



| <b>PLAN INFORMATION FILE</b> |                   |   |
|------------------------------|-------------------|---|
| <b>Field Name</b>            | <b>Type(size)</b> | <b>Description</b>  |
| CONTRACT_ID                  | Char(5)           | Organization contract number assigned by CMS; the first letter of CONTRACT_ID signals the type of entity:<br>Hxxxx = Local Medicare Advantage (MA) plan<br>Rxxxx = Regional MA plan<br>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 (000)  |
| CONTRACT_NAME                | Char(50)          |   |
| PLAN_NAME                    | Char(42)          |   |
| FORMULARY_ID                 | Char(8)           | Unique Identifier assigned to formulary   |
| PREMIUM                      | 9(6.2)            | Monthly premium amount  |
| DEDUCTIBLE                   | 9(6.0)            | Annual deductible amount  |
| ICL                          | 9(6.0)            | Annual initial coverage limit amount  |
| MA_REGION_CODE               | Char(2)           | Regional MA plan service area (applicable only for "R" contracts); table attached   |
| PDP_REGION_CODE              | Char(2)           | PDP plan service area (applicable only for "S" contracts); table attached   |
| 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 is Special Needs Plan and, if so, what type? (0=Not a SNP, 1=Chronic or Disabling Condition, 2=Dual-Eligible, 3=Institutional)  |

MA\_REGION\_CODE values

- 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

- 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
- 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**

| <b>Field Name</b>      | <b>Type(size)</b> | <b>Description</b>   |
|------------------------|-------------------|--|
| FORMULARY_ID           | Char(8)           | Unique ID assigned to each newly created formulary                       |
| FORMULARY_VERSION      | 9(3)              | Version ID   |
| CONTRACT_YEAR          | Char(4)           | Contract year  |
| 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  | 9(6)              | Quantity limit amount associated with this NDC                           |
| QUANTITY_LIMIT_DAYS    | 9(6)              | 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?                                     |

| <b>EXCLUDED DRUGS FORMULARY FILE</b> |                   |  |
|--------------------------------------|-------------------|--|
| <b>Field Name</b>                    | <b>Type(size)</b> | <b>Description</b>   |
| CONTRACT_ID                          | Char(5)           | Organization contract number assigned by CMS                             |
| FORMULARY_ID                         | Char(8)           | Unique Identifier assigned to formulary                                  |
| FORMULARY_VERSION                    | 9(5)              | Unique version number  |
| NDC                                  | Char(11)          | 11-digit proxy National Drug Code (NDC) associated with the drug product |
| TIER                                 | 9(2)              | Cost share tier associated with this drug product                        |
| QUANTITY_LIMIT_YN                    | Char(1)           | Does this NDC have a quantity limit restriction?                         |
| PRIOR_AUTH_YN                        | Char(1)           | Is prior authorization required for this NDC?                            |
| STEP_THERAPY_YN                      | Char(1)           | Does Step Therapy apply to this NDC?                                     |

| <b>BENEFICIARY COST FILE</b> |                   |   |
|------------------------------|-------------------|---|
| <b>Field Name</b>            | <b>Type(size)</b> | <b>Description</b>  |
| 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=30days, 2=90 days, 3=other   |
| COST_TYPE_PREF               | 9(1)              | Type of cost sharing at preferred pharmacies. 1=copay, 2=coinsurance  |
| COST_AMT_PREF                | 9(4)v9(4)         | Amount of cost sharing at preferred pharmacies. If COST_TYPE_PREF=1, this field is interpreted as \$\$\$scccc -- for example, 00100000 is interpreted as \$10.00. If COST_TYPE_PREF=2, this field is interpreted as a 4-decimal-place number -- for example, 00002500 is interpreted as 0.25 or 25% |
| COST_TYPE_NONPREF            | 9(1)              | Type of cost sharing at nonpreferred pharmacies. 1=copay, 2=coinsurance   |
| COST_AMT_NONPREF             | 9(4)v9(4)         | Amount of cost sharing at nonpreferred pharmacies. See description of COST_AMT_PREF.  |
| COST_TYPE_MAIL               | 9(1)              | Type of cost sharing at mailorder pharmacies. 1=copay, 2=coinsurance  |
| COST_AMT_MAIL                | 9(4)v9(4)         | Amount of cost sharing at mailorder pharmacies. See description of COST_AMT_PREF.   |

| <b>GEOGRAPHIC LOCATOR FILE</b> |                   |  |  |  |
|--------------------------------|-------------------|--|--|--|
| <b>Field Name</b>              | <b>Type(size)</b> | <b>Description</b>   |  |  |
| COUNTY_CODE                    | Char(5)           | 5-character SSA State/county code                            |  |  |
| STATENAME                      | Char(20)          | 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                                    |  |  |



| <b>PHARMACY NETWORKS FILE</b> |                   |   |
|-------------------------------|-------------------|---|
| <b>Field Name</b>             | <b>Type(size)</b> | <b>Description</b>  |
| 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)          | Pharmacy number: 5 zeroes followed by the pharmacy's 7-digit NABP pharmacy number |
| PHARMACY_ZIPCODE              | Char(5)           | ZIPCode for pharmacy  |
| PREFERRED                     | Char(1)           | Is the 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 ZIPCode places it in the plan service area (1=yes)                       |