

Attachment 10

Part 3.F.7 Reporting, Detailed claims transaction file

The Contractor shall provide to PEBA and/or its designated representative at least bi-weekly and within ten (10) calendar days after the end of the reporting period a detailed claims transaction file transmitted to PEBA or its designee in a secure manner. The file shall include at a minimum the following information:

- a. Claim ID;
- b. Adjustment type;
- c. Transaction type (paid/rejected/adjusted);
- d. Refill number (indicates original fill/indicates count of refill);
- e. Claim media;
- f. Carrier (Commercial/EGWP);
- g. Plan ID (Savings, Standard, Medicare Supplement, MUSC Health Plan);
- h. Date claim received;
- i. Date claim processed;
- j. Dispense date;
- k. Invoice date (date of invoice to link invoice and detailed claims transaction file);
- l. NDC code;
- m. GPI code;
- n. Drug name;
- o. Metric quantity;
- p. Days supplied;
- q. Drug strength;
- r. Drug dose description;
- s. Compound indicator;
- t. Maintenance indicator;
- u. Type of drug (brand, generic, brand with generic equivalent);
- v. Drug class;
- w. Specialty drug indicator;
- x. Formulary indicator;
- y. Therapeutic class;
- z. Tier (tier 1=generic, tier 2=preferred brand, tier 3=non-preferred brand)
- aa. Prior authorization indicator;
- bb. DEA class;
- cc. Medi-span multi-source code;
- dd. No-Pay Copay waiver eligible prescription drug indicator (Y/N);
- ee. No-Pay Copay waiver participant indicator (Y/N);
- ff. Medicare Part D drug indicator;
- gg. Medicare Part B drug indicator;
- hh. Medicare Part B claim indicator;
- ii. Subscriber Social Security number;
- jj. Subscriber's first name;
- kk. Subscriber's last name;
- ll. Subscriber's address;
- mm. Subscriber's city;
- nn. Subscriber's state;
- oo. Subscriber's ZIP code (5 digits);
- pp. Cardholder ID (BIN);
- qq. Patient Social Security number;
- rr. Patient's first name;

- ss. Patient's last name;
- tt. Patient date of birth;
- uu. Patient gender;
- vv. Patient's relationship to subscriber;
- ww. Prescriber's tax ID;
- xx. Prescriber's NPI;
- yy. DEA ID of prescribing physician or other physician identifier;
- zz. Prescriber's first name;
- aaa. Prescriber's last name;
- bbb. Pharmacy NABP or other pharmacy identifier;
- ccc. Pharmacy NPI;
- ddd. Pharmacy name;
- eee. Pharmacy ZIP code (5 digits);
- fff. Pharmacy affiliation (chain/independent);
- ggg. Pharmacy type (retail, home delivery, retail maintenance, etc.);
- hhh. Cost basis;
- iii. U and C amount;
- jjj. Dispensing fee;
- kkk. Patient cost share amount;
- lll. AWP amount;
- mmm. MAC amount;
- nnn. Ingredient cost;
- ooo. Professional fee paid;
- ppp. Sales tax paid;
- qqq. Plan payment;
- rrr. Deductible amount;
- sss. Copayment amount;
- ttt. Other coverage payment;
- uuu. DAW indicator;
- vvv. Amount charged by pharmacy;
- www. Average wholesale price; and
- xxx. Pricing methodology (U and C, AWP, MAC).