

Attachment 13

Part 3.F.12 Limited claims transaction file to PEBA's third-party medical claims administrator

The Contractor shall provide to PEBA's third-party medical claims administrator, currently BlueCross BlueShield of South Carolina, at least bi-weekly and within ten (10) business days after the end of the reporting period a limited claims transaction file. The file should include at a minimum the following information:

- a. Claim ID;
- b. Adjustment type;
- c. Transaction type (paid or rejected);
- d. Claim media;
- e. Carrier (Commercial/EGWP);
- f. Plan ID (Savings, Standard, Medicare Supplement, MUSC Health Plan);
- g. Date claim received;
- h. Date claim processed;
- i. Dispense date;
- j. NDC-11 code;
- k. Drug name;
- l. Metric quantity;
- m. Days supplied;
- n. Drug strength;
- o. Drug dose description;
- p. Compound indicator;
- q. Maintenance indicator;
- r. Type of drug (brand, generic, brand with generic equivalent);
- s. Drug class;
- t. Formulary indicator;
- u. Prior authorization indicator;
- v. DEA class;
- w. No-Pay Copay waiver eligible prescription drug indicator (Y/N);
- x. No-Pay Copay waiver participant indicator (Y/N);
- y. Subscriber Social Security number;
- z. Subscriber's address;
- aa. Subscriber's city;
- bb. Subscriber's state;
- cc. Subscriber's ZIP code (5 digits);
- dd. Cardholder ID (BIN);
- ee. Patient Social Security number;
- ff. Patient name;
- gg. Patient date of birth;
- hh. Patient gender;
- ii. Patient's relationship to the subscriber;
- jj. Prescriber's tax ID;
- kk. Prescriber's NPI;
- ll. DEA ID of prescribing physician or other physician identifier;
- mm. Prescriber's last name;
- nn. Pharmacy NABP or other pharmacy identifier;
- oo. Pharmacy name;
- pp. Pharmacy ZIP code (5 digits);
- qq. Pharmacy affiliation (chain/independent);
- rr. Pharmacy type (retail, delivery, retail maintenance, etc.);
- ss. DAW indicator;

- tt. Plan payments; and
- uu. Patient cost share amount.