



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 (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

Field Name	Type(size)	Description
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?

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
FORMULARY_ID	Char(8)	Unique Identifier assigned to formulary
NDC	Char(11)	11-digit National Drug Code (NDC) associated with the drug product. A NDC is specified for every unique generic and brand drug, strength, dosage formulation, and route of administration covered.
TIER	9(2)	Cost share tier associated with this drug product
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	9(6)	Quantity limit days associated with this NDC
PRIOR_AUTH_YN	Char(1)	Is prior authorization required for this NDC?
STEP_THERAPY_YN	Char(1)	Does Step Therapy apply to this NDC?
CAPPED_BENEFIT_YN	Char(1)	Does this NDC have a capped benefit restriction?

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=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.

GEOGRAPHIC LOCATOR FILE				
Field Name	Type(size)	Description		
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		

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)	ZIPCode for pharmacy
PREFERRED_STATUS	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)