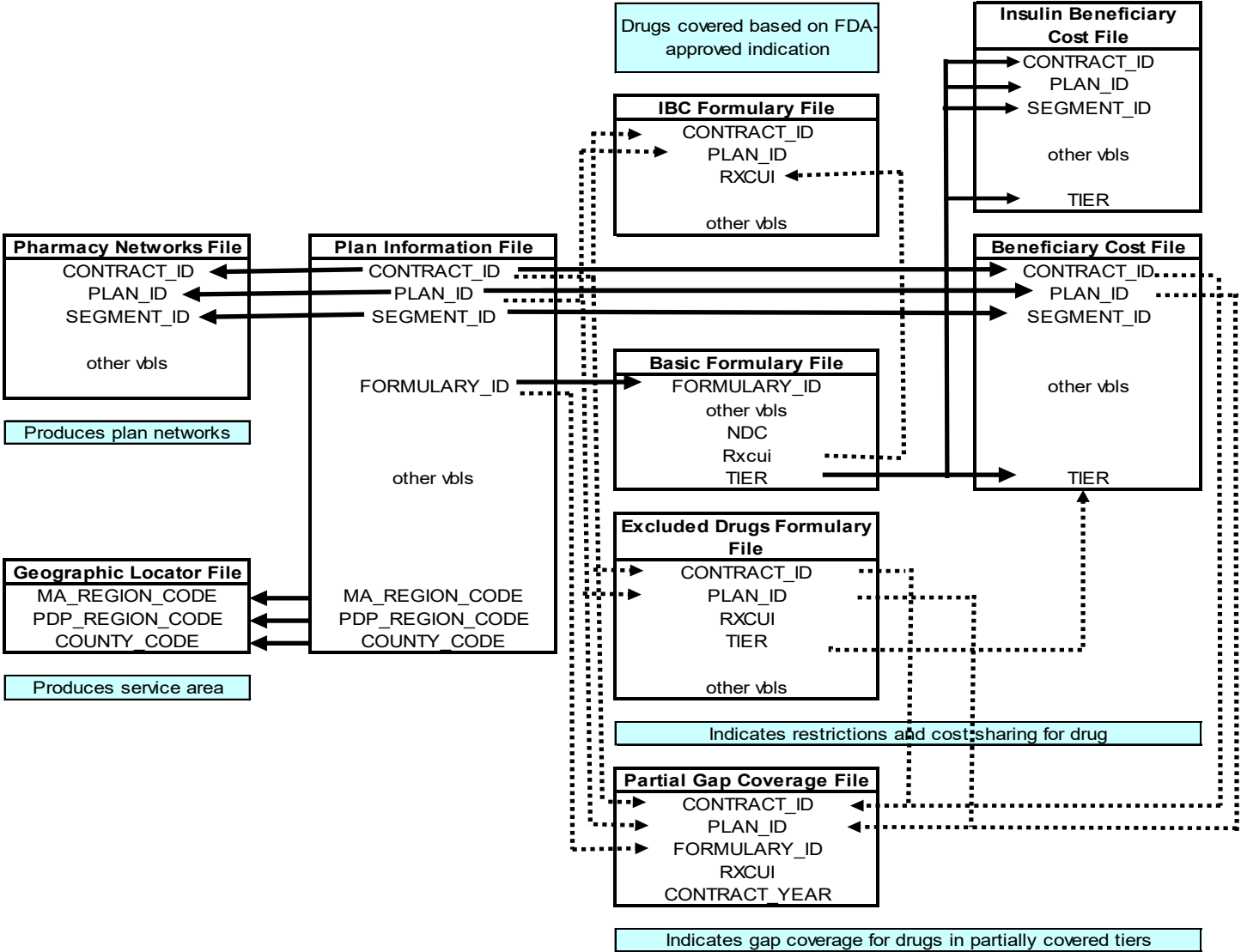


PRESCRIPTION DRUG PLAN FORMULARY AND PHARMACY
NETWORK PUBLIC USE FILE RECORD LAYOUT

Table Linkage



PLAN INFORMATION FILE

Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS; the first letter of CONTRACT_ID signals the type of entity: Hxxxx = Local Medicare Advantage (MA) plan Rxxxx = Regional MA plan Sxxxx = Stand-alone Prescription Drug Plan (PDP)
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
CONTRACT_NAME	Char(50)	
PLAN_NAME	Char(80)	
FORMULARY_ID	Char(8)	Unique Identifier assigned to formulary
PREMIUM	9(12.2)	Monthly premium amount
DEDUCTIBLE	9(12.2)	Annual deductible amount
ICL	9(12.2)	Annual initial coverage limit amount
MA_REGION_CODE	Char(2)	Regional MA plan service area (applicable only for "R" contracts); codes are listed in "MA_REGION_CODE values" table.
PDP_REGION_CODE	Char(2)	PDP plan service area (applicable only for "S" contracts); codes are listed in "PBP_REGION_CODE values" table.
STATE	Char(2)	2-character State code (applicable only for "H" contracts -- Local MA plans)
COUNTY_CODE	Char(5)	5-character SSA State/County code (applicable only for "H" contracts -- Local MA plans); see Geographic Locater file
SNP	Char(1)	Is this a Special Needs Plan and, if so, what type? (0=Not a SNP, 1=Chronic or Disabling Condition, 2=Dual-Eligible, 3=Institutional)
PLAN_SUPPRESSED_YN	Char(1)	Was this plan's pharmacy data suppressed?

MA_REGION_CODE values

Value	Description
1	Northern New England (New Hampshire and Maine)
2	Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont)
3	New York
4	New Jersey
5	Mid-Atlantic (Delaware, District of Columbia and Maryland)
6	Pennsylvania and West Virginia
7	North Carolina and Virginia
8	Georgia and South Carolina
9	Florida
10	Alabama and Tennessee
11	Michigan
12	Ohio
13	Indiana and Kentucky
14	Illinois and Wisconsin
15	Arkansas and Missouri
16	Louisiana and Mississippi
17	Texas
18	Kansas and Oklahoma
19	Upper Midwest and Northern Plains (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming)
20	Colorado and New Mexico
21	Arizona
22	Nevada
23	Northwest (Idaho, Oregon, Utah and Washington)
24	California
25	Hawaii
26	Alaska

PDP_REGION_CODE values

Value	Description
1	Northern New England (New Hampshire and Maine)
2	Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont)
3	New York
4	New Jersey
5	Mid-Atlantic (Delaware, District of Columbia and Maryland)
6	Pennsylvania, West Virginia
7	Virginia
8	North Carolina
9	South Carolina
10	Georgia
11	Florida
12	Alabama, Tennessee
13	Michigan
14	Ohio
15	Indiana, Kentucky
16	Wisconsin
17	Illinois
18	Missouri
19	Arkansas
20	Mississippi
21	Louisiana
22	Texas
23	Oklahoma
24	Kansas
25	Upper Midwest and Northern Plains (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming)
26	New Mexico
27	Colorado
28	Arizona
29	Nevada
30	Oregon, Washington
31	Idaho, Utah

Value	Description
32	California
33	Hawaii
34	Alaska
35	American Samoa
36	Guam
37	Northern Mariana Islands
38	Puerto Rico
39	U.S. Virgin Islands

BASIC DRUGS FORMULARY FILE

Field Name	Type(size)	Description
FORMULARY_ID	Char(8)	Unique ID assigned to each newly created formulary
FORMULARY_VERSION	Char(5)	Version ID
CONTRACT_YEAR	Char(4)	Contract year
RXCUI	Char(8)	RxNorm concept unique identifier
NDC	Char (11)	11-digit proxy National Drug Code (NDC) associated with the drug product
TIER_LEVEL_VALUE	9(2)	Cost share tier level associated with the NDC
QUANTITY_LIMIT_YN	Char(1)	Does this NDC have a quantity limit restriction?
QUANTITY_LIMIT_AMOUNT	Char(7)	Quantity limit amount associated with this NDC
QUANTITY_LIMIT_DAYS	Char(3)	Quantity limit days associated with this NDC
PRIOR_AUTHORIZATION_YN	Char(1)	Is prior authorization required for this NDC?
STEP_THERAPY_YN	Char(1)	Does Step Therapy apply to this NDC?

EXCLUDED DRUGS FORMULARY FILE

Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
RXCUI	Char(8)	RxNorm concept unique identifier
TIER	9(2)	Cost share tier associated with this drug product
QUANTITY_LIMIT_YN	Char(1)	Does this RXCUI have a quantity limit restriction? 0=No, 1=Yes
QUANTITY_LIMIT_AMOUNT	Char(8)	Quantity limit amount associated with this RXCUI
QUANTITY_LIMIT_DAYS	Char(3)	Quantity limit days associated with this RXCUI
PRIOR_AUTH_YN	Char(1)	Is prior authorization required for this RXCUI?
STEP_THERAPY_YN	Char(1)	Does Step Therapy apply to this RXCUI?
CAPPED_BENEFIT_YN	Char(1)	Does this RXCUI have a capped benefit restriction?
GAP_COV	Char(1)	Is this drug covered in the coverage gap?

INDICATION BASED COVERAGE FORMULARY FILE

Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
RXCUI	Char(8)	RxNorm concept unique identifier
DISEASE	Char(100)	FDA-approved indication for which the RXCUI is considered on-formulary

BENEFICIARY COST FILE

Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
COVERAGE_LEVEL	9(1)	Coverage type for beneficiary with no subsidy. 0=pre-deductible, 1=initial coverage, 2=coverage gap, 3=catastrophic
TIER	9(2)	Cost Share tier value
DAYS_SUPPLY	9(1)	Length of days supply to which cost structure applies. 1=30 days, 2=90 days, 3=other, 4=60 days
COST_TYPE_PREF	9(1)	Type of cost sharing at preferred pharmacies. 0=not offered, 1=copay, 2=coinsurance
COST_AMT_PREF	9(12.2)	Amount of cost sharing at preferred pharmacies. If COST_TYPE_PREF=1, this field is interpreted as \$\$\$\$cc -- for example, 2.65 is interpreted as \$2.65. If COST_TYPE_PREF=2, this field is interpreted as a 2-decimal-place number -- for example, .25 is interpreted as 25%
COST_MIN_AMT_PREF	Char(12)	Minimum cost sharing at preferred pharmacies.
COST_MAX_AMT_PREF	9(12.2)	Maximum cost sharing at preferred pharmacies
COST_TYPE_NONPREF	9(1)	Type of cost sharing at nonpreferred pharmacies. 0=not offered, 1=copay, 2=coinsurance
COST_AMT_NONPREF	9(12.2)	Amount of cost sharing at nonpreferred pharmacies. See description of COST_AMT_PREF.
COST_MIN_AMT_NONPREF	Char(12)	Minimum cost sharing at nonpreferred pharmacies.
COST_MAX_AMT_NONPREF	9(12.2)	Maximum cost sharing at nonpreferred pharmacies
COST_TYPE_MAIL_PREF	9(1)	Type of cost sharing at preferred mailorder pharmacies. 0=not offered, 1=copay, 2=coinsurance
COST_AMT_MAIL_PREF	9(12.2)	Amount of cost sharing at preferred mailorder pharmacies. See description of COST_AMT_PREF.
COST_MIN_AMT_MAIL_PREF	Char(12)	Minimum cost sharing at preferred mailorder pharmacies.
COST_MAX_AMT_MAIL_PREF	9(12.2)	Maximum cost sharing at preferred mailorder pharmacies
COST_TYPE_MAIL_NONPREF	9(1)	Type of cost sharing at nonpreferred mailorder pharmacies. 0=not offered, 1=copay, 2=coinsurance
COST_AMT_MAIL_NONPREF	9(12.2)	Amount of cost sharing at nonpreferred mailorder pharmacies. See description of COST_AMT_PREF.

Field Name	Type(size)	Description
COST_MIN_AMT_MAIL_NONPREF	Char(12)	Minimum cost sharing at nonpreferred mailorder pharmacies.
COST_MAX_AMT_MAIL_NONPREF	9(12.2)	Maximum cost sharing at nonpreferred mailorder pharmacies
TIER_SPECIALTY_YN	Char(1)	Is this tier designated as a specialty tier? Note – not all plans offer specialty tiers due to the plan benefit design. Plans are not required to designate any tiers as specialty tiers.
DED_APPLIES_YN	Char(1)	Does the deductible apply to this tier?
GAP_COV_TIER	Char(1)	Is this tier fully or partially covered in the coverage gap? 1 = Fully Covered, 2 = Partially Covered, 3 = Not Covered

INSULIN BENEFICIARY COST FILE

Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
TIER	9(2)	Cost Share tier value. This field is missing for defined standard plans.
DAYS_SUPPLY	9(1)	Length of days supply to which cost structure applies. 1=30 days, 2=90 days, 3=other, 4=60 days
COPAY_AMT_PREF_INSLN	9(12.2)	Amount of cost sharing for insulin at preferred pharmacies. This field is interpreted as \$\$\$cc -- for example, 2.65 is interpreted as \$2.65.
COPAY_AMT_NONPREF_INSLN	9(12.2)	Amount of cost sharing for insulin at nonpreferred pharmacies. See description of COPAY_AMT_PREF_INSLN.
COPAY_AMT_MAIL_PREF_INSLN	9(12.2)	Amount of cost sharing for insulin at preferred mailorder pharmacies. See description of COPAY_AMT_PREF_INSLN.
COPAY_AMT_MAIL_NONPREF_INSLN	9(12.2)	Amount of cost sharing for insulin at nonpreferred mailorder pharmacies. See description of COPAY_AMT_PREF_INSLN.

GEOGRAPHIC LOCATOR FILE

Field Name	Type(size)	Description
COUNTY_CODE	Char(5)	5-character SSA State/county code
STATENAME	Char(30)	State name
COUNTY	Char(30)	County name
MA_REGION_CODE	Char(2)	Regional MA service area (applicable only for "R" contracts)
MA_REGION	Char(150)	Description of Regional MA region
PDP_REGION_CODE	Char(2)	Plan service area (applicable only for "S" contracts)
PDP_REGION	Char(150)	Description of PDP region

PHARMACY NETWORKS FILE

Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
PHARMACY_NUMBER	Char(12)	12-digit Pharmacy Number. 10 digit National Provider Identifier (NPI) with leading one and zero
PHARMACY_ZIPCODE	Char(5)	ZIP Code for pharmacy
PREFERRED_STATUS_RETAIL	Char(1)	Is the retail pharmacy preferred? (Y/N)
PREFERRED_STATUS_MAIL	Char(1)	Is the mail pharmacy preferred? (Y/N)
PHARMACY_RETAIL	Char(1)	Is the pharmacy a retail outlet? (Y/N)
PHARMACY_MAIL	Char(1)	Is the pharmacy a mailorder outlet? (Y/N)
IN_AREA_FLAG	9(1)	Pharmacy ZIP Code places it in the plan service area (1=yes)
BRAND_DISPENSING_FEE_30	9(8.4)	Brand Dispensing Fee for a 30 Day Supply
BRAND_DISPENSING_FEE_60	9(8.4)	Brand Dispensing Fee for a 60 Day Supply
BRAND_DISPENSING_FEE_90	9(8.4)	Brand Dispensing Fee for a 90 Day Supply
GENERIC_DISPENSING_FEE_30	9(8.4)	Generic Dispensing Fee for a 30 Day Supply
GENERIC_DISPENSING_FEE_60	9(8.4)	Generic Dispensing Fee for a 60 Day Supply
GENERIC_DISPENSING_FEE_90	9(8.4)	Generic Dispensing Fee for a 90 Day Supply

PARTIAL GAP COVERAGE FILE

Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
FORMULARY_ID	Char(8)	Unique ID assigned to each newly created formulary
RXCUI	Char(8)	RxNorm concept unique identifier
CONTRACT_YEAR	Char(4)	Contract year