

Appendix A : PBM Data Exchange Layouts

PBM Input File Layout: Header Record					
Field	Name	Size	Displacement	Description	Values
1	Header Indicator	2	1 – 2	Indicates record is a Header Record.	<i>H0</i>
2	PBM ID	4	3 – 6	ID assigned to each PBM	<i>P'XXX'</i>
3	Filler	5	7 – 11	For internal use only	Spaces
4	File Type	4	12 – 15	PBM Input file record type	<i>MSPI = VDSA MSP NMSI = VDSA non-MSP SPPI = SPAP RDSI = RDS</i>
5	File Date	8	16 – 23	Creation date of file	Format: <i>CCYYMMDD</i>
6	RDS Application ID	10	24 – 33	Retiree Drug Subsidy ID number assigned by the RDS contractor that is associated with a particular RDS application.	
7	PBM TIN	9	34 – 42	The TIN of the PBM submitting this file	
8	File Action Type	1	43 – 43	Type of processing action for the file	<i>C = Change file F = Full replacement</i>
9	Filler	382	44 – 425	Unused	Spaces

PBM Input File Layout: Detail Record					
Field	Name	Size	Displacement	Description	Values
1	HIC Number	12	1 – 12	Beneficiary's Health Insurance Claim Number (HICN)	
2	Beneficiary Surname	6	13 – 18	Beneficiary's Last Name	
3	Beneficiary First Initial	1	19 – 19	Beneficiary's First Initial	
4	Beneficiary MI	1	20 – 20	Beneficiary's Middle Initial	
5	Beneficiary DOB	8	21 – 28	Beneficiary's Date of Birth	Format: <i>CCYYMMDD</i>
6	Beneficiary Sex Code	1	29 - 29	Beneficiary's Gender	<i>0 = Unknown 1 = Male 2 = Female</i>
7	DCN	15	30 – 44	Unique Document Control Number – to be populated by the PBM partner	
8	Transaction Type	1	45 – 45	Type of Maintenance	<i>0 = Add Record 1 = Delete Record 2 = Update Record Space = Full File Replacement</i>
9	Coverage	1	46 – 46	Type of Coverage	<i>A = Hospital and Medical</i>

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PBM Input File Layout: Detail Record					
Field	Name	Size	Displacement	Description	Values
	Type				<i>J</i> = Hospital Only <i>K</i> = Medical Only <i>U</i> = Drug Only <i>V</i> = Drug w/ Major Medical <i>W</i> = Comprehensive Cvg - Hosp/Med/Drug <i>X</i> = Hospital and Drug <i>Y</i> = Medical and Drug <i>Z</i> = Health Reimbursement Account
10	Network Indicator	1	47 – 47	Network Indicator	<i>Y</i> = in network <i>N</i> = not in network
11	Beneficiary SSN	9	48 – 56	Beneficiary's Social Security Number	
12	Effective Date	8	57 – 64	Start Date of Covered Individual's Coverage by Insurer	Format: <i>CCYYMMDD</i>
13	Termination Date	8	65 – 72	End Date of Covered Individual's Primary Coverage by Insurer	Format: <i>CCYYMMDD</i> Use all zeroes if insurance coverage is on-going
14	Relationship Code	2	73-74	Covered individual's relation to policy holder	<i>01</i> = Covered Individual is Policy Holder <i>02</i> = Spouse <i>03</i> = Child <i>04</i> = Other
15	Policy Holder's First Name	9	75 – 83	Policy Holder's First Name	
16	Policy Holder's Last Name	16	84 – 99	Policy Holder's Last Name	
17	Policy Holder's SSN	9	100 – 108	Policy Holder's Social Security Number	
18	Employer Size	1	109 – 109	Number of employees	<i>0</i> = 1 to 19 employees <i>1</i> = 20 to 99 employees <i>2</i> = 100+ employees Enter '1' if employer has fewer than 20 employees but is part of a multi-employer plan where another employer in that plan has 20 or more employees.
19	GPN	20	110 – 129	Group Policy Number assigned by Primary Payer	
20	Individual PN	17	130 – 146	Individual Policy Number	
21	Employee	1	147 – 147	Whom the Policy Covers	<i>I</i> = Policy Holder Only

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Field	Name	Size	Displacement	Description	Values						
	Coverage Election				2 = Policy Holder and Spouse 3 = Policy Holder & Dependents (not spouse)						
22	Employee Status	1	148 – 148	Employee Status	1 = Plan is primary because active employee is in current employment status 2 = Plan is primary for another reason (e.g. active employee is a retiree under age 65, but retains primary coverage through the employer because the Active Employee or covered dependent has ESRD)						
23	Employer TIN	9	149 – 157	Employer Tax Identification Number							
24	Insurer TIN	9	158 – 166	Insurer Tax Identification Number							
25	National Health Plan ID	10	167 – 176	National Health Plan Identifier; <i>future</i>							
26	RX Insured ID Number	20	177 – 196	Insured's Identification Number							
27	Action Type	1	197 – 197	Action Type	D = Supplemental Drug Reporting M = MSP Drug Reporting N = Query(non-reporting) S = Subsidy						
28	RX Group Number	15	198 – 212	Group Number							
29	RX PCN	10	213 – 222	Process Control Number							
30	RX BIN Number	6	223 – 228	International Identification Number							
31	RX Toll Free Number	18	229 – 246	Toll Free Number							
32	Person Code	3	247 – 249	Person code the plan uses to identify specific individuals on a policy. Values are policy specific	001 = Self 002+ = Spouse/Other						
33	Data Sharing Agreement (DSA) Indicator	1	250 – 250	Identifier Indicator defining who the coverage is being reported for	C = COBA ID P = PBM R = RDS S = SPAP V = VDSA ID						
34	DSA ID Code	10	251 – 260	Plan ID / Contractor #; Identifier for which bytes within field to use. Dependent upon DSA ID Indicator.	<table border="1"> <thead> <tr> <th>DSA</th> <th>DSA ID Code</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>00000 + COBA</td> </tr> <tr> <td>P</td> <td>Plan ID +</td> </tr> </tbody> </table>	DSA	DSA ID Code	C	00000 + COBA	P	Plan ID +
DSA	DSA ID Code										
C	00000 + COBA										
P	Plan ID +										

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PBM Input File Layout: Detail Record													
Field	Name	Size	Displacement	Description	Values								
					<table border="1"> <tr> <td></td> <td><i>by GHI</i></td> </tr> <tr> <td>R</td> <td><i>Number assigned by GHI</i></td> </tr> <tr> <td>S</td> <td><i>Plan ID + Contractor Number assigned by GHI</i></td> </tr> <tr> <td>V</td> <td><i>0 + VDSA ID + contractor number (employer = 11105, insurer = 11106, BCBS = 11112)</i></td> </tr> </table>		<i>by GHI</i>	R	<i>Number assigned by GHI</i>	S	<i>Plan ID + Contractor Number assigned by GHI</i>	V	<i>0 + VDSA ID + contractor number (employer = 11105, insurer = 11106, BCBS = 11112)</i>
	<i>by GHI</i>												
R	<i>Number assigned by GHI</i>												
S	<i>Plan ID + Contractor Number assigned by GHI</i>												
V	<i>0 + VDSA ID + contractor number (employer = 11105, insurer = 11106, BCBS = 11112)</i>												
35	Supplemental Insurance Type	1	261 – 261	Type of Insurance (used if this record represents supplemental insurance)	<i>I = Medicaid 2 = TriCare 3 = Major Medical Account (pharmacy non-network benefit) L = Supplemental M = Medigap N = Non-qualified state program O = Other P = PAP Q = Qualified SPAP R = Charity S = ADAP T = Federal Government Program</i>								
36	Filler	164	262 – 425	Unused	Unused								

PBM Input File Layout: Trailer Layout					
Field	Name	Size	Displacement	Description	Values
1	Trailer Indicator	2	1 – 2	Indicates record is a trailer record	<i>T0</i>
2	Filler	4	3 – 6	Unused	Spaces
3	Filler	5	7 – 11	For internal use only	Spaces
4	File Type	4	12 – 15	Record file type	<i>MSPI = VDSA MSP NMSI = VDSA non-MSP SPPI = SPAP RDSI = RDS</i>
5	File Date	8	16 – 23	<i>Creation Date of file</i>	<i>Format = CCYYMMDD</i>
6	Record Count	9	24 – 32	Number of records on file	
7	Filler	393	33 – 425	Unused	Spaces

PBM Response File Layout: Header Record

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Field	Name	Size	Displacement	Description	Values
1	Header Indicator	2	1 – 2	Indicates record is a Header record	<i>H0</i>
2	PBM ID	4	3 – 6	ID assigned for each PBM	<i>PXXX</i>
3	Filler	5	7 – 11	For internal use only	Spaces
4	File Type	4	12 – 15	PBM response file record type	<i>MSPR</i> = VDSA MSP <i>NMSR</i> = VDSA non-MSP <i>SPPR</i> = SPAP <i>RDSR</i> = RDS
5	File Date	8	16 – 23	Creation date of file	Format = <i>CCYYMMDD</i>
6	RDS Application ID	10	24 – 33	Retiree Drug Subsidy ID number assigned by the RDS contractor that is associated with a particular RDS application.	
7	Filler	767	34 – 800	Unused	Spaces

PBM Response File Layout: Detail Record					
Field	Name	Size	Displacement	Descriptions	Values
1	Filler	4	1 – 4	For COBC Internal Use	Spaces
2	HIC Number	12	5 – 16	Beneficiary health Insurance Claim Number	
3	Beneficiary Surname	6	17 – 22	Beneficiary's Last Name	
4	Beneficiary First Initial	1	23 – 23	Beneficiary's First Initial	
5	Beneficiary MI	1	24 – 24	Beneficiary's Middle Initial	
6	Beneficiary DOB	8	25 – 32	Beneficiary's Date of Birth (<i>format = CCYYMMDD</i>)	Format = <i>CCYYMMDD</i>
7	Beneficiary Sex Code	1	33 – 33	Beneficiary's Gender:	<i>0</i> = Unknown <i>1</i> = Male <i>2</i> = Female
8	COBC DCN	15	34 – 48	Document Control Number assigned by COBC	
9	Disposition Code	2	49 – 50	Response Disposition Code from CWF	
10	Transaction Type	1	51 – 51	Type of Maintenance performed	Type of Maintenance: <i>0</i> = Add Record <i>1</i> = Delete Record <i>2</i> = Update Record <i>Space</i> = Full File Replacement
11	Reason for Medicare Entitlement	1	52 – 52	Reason for Medicare Entitlement	<i>A</i> = Working Aged <i>B</i> = ESRD <i>G</i> = Disabled
12	Coverage Type	1	53 – 53	Type of Insurance (insurer type/policy type):	<i>3</i> = Major Medical <i>A</i> = Hospital & Medical <i>J</i> = Hospital only <i>K</i> = Medical only <i>U</i> = Drug Only(in-network) <i>V</i> = Drug w/ Major Medical

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PBM Response File Layout: Detail Record					
Field	Name	Size	Displacement	Descriptions	Values
					(non-network Rx) W = Comprehensive (Hosp/Med/Drug – network Rx) X = Hospital and Drug (network Rx) Y = Medical and Drug (network Rx) Z = Health Reimbursement Account
13	RDS Error Code 1	4	54 – 57	Contains SP or RX error codes from COBC or RDS processing if applicable	
14	RDS Error Code 2	4	58 – 61	Contains SP or RX error codes from COBC or RDS processing if applicable	
15	RDS Error Code 3	4	62 – 65	Contains SP or RX error codes from COBC or RDS processing if applicable	
16	RDS Error Code 4	4	66 – 69	Contains SP or RX error codes from COBC or RDS processing if applicable	
17	RDS Split Indicator	1	70 - 70	Indicates multiple subsidy periods within the plan year. A record is created for each subsidy period.	Y = Multiple subsidy periods N = Not applicable
18	Low Income Subsidy Denial 1	1	71 – 71	Beneficiary is not Part A entitled and/or Part B enrolled	Y = Yes N = No
19	Low Income Subsidy Denial 2	1	72 – 72	Beneficiary does not reside in the USA	Y = Yes N = No
20	Low Income Subsidy Denial 3	1	73 – 73	Beneficiary has failed to cooperate	Y = Yes N = No
21	Low Income Subsidy Denial 4	1	74 – 74	Beneficiary resources too high	Y = Yes N = No
22	Low Income Subsidy Denial 5	1	75 – 75	Beneficiary income too high	Y = Yes N = No
23	Filler	1	76 – 76	Unused	Spaces
24	Low Income Subsidy Appeal Result	1	77 – 77	Result of an appeal	1 = Basis of appeal 2 = Denial 9 = N/A Blank = Not based on appeal
25	Low Income Subsidy CPD	1	78 – 78	Change of previous determination (future use)	Spaces
26	Low Income Subsidy Determination	1	79 – 79	Appeal Determination	1 = Canceled 2 = Not Canceled 9 = N/A

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PBM Response File Layout: Detail Record					
Field	Name	Size	Displacement	Descriptions	Values
27	Low Income Subsidy Approval	1	80 - 80	Part D Subsidy Approval Indicator	1 = Yes 2 = No 9 = N/A
28	Low Income Subsidy Determination Basis	1	81 – 81	Basis for Part D Subsidy Determination	1 = Yes 2 = No 9 = N/A
29	Filler	3	82 - 84	Unused	Spaces
30	Premium Amount	9	85 – 93	Part D premium amount (received from MBD)	
31	Current DEEMED Start Date	8	94 – 101	Effective date of the deeming period. Always the first day of the month.	Format = <i>CCYYMM01</i>
32	Current DEEMED End Date	8	102 – 109	Termination date of the deeming period. When a termination date is applicable, Always the last day of the year.	Format = <i>CCYY1231</i>
33	Current DEEMED Reason Code	2	110 – 111	Reason the beneficiary was deemed eligible for LIS	01 = Full benefit dual 02 = QMB, SLMB, QII 03 = SSI
34	Current DEEMED Split Reason	2	112 – 113	Split Reason Code	
35	PBP	3	114 – 116	Plan Benefit Package	
36	FPL %	3	117 – 119	Federal Poverty Level Income Percent	
37	Filler	45	120 - 164	Unused	Spaces
38	S Disposition Code	2	165 – 166	RDS Disposition Codes	
39	Insurer TIN	9	167 – 175	Insurer's TIN Reference Number	
40	Beneficiary SSN	9	176 – 184	Beneficiary's Social Security Number	
41	MSP Effective Date	8	185 – 192	Start Date of Beneficiary's Coverage by Insurer	Format = <i>CCYYMMDD</i>
42	MSP Termination Date	8	193 – 200	End Date of Beneficiary's coverage by Insurer <i>Use all zeroes if insurance coverage is ongoing</i>	Format = <i>CCYYMMDD</i>
43	Relationship code	2	201 – 202	Covered Individual's Relationship to Policy Holder	01 = Covered Individual is Active Employee 02 = Spouse 03 = Child 04 = Other
44	Policy Holder's First Name	9	203 – 211	Policy Holders First Name	
45	Policy Holder's Last Name	16	212 – 227	Policy Holders Last Name	
46	Policy	12	228 – 239	Policy Holders Social	

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PBM Response File Layout: Detail Record					
Field	Name	Size	Displacement	Descriptions	Values
	Holder's SSN			Security Number <i>(Left justified)</i>	
47	S Disposition Date	8	240 – 247	Date of 'S' Disposition code	Format = <i>CCYYMMDD</i>
48	RDS Start Date	8	248 – 255	Start date for subsidy period	Format = <i>CCYYMMDD</i>
49	RDS End Date	8	256 - 263	End date for subsidy period	Format = <i>CCYYMMDD</i>
50	Part D Subsidy Eff Date	8	264 – 271	Effective Date of Low Income Subsidy (LIS)	Format = <i>CCYYMMDD</i>
51	Low Income Subsidy Term Date	8	272- 279	Termination Date of LIS	Format = <i>CCYYMMDD</i>
52	Filler	8	280 – 287	Unused	Spaces
53	Low Income Subsidy Disapproval Date	8	288 - 295	Date of LIS Disapproval	Format = <i>CCYYMMDD</i>
54	Premium Effective Date	8	296 – 303	Effective Date of the Part D Subsidy Premium	Format = <i>CCYYMMDD</i>
55	SPAP Effective Date	8	304 – 311	Effective date of coverage	Format = <i>CCYYMMDD</i>
56	SPAP Termination Date	8	312 – 319	Termination date of coverage	Format = <i>CCYYMMDD</i>
57	State Code	2	320 – 321	Low income subsidy source code	
58	Employer's TIN	9	322 – 330	Employer's TIN Reference Number	
59	Group Policy Number	20	331 – 350	Group Policy Number	
60	Individual Policy Number	17	351 – 367	Individual's Policy Number	
61	Last Query Date	8	368 – 375	Last Date Sent to CWF;	Format = <i>CCYYMMDD</i>
62	Current Disposition Code	2	376 – 377	Result from most current CWF transmission	
63	Current Disposition Date	8	378 – 385	Date of most current CWF transmission	Format = <i>CCYYMMDD</i>
64	Previous Disposition Code	2	386 – 387	Result from previous CWF transmission	
65	Previous Disposition Date	8	388 – 395	Date of previous CWF transmission	Format = <i>CCYYMMDD</i>
66	First Disposition Code	2	396 – 397	Result from original CWF transmission	

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PBM Response File Layout: Detail Record					
Field	Name	Size	Displacement	Descriptions	Values
67	Fist Disposition Date	8	398 – 405	Date of original CWF transmission	Format = <i>CCYYMMDD</i>
68	Error Code 1	4	406 – 409	SP Error Code 1	
69	Error Code 2	4	410 – 413	SP Error Code 2	
70	Error Code 3	4	414 – 417	SP Error Code 3	
71	Error Code 4	4	418 – 421	SP Error Code 4	
72	Split Entitlement Indicator	1	422 – 422	Entitlement Split Indicator;	<i>Y</i> = Yes <i>N</i> or <i>blank</i> = No
73	Original Reason for Medicare Entitlement	1	423 – 423	Original Reason for Medicare Entitlement	<i>A</i> = Working Aged <i>B</i> = ESRD <i>G</i> = Disabled
74	Original Coverage Effective Date	8	424 – 431	Original coverage effective date sent. This gets populated if a SP31 error occurs.	Format = <i>CCYYMMDD</i>
75	Original Coverage Termination Date	8	432 – 439	The original coverage termination date sent. This gets populated if a SP32 error occurs.	Format = <i>CCYYMMDD</i> All zeroes if insurance coverage is ongoing
76	Original DCN	15	440 – 454	Original Document Control Number provided by the VDSA partner. It is moved here so we can provide our own unique DCN in Field 7.	
77	Current Medicare Part A Effective Date	8	455 – 462	Effective Date of Medicare Coverage	Format = <i>CCYYMMDD</i>
78	Current Medicare Part A Termination Date	8	463 – 470	Termination date of Medicare Coverage	Format = <i>CCYYMMDD</i> All zeroes if insurance coverage is ongoing
79	Current Medicare Part B Effective Date	8	471 – 478	Effective Date of Medicare Coverage	Format = <i>CCYYMMDD</i>
80	Current Medicare Part B Termination Date	8	479 – 486	Termination date of Medicare Coverage	Format = <i>CCYYMMDD</i> All zeroes if insurance coverage is on-going
81	Medicare Beneficiary Date of Death	8	487 – 494	Medicare Beneficiary Date of Death	Format = <i>CCYYMMDD</i>
82	MA/MA-PD Contractor #	5	495 – 499	Medicare Advantage/Medicare	

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PBM Response File Layout: Detail Record					
Field	Name	Size	Displacement	Descriptions	Values
				Advantage with Prescription Drug Contractor Number	
83	MA/MA-PD Effective Date	8	500 – 507	Effective date of Medicare Advantage/Medicare Advantage with Prescription Drug Coverage	Format = <i>CCYYMMDD</i>
84	MA/MA-PD Termination Date	8	508 – 515	Termination Date of Medicare Advantage/Medicare Advantage with Prescription Drug coverage	Format = <i>CCYYMMDD</i> All zeroes if open-ended
85	PDP Contractor Number	5	516 – 520	Prescription Drug Plan Contractor number for use when beneficiary has MA with PDP covered by separate contractor	
86	PDP Effective Date	8	521 – 528	Effective date of Prescription Drug Plan Coverage for use when beneficiary has MA with PDP covered by separate contractor	Format = <i>CCYYMMDD</i>
87	PDP Termination Date	8	529 – 536	Termination date of Prescription Drug Plan coverage for use when beneficiary has MA with PDP covered by separate contractor	Format = <i>CCYYMMDD</i> All zeroes if insurance coverage is on-going
88	Current Part D Effective Date	8	537 – 544	Effective date of Medicare Part D Coverage	Format = <i>CCYYMMDD</i>
89	Current Part D Termination Date	8	545 – 552	Termination Date of Medicare Part D Coverage	Format = <i>CCYYMMDD</i> All zeroes if insurance coverage is on-going
90	National Health Plan ID	10	553 – 562	National Health Plan Identifier (<i>future requirement</i>)	
91	RX Insured ID Number	20	563 – 582	Insured's Identification Number	
92	RX Group Number	15	583 – 597	Group Number	
93	RX PCN	10	598 – 607	Processor Control Number	
94	RX BIN Number	6	608 – 613	International Identification Number	
95	RX Toll Free Number	18	614 – 631	Toll Free Number	

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PBM Response File Layout: Detail Record																	
Field	Name	Size	Displacement	Descriptions	Values												
96	Person Code	3	632 – 634	Person code													
97	Rx Disposition Code	2	635 – 636	Rx result from BENEMSTR/MBD													
98	Rx disposition Date	8	637 – 644	Date of Rx result from BENEMSTR/MBD	Format = <i>CCYYMMDD</i>												
99	Rx Error Code 1	4	645 – 648	Rx Error Code 1													
100	Rx Error Code 2	4	649 – 652	Rx Error Code 2													
101	Rx Error Code 3	4	653 – 656	Rx Error Code 3													
102	Rx Error Code 4	4	657 – 660	Rx Error Code 4													
103	ESRD Data	88	661 – 748	Future use	Spaces												
104	Part D Premium Subsidy %	3	749 – 751	Percent of Part D Premium													
105	DSA ID Code	10	752 – 761	Plan ID / Contractor # ; DSA indicator determined from PBM input file	<table border="1"> <thead> <tr> <th>DSA Ind.</th> <th>DSA ID Code</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>00000 + COBA ID</td> </tr> <tr> <td>P</td> <td>Plan ID + Contractor Number assigned by GHI</td> </tr> <tr> <td>R</td> <td>Number assigned by GHI</td> </tr> <tr> <td>S</td> <td>Plan ID + Contractor Number assigned by GHI</td> </tr> <tr> <td>V</td> <td>0 + VDSA ID + contractor number (employer = 11105, insurer = 11106, BCBS = 11112)</td> </tr> </tbody> </table>	DSA Ind.	DSA ID Code	C	00000 + COBA ID	P	Plan ID + Contractor Number assigned by GHI	R	Number assigned by GHI	S	Plan ID + Contractor Number assigned by GHI	V	0 + VDSA ID + contractor number (employer = 11105, insurer = 11106, BCBS = 11112)
DSA Ind.	DSA ID Code																
C	00000 + COBA ID																
P	Plan ID + Contractor Number assigned by GHI																
R	Number assigned by GHI																
S	Plan ID + Contractor Number assigned by GHI																
V	0 + VDSA ID + contractor number (employer = 11105, insurer = 11106, BCBS = 11112)																
106	DSA Indicator	1	762 – 762	Identifier Indicator defining who the coverage is being reported for	<i>C</i> = COBA ID <i>P</i> = PBM <i>R</i> = RDS <i>S</i> = SPAP <i>V</i> = VDSA ID												
107	Supplemental Insurance Type	1	763 – 763	Type of Insurance (used if this record represents supplemental insurance)	<i>I</i> = Medicaid <i>2</i> = TriCare <i>3</i> = Major Medical Account (pharmacy non-network benefit) <i>L</i> = Supplemental <i>M</i> = Medigap												

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PBM Response File Layout: Detail Record					
Field	Name	Size	Displacement	Descriptions	Values
					<i>N</i> = Non-qualified state program <i>O</i> = Other <i>P</i> = PAP <i>Q</i> = Qualified SPAP <i>R</i> = Charity <i>S</i> = ADAP <i>T</i> = Federal Government Program
108	Filler	37	764 – 800	Unused	Spaces

PBM Response File Layout: Trailer Record					
Field	Name	Size	Displacement	Description	Values
1	Trailer Indicator	2	1 – 2	Indicates Record is a trailer record	<i>T0</i>
2	PBM ID	4	3 – 6	ID assigned to each PBM	<i>P'XXX'</i>
3	Filler	5	7 – 11	For internal use only	Spaces
4	File Type	4	12 – 15	PBM Response file record type	<i>MSPR</i> = VDSA MSP <i>NMSR</i> = VDSA non-MSP <i>SPPR</i> = SPAP <i>RDSR</i> = RDS
5	File Date	8	16 – 23	Creation Date of file	Format = <i>CCYYMMDD</i>
6	Record Count	9	24 – 32	Number of records on file	
7	Filler	768	33 – 800	Unused	Spaces

Layouts for TIN Reference Files

TIN Reference Input File Layout : Header Record					
Field	Name	Size	Displacement	Description	Values
1	Header Indicator	2	1 – 2	Indicates record is a Header Record.	<i>H0</i>
2	PBM ID	4	3 – 6	ID assigned to each PBM	<i>P'XXX'</i>
3	Contractor Number	5	7 – 11	ID assigned to PBM by GHI	
4	File Type	4	12 – 15	PBM Input file	<i>REFR</i> = PBM Reference
5	File Date	8	16 – 23	Creation date of file	Format = <i>CCYYMMDD</i>
6	RDS Application ID	10	24 – 33	Retiree Drug Subsidy ID number assigned by the RDS contractor that is associated with a particular RDS application. This application number will change each year when a new application is	

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TIN Reference Input File Layout : Header Record					
Field	Name	Size	Displacement	Description	Values
				submitted	
7	PBM TIN	9	34 – 42	The TIN of the PBM submitting this file	
8	File Type	1	43 – 43	Type of processing action for the file	C = Change file
9	Filler	382	44 – 425	Unused	Spaces

TIN Reference Input File Layout : Detail Record (File Type = REFR)					
Field	Name	Size	Displacement	Description	Values
1	TIN	9	1 – 9	Tax Identification Number of the entity	
2	Name	32	10 – 41	Name of the entity	
3	Addr1	32	42 – 73	Address Line 1	
4	Addr2	32	74 – 105	Address Line 2	
5	City	15	106 – 120	City	
6	State	2	121 – 122	State	
7	Zip	9	123 – 131	Zip Code	
8	Pseudo ID	1	132 – 132	Indicates Pseudo TIN used for TIN	
9	Filler	294	132 – 425	Unused	Spaces

TIN Reference Input File Layout : Trailer Record					
Field	Name	Size	Displacement	Description	Values
1	Trailer Indicator	2	1 – 2	Should be	<i>T0</i>
2	Filler	4	3 – 6	Unused	Spaces
3	Contractor Number	5	7 – 11	Contractor ID assigned	
4	File Type	4	12 – 15	Type of file	<i>REFR</i> = PBM Reference
5	File Date	8	16 – 23	Creation Date of file	Format = <i>CCYYMMDD</i>
6	Record Count	9	24 – 32	Number of records on file	
7	Filler	393	33 – 425	Unused	Spaces