Calculated
SXF100	DE4205	Effective Date	Provider Program Code Begin Date
SXF100	DE4206	Termination Date	Provider Program Code End Date
SXF100	DE0002	Redefine of previous record	Calculated

SXF100	DE0002	Segment ID	Calculated
SXF100	DE0002	Update Type	Calculated
SXF100	DE4002	Alias Register ID	Provider Identification Number
SXF100	DE0002	Register Code	Calculated
SXF100	DE4205	Effective Date	Provider Program Code Begin Date
SXF100	DE4206	Termination Date	Provider Program Code End Date
SXF100	DE4700	Pract Register ID	National Provider Identifier

Files SX-F-105 First Traxx Provider Address File

General Information

First Traxx Provider Address File

Subsystem:	Drug
Copybook:	SXF105
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	First Traxx Provider Extract, Pharmacy Report and Medicaid File (PHDSXPR)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
SXF105	DE0002	Update Type	Calculated
SXF105	DE4002	Register ID	Provider Identification Number
SXF105	DE0002	Register Code	Calculated
SXF105	DE0002	Address Type	Calculated
SXF105	DE4205	Effective Date	Provider Program Code Begin Date
SXF105	DE4097	Address Line 1	Provider Address Line
SXF105	DE4097	Address Line 2	Provider Address Line
SXF105	DE4130	City	Provider Address City Name
SXF105	DE0002	Country Code	Calculated
SXF105	DE4098	State Province	Provider Address State
SXF105	DE4099	Zip	Provider Address ZIP Code
SXF105	DE0002	Mail Stop	Calculated
SXF105	DE4206	Termination Date	Provider Program Code End Date

Files SX-F-110 First Traxx Provider Phone File

General Information

First Traxx Provider Phone File

Subsystem:	Drug
Copybook:	sx-f-110
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	First Traxx Provider Extract, Pharmacy Report and Medicaid File (PHDSXPR)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
sx-f-110	DE0002	Update Type	Calculated
sx-f-110	DE4002	Register ID	Provider Identification Number
sx-f-110	DE0002	Register Code	Calculated
sx-f-110	DE0002	Phone Type Code	Calculated
sx-f-110	DE4205	Effective Date	Provider Program Code Begin Date
sx-f-110	DE4090	Phone Area Code	Provider Phone Number
sx-f-110	DE4090	Phone Number	Provider Phone Number
sx-f-110	DE4506	Extension	Provider Phone Extension
sx-f-110	DE4206	Termination Date	Provider Program Code End Date

Files SX-F-115 Pharmacy Rpt File

General Information

Pharmacy Rpt File

Subsystem:	Drug
Copybook:	SXF115
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	First Traxx Provider Extract, Pharmacy Report and Medicaid File (PHDSXPR)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
SXF115	DE4002	NABP	Provider Identification Number
SXF115	DE0002	Leg Name	Calculated
SXF115	DE4085	Name	Provider Name
SXF115	DE0002	Store Number	Calculated
SXF115	DE4097	Address Line 1	Provider Address Line
SXF115	DE4097	Address Line 2	Provider Address Line
SXF115	DE4130	City	Provider Address City Name
SXF115	DE4098	State	Provider Address State
SXF115	DE4099	Zip Code	Provider Address ZIP Code
SXF115	DE4090	Phone Number	Provider Phone Number
SXF115	DE0002	Phone Ext	Calculated
SXF115	DE0002	Fax Number	Calculated
SXF115	DE0002	Email	Calculated
SXF115	DE0002	X-Street	Calculated
SXF115	DE0002	County	Calculated
SXF115	DE0002	Loc MSA	Calculated
SXF115	DE0002	Loc PMSA	Calculated

SXF115	DE0002	24 Hour Operation Flag	Calculated
SXF115	DE0002	Hours	Calculated
SXF115	DE0002	RX Flag	Calculated
SXF115	DE0002	Delv Flag	Calculated
SXF115	DE0002	Compound Flag	Calculated
SXF115	DE0002	Drive Thru	Calculated
SXF115	DE0002	DME Flag	Calculated
SXF115	DE0002	Congress Dis	Calculated
SXF115	DE0002	Lang 1	Calculated
SXF115	DE0002	Lang 2	Calculated
SXF115	DE0002	Lang 3	Calculated
SXF115	DE0002	Lang 4	Calculated
SXF115	DE0002	Lang 5	Calculated
SXF115	DE0002	HCAP Flag	Calculated
SXF115	DE0002	Open Date	Calculated
SXF115	DE0002	Close Date	Calculated
SXF115	DE4097	Mailing Addr 1	Provider Address Line
SXF115	DE4097	Mailing Addr 2	Provider Address Line
SXF115	DE4130	Mailing City	Provider Address City Name
SXF115	DE4098	Mailing State Code	Provider Address State
SXF115	DE4099	Mailing Zip Code	Provider Address ZIP Code
SXF115	DE0002	Contact Last Name	Calculated
SXF115	DE0002	Contact First Name	Calculated
SXF115	DE0002	Contact Middle Initial	Calculated
SXF115	DE0002	Contact Title	Calculated
SXF115	DE0002	Contact Phone	Calculated
SXF115	DE0002	Contact Extension	Calculated
SXF115	DE0002	Contact Email	Calculated
SXF115	DE0002	Dispenser Class Code	Calculated
SXF115	DE0002	Dispenser Type Code	Calculated
SXF115	DE0002	Dispenser Type Code 2	Calculated

SXF115	DE0002	MCARE Number	Calculated
SXF115	DE4700	NPI	National Provider Identifier
SXF115	DE0002	Federal Lic Number	Calculated
SXF115	DE4544	Federal Taxid Number	Provider Alternate ID Type
SXF115	DE4064	State Lic Number	Provider License Number
SXF115	DE0002	State Taxid Number	Calculated
SXF115	DE0002	Delete Date	Calculated
SXF115	DE0002	Trans Code	Calculated
SXF115	DE0002	Trans Date	Calculated

Files SX-F-120 Pharmacy Medicaid File

General Information

Pharmacy Medicaid File

Subsystem:	Drug
Copybook:	SXF120
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	First Traxx Provider Extract, Pharmacy Report and Medicaid File (PHDSXPR)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
SXF120	DE4002	NABP	Provider Identification Number
SXF120	DE0002	State	Calculated
SXF120	DE4002	Medicaid ID	Provider Identification Number
SXF120	DE0002	Delete Date	Calculated