

## Pharmacy Claim History Report Layout

Following is the record layout for the SSI Expansion – Pharmacy Claim History Report.

- Report will be run on a monthly basis delivered on the Wednesday after the first Monday each month.
- Report will not be produced unless source table DSS.PRR\_ENROLL\_PROD has been refreshed.
- Report will be distributed to the applicable CMO Encounter Server sites as a variable-length CSV file, with comma-separated fields, text enclosed in pipe characters “|”, and field names in the first row.
- The report will be generated from a SQL script that will produce a separate report for each managed care organization applicable to their members only.

Field Order	Field Name	Max Field Length / Characteristics		Field Description
1	PLAN_NAME	50	Varchar	Name of the SSI expansion managed care organization that corresponds to the PLAN_ID on the record.
2	PLAN_ID	8	Varchar	HMO code assigned to the SSI expansion care management organization in which the corresponding member is enrolled.
3	REPORT_DATE	10	Varchar	The date the report was produced by the system (sysdate).
4	RECIP_ID	12	Varchar	Medicaid ID number of a member who is newly-enrolled into the corresponding PLAN_ID on the record.
5	RECIP_LASTNAME	20	Varchar	Last name of the member.
6	RECIP_FIRSTNAME	15	Varchar	First name of the member.
7	RECIP_MIDDLE	1	Varchar	Middle initial of the member.
8	RECIP_ADD	30	Varchar	Street address of the member.
9	RECIP_CITY	18	Varchar	City of the member.
10	RECIP_ST	2	Varchar	State of the member.
11	RECIP_ZIP	10	Varchar	Zip code of the member.
12	PROV_ID	10	Varchar	Billing provider number on the drug claim that corresponds to the service date on the record.
13	PROV_NPI	15	Varchar	National Provider Identifier
14	PROV_TAXONOMY	10	Varchar	Taxonomy code for type, specialty, location
15	PROV_ZIP_CODE	10	Varchar	Provider zip + 4
16	PROV_NAME	50	Varchar	Full name (physical) of the provider that corresponds to the PROV_ID on the record.
17	PROV_ADD1	30	Varchar	Address1 (physical) of the provider that corresponds to the PROV_ID on the record.
18	PROV_ADD2	30	Varchar	Address2 (physical) of the provider that corresponds to the PROV_ID on the record.
19	PROV_CITY	30	Varchar	City (physical) of the provider that corresponds to the PROV_ID on the record.
20	PROV_ST	2	Varchar	State (physical) of the provider that corresponds to the PROV_ID on the record.
21	PROV_ZIP	5	Varchar	Zip code (physical) of the provider that corresponds to the PROV_ID on the record.
22	STATUS_IND	6	Varchar	'Paid' or 'Denied' status of the drug claim detail that corresponds to the service date on the record.

Field Order	Field Name	Max Field Length / Characteristics		Field Description
23	NDC_CODE	11	Varchar	National Drug Code from the drug claim detail that corresponds to the service date on the record.
24	DRUG_DESCR	76	Varchar	Text description of the NDC from the drug claim detail that corresponds to the service date on the record.
25	THERAP_CAT	3	Varchar	Therapeutic class code, generic
26	QTY_BILLED	15,3	Number	Billed quantity of the NDC from the drug claim detail that corresponds to the service date on the record.
27	QTY_DISP	15,3	Number	Dispensed quantity of the NDC from the drug claim detail that corresponds to the service date on the record.
28	DAYS_SPLY	9	Number	Days supply of the of the NDC from the drug claim detail that corresponds to the service date on the record.
29	DX_CODE	7	Varchar	Primary diagnosis code from the drug claim detail that corresponds to the service date on the record.
30	FILL_DATE	10	Varchar	Service (Fill) date from the drug claim detail that corresponds to the service date on the record.