



ALABAMA MEDICAID AGENCY
REQUEST FOR PROPOSALS

RFP Number: 2011-DF-001

RFP Title: Alabama Medicaid Pharmacy Dispensing Fee Survey

RFP Due Date and Time: January 24, 2011 by 5pm Central Time

Number of Pages: 69

PROCUREMENT INFORMATION	
Project Director: Kelli D. Littlejohn, Pharm.D.	Issue Date: January 4, 2011
Phone: (334) 353-4525 E-mail Address: kelli.littlejohn@medicaid.alabama.gov Website: http://www.medicaid.alabama.gov	Issuing Division: Pharmacy Program Administration
INSTRUCTIONS TO VENDORS	
Return Proposal to: Kelli Littlejohn, Pharm.D. Director, Pharmacy Services Alabama Medicaid Agency Lurleen B. Wallace Building 501 Dexter Avenue PO Box 5624 Montgomery, AL 36103-5624	Mark Face of Envelope/Package: RFP Number: 2011-DF-001 RFP Due Date: January 24, 2011 by 5pm Central Time
VENDOR INFORMATION (Vendor must complete the following and return with RFP response)	
Vendor Name/Address:	Authorized Vendor Signatory: (Please print name and sign in ink)
Vendor Phone Number:	Vendor FAX Number:
Vendor Federal I.D. Number:	Vendor E-mail Address:
Firm and Fixed Price for Dispensing Fee Survey:	

Section A. RFP Checklist

1. ____ **Read the entire document.** Note critical items such as: mandatory requirements; supplies/services required; submittal dates; number of copies required for submittal; licensing requirements; contract requirements (i.e., contract performance security, insurance requirements, performance and/or reporting requirements, etc.).
2. ____ **Note the project director's name, address, phone numbers and e-mail address.** This is the only person you are allowed to communicate with regarding the RFP and is an excellent source of information for any questions you may have.
3. ____ **Take advantage of the "question and answer" period.** Submit your questions to the project director by the due date(s) listed in the Schedule of Events and view the answers as posted on the State's website at www.medicaid.alabama.gov .All addenda issued for an RFP are posted on the State's website and will include all questions asked and answered concerning the RFP.
4. ____ **Use the forms provided,** i.e., cover page, disclosure statement, etc.
5. ____ **Check the State's website for RFP addenda.** It is the Vendor's responsibility to check the State's website at www.medicaid.alabama.gov for any addenda issued for this RFP, no further notification will be provided. Vendors must submit a signed cover sheet for each addendum issued along with your RFP response.
6. ____ **Review and read the RFP document again** to make sure that you have addressed all requirements. Your original response and the requested copies must be identical and be complete. The copies are provided to the evaluation committee members and will be used to score your response.
7. ____ **Submit your response on time.** Note all the dates and times listed in the Schedule of Events and within the document, and be sure to submit all required items on time. Late proposal responses are *never* accepted.
8. ____ **Prepare to sign and return the Contract, Contract Review Report, Business Associate Agreement and other documents** to expedite the contract approval process. The selected vendor's contract will have to be reviewed by the State's Contract Review Committee which has strict deadlines for document submission. Failure to submit the signed contract can delay the project start date but will not affect the deliverable date.

This checklist is provided for assistance only and should not be submitted with Vendor's Response.

Section B. Schedule of Events

The following RFP Schedule of Events represents the State's best estimate of the schedule that shall be followed. Except for the deadlines associated with the vendor question and answer periods and the proposal due date, the other dates provided in the schedule are estimates and will be impacted by the number of proposals received. The State reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. Notification of any adjustment to the Schedule of Events shall be posted on the RFP website at www.medicaid.alabama.gov.

EVENT DATE

RFP Issued	1/4/11
Answers to Questions Posted As Available	1/10/11 – 1/13/11
Final Posting of Questions and Answers	1/14/11
Proposals Due by 5 pm CT	1/24/11
Evaluation Period	1/26/11 – 1/31/11
Contract Award Notification	2/3/11
**Contract Review Committee	3/3/11
Official Contract Award/Begin Work	4/1/11 **

**By State law, this contract must be reviewed by the Legislative Contract Review Oversight Committee. The Committee meets monthly and can, at its discretion, hold a contract for up to 45 days. The “Vendor Begins Work” date above may be impacted by the timing of the contract submission to the Committee for review and/or by action of the Committee itself.

All information contained in this Request for Proposals (RFP) and amendments reflect the best and most accurate information available to Medicaid at the time of RFP preparation. No inaccuracies in such data shall constitute a basis for change of the payments to the Contractor or a basis for legal recovery of damages, actual, consequential or punitive except to the extent that such inaccuracies are the result of intentional misrepresentation by Medicaid.

Table of Contents

Section A. RFP Checklist.....2

Section B. Schedule of Events3

Table of Contents4

I. Background.....8

II. Scope of Work9

III. Project Schedule/Deliverables.....13

IV. General Medicaid Information.....13

V. Pricing.....14

VI. Corporate Background and References14

VII. Submission Requirements14

 A. Authority14

 B. Single Point of Contact14

 C. RFP Documentation15

 D. Questions Regarding the RFP.....15

 E. Acceptance of Standard Terms and Conditions15

 F. Adherence to Specifications and Requirements15

 G. Order of Precedence.....15

 H. Vendor’s Signature15

 I. Offer in Effect for 90 Days.....15

 J. State Not Responsible for Preparation Costs16

 K. State’s Rights Reserved16

 L. Price.....16

M.	Submission of Proposals	16
N.	Copies Required.....	16
O.	Late Proposals.....	17
VIII.	Evaluation and Selection Process.....	17
A.	Initial Classification of Proposals as Responsive or Non-responsive	17
B.	Determination of Responsibility	17
C.	Opportunity for Additional Information	17
IX.	General Terms and Conditions	17
A.	General.....	17
B.	Compliance with State and Federal Regulations.....	18
C.	Term of Contract	18
D.	Contract Amendments.....	18
E.	Confidentiality.....	18
F.	Security and Release of Information	19
G.	Federal Nondisclosure Requirements	19
H.	Contract a Public Record	19
I.	Termination for Bankruptcy	20
J.	Termination for Default.....	20
K.	Termination for Unavailability of Funds	20
L.	Termination for Convenience.....	20
M.	Force Majeure.....	20
N.	Nondiscriminatory Compliance	21
O.	Small and Minority Business Enterprise Utilization.....	21

P.	Worker’s Compensation	21
Q.	Employment of State Staff.....	21
R.	Share of Contract.....	21
S.	Waivers.....	21
T.	Warranties Against Broker’s Fees.....	21
U.	Novation.....	21
V.	Employment Basis	22
W.	Disputes and Litigation	22
X.	Records Retention and Storage.....	22
Y.	Inspection of Records.....	22
Z.	Use of Federal Cost Principles	22
AA.	Payment.....	23
BB.	Notice to Parties.....	23
CC.	Disclosure Statement	23
DD.	Debarment.....	23
EE.	Not to Constitute a Debt of the State	23
FF.	Alternative Dispute Resolution	23
GG.	Qualification to do Business in Alabama.....	24
HH.	Choice of Law.....	24
II.	Alabama interChange Interface Standards.....	24
Appendix A:	Proposal Compliance Checklist	25
Appendix B:	Contract and Attachments.....	26
	Contract	27
	Attachment A: Business Associate Agreement	28

Attachment B: Contract Review Report32
Attachment C: Immigration Status34
Attachment D: Disclosure Statement35
Attachment E: Reporting to Ethics Commission37
Attachment F: Instructions for Debarment, Suspension38
Attachment G: Alabama interChange Interface Standards
Document.....39

I. Background

The Alabama Medicaid Agency (hereby called Agency) is requesting proposals from vendors to conduct a study of the cost to pharmacies to dispense prescriptions to Alabama Medicaid recipients. To be eligible to provide this service, the vendor must have expertise and experience in cost and/or statistical analysis, report generation and analysis, and be able to assist in revising/editing questions related to the Alabama Medicaid Pharmacy Dispensing Fee Survey. The final Medicaid approved survey will be available on the Medicaid website and completed by all enrolled outpatient pharmacies within the State of Alabama in a manner that is administratively and financially non-burdensome by the pharmacy. The vendor will perform an analysis of this data, provide statistical information and a recommendation on the cost to pharmacies to dispense prescriptions to Alabama Medicaid recipients. In addition, the vendor will meet with Medicaid's Pharmacy Associations and pertinent stakeholders to solicit comments regarding the survey's design.

Medicaid's current dispensing fees are as follows:

State Plan AL-10-008/Attachment 4.19-B/Page 3a/ Section 4. Prescribed Drugs/ Sub-Section d. Dispensing Fees.

d. Dispensing Fees. A reasonable dispensing fee is set by Medicaid. This fee is reviewed periodically for reasonableness and, when deemed appropriate by Medicaid, may be adjusted. The dispensing fee paid by Medicaid effective 9/22/10 is \$10.64.

The most recent Cost of Dispensing Survey (CODS) was performed during 2008 and the results can be found on the Medicaid website at the link: http://www.medicaid.state.al.us/documents/program-RX/AAC/COD_FINAL_Report_1.06.10.pdf

Data shows Alabama Medicaid Agency currently has approximately 1400 actively enrolled pharmacy providers. For FY09, Medicaid processed a total of just over 7.8 million pharmacy claims. More pharmacy specific information can be found on the Medicaid website www.medicaid.alabama.gov.

The current definition of dispensing fee as listed in the Code of Federal Regulations (CFR) 42 CFR 447.502 is as follows:

Dispensing fee means the fee which—

- (1) Is incurred at the point of sale or service and pays for costs in excess of the ingredient cost of a covered outpatient drug each time a covered outpatient drug is dispensed;
- (2) Includes only pharmacy costs associated with ensuring that possession of the appropriate covered outpatient drug is transferred to a Medicaid recipient. Pharmacy costs include, but are not limited to, reasonable costs associated with a pharmacist's time in checking the computer for information about an individual's coverage, performing drug utilization review and preferred drug list review activities, measurement or mixing of the covered outpatient drug, filling the container, beneficiary counseling, physically providing the completed prescription to the Medicaid beneficiary, delivery, special packaging, and overhead associated with maintaining the facility and equipment necessary to operate the pharmacy; and
- (3) Does not include administrative costs incurred by the State in the operation of the covered outpatient drug benefit including systems costs for interfacing with pharmacies.

II. Scope of Work

Vendor's proposal must present a plan to implement and complete a Cost of Dispensing Survey (CODS) to estimate costs to all pharmacy types associated with dispensing of Alabama Medicaid outpatient prescription drugs. The vendor's proposed plan must include a detailed description for, at minimum, the survey instrument, documentation, maintenance of confidentiality of the information submitted, analysis tools, validation, interim and final reporting. Medicaid believes the best way to obtain survey data is in electronic format from most/all pharmacies, but invites prospective vendors to include additional recommendations in their detailed proposal; a concern is that many pharmacies do not have internet access and the proposal should offer alternative recommendations. The proposal shall indicate how pharmacies should report data, and any administrative or financial burden, if any, that will be necessary of the pharmacy. Medicaid anticipates the reporting associated with this project to result in no additional charges to the pharmacy provider. The prospective vendor shall indicate in its proposal any relevant qualifications and experience that demonstrate ability to perform any services, deliverables, or reporting required of the contractor.

A. Services to be Performed:

Medicaid anticipates the vendor to be responsible for, at minimum, the following services:

1. Design a survey instrument to collect data elements to estimate the pharmacy costs related to dispensing prescriptions and for providing other services as described in the CFR to Alabama Medicaid recipients. The Vendor will be expected to confer with Medicaid during survey development and must receive approval of the instrument and documentation from Medicaid prior to distribution. For planning purposes, the following guidelines should be considered (although additional data elements may be proposed by the vendor):

Pharmacy Sample

All Alabama Medicaid enrolled pharmacies will be required to participate in the mandatory CODS. Vendor should compare the Alabama-based survey results to other recent (within the past 5 years) national and state CODS results.

Recommended Data Elements

All relevant costs associated with operating a pharmacy and providing prescriptions to consumers should be included. These shall include, but not limited to:

Staffing

- Salaries and wages (pharmacists, technicians, managers, cashiers, etc.)
- Employee benefits (employer health insurance premiums, cost contributions, fees, etc.)
- Licensure and/or continuing education for pharmacists, technicians
- Payroll taxes

Store operations and overhead

- Rent or mortgage
- Cleaning, repairs and security (note additional security needs for control drugs)
- Utilities (heat, light, telephones)

- Computer systems, software and maintenance
- Equipment rental
- Marketing and advertising
- Accounting, legal and professional fees
- Insurance (liability/property insurance, worker's compensation, etc.)
- Taxes and licenses
- Interest paid on pharmacy-related debt
- Depreciation
- Complying with federal and state regulations (e.g., HIPAA)
- Corporate overhead (central management, etc.)
- Account receivable expenses (i.e., waiting on payment)

Preparing and dispensing prescriptions

- Prescription dispensing materials (packages, labels, pill counters, etc.)
- Measurement or Mixing/Compounding the Rx (if necessary)
- Filling the container
- Special packaging (unit dose, blister packs, bingo cards)
- Special supplies (syringes, inhalers)
- Inventory maintenance/Cost to carry inventory
- Physically providing the completed prescription
- ePrescribing related costs

Other Services

- Pharmacist time in checking the computer about an individual's coverage
- Drug use review
- Preferred Drug List Review activities
- Consumer/patient counseling
- Consulting with prescribers
- Education and training
- Delivery

Note: Medicaid currently reimburses \$0.25/minute via Prior Authorization for compounding time. The vendor should address, in the proposal and in the survey results, if this compounding time reimbursement should be modified by including it in the dispensing fee.

Where necessary, costs should be allocated between prescription and nonprescription sales, which requires collection of additional data elements such as total pharmacy and non-pharmacy sales, cost of goods sold, and other shared expenses (e.g., allocation of floor space, utilities, taxes, etc.). A detailed explanation should be provided of how the survey is to capture the most recent timeframe possible for which complete records are available. The proposal shall appropriately specify how costs are to be allocated (i.e. by % sale, time spent, or by square foot) for each data element. In addition, the vendor should include a detailed description of what inflation methodology, if any will be used, how this was obtained, and any inflation factor related data. In the results, the vendor must include all aspects of cost of dispensing, including mandatory provider fees (i.e. pharmacy tax).

The vendor is to explain in detail how it anticipates verifying self-reported data to ensure validity. This concept is critical to the usefulness of the project, and Medicaid expects each proposal to include a detailed explanation of verification, documentation, and any other necessary components to ensure the study itself will contain valid, useful information.

Disease/Medication Therapy Management, while a valid and cost-saving component of pharmacist professional services, is not a cost included in the CFR definition of dispensing fee. The vendor should be clear in its proposal what is and is not to be included in the costs included in the survey.

The vendor should also include in its proposal a detailed explanation of how the design of the proposed dispensing fee will cover all dispensing costs while not affecting the ingredient cost of the drug. The vendor must have a thorough understanding that the ingredient cost of the drug does not include, nor does it relate in any way to, the cost of dispensing the drug.

Desired Comparison Groups

At a minimum, statewide dispensing cost per prescription should be calculated to show any variations across the following categories:

- i. Retail chain (4 or more stores with common ownership or corporate identity) and independent/non-chain pharmacies (1 to 3 pharmacies).
- ii. Urban vs. rural pharmacies
- iii. Alabama Medicaid/total prescription volume (both total prescription volume and as a percentage of total prescription volume)
- iv. Long-term care prescription volume (both total prescription volume and as a percentage of total prescription volume)
- v. Specialty pharmacies
- vi. 340B pharmacies
- vii. Compounding pharmacies
- viii. Time in location
- ix. Facility ownership

Although not required, proposals may be strengthened by including additional comparisons. The value of such additions will be weighed against differences in proposal costs and/or expected timeframes.

2. Disseminate and implement the survey to all enrolled pharmacies, and collect responses. A mechanism shall be employed by the vendor to ensure/validate/document timely receipt of survey instrument by each enrolled pharmacy. Reminder notices shall be sent to all enrolled pharmacies half-way through the survey period. Reminder phone calls shall be conducted and documented with all non-respondent enrolled pharmacies $\frac{3}{4}$ way through the survey period. Vendor shall notify Medicaid on a weekly basis the status of respondent versus non-respondent pharmacies.

3. Compile the survey data into a database approved by Medicaid for analysis.

4. Analyze the survey data, including performing appropriate statistical comparison of un-weighted and weighted means to identify significant differences between specific categories of pharmacy characteristics listed above. Vendor must demonstrate the ability to establish the validity of the response rate by being able to calculate statistical standards such as mean, standard deviation, standard error, median and confidence level. A letter of agreement from two separate statisticians (holding a masters or doctoral degree in statistics and at least 5 years experience) shall accompany the findings to ensure the findings are statistically sound (one of these statisticians may be employed directly by the vendor).

5. Validate the survey through a sound, documented statistical validation process which includes comparing a random sample of participants' supporting documentation (tax records, blueprints, etc) to the submitted surveys. Vendor must demonstrate the ability to establish the validity of the proposed rate by being able to calculate statistical standards such as mean, standard deviation, standard error, median and confidence level.

6. Produce explanatory report(s) and graphics to support the research findings. Once the findings are finalized, prepare a final report and present the findings to the stakeholder group.

B. Deliverables

A minimum of six deliverables will be expected:

1. Draft survey and kickoff meeting presentation (anticipated April 2011)
2. Survey instrument and detailed instructions (anticipated June 2011). Medicaid must approve the instrument and any accompanying documentation (e.g., cover letters, instructions) before the survey is sent to enrolled pharmacies.
3. Interim/Draft report (anticipated August/September 2011). The interim report shall provide an update on the number of surveys received and response rate, as well as preliminary findings such as a range of costs and/or simple averages or medians.
4. Verification Process/Validation Report (anticipated October 2011)
5. Final report (anticipated November 2011)
6. Upon the final report deliverable, a CD-R containing aggregated, blinded data from survey respondents will be provided to Medicaid.

C. Bi-weekly reports

The vendor will provide, at a minimum, bi-weekly updates to the Medicaid project director, which may include a combination of emails and conference calls. At least one communication per week must be made via conference call. The vendor will be required to conduct detailed coordination activities with Medicaid, as well as any additional vendors (ie, HP, our fiscal agent) necessary to implement and maintain the project. This coordination may be in electronic format, via phone/conference calls, hard copy (memos, letters, etc.), or may require face-to-face meetings.

D. Final Reporting

The vendor shall propose what measurements shall be included in the final report. Upon completion of the final report, the vendor must travel to Medicaid to present the information to a panel of Medicaid staff, as well as a subsequent time to present the information to the State Pharmacy Associations (both Medicaid-approved and coordinated meetings). In addition, any

questions or concerns must be addressed in a time determined by Medicaid.

III. Project Schedule

The vendor's response must document the resources and capability for completing the work necessary to implement the cost of dispensing survey. The vendor proposal must include a chart/table outlining the proposed tasks *in detail* needed to complete the cost of dispensing survey in a timely manner as outlined in this RFP, as well as outline follow-up and routine reporting deliverables and staff needed to complete the proposed tasks.

IV. General Medicaid Information

Medicaid is responsible for the administration of the Alabama Medicaid Program under a federally approved State Plan for Medical Assistance. Through teamwork, Medicaid strives to enhance and operate a cost efficient system of payment for health care services to low income individuals through a partnership with health care providers and other health care insurers both public and private.

Medicaid's central office is located at 501 Dexter Avenue in Montgomery, Alabama. Central office personnel are responsible for data processing, program management, financial management, program integrity, general support services, professional services, and recipient eligibility services. For certain recipient categories, eligibility determination is made by Medicaid personnel located in ten (10) district offices throughout the state and by three hundred four (304) out-stationed workers in designated hospitals, health departments and clinics. Medicaid eligibility is also determined through established policies by the Alabama Department of Human Resources and the Social Security Administration. In FY 2009, more than 960,000 Alabama citizens were eligible for Medicaid benefits through a variety of programs.

Services covered by Medicaid include, but are not limited to, the following:

- Physician Services
- Inpatient and Outpatient Hospital Services
- Rural Health Clinic Services
- Laboratory and X-ray Services
- Nursing Home Services
- Early and Periodic Screening, Diagnosis and Treatment
- Dental for children ages zero (0) to twenty (20)
- Home Health Care Services and Durable Medical Equipment
- Family Planning Services
- Nurse-Midwife Services
- Federally Qualified Health Center Services
- Hospice Services
- Prescription Drugs
- Optometric Services
- Transportation Services
- Hearing Aids
- Intermediate Care Facilities for the Mentally Retarded and Mental Disease Services
- Prosthetic Devices
- Outpatient Surgical Services
- Renal Dialysis Services
- Home and Community Based Waiver Services
- Prenatal Clinic Services

- Mental Health Services

Additional program information can be found at www.medicaid.alabama.gov.

V. Pricing

Vendor's response must specify a firm and fixed fee for completion of the cost of dispensing development, implementation, and presentation process. The firm and fixed price must be stated in the RFP Cover Sheet on the first page of this document.

VI. Corporate Background and References

Vendor's response must provide a statement of the vendor's background including years in business, financial status, and a profile of current customers. Vendor must have proven experience in conducting cost of dispensing surveys and have been in business a minimum of three years. Vendor must provide a minimum of three (3) references for projects of similar size and scope. The vendor must provide a detailed breakdown of its proposed staffing for this project, including names, education background, sex and race of all employees that will be assigned to this project. Medicaid reserves the right to use any information or additional references deemed necessary to establish the ability of the vendor to perform the conditions of the contract.

VII. Submission Requirements

A. Authority

This RFP is issued under the authority of Section 41-16-72 of the Alabama Code and 45 CFR 74.40 through 74.48. The RFP process is a procurement option allowing the award to be based on stated evaluation criteria. The RFP states the relative importance of all evaluation criteria. No other evaluation criteria, other than as outlined in the RFP, will be used.

In accordance with 45 CFR 74.43, the State encourages free and open competition among Vendors. Whenever possible, the State will design specifications, proposal requests, and conditions to accomplish this objective, consistent with the necessity to satisfy the State's need to procure technically sound, cost-effective services and supplies.

B. Single Point of Contact

From the date this RFP is issued until a Vendor is selected and the selection is announced by the Project Director, all communication must be directed to the Project Director in charge of this solicitation.

Vendors must not communicate with any State staff or officials regarding this procurement with the exception of the Project Director. Any unauthorized contact by any representative, including a lobbyist, may disqualify the Vendor from further consideration. Contact information for the single point of contact is as follows:

Project Director:

**Kelli D. Littlejohn, Pharm.D.
Director, Pharmacy Services Division
Alabama Medicaid Agency**

Address:

Lurleen B. Wallace Bldg.
501 Dexter Avenue
PO Box 5624
Montgomery, Alabama 36103-5624
Telephone Number: **(334) 353-4525**
Fax Number: **(334) 353-5623**
E-Mail Address: **kelli.littlejohn@medicaid.alabama.gov**

C. RFP Documentation

All documents and updates to the RFP including, but not limited to, the actual RFP, questions and answers, addenda, etc, will be posted to Medicaid's website at www.medicicaid.alabama.gov.

D. Questions Regarding the RFP

Vendors with questions requiring clarification or interpretation of any section within this RFP must submit questions via e-mail and receive formal, written replies from the State. Each question must be submitted to the Project Director via email. Questions and answers will be posted on the website as indicated on the Schedule of Events.

E. Acceptance of Standard Terms and Conditions

Vendor should submit a statement stating that the vendor has an understanding of and will comply with the terms and conditions as set out in this RFP. Additions or exceptions to the standard terms and conditions are not allowed.

F. Adherence to Specifications and Requirements

Vendor should submit a statement stating that the vendor has an understanding of and will comply with the specifications and requirements described in this RFP.

G. Order of Precedence

In the event of inconsistencies or contradictions between language contained in the RFP and a vendor's response, the language contained in the RFP will prevail. Should Medicaid issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the vendor's proposal in the event of an inconsistency, ambiguity, or conflict.

H. Vendor's Signature

The proposal must be accompanied by the RFP Cover Sheet signed in ink by an individual authorized to legally bind the vendor. The vendor's signature on a proposal in response to this RFP guarantees that the offer has been established without collusion and without effort to preclude the State from obtaining the best possible supply or service. Proof of authority of the person signing the RFP response must be furnished upon request.

I. Offer in Effect for 90 Days

A proposal may not be modified, withdrawn or canceled by the vendor for a 90-day period following the deadline for proposal submission as defined in the Schedule of Events, or receipt of

best and final offer, if required, and the vendor so agrees in submitting the proposal.

J. State Not Responsible for Preparation Costs

The costs for developing and delivering responses to this RFP and any subsequent presentations of the proposal as requested by the State are entirely the responsibility of the vendor. The State is not liable for any expense incurred by the vendor in the preparation and presentation of their proposal or any other costs incurred by the vendor prior to execution of a contract.

K. State's Rights Reserved

While the State has every intention to award a contract as a result of this RFP, issuance of the RFP in no way constitutes a commitment by the State to award and execute a contract. Upon a determination such actions would be in its best interest, the State, in its sole discretion, reserves the right to:

- Cancel or terminate this RFP;
- Reject any or all of the proposals submitted in response to this RFP;
- Change its decision with respect to the selection and to select another proposal;
- Waive any minor irregularity in an otherwise valid proposal which would not jeopardize the overall program and to award a contract on the basis of such a waiver (minor irregularities are those which will not have a significant adverse effect on overall project cost or performance);
- Negotiate with any vendor whose proposal is within the competitive range with respect to technical plan and cost;
- Adopt to its use all, or any part, of a vendor's proposal and to use any idea or all ideas presented in a proposal;
- Amend the RFP (amendments to the RFP will be made by written addendum issued by Medicaid and will be posted on the RFP website);
- Not award any contract.

L. Price

Vendors must respond to this RFP by utilizing the RFP Cover Sheet to indicate the firm and fixed price for the completion of the cost of dispensing development, implementation, and presentation process to complete the scope of work.

M. Submission of Proposals

Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to 2008-DF-001. Proposals must be sent to the attention of the Project Director and received at Medicaid as specified in the Schedule of Events. It is the responsibility of the vendor to ensure receipt of the proposal by the date specified in the Schedule of Events.

N. Copies Required

Vendors must submit one (1) original Proposal with original signatures in ink, five (5) additional hard copies in binder form, plus one (1) electronic (Word format) copy of the proposal on CD, jumpdrive or disc clearly labeled with the vendor name. Vendor is to identify the original hard copy clearly on the outside of the proposal.

O. Late Proposals

Regardless of cause, late proposals will not be accepted and will automatically be disqualified from further consideration. It shall be the vendor's sole risk to assure delivery at Medicaid by the designated time. Late proposals will not be opened and may be returned to the vendor at the expense of the vendor or destroyed if requested.

VIII. Evaluation and Selection Process

A. Initial Classification of Proposals as Responsive or Non-responsive

All proposals will initially be classified as either "responsive" or "non-responsive." Proposals may be found non-responsive at any time during the evaluation process or contract negotiation if any of the required information is not provided; or the proposal is not within the plans and specifications described and required in the RFP. If a proposal is found to be non-responsive, it will not be considered further.

Proposals failing to demonstrate that the vendor meets the mandatory requirements listed in Appendix A will be deemed non-responsive and not considered further in the evaluation process (and thereby rejected).

B. Determination of Responsibility

The Project Director will determine whether a vendor has met the standards of responsibility. In determining responsibility, the Project Director may consider factors such as, but not limited to, the vendor's specialized expertise, ability to perform the work, experience and past performance. Such a determination may be made at any time during the evaluation process and through contract negotiation if information surfaces that would result in a determination of non-responsibility. If a vendor is found non-responsive, a written determination will be made a part of the procurement file and mailed to the affected vendor.

C. Opportunity for Additional Information

Medicaid reserves the right to contact any vendor submitting a proposal for the purpose of clarifying issues in that vendor's proposal. Vendors should clearly designate in their proposal a point-of-contact for questions or issues that arise in the Medicaid's review of the vendor's proposal.

IX. General Terms and Conditions

A. General

This RFP and Contractor's response thereto shall be incorporated into a contract by the execution of a formal agreement. The contract and amendments, if any, are subject to approval by the Governor of the State of Alabama.

The contract shall include the following:

1. Executed contract,
2. RFP, and any amendments thereto,

3. Contractor's response to the RFP, and shall be construed in accordance with and in the order of the applicable provisions of:
- Title XIX of the Social Security Act, as amended and regulations promulgated hereunder by HHS and any other applicable federal statutes and regulations
 - The statutory and case law of the State of Alabama
 - The Alabama State Plan for Medical Assistance under Title XIX of the Social Security Act, as amended
 - The Medicaid Administrative Code
 - Medicaid's written response to prospective Vendor questions

B. Compliance with State and Federal Regulations

Contractor shall perform all services under the contract in accordance with applicable federal and state statutes and regulations. Medicaid retains full operational and administrative authority and responsibility over the Alabama Medicaid Program in accordance with the requirements of the federal statutes and regulations as the same may be amended from time to time.

C. Term of Contract

The contract shall take effect when signed by all parties, and shall terminate on successful completion of specified tasks and deliverables but no later than December 31, 2012.

D. Contract Amendments

No alteration or variation of the terms of the contract shall be valid unless made in writing and duly signed by the parties thereto. The contract may be amended by written agreement duly executed by the parties. Every such amendment shall specify the date its provisions shall be effective as agreed to by the parties.

The contract shall be deemed to include all applicable provisions of the State Plan and of all state and federal laws and regulations applicable to the Alabama Medicaid Program, as they may be amended. In the event of any substantial change in such Plan, laws, or regulations, that materially affects the operation of the Alabama Medicaid Program or the costs of administering such Program, either party, after written notice and before performance of any related work, may apply in writing to the other for an equitable adjustment in compensation caused by such substantial change.

E. Confidentiality

Contractor shall treat all information, and in particular information relating to individuals and pharmacy information that is obtained by or through its performance under the contract, as confidential information to the extent confidential treatment is provided under State and Federal laws including 45 CFR §160.101 – 164.534. Contractor shall not use any information so obtained in any manner except as necessary for the proper discharge of its obligations and rights under this contract.

Contractor shall insure safeguards that restrict the use or disclosure of information concerning individuals or pharmacy invoices to purposes directly connected with the administration of the Plan in accordance with 42 CFR Part 431, Subpart F, as specified in 42 CFR § 434.6(a)(8). Purposes directly related to the Plan administration include:

1. Establishing eligibility;
2. Determining the amount of medical assistance;
3. Providing services for recipients; and
4. Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the Plan.

Pursuant to requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191), the successful Contractor shall sign and comply with the terms of a Business Associate agreement with Medicaid (Appendix B).

F. Security and Release of Information

Contractor shall take all reasonable precautions to insure the safety and security of all information, data, procedures, methods, and funds involved in the performance under the contract, and shall require the same from all employees so involved. Contractor shall not release any data or other information relating to the Alabama Medicaid Program without prior written consent of Medicaid. This provision covers both general summary data as well as detailed, specific data. Contractor shall not be entitled to use of Alabama Medicaid Program data in its other business dealings without prior written consent of Medicaid. All requests for program data shall be referred to Medicaid for response by the Commissioner only.

G. Federal Nondisclosure Requirements

Each officer or employee of any person to whom Social Security information is or may be disclosed shall be notified in writing by such person that Social Security information disclosed to such officer or employee can be only used for authorized purposes and to that extent and any other unauthorized use herein constitutes a felony punishable upon conviction by a fine of as much as \$5,000 or imprisonment for as long as five years, or both, together with the cost of prosecution. Such person shall also notify each such officer or employee that any such unauthorized further disclosure of Social Security information may also result in an award of civil damages against the officer or employee in an amount not less than \$1,000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC Sections 7213 and 7431 and set forth at 26 CFR 301.6103(n).

Additionally, it is incumbent upon the contractor to inform its officers and employees of penalties for improper disclosure implied by the Privacy Act of 1974, 5 USC 552a. Specifically, 5 USC 552a (1) (1), which is made applicable to contractors by 5 USC 552a (m) (1), provides that any officer or employee of a contractor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established there under, and who knowing that disclosure of the specific material is prohibited, willfully discloses that material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

H. Contract a Public Record

Upon signing of this contract by all parties, the terms of the contract become available to the public pursuant to Alabama law. Contractor agrees to allow public access to all documents, papers, letters, or other materials subject to the current Alabama law on disclosure. It is expressly understood that substantial evidence of Contractor's refusal to comply with this provision shall

constitute a material breach of contract.

I. Termination for Bankruptcy

The filing of a petition for voluntary or involuntary bankruptcy or a company or corporate reorganization pursuant to the Bankruptcy Act may constitute default by Contractor effective the date of such filing. Contractor shall inform Medicaid in writing of any such action(s) immediately upon occurrence by the most expeditious means possible. Medicaid may, at its option, declare default and notify Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from Contractor.

J. Termination for Default

Medicaid may, by written notice, terminate performance under the contract, in whole or in part, for failure of Contractor to perform any of the contract provisions. In the event Contractor defaults in the performance of any of Contractor's material duties and obligations, written notice shall be given to Contractor specifying default. Contractor shall have 10 calendar days, or such additional time as agreed to in writing by Medicaid, after the mailing of such notice to cure any default. In the event Contractor does not cure a default within 10 calendar days, or such additional time allowed by Medicaid, Medicaid may, at its option, notify Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from Contractor.

K. Termination for Unavailability of Funds

Performance by the State of Alabama of any of its obligations under the contract is subject to and contingent upon the availability of state and federal monies lawfully applicable for such purposes. If Medicaid, in its sole discretion, deems at any time during the term of the contract that monies lawfully applicable to this agreement shall not be available for the remainder of the term, Medicaid shall promptly notify Contractor to that effect, whereupon the obligations of the parties hereto shall end as of the date of the receipt of such notice and the contract shall at such time be cancelled without penalty to Medicaid, State or Federal Government.

L. Termination for Convenience

Medicaid may terminate performance of work under the Contract in whole or in part whenever, for any reason, Medicaid, in its sole discretion determines that such termination is in the best interest of the State. In the event that Medicaid elects to terminate the contract pursuant to this provision, it shall so notify the Contractor by certified or registered mail, return receipt requested. The termination shall be effective as of the date specified in the notice. In such event, Contractor will be entitled only to payment for all work satisfactorily completed and for reasonable, documented costs incurred in good faith for work in progress. The Contractor will not be entitled to payment for uncompleted work, or for anticipated profit, unabsorbed overhead, or any other costs.

M. Force Majeure

Contractor shall be excused from performance hereunder for any period Contractor is prevented from performing any services pursuant hereto in whole or in part as a result of an act of God, war, civil disturbance, epidemic, or court order; such nonperformance shall not be a ground for termination for default.

N. Nondiscriminatory Compliance

Contractor shall comply with Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Executive Order No. 11246, as amended by Executive Order No. 11375, both issued by the President of the United States, the Americans with Disabilities Act of 1990, and with all applicable federal and state laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination in employment.

O. Small and Minority Business Enterprise Utilization

In accordance with the provisions of 45 CFR Part 74 and paragraph 9 of OMB Circular A-102, affirmative steps shall be taken to assure that small and minority businesses are utilized when possible as sources of supplies, equipment, construction, and services.

P. Worker's Compensation

Contractor shall take out and maintain, during the life of this contract, Worker's Compensation Insurance for all of its employees under the contract or any subcontract thereof, if required by state law.

Q. Employment of State Staff

Contractor shall not knowingly engage on a full-time, part-time, or other basis during the period of the contract any professional or technical personnel, who are or have been in the employment of Medicaid during the previous twelve (12) months, except retired employees or contractual consultants, without the written consent of Medicaid.

R. Share of Contract

No official or employee of the State of Alabama shall be admitted to any share of the contract or to any benefit that may arise there from.

S. Waivers

No covenant, condition, duty, obligation, or undertaking contained in or made a part of the contract shall be waived except by written agreement of the parties.

T. Warranties Against Broker's Fees

Contractor warrants that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission percentage, brokerage, or contingency fee excepting bona fide employees. For breach of this warranty, Medicaid shall have the right to terminate the contract without liability.

U. Novation

In the event of a change in the corporate or company ownership of Contractor, Medicaid shall retain the right to continue the contract with the new owner or terminate the contract. The new corporate or company entity shall agree to the terms of the original contract and any amendments

thereto. During the interim between legal recognition of the new entity and Medicaid execution of the novation agreement, a valid contract shall continue to exist between Medicaid and the original Contractor. When, to Medicaid's satisfaction, sufficient evidence has been presented of the new owner's ability to perform under the terms of the contract, Medicaid may approve the new owner and a novation agreement shall be executed.

V. Employment Basis

It is expressly understood and agreed that Medicaid enters into this agreement with Contractor and any subcontractor as authorized under the provisions of this contract as an independent Contractor on a purchase of service basis and not on an employer-employee basis and not subject to State Merit System law.

W. Disputes and Litigation

Except in those cases where the proposal response exceeds the requirements of the RFP, any conflict between the response of Contractor and the RFP shall be controlled by the provisions of the RFP. Any dispute concerning a question of fact arising under the contract which is not disposed of by agreement shall be decided by the Commissioner of Medicaid.

Any litigation brought by Medicaid or Contractor to enforce any provision of the contract shall be brought in either the Circuit Court of Montgomery County, Alabama, or the United States District Court for the Middle District of Alabama, Northern Division, according to the jurisdictions of these courts. This provision shall not be deemed an attempt to confer any jurisdiction on these courts which they do not by law have, but is a stipulation and agreement as to forum and venue only.

X. Records Retention and Storage

In accordance with 45 CFR §74.164, Contractor shall maintain financial records, supporting documents, statistical records, and all other records pertinent to the Alabama Medicaid Program for a period of three years from the date of the final payment made by Medicaid to Contractor under the contract. However, if audit, litigation, or other legal action by or on behalf of the State or Federal Government has begun but is not completed at the end of the three year period, or if audit findings, litigation, or other legal action have not been resolved at the end of the three year period, the records shall be retained until resolution.

Y. Inspection of Records

Contractor agrees that representatives of the Comptroller General, HHS, the General Accounting Office, the Alabama Department of Examiners of Public Accounts, and Medicaid and their authorized representatives shall have the right during business hours to inspect and copy Contractor's books and records pertaining to contract performance and costs thereof. Contractor shall cooperate fully with requests from any of the agencies listed above and shall furnish free of charge copies of all requested records. Contractor may require that a receipt be given for any original record removed from Contractor's premises.

Z. Use of Federal Cost Principles

For any terms of the contract which allow reimbursement for the cost of procuring goods, materials, supplies, equipment, or services, such procurement shall be made on a competitive basis

(including the use of competitive bidding procedures) where practicable, and reimbursement for such cost under the contract shall be in accordance with 48 CFR, Chapter 1, Part 31. Further, if such reimbursement is to be made with funds derived wholly or partially from federal sources, such reimbursement shall be subject to Contractor's compliance with applicable federal procurement requirements, and the determination of costs shall be governed by federal cost principles.

AA. Payment

Contractor shall submit to Medicaid a detailed invoice for compensation for the deliverable and/or work performed. Invoices should be submitted to the Project Director. Payments are dependent upon successful completion and acceptance of described work and delivery of required documentation.

BB. Notice to Parties

Any notice to Medicaid under the contract shall be sufficient when mailed to the Project Director. Any notice to Contractor shall be sufficient when mailed to Contractor at the address given on the return receipt from this RFP or on the contract after signing. Notice shall be given by certified mail, return receipt requested.

CC. Disclosure Statement

The successful Vendor shall be required to complete a financial disclosure statement with the executed contract.

DD. Debarment

Contractor hereby certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any Federal department or agency.

EE. Not to Constitute a Debt of the State

Under no circumstances shall any commitments by Medicaid constitute a debt of the State of Alabama as prohibited by Article XI, Section 213, Constitution of Alabama of 1901, as amended by Amendment 26. It is further agreed that if any provision of this contract shall contravene any statute or Constitutional provision or amendment, whether now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the contract shall be deemed null and void. The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this agreement shall be limited to the filing of a claim against Medicaid with the Board of Adjustment for the State of Alabama.

FF. Alternative Dispute Resolution

For any and all disputes arising under the terms of this contract, the parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation by and through the Attorney General's Office of Administrative Hearings or where appropriate, private mediators.

GG. Qualification to do Business in Alabama

Should a foreign corporation be selected to provide professional services in accordance with this RFP, it must be qualified to transact business in the State of Alabama in accordance with Section 10-2B-15.01, et seq., Code of Alabama (1975), and possess a Certificate of Authority issued by the Secretary of State at the time a professional services contract is executed. To obtain forms for a Certificate of Authority, contact the Secretary of State, Corporations Division, (334) 242-5324, www.sos.state.al.us. The Certificate of Authority or a letter/form showing application has been made for a Certificate of Authority must be submitted with the proposal.

HH. Choice of Law

The construction, interpretation, and enforcement of this contract shall be governed by the substantive contract law of the State of Alabama without regard to its conflict of laws provisions. In the event any provision of this contract is unenforceable as a matter of law, the remaining provisions will remain in full force and effect.

II. Alabama interChange Interface Standards

Contractor hereby certifies that any exchange of MMIS data with Medicaid's fiscal agent will be accomplished by following the Alabama interChange Interface Standards Document, Attachment G.

Appendix A: Proposal Compliance Checklist

NOTICE TO VENDOR:

It is highly encouraged that the following checklist be used to verify completeness of Proposal content. It is not required to submit this checklist with your proposal.

Vendor Name _____

Project Director _____

Review Date _____

*Proposals for which **ALL** applicable items are marked by the Project Director are determined to be compliant for responsive proposals.*

IF CORRECT	BASIC PROPOSAL REQUIREMENTS
<input type="checkbox"/>	1. Vendor's original proposal received on time at correct location.
<input type="checkbox"/>	2. Vendor submitted proposal in an electronic format.
<input type="checkbox"/>	3. The Proposal includes a completed and signed RFP Cover Sheet.
<input type="checkbox"/>	4. The Proposal is a complete and independent document, with no references to external documents or resources.
<input type="checkbox"/>	5. Vendor submitted signed acknowledgement of any and all addenda to RFP.
<input type="checkbox"/>	6. The Proposal includes written confirmation that the Vendor understands and shall comply with all of the provisions of the RFP.
<input type="checkbox"/>	7. The Proposal includes 3 client references (with all identifying information in specified format and order).
<input type="checkbox"/>	8. The Proposal includes a corporate background.
<input type="checkbox"/>	9. The Proposal includes a detailed description of the plan to design, implement, evaluate, and report on the of the cost to pharmacies to dispense prescription drugs and provide professional pharmacy services to Alabama Medicaid recipients as outlined in the request for proposal.

Appendix B: Contract and Attachments

The following are the documents that must be signed after contract award and prior to the meeting of the Legislative Contract Review Oversight Committee. Sections to be completed by Vendor are highlighted in yellow.

Contract

Attachment A: Business Associate Agreement

Attachment B: Contract Review Report for Submission to Oversight Committee

Attachment C: Immigration Status

Attachment D: Disclosure Statement

Attachment E: Letter Regarding Reporting to Ethics Commission

Attachment F: Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

Attachment G: Alabama interChange Interface Standards Document

State of Alabama

Montgomery County

KNOW ALL MEN BY THESE PRESENTS, that the Alabama Medicaid Agency, an Agency of the State of Alabama, and the undersigned Contractor agree as follows:

Contractor shall furnish all labor, equipment, and materials and perform all of the work required under the Request for Proposal (RFP) Number 2008-DF-001, dated March 7, 2008, strictly in accordance with the requirements thereof and Contractor's response thereto.

Contractor shall be compensated for performance under this contract in accordance with the provisions of Section L and the price provided on the RFP Cover Sheet.

This contract specifically incorporates by reference the RFP, any amendments thereto, and Contractor's response, including all attachments.

EXECUTED THIS ____ DAY OF _____, 2008.

CONTRACTOR

ALABAMA MEDICAID AGENCY

This contract has been reviewed for and is approved as to content.

Commissioner

Title

Printed Name

This contract has been reviewed for legal form and complies with all applicable laws, rules, and regulations of the State of Alabama governing these matters.

APPROVED:

Governor, State of Alabama

General Counsel

**ALABAMA MEDICAID AGENCY
BUSINESS ASSOCIATE ADDENDUM**

This Business Associate Addendum (this "Agreement") is made effective the _____ day of _____, 20____, by and between the Alabama Medicaid Agency ("Covered Entity"), an agency of the State of Alabama, and _____ ("Business Associate") (collectively the "Parties").

1. BACKGROUND

- a. Covered Entity and Business Associate are parties to a contract entitled _____ (the "Contract"), whereby Business Associate agrees to perform certain services for or on behalf of Covered Entity.
- b. The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a "business associate" within the meaning of the HIPAA Privacy Rule (as defined below).
- c. The Parties enter into this Business Associate Addendum to the Contract with the intention of complying with the HIPAA Privacy Rule provision that a covered entity may disclose protected health information to a business associate, and may allow a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

2. DEFINITIONS

Unless otherwise clearly indicated by the context, the following terms shall have the following meaning in this Agreement:

- a. "HIPAA" means the Administrative Simplification Provisions, Sections 261 through 264, of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- b. "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- c. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
- d. "Protected Health Information" (PHI) shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- e. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR 164.501.
- f. "Secretary" shall mean the Secretary of the United States Department of Health and Human Services or his designee.
- g. Unless otherwise defined in this Agreement, capitalized terms used herein shall have the same meaning as those terms have in the Privacy Rule.

3. OBLIGATIONS OF BUSINESS ASSOCIATE

- a. Use and Disclosure of PHI. Business Associate agrees to not use or disclose PHI other than as permitted or required by this Agreement or as Required By Law.
- b. Appropriate Safeguards. Business Associate agrees to use appropriate safeguards

to prevent use or disclosure of the PHI other than as provided for by this Agreement. The Business Associate agrees to take steps to safeguard, implement and maintain PHI in accordance with the HIPAA Privacy Rule.

c. Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

d. Report Unauthorized Use or Disclosure. Business Associate agrees to promptly report to Covered Entity any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.

e. Applicability to Business Associate's Agents. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the Business Associate on behalf of, Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information. The Business Associate agrees to have HIPAA-compliant Business Associate Agreements or equivalent contractual agreements with agents to whom the Business Associate discloses Covered Entity PHI.

f. Access. Upon receipt of a written request from Covered Entity, Business Associate agrees to provide Covered Entity, in order to allow Covered Entity to meet its requirements under 45 CFR 164.524, access to PHI maintained by Business Associate in a Designated Record Set within thirty (30) business days.

g. Amendments to PHI. Business Associate agrees to make any amendment(s) to PHI maintained by Business Associate in a Designated Record Set that Covered Entity directs or agrees to, pursuant to 45 CFR 164.526 at the request of Covered Entity, within thirty (30) calendar days after receiving a written request for amendment from Covered Entity.

h. Availability of Documents. Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, Covered Entity, available to Covered Entity or to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule, within five business days' after receipt of written notice.

i. Documentation of PHI Disclosures. Business Associate agrees to keep records of disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.

j. Accounting of Disclosures. The Business Associate agrees to provide to Covered Entity, within 30 days of receipt of a written request from Covered Entity, information collected in accordance with the documentation of PHI disclosure of this Agreement, to permit Covered Entity to respond to a request by an Individual or an authorized representative for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.

4. PERMITTED USES AND DISCLOSURES

Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity;

a. Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

b. Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that:

- 1) disclosures are Required By Law; or
- 2) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

c. Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 42 CFR 164.504(e)(2)(i)(B).

d. Notwithstanding the foregoing provisions, Business Associate may not use or disclose PHI if the use or disclosure would violate any term of the Contract.

5. OBLIGATIONS OF COVERED ENTITY

a. Covered Entity shall notify the Business Associate of any limitation(s) in its notice of privacy practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect Alabama Medicaid's use or disclosure of PHI.

b. Covered Entity shall notify the Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes may affect the Business Associate's use or disclosure of PHI.

c. Covered Entity shall notify the Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.

d. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

e. Covered Entity shall provide Business Associate with only that PHI which is minimally necessary for Business Associate to provide the services.

6. TERM AND TERMINATION

a. **Term.** The Term of this Agreement shall be effective as of the effective date stated above and shall terminate when the Contract terminates.

b. **Termination for Cause.** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:

- 1) Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
- 2) Immediately terminate this Agreement; or
- 3) If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.

c. **Effect of Termination.**

- 1) Except as provided in paragraph (2) of this section or in the Contract, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

2) In the event that Business Associate determines that returning or destroying the PHI is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

7. GENERAL TERMS AND CONDITIONS

- a. This Agreement amends and is part of the Contract.
- b. Except as provided in this Agreement, all terms and conditions of the Contract shall remain in force and shall apply to this Agreement as if set forth fully herein.
- c. In the event of a conflict in terms between this Agreement and the Contract, the interpretation that is in accordance with the Privacy Rule shall prevail. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.
- d. A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the Contract for cause.
- e. The Parties agree to take such action as is necessary to amend this Agreement from time to time for Covered Entity to comply with the requirements of the Privacy Rule and HIPAA.

IN WITNESS WHEREOF, Covered Entity and Business Associate have executed this Agreement effective on the date as stated above.

ALABAMA MEDICAID AGENCY

Signature: _____

Printed Name: Clay Gaddis

Title: Privacy Officer

Date: _____

BUSINESS ASSOCIATE

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Contract Review Permanent Legislative Oversight Committee
Alabama State House
Montgomery, Alabama 36130

CONTRACT REVIEW REPORT
(Separate review report required for each contract)

Name of State Agency: Alabama Medicaid Agency

Name of Contractor: _____

Contractor's Physical Street Address(No. P.O. Box) _____ City _____ State/Zip _____
Is Contractor Registered with Alabama Secretary of State to do Business as a Corporation in Alabama?
YES _____ NO _____ If Yes, in what State is Contractor Incorporated? _____
Is Act 2001-955 Disclosure Form Included with this Contract? YES X NO _____
Was a Lobbyist/Consultant Used to Secure this Contract? YES _____ NO _____

If Yes, Give Name: _____

Contract Number: _____ (To be assigned by Administrative Procedures Officer)

Contract/Amendment Total: \$ _____ (estimate if necessary)

% of State Funds: _____ % of Federal Funds: _____ % Other Funds: **

**Please Specify source of Other Funds (Fees, Grants, etc.) _____

Date Contract Effective: _____ Date Contract Ends: _____

Type of Contract: NEW: _____ RENEWAL: _____ AMENDMENT: _____

If renewal, was it originally Bid? Yes _____ No _____

If AMENDMENT, Complete A through C:

[A] Original contract total \$ _____

[B] Amended total prior to this amendment \$ _____

[C] Amended total after this amendment \$ _____

Was Contract secured through Bid Process? Yes _____ No _____ Was lowest Bid accepted? Yes _____ No _____

Was Contract secured through RFP Process? Yes _____ No _____ Date RFP was awarded _____

Summary of Contract Services to be Provided: _____

Why Contract Necessary AND why this service cannot be performed by merit employee:

I certify that the above information is correct.

Signature of Agency Head

_____, Commissioner

Printed Name

Agency Contact: Linda Lackey

Signature of Contractor

Printed Name

Printed Name

Phone: 242-5833

If this contract was not competitively Bid, why?

If this contract was not competitively Bid because the contractor is a sole source provider, please explain who made the sole source determination and on what basis:

If contract was awarded by RFP, what process was used, how many vendors were contacted, and how many proposals were received:

If this contract was not awarded through either Bid or RFP process, why? _____

Did agency attempt to hire a State Employee? If so who from Personnel Department did you talk to?

How many additional contracts does contractor have with the State of Alabama and which agencies are they with?

Commissioner

IMMIGRATION STATUS

I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

Signature of Contractor

Witness



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama Medicaid Agency

ADDRESS

501 Dexter Avenue

CITY, STATE, ZIP TELEPHONE NUMBER

Montgomery, Alabama 36130-5626 (334) 242-5833

This form is provided with:

Contract Proposal Request for Proposal Invitation to Bid Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
-------------------------	------------------------	-----------------

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
-------------------------	--------------------	-----------------

- List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
----------------------------------	---------	-------------------------

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
-----------------------	---------	---	--

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
----------------------------------	---------

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature Date

Notary's Signature Date Date Notary Expires

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

January 1, 2007

MEMORANDUM

TO: All Persons Under Contract With the Agency and All Agency Staff

FROM: Carol H. Steckel, MPH
Commissioner

SUBJECT: Reporting to Ethics Commission by Persons Related to Agency Employees

Section 36-25-16(b) Code of Alabama (1975) provides that anyone who enters into a contract with a state agency for the sale of goods or services exceeding \$7500 shall report to the State Ethics Commission the names of any adult child, parent, spouse, brother or sister employed by the agency.

Please review your situation for applicability of this statute. The address of the Alabama Ethics Commission is:
100 North Union Street
RSA Union Bldg.
Montgomery, Alabama 36104

A copy of the statute is reproduced below for your information. If you have any questions, please feel free to contact Bill Butler, Agency General Counsel, at 242-5741.

Section 36-25-16. Reports by persons who are related to public officials or public employees and who represent persons before regulatory body or contract with state.

- (a) When any citizen of the state or business with which he or she is associated represents for a fee any person before a regulatory body of the executive branch, he or she shall report to the commission the name of any adult child, parent, spouse, brother, or sister who is a public official or a public employee of that regulatory body of the executive branch.
- (b) When any citizen of the State or business with which the person is associated enters into a contract for the sale of goods or services to the State of Alabama or any of its agencies or any county or municipality and any of their respective agencies in amounts exceeding seven thousand five hundred dollars (\$7500) he or she shall report to the commission the names of any adult child, parent, spouse, brother, or sister who is a public official or public employee of the agency or department with whom the contract is made.
- (c) This section shall not apply to any contract for the sale of goods or services awarded through a process of public notice and competitive bidding.
- (d) Each regulatory body of the executive branch, or any agency of the State of Alabama shall be responsible for notifying citizens affected by this chapter of the requirements of this section. (Acts 1973, No. 1056, p. 1699, §15; Acts 1975, No. 130, §1; Acts 1995, No. 95-194, p. 269, §1.)

**Instructions for Certification Regarding Debarment, Suspension,
Ineligibility and Voluntary Exclusion**

(Derived from Appendix B to 45 CFR Part 76--Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions)

1. By signing and submitting this contract, the prospective lower tier participant is providing the certification set out therein.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Alabama Medicaid Agency (the Agency) may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the Agency if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, and voluntarily excluded, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this contract is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this contract that, should the contract be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this contract that it will include this certification clause without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Agency may pursue available remedies, including suspension and/or debarment.



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Let's get to work!

Alabama interChange Project

Alabama interChange Interface Standards Document

06/23/2009

Alabama Medicaid Agency
501 Dexter Avenue
Montgomery, Alabama 36104

EDS
US Government Solutions
301 Technacenter Drive
Montgomery, Alabama 36117

June 23,
2009



Document Information Page

Required Information	Definition
Document:	Alabama interChange Interface Standards Document
Version:	1.0
Approval Date:	
Location:	Alabama interChange Information Tracking Repository and Collaboration Exchange (iTRACE)
Owner:	EDS Alabama Medicaid
Author:	Systems Team
Approved by:	

NOTE:

The controlled master of this document is available on-line. Hard copies of this document are for information only and are not subject to document control.

Amendment History

Summary of Change

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By

TABLE OF CONTENTS

1. Introduction.	5
1.1 Services.	5
1.2 File Exchange Method.	5
1.3 File Layout.	5
2. Network Access.	6
2.1 Agency Contractors.	6
2.2 Value Added Network (VAN).	6
3. File Exchange.	7
4. File Layout.	8
<i>Individual Form-Type Layouts.</i>	<i>15</i>
Institutional Claim Header Record.	15
Institutional Claim Detail Record.	20
Dental Claim Header Record.	22
Dental Claim Detail Record.	26
Physician Claim Header Record.	29
Physician Claim Detail Record.	33
Pharmacy Claim Header Record.	35
Pharmacy Claim Detail Record.	38

1. Introduction

An outside entity (Contractor), or a provider vendor called a Value Added Network (VAN), may require access to the Alabama Medicaid Computer Network. When approved by the Alabama Medicaid Agency, this connection would allow access to some or all of the following services:

- Alabama Medicaid Management System (AMMIS)
- Decision Support System (DSS)
- Feith Document Database (FDD)
- Interactive Eligibility
- Interactive Pharmacy Transaction Processing

The methods described herein are the preferred methods and file layouts of EDS and approved by the Alabama Medicaid Agency.

1.1 Services

AMMIS and FDD information is viewed and/or updated through a thin client interface displayed in a browser window. AMMIS is compatible with Microsoft's Internet Explorer v 6.0.

FDD is compatible with Microsoft's Internet Explorer 6.0 or 7.0.

DSS has both a thin client and a fat client interface. The Contractor should discuss with the DSS team to determine which interface is best suited for the Contractor's business requirements.

Interactive Eligibility is done through the real time exchange of HIPPA compliant, X12 formatted 270/271 files.

Alabama Medicaid Companion Guides are available on the Alabama Medicaid website at:

<http://www.medicaid.state.al.us/> in the Billing section.

Interactive Pharmacy Transaction Processing is done through the real time exchange of NCPDP version 5.1 files. Alabama Medicaid Companion Guides are available on the Alabama Medicaid website at:

<http://www.medicaid.state.al.us/> in the Billing section.

Connectivity to any of these services is at the approval of the Alabama Medicaid Agency. Access is available through a site to site Virtual Private Network (VPN) tunnel. See Section 2 for detailed information.

1.2 File Exchange Method

The method for file exchange is Secure File Transfer Protocol (SFTP). SFTP is an encrypted method of file exchange. See Section 3 for detailed information concerning SFTP with Alabama Medicaid.

1.3 File Layout

Common files available for exchange via SFTP are in the subsystem areas of Recipient, Provider, and Claims. Section 4 of this document provides details concerning the file layouts for these areas.

2. Network Access

Access to the Alabama Medicaid Computer Network is provided through a site to site VPN tunnel. The data center housing the Alabama Medicaid Computer Network contains redundant public Internet Service Providers (ISPs) and redundant VPN hardware to provide high reliability. Traffic is exchanged through the site to site VPN tunnel using the Triple Data Encryption Algorithm (3DES) process of encryption. The Agency Contractor or VAN is required to provide a suitably sized ISP and VPN hardware to support the contractor's network.

2.1 Agency Contractors

At the request of the Alabama Medicaid Agency, EDS will establish the VPN tunnel with an Agency Contractor. The Contractor will need to complete the Site To Site VPN Technical Specifications document

furnished by EDS to provide the necessary technical information for the establishment of the tunnel. Using the information from this document, EDS will provide to the contractor an encryption key and IP addresses for the necessary environments. For security purposes the encryption key is provided via a telephone call directly with the Contractor and EDS.

EDS will bill the Alabama Medicaid Agency for setup fees and quarterly charges for the Contractor's VPN tunnel. It is at the State of Alabama's prerogative how these costs are to be recovered from the Contractor. The Alabama Medicaid Agency should contact the EDS Electronic Data Interface (EDI) coordinator to begin this process.

2.2 Value Added Network (VAN)

A Value Added Network is a company providing services to Alabama Medicaid providers through interactive eligibility, interactive pharmacy transactions, or both of these interactive services. Interactive transactions are performed on a real-time basis across a site to site VPN tunnel. EDS assigns one unique port number to each VAN for eligibility and another for pharmacy. Upon request, EDS will provide the VAN with the following documents.

- Alabama Medicaid Data Switch Agreement
- EDS VPN Billing Agreement
- Site To Site VPN Technical Specifications
- Transaction Volume Expected

Using the information from this document, EDS will provide to the VAN an encryption key, trading partner ID, and IP addresses for the necessary environments. For security purposes the encryption key is provided via a telephone call directly with the Contractor and EDS. The setup fee and quarterly charges for the VPN tunnel are detailed in the EDS VPN Billing Agreement. EDS bills the VAN direct. The Alabama Medicaid Agency or the VAN should contact the EDS EDI coordinator to begin this process.

3. File Exchange

Agency Contractors wishing to exchange files with Alabama Medicaid may do so using a SSH File Transfer Protocol (SFTP) method only. No other FTP process is allowed. SFTP is an encrypted, point to point transfer methodology.

It is preferred to push outbound files from Alabama Medicaid to the Contractors SFTP server and to receive inbound files as a push from the Contractor to the Alabama Medicaid SFTP server. An inbound folder will be dedicated to receiving the files from the Contractor.

At the request of the Agency, EDS will establish and exchange SFTP encryption keys and folder information with the Contractor. The Agency should contact the EDS EDI Coordinator to begin this process.

4. File Layout

Daily Recipient Extract file:

Field Name	Attributes	Description
CURRENT-PCN	12 Character	Indicates recipient's current ID.
FILLER	8 Character	For future use.
PAST-PCN	12 Character	Indicates recipient's past ID.
FILLER	8 Character	For future use.
LNAME	20 Character	Indicates recipient's last name.
FNAME	15 Character	Indicates recipient's first name.
MIDDLE-NAME	15 Character	Indicates recipient's middle initial.
SUFFIX	4 Character	Indicates recipient's title.
LTC-PROVIDER-ID	9 Character	Displays LTC provider ID
FILLER	1 Character	For future use.
LTC-PROVIDER-NPI	10 Numeric	Displays LTC Provider's NPI.
LTC-B-DATE	8 Numeric	Displays long term care beginning date.
LTC-E-DATE	8 Numeric	Displays long term care ending date.
MC-PLAN-NAME	10 Character	Displays either "PT1ST" or "MDADV" depending upon which managed care program the recipient is enrolled in.
MC-STATUS	1 Character	Displays managed care status.
MC-B-DATE	8 Numeric	Displays managed care beginning date.
MC-E-DATE	8 Numeric	Displays managed care ending date.
LOCKIN-INDICATOR	1 Character	Indicates Lockin indicator.
FILLER	2 Character	For future use.
EPSDT-PROVIDER-ID	9 Numeric	Indicates EPSDT provider.
FILLER	1 Character	For future use.
EPSDT-PROVIDER-NPI	10 Numeric	Indicates EPSDT Provider NPI.
EPSDT-DATE	9 Numeric	Indicates EPSDT date.
GOOD-CAUSE-IND	1 Character	The Good Cause Indicator is used to alert the system to not provide sensitive information to the Payee associated with the recipient.
DISPLAY-RECIP-ID	12 Character	Displays ID generated for Recipient.
FILLER	40 Character	For future use.

**Monthly
Recipient
Extract
file:**

Field Name	Attributes	Description
RC-E-BASE-CURRENT-ID	12 Character	Displays the recipient current ID number.
RC-E-BASE-CURR-ID-FILLER	7 Character	For future use.
RC-E-BASE-CURR-CHK-DIG	1 Numeric	Indicates the check digit for the current Medicaid number.
RC-BASE-SSN	9 Numeric	The SSN field indicates a recipient's social security number.
RC-E-BASE-MEDICARE-ID	12 Character	The MEDICARE ID field identifies the recipient's health insurance claim number assigned by Medicare.
RC-E-PREV-KEY	12 Character	The base field identifies the recipient's original ID number.
RC-E-PREV-KEY-FILLER	7 Character	For future use.
RC-E-BASE-PAYEE-ID	12 Character	Indicates the current Medicaid number of the payee.
RC-E-BASE-PAYEE-ID-FILLER	8 Character	For future use.
FILLER	7 Character	For future use.
RC-E-BASE-NAME-LAST	20 Character	The name field displays last name of recipient.
RC-E-BASE-NAME-FIRST	15 Character	Indicates the first name of recipient.
RC-E-BASE-NAME-MI	15 Character	Indicates the middle initial of recipient.
RC-E-BASE-NAME-SUFFIX	4 Character	Indicates the title of recipient.
RC-E-BASE-ADDR-ONE	35 Character	Indicates the recipient's address, line #1.
RC-E-BASE-ADDR-TWO	35 Character	Indicates the recipient's address, line #2.
RC-E-BASE-ADDR-CITY	25 Character	Indicates city of recipient's address.
RC-E-BASE-ADDR-STATE	2 Character	Indicates state of recipient's address.
RC-E-BASE-ADDR-ZIP	9 Numeric	The ZIP field indicates ZIP code of recipient's address.
FILLER-ADDR	5 Character	For future use.
FILLER	26 Character	For future use.
RC-E-BASE-BIRTH-DATE	8 Numeric	Indicates the recipient's date of birth.
RC-E-BASE-DEATH-DATE	8 Numeric	Indicates the recipient's date of death.
RC-E-BASE-DEATH-DATE-LCHNG	6 Numeric	Indicates the last date the recipient's date of death was changed.
RC-E-BASE-VERIF-DEATH-DATE	8 Numeric	Indicates the verified date of death.
RC-E-BASE-STATE-RACE	1 Character	Indicates the race code of the recipient.
RC-E-BASE-SEX	1 Character	The sex field identifies the sex of the recipient.
RC-E-BASE-GROSS-UNEARN-INC	7 Numeric	Indicates the gross unearned income of the recipient.

Field Name	Attributes	Description
RC-E-BASE-LTC-LIAB-AMT	7 Numeric	Indicates the long term care liability amount.
RC-E-BASE-LTC-LIAB-FROM-DATE	6 Numeric	Indicates the LTC-liability from date.
RC-E-BASE-LTC-LIAB-TO-DATE	6 Numeric	Indicates the LTC-liability to date.
FILLER	2 Character	For future use.
RC-E-GOOD-CAUSE-IND	1 Character	The GOOD CAUSE INDicator is used to alert the system to not provide sensitive information to the Payee associated with the recipient.
RC-E-BASE-LOCKIN-FILE	1 Character	Indicates if the recipient has lockin.
RE-E-BASE-RR-IND	1 Character	Indicates if the recipient has railroad insurance.
FILLER	6 Character	For future use.
RC-E-BASE-CURR-COUNTY	2 Character	Displays the current county of the recipient.
RC-E-BASE-CURR-AID-CAT	2 Character	Displays the current aid cat of the recipient.
RC-E-BASE-CURR-DEPRIVATION-CD	2 Character	Indicates the deprivation code.
RC-E-BASE-CURR-DC-TRACKING-CD	2 Character	Identifies the current district council tracking code.
RC-E-BASE-DO-PGM-CD	2 Character	Identifies the district office program code.
RC-E-BASE-STAT-IND	1 Character	The stat field identifies the status of the recipient. See tables manual for valid codes.
RC-E-BASE-ADULT-CHILD-IND	1 Character	Identifies the adult-child indicator.
RC-E-BASE-CERTIFYING-PRGM	1 Character	Identifies the certifying program.
RC-E-BASE-PREV-CERT-PRGM	1 Character	Identifies the previous certification program.
RC-E-BASE-CHIP-IND	1 Character	Indicates the CHIP indicator.
FILLER	9 Character	For future use.
RC-E-BASE-DISASTER-SVR-IND	2 Character	Indicates disaster survivors who have temporary Medicaid eligibility.
RC-E-BASE-PCCM-EXEMPT-IND	2 Character	Indicates the PCCM exempt indicator.
RC-E-BASE-MTNY-WVR-IND	1 Character	Indicates the Maternity Care indicator.
RC-E-BASE-MTNY-WVR-BEG-DT	8 Numeric	Indicates the Maternity Care begin date.
RC-E-BASE-MTNY-WVR-END-DT	8 Numeric	Indicates the Maternity Care end date.
RC-E-BASE-PLASTIC-CARD-IND	1 Character	Indicates plastic card.
RC-E-BASE-PLASTIC-CARD-CNT	3 Numeric	Indicates the number of this plastic card.
RC-E-BASE-PLASTIC-CARD-RSN	1 Character	Indicates the reason for the plastic card.
RC-E-BASE-PLASTIC-CARD-ISSDT	8 Numeric	Indicates the date plastic card was issued.

Field Name	Attributes	Description
FILLER	7 Character	For future use.
FILLER	20 Character	For future use.
RC-LTC-LIAB-TRLR-CNT	3 Numeric	Indicates number of LTC income segments.
RC-E-RETRO-TRLR-CNT	3 Numeric	Indicates number of retro segments.
E-BASE-ELIG		Displays the BASE-ELIG The next 5 E-BASE-ELIG fields occur 36 times as a group.
RC-E-BASE-ELIG-BEGIN-DATE	8 Numeric	Indicates the eligibility begin date.
RC-E-BASE-ELIG-END-DATE	8 Numeric	Indicates the eligibility end date.
FILLER	1 Character	For future use.
RC-E-BASE-ELIG-STATE-CAT	2 Character	Identifies the state category.
FILLER	10 Character	For future use.
RC-LTC-PROVIDER-ID	9 Character	Identifies the LTC provider ID.
FILLER	1 Character	For future use.
RC-LTC-PROV-NPI	10 Numeric	Identifies the LTC provider NPI.
RC-LTC-B-DATE	8 Numeric	Identifies the begin date of the LTC segment.
RC-LTC-E-DATE	8 Numeric	Identifies the end date of the LTC segment.
RC-MC-PLAN-NAME	10 Character	Identifies the managed care plan name.
RC-MC-STATUS	1 Character	Identifies the managed care status.
RC-MC-B-DATE	8 Numeric	Identifies the begin date of the managed care segment.
RC-MC-E-DATE	8 Numeric	Identifies the end date of the managed care segment.
RC-EPSDT-PROVIDER-ID	9 Character	Identifies the EPSDT provider.
FILLER	1 Character	For future use.
RC-EPSDT-PROV-NPI	10 Numeric	Identifies the EPSDT NPI.
RC-EPSDT-DATE	9 Numeric	Identifies the EPSDT date.
LTC-LIAB		Displays the LTC LIAB The next 3 LTC-LIAB fields occur 36 times as a group.
RC-LTC-LIAB-BEGIN-DATE	6 Numeric	Identifies LTC begin date.

Field Name	Attributes	Description
RC-LTC-LIAB-END-DATE	6 Numeric	Identifies LTC end date.
RC-LTC-LIAB-AMT	7 Numeric	Identifies LTC income amount.
E-RETRO-TBL		Displays the RETRO TBL The next 4 E-RETRO-TBL fields occur 30 times as a group.
RC-E-RETRO-TBL-BEGIN-DATE	6 Numeric	Indicates retro segment begin date. Format is CCYYMM.
RC-E-RETRO-TBL-END-DATE	6 Numeric	Indicates retro segment end date. Format is CCYYMM.
RC-E-RETRO-TBL-AID-CATEGORY	2 Character	Indicates retro aid category.
RC-E-RETRO-TBL-ISSUE-DATE	8 Numeric	Indicates retro issue date. Format is CCYYMMDD.
RC-E-DISPLAY-RECIP-ID	12 Character	The RECIP ID field will be used to display on public documents instead of recipient SSN.

Monthly Provider Extract file:

Field Name	Attributes	Description
Internal Key	9 Numeric	interChange internal key for the provider record
MCD Id	15 Character	Medicaid Provider Id
NPI	10 Character	National Provider Identifier
Status Code	1 Character	Code indicating the current status of the provider.
Provider Begin Date	8 Numeric	Provider's effective date.
Provider End Date	8 Numeric	Provider's end date.
SSAN	9 Character	Social Security Account Number (SSN)
Tax ID Number	9 Character	The number assigned to an employer by the Internal Revenue Service for tax reporting purposes. (FEIN number).
Provider Type	2 Character	Identifies what type of practice the Provider has.
Name	50 Character	Name of the Provider as used on official state records.
Name Type	1 Character	Type of name in the name field. B for Business, P for Person.
Name Title	15 Character	Degree, such as DDS.
Service Street-1	30 Character	The street address of the Provider's physical address.
Service Street-2	30 Character	Additional street address information (if applicable).
Service City	30 Character	City of the Provider's physical address.
Service State	2 Character	State of the Provider's physical address.
Service ZIP-Code	5 Character	Five-byte zip code of the Provider's physical address.
Service ZIP-Extension	4 Character	Four-byte zip code extension of the Provider's physical address.
Service County	10 Character	County where the Provider resides.
Service Phone	10 Character	Phone number for the Provider's physical address.
Service FAX	10 Character	Fax number for the Provider's physical address.
DEA License Number	9 Character	Drug Enforcement Agency number assigned to a facility which allows them to dispense drugs.
DEA End Date	8 Numeric	Expiration date or end date of the DEA number.
Board License Number	10 Character	Number assigned to a Provider which indicates whether or not the provider is licensed to practice.
Board License End Date	8 Numeric	Expiration date or end date of the Board License Number.
License Street-1	30 Character	Street address 1 as it appears on the Provider's

Field Name	Attributes	Description
		License.
License Street-2	30 Character	Street address 1 as it appears on the Provider's License.
License City	23 Character	City as it appears on the Provider's License.
License State	2 Character	State as it appears on the Provider's License.
License ZIP-Code	5 Character	Zip code as it appears on the Provider's License.
License ZIP-Extension	4 Character	Zip Extension as it appears on the Provider's License.
Occurs 10 times		
Specialty Code	3 Character	Three digit code used to identify the type of practice that the Provider specializes in.
Specialty Begin Date	8 Numeric	Effective date of the Provider specialty
Specialty End Date	8 Numeric	End date of the Provider specialty
Specialty Count	2 Numeric	The number of occurrences of the Specialty Code data

Monthly Claims Extract file:

Individual Form-Type Layouts

**Institutional Claim Header Record
Institutional Header**

Identification Fields	Field Format	Column
Attributes	Description	
ICN	13 Character	1
RCD-TYPE	2 Integer	14
CLM-TYPE-ALPHA	1 Character	16
General Fields		
DTL-CNT	3 Integer	17
PLAN-CODE	3 Character	20
HDR-FDOS	8 Character	23
HDR-TDOS	8 Character	31
HDR-DIAG-COUNT	2 Integer	39
HDR-DIAG	7 Character (10 Occurrences)	41
ENTRY-CLERK	8 Character	111
HDR-PA-NBR	10 Character	119
PAT-CTL-NBR	38 Character	129
MED-RCD-NBR	30 Character	167
Recipient Fields		
BENE-MID	12 Character	197
BENE-MID-CHK-DIG	1 Character	209
K-BENE-LNAME	60 Character	210
K-BENE-FI	35 Character	270
E-BENE-MI	1 Character	305
BENE-CNTY	10 Character	306
BENE-DOB-EXPANDED	8 Character	316
BENE-AGE	3 Integer	324
BENE-SEX	1 Character	327
BENE-HIC	12 Character	328
BENE-STATE-RACE	2 Character	340
BENE-INP-RETRO-ELIG-IND	1 Character	342
HDR-BENE-STATE-AID-CAT	2 Character	343
Provider Fields		
HDR-REF-PROV-NBR	15 Character	345
ATND-PROV-NBR	15 Character	360
SURG-PROV-NBR	15 Character	375
UNIQ-PROV-NBR	15 Character	390
BILL-PROV-NBR	15 Character	405
BILL-PROV-CNTY	10 Character	420
BILL-PROV-LOC	1 Character	430
BILL-PROV-TYPE	2 Character	431
BILL-PROV-SPEC-COUNT	2 Integer	433
BILL-PROV-SPEC	3 Character (5 Occurrences)	435

Institutional Header	Field Format	Column
Financial Fields		
FINAL-STATUS-DATE	8 Character	450
HDR-TOT-BILL	10.2 Float	458
HDR-ALLOW-AMT	11.2 Float	468
HDR-PAID-AMT	11.2 Float	479
HDR-TPL-AMT	10.2 Float	490
HDR-PAT-LIAB-AMT	10.2 Float	500
HDR-PA-AMT-USED	10.2 Float	510
HDR-PA-UNITS-USED	16.3 Float	520
Indicator Fields		
HDR-EMERG-IND	1 Character	536
SERV-AUTH-EXCEPT-CODE	30 Character	537
PAT-STAT-IND	2 Character	567
CLM-STAT-IND	1 Character	569
ACDT-IND1	3 Character	570
ACDT-IND2	3 Character	573
ACDT-IND3	3 Character	576
HDR-PA-IND	1 Character	579
LIFETIME-IND	1 Character	580
HDR-FP-IND	1 Character	581
COPAY-IND	1 Character	582
ENC-IND - District Plan	1 Character	583
BUYIN-IND	1 Character	584
MW-EXEMPT-IND	1 Character	585
HDR-MAN-REFL-IND	1 Character	586
Adjustment Fields		
OHDR-ICN	13 Character	587
OHDR-PAYDATE	8 Character	600
OHDR-PAID-AMT	11.2 Float	608
OHDR-ENC-PAID-AMT - Original District Plan	11.2 Float	619
EOB Fields		
HDR-EOB-COUNT	2 Integer	630
HDR-EOB Fields	(5 Occurrences)	632
HDR-EOB	4 Character	
HDR-EOB-CUT-AMT	10.2 Float	
Error Fields		
HDR-ERR-COUNT	2 Integer	702
HDR-ERR Fields	(5 Occurrences)	704
HDR-ERR-FLAG	1 Character	
HDR-ERR-NBR	4 Character	
TPL Fields		
TPL-IN-IND	1 Character	729
TPL-OUT-IND	1 Character	730
HDR-TPL-ADJUD-DATE	8 Character	731

Institutional Header	Field Format	Column
Claim Type Specific Fields		
MediCare Fields		
MCARE-ICN	30 Character	739
MCARE-TOT-BILL	10.2 Float	769
MCARE-COINS	10.2 Float	779
MCARE-ALLOW-AMT	11.2 Float	789
MCARE-REG-DED	10.2 Float	800
MCARE-PAID	11.2 Float	810
MCARE-PAY-DATE	8 Character	821
MCARE-COINS-DAYS	7.2 Float	829
MCARE-LIFE-RSV-DAYS	7.2 Float	836
MCARE-BLOOD-DEDUCTIBLE	9.2 Float	843
General Fields		
DELAY-RSN-CODE	2 Character	852
HDR-INV-CAT	3 Character	854
HDR-NON-COV-CHG	11.2 Float	857
HDR-NONCOV-DAYS	4 Integer	868
HDR-COV-DAYS	4 Integer	872
HDR-LOS	5 Integer	876
HDR-LOA-DAYS	4 Integer	881
ADMIT-TYPE-IND	1 Character	885
ADMIT-DIAG	7 Character	886
ADMIT-DATE	8 Character	893
ADMIT-HR	4 Character	901
DISCH-DATE	8 Character	905
DISCH-HR	4 Character	913
HDR-OCCUR-COUNT	2 Integer	917
HDR-OCCUR-CODES	2 Character (5 Occurrences)	919
HDR-OCCUR-DATE	8 Character (5 Occurrences)	
HDR-COND-COUNT	2 Integer	969
HDR-COND-CODES	2 Character (5 Occurrences)	971
HDR-SURG-COUNT	2 Integer	981
HDR-SURG-CODE	5 Character (5 Occurrences)	983
HDR-SURG-DATE	8 Character (5 Occurrences)	
HDR-TYPE-BILL	3 Character	1048
PROV-DISPRO-SHR-IND	1 Character	1051
END OF RECORD MARK	\n (Carriage Control, Line feed)	1052

Institutional Claim Detail Record

Institutional Detail	Field Format	Column
Identification Fields		
ICN	13 Character	1
RCD-ID	2 Integer	14
CLM-TYPE-ALPHA	1 Character	16
DTL-NBR	3 Character	17
General Fields		
DTL-FDOS	8 Character	20
DTL-TDOS	8 Character	28
FILLER	15 Character	36
FILLER	15 Character	51
FILLER	2 Integer	66
FILLER	8 Character (8 Occurrences)	68
DTL-UNITS	16.3 Float	132
DTL-PCODE	6 Character	148
DTL-REV-CODE	4 Character	154
DTL-MOD-COUNT	2 Integer	158
DTL-MOD	2 Character (4 Occurrences)	160
Recipient Fields		
DTL-B-STATE-AID-CAT	2 Character	168
DTL-BENE-CNTY	2 Character	170
DTL-BENE-AGE	3 Integer	172
Financial Fields		
DTL-PA-AMT-USED	10.2 Float	175
DTL-PA-UNITS-USED	16.3 Float	185
DTL-TOT-BILL	10.2 Float	201
DTL-ALLOW-AMT	10.2 Float	211
DTL-PAID-AMT	10.2 Float	221
DTL-PAC	6 Character	231
DTL-COPAY-AMT	8.2 Float	237
DTL-INV-CAT	3 Character	245
Indicator Fields		
CLM-STAT-IND	1 Character	248
DTL-STAT-IND	1 Character	249
DTL-FP-IND	1 Character	250
DTL-COPAY-IND	1 Character	251
EOB Fields		
DTL-EOB-COUNT	2 Integer	252
DTL-EOB Fields	(5 Occurrences)	254
DTL-EOB	4 Character	
DTL-EOB-CUT-AMT	10.2 Float	
Error Fields		
DTL-ERR-COUNT	2 Integer	324
DTL-ERR Fields	(5 Occurrences)	326
DTL-ERR-FLAG	1 Character	
DTL-ERR-NBR	4 Character	
TPL Fields		
DTL-TPL-ADJUD-DATE	8 Character	351

Claim Type Specific Fields		
Institutional Detail	Field Format	Column
General Fields		
DTL-COV-DAYS	7.2 Float	359
DTL-NONCOV-DAYS	7.2 Float	366
DTL-NON-COV-CHG	10.2 Float	373
HDR-TYPE-BILL	3 Character	383
ODTL-ICN	13 Character	386
ODTL-PAYDATE	8 Character	399
ODTL-PAID-AMT	11.2 Float	407
ODTL-ENC-PAID-AMT	11.2 Float	418
DTL-BENE_MID	12 Characters	429
END OF RECORD MARK	\n (Carriage Control, Line feed)	441

Dental Claim Header Record

Dental Header	Field Format	Column
Identification Fields		
ICN	13 Character	1
RCD-TYPE	2 Integer	14
CLM-TYPE-ALPHA	1 Character	16
General Fields		
DTL-CNT	3 Integer	17
PLAN-CODE	3 Character	20
HDR-FDOS	8 Character	23
HDR-TDOS	8 Character	31
HDR-DIAG-COUNT	2 Integer	39
HDR-DIAG	7 Character (10 Occurrences)	41
ENTRY-CLERK	8 Character	111
HDR-PA-NBR	10 Character	119
PAT-CTL-NBR	38 Character	129
FILLER	30 Character	167
Recipient Fields		
BENE-MID	12 Character	197
BENE-MID-CHK-DIG	1 Character	209
K-BENE-LNAME	60 Character	210
K-BENE-FI	35 Character	270
E-BENE-MI	1 Character	305
BENE-CNTY	10 Character	306
BENE-DOB-EXPANDED	8 Character	316
BENE-AGE	3 Integer	324
BENE-SEX	1 Character	327
BENE-HIC	12 Character	328
BENE-STATE-RACE	2 Character	340
BENE-INP-RETRO-ELIG-IND	1 Character	342
HDR-BENE-STATE-AID-CAT	2 Character	343
Provider Fields		
HDR-REF-PROV-NBR	15 Character	345
FILLER	15 Character	360
FILLER	15 Character	375
UNIQ-PROV-NBR	15 Character	390
BILL-PROV-NBR	15 Character	405
BILL-PROV-CNTY	10 Character	420
BILL-PROV-LOC	1 Character	430
BILL-PROV-TYPE	2 Character	431
BILL-PROV-SPEC-COUNT	2 Integer	433
BILL-PROV-SPEC	3 Character (5 Occurrences)	435
Financial Fields		
FINAL-STATUS-DATE	8 Character	450
HDR-TOT-BILL	10.2 Float	458
HDR-ALLOW-AMT	11.2 Float	468
HDR-PAID-AMT	11.2 Float	479
HDR-TPL-AMT	10.2 Float	490
HDR-PAT-LIAB-AMT	10.2 Float	500
HDR-PA-AMT-USED	10.2 Float	510
HDR-PA-UNITS-USED	16.3 Float	520

Dental Header	Field Format	Column
Indicator Fields		
HDR-EMERG-IND	1 Character	536
SERV-AUTH-EXCEPT-CODE	30 Character	537
FILLER	2 Character	567
CLM-STAT-IND	1 Character	569
ACDT-IND1	3 Character	570
ACDT-IND2	3 Character	573
ACDT-IND3	3 Character	576
HDR-PA-IND	1 Character	579
LIFETIME-IND	1 Character	580
HDR-FP-IND	1 Character	581
COPAY-IND	1 Character	582
ENC-IND - District Plan	1 Character	583
BUYIN-IND	1 Character	584
MW-EXEMPT-IND	1 Character	585
HDR-MAN-REFL-IND	1 Character	586
Adjustment Fields		
OHDR-ICN	13 Character	587
OHDR-PAYDATE	8 Character	600
OHDR-PAID-AMT	11.2 Float	608
OHDR-ENC-PAID-AMT - Original District Plan	11.2 Float	619
EOB Fields		
HDR-EOB-COUNT	2 Integer	630
HDR-EOB Fields	(5 Occurrences)	632
HDR-EOB	4 Character	
HDR-EOB-CUT-AMT	10.2 Float	
Error Fields		
HDR-ERR-COUNT	2 Integer	702
HDR-ERR Fields	(5 Occurrences)	704
HDR-ERR-FLAG	1 Character	
HDR-ERR-NBR	4 Character	
TPL Fields		
TPL-IN-IND	1 Character	729
TPL-OUT-IND	1 Character	730
HDR-TPL-ADJUD-DATE	8 Character	731

Claim Type Specific Fields		
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None

END OF RECORD MARK	\n (Carriage Control, Line feed)	739
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Dental Claim Detail Record
Dental Detail

Field Format

Column

Identification Fields	Field Format	Column
ICN	13 Character	1
RCD-ID	2 Integer	14
CLM-TYPE-ALPHA	1 Character	16
DTL-NBR	3 Character	17
General Fields		
DTL-FDOS	8 Character	20
DTL-TDOS	8 Character	28
DTL-PREF-PROV-NBR	15 Character	36
DTL-PREF-PROV-NPI-NBR	15 Character	51
DTL-DIAG-PTR-COUNT	2 Integer	66
DTL-DIAG-PTR	8 Character (8 Occurrences)	68
DTL-UNITS	16.3 Float	132
DTL-PCODE	6 Character	148
FILLER	4 Character	154
DTL-MOD-COUNT	2 Integer	158
DTL-MOD	2 Character (4 Occurrences)	160
Recipient Fields		
DTL-B-STATE-AID-CAT	2 Character	168
DTL-BENE-CNTY	2 Character	170
DTL-BENE-AGE	3 Integer	172
Financial Fields		
DTL-PA-AMT-USED	10.2 Float	175
DTL-PA-UNITS-USED	16.3 Float	185
DTL-TOT-BILL	10.2 Float	201
DTL-ALLOW-AMT	10.2 Float	211
DTL-PAID-AMT	10.2 Float	221
DTL-PAC	6 Character	231
DTL-COPAY-AMT	8.2 Float	237
DTL-INV-CAT	3 Character	245
Indicator Fields		
CLM-STAT-IND	1 Character	248
DTL-STAT-IND	1 Character	249
DTL-FP-IND	1 Character	250
DTL-COPAY-IND	1 Character	251
EOB Fields		
DTL-EOB-COUNT	2 Integer	252
DTL-EOB Fields	(5 Occurrences)	254
DTL-EOB	4 Character	
DTL-EOB-CUT-AMT	10.2 Float	
Error Fields		
DTL-ERR-COUNT	2 Integer	324
DTL-ERR Fields	(5 Occurrences)	326
DTL-ERR-FLAG	1 Character	
DTL-ERR-NBR	4 Character	
TPL Fields		
DTL-TPL-ADJUD-DATE	8 Character	351

Claim Type Specific Fields		
Dental Detail	Field Format	Column
General Fields		
DTL-POS	2 Character	359
DTL-TOOTH-NBR	2 Character	361
DTL-SURF1	1 Character	363
DTL-SURF2	1 Character	364
DTL-SURF3	1 Character	365
DTL-SURF4	1 Character	366
DTL-SURF5	1 Character	367
ORAL-CAVITY-CODE-1	3 Character	368
ORAL-CAVITY-CODE-2	3 Character	371
ORAL-CAVITY-CODE-3	3 Character	374
ORAL-CAVITY-CODE-4	3 Character	377
ORAL-CAVITY-CODE-5	3 Character	380
ODTL-ICN	13 Character	383
ODTL-PAYDATE	8 Character	396
ODTL-PAID-AMT	11.2 Float	404
ODTL-ENC-PAID-AMT	11.2 Float	415
DTL-BENE_MID	12 Characters	426
END OF RECORD MARK	\n (Carriage Control, Line feed)	438

Physician Claim Header Record

Physician Header	Field Format	Column
Identification Fields		
ICN	13 Character	1
RCD-TYPE	2 Integer	14
CLM-TYPE-ALPHA	1 Character	16
General Fields		
DTL-CNT	3 Integer	17
PLAN-CODE	3 Character	20
HDR-FDOS	8 Character	23
HDR-TDOS	8 Character	31
HDR-DIAG-COUNT	2 Integer	39
HDR-DIAG	7 Character (10 Occurrences)	41
ENTRY-CLERK	8 Character	111
HDR-PA-NBR	10 Character	119
PAT-CTL-NBR	38 Character	129
MED-RCD-NBR	30 Character	167
Recipient Fields		
BENE-MID	12 Character	197
BENE-MID-CHK-DIG	1 Character	209
K-BENE-LNAME	60 Character	210
K-BENE-FI	35 Character	270
E-BENE-MI	1 Character	305
BENE-CNTY	10 Character	306
BENE-DOB-EXPANDED	8 Character	316
BENE-AGE	3 Integer	324
BENE-SEX	1 Character	327
BENE-HIC	12 Character	328
BENE-STATE-RACE	2 Character	340
BENE-INP-RETRO-ELIG-IND	1 Character	342
HDR-BENE-STATE-AID-CAT	2 Character	343
Provider Fields		
HDR-REF-PROV-NBR	15 Character	345
FILLER	15 Character	360
FILLER	15 Character	375
UNIQ-PROV-NBR	15 Character	390
BILL-PROV-NBR	15 Character	405
BILL-PROV-CNTY	10 Character	420
BILL-PROV-LOC	1 Character	430
BILL-PROV-TYPE	2 Character	431
BILL-PROV-SPEC-COUNT	2 Integer	433
BILL-PROV-SPEC	3 Character (5 Occurrences)	435
Financial Fields		
FINAL-STATUS-DATE	8 Character	450
HDR-TOT-BILL	10.2 Float	458
HDR-ALLOW-AMT	11.2 Float	468
HDR-PAID-AMT	11.2 Float	479
HDR-TPL-AMT	10.2 Float	490
HDR-PAT-LIAB-AMT	10.2 Float	500
HDR-PA-AMT-USED	10.2 Float	510
HDR-PA-UNITS-USED	16.3 Float	520

Physician Header	Field Format	Column
Indicator Fields		
HDR-EMERG-IND	1 Character	536
SERV-AUTH-EXCEPT-CODE	30 Character	537
FILLER	2 Character	567
CLM-STAT-IND		
ACDT-IND1	3 Character	570
ACDT-IND2	3 Character	573
ACDT-IND3	3 Character	576
HDR-PA-IND	1 Character	579
LIFETIME-IND	1 Character	580
HDR-FP-IND	1 Character	581
COPAY-IND	1 Character	582
ENC-IND - District Plan	1 Character	583
BUYIN-IND	1 Character	584
MW-EXEMPT-IND	1 Character	585
HDR-MAN-REFL-IND	1 Character	586
Adjustment Fields		
OHDR-ICN	13 Character	587
OHDR-PAYDATE	8 Character	600
OHDR-PAID-AMT	11.2 Float	608
OHDR-ENC-PAID-AMT - Original District Plan	11.2 Float	619
EOB Fields		
HDR-EOB-COUNT	2 Integer	630
HDR-EOB Fields	(5 Occurrences)	632
HDR-EOB	4 Character	
HDR-EOB-CUT-AMT	10.2 Float	
Error Fields		
HDR-ERR-COUNT	2 Integer	702
HDR-ERR Fields	(5 Occurrences)	704
HDR-ERR-FLAG	1 Character	
HDR-ERR-NBR	4 Character	
TPL Fields		
TPL-IN-IND	1 Character	729
TPL-OUT-IND	1 Character	730
HDR-TPL-ADJUD-DATE	8 Character	731

Claim Type Specific Fields

Physician Header	Field Format	Column
MediCare Fields		
MCARE-ICN	30 Character	739
MCARE-TOT-BILL	10.2 Float	769
MCARE-COINS	10.2 Float	779
MCARE-ALLOW-AMT	11.2 Float	789
MCARE-REG-DED	10.2 Float	800
MCARE-PAID	11.2 Float	810
MCARE-PAY-DATE	8 Character	821
MCARE-COINS-DAYS	7.2 Float	829
MCARE-LIFE-RSV-DAYS	7.2 Float	836
MCARE-BLOOD-DEDUCTIBLE	9.2 Float	843
General Fields		
DELAY-RSN-CODE	2 Character	852
END OF RECORD MARK	\n (Carriage Control, Line feed)	854

Physician Claim Detail Record

Physician Detail	Field Format	Column
Identification Fields		
ICN	13 Character	1
RCD-ID	2 Integer	14
CLM-TYPE-ALPHA	1 Character	16
DTL-NBR	3 Character	17
General Fields		
DTL-FDOS	8 Character	20
DTL-TDOS	8 Character	28
DTL-PREF-PROV-NBR	15 Character	36
DTL-PREF-PROV-NPI-NBR	15 Character	51
DTL-DIAG-PTR-COUNT	2 Integer	66
DTL-DIAG-PTR	8 Character (8 Occurrences)	68
DTL-UNITS	16.3 Float	132
DTL-PCODE	6 Character	148
FILLER	4 Character	154
DTL-MOD-COUNT	2 Integer	158
DTL-MOD	2 Character (4 Occurrences)	160
Recipient Fields		
DTL-B-STATE-AID-CAT	2 Character	168
DTL-BENE-CNTY	2 Character	170
DTL-BENE-AGE	3 Integer	172
Financial Fields		
DTL-PA-AMT-USED	10.2 Float	175
DTL-PA-UNITS-USED	16.3 Float	185
DTL-TOT-BILL	10.2 Float	201
DTL-ALLOW-AMT	10.2 Float	211
DTL-PAID-AMT	10.2 Float	221
DTL-PAC	6 Character	231
DTL-COPAY-AMT	8.2 Float	237
DTL-INV-CAT	3 Character	245
Indicator Fields		
CLM-STAT-IND	1 Character	248
DTL-STAT-IND	1 Character	249
DTL-FP-IND	1 Character	250
DTL-COPAY-IND	1 Character	251
EOB Fields		
DTL-EOB-COUNT	2 Integer	252
DTL-EOB Fields	(5 Occurrences)	254
DTL-EOB	4 Character	
DTL-EOB-CUT-AMT	10.2 Float	
Error Fields		
DTL-ERR-COUNT	2 Integer	324
DTL-ERR Fields	(5 Occurrences)	326
DTL-ERR-FLAG	1 Character	
DTL-ERR-NBR	4 Character	
TPL Fields		
DTL-TPL-ADJUD-DATE	8 Character	351

Claim Type Specific Fields		
Physician Detail	Field Format	Column
General Fields		
DTL-POS	2 Character	359
DTL-EPSDT-SCRN-IND	2 Character	361
DTL-ANES-UNITS	16.3 Float	363
MediCare Fields		
DTL-MCARE-TOT-BILL	10.2 Float	379
DTL-MCARE-PAID	11.2 Float	389
DTL-MCARE-ALLOW-AMT	11.2 Float	400
DTL-MCARE-DED	10.2 Float	411
DTL-MCARE-COINS	10.2 Float	421
ODTL-ICN	13 Character	431
ODTL-PAYDATE	8 Character	444
ODTL-PAID-AMT	11.2 Float	452
ODTL-ENC-PAID-AMT	11.2 Float	463
DTL-BENE-MID	12 Characters	474
END OF RECORD MARK	\n (Carriage Control, Line feed)	486

Pharmacy Claim Header Record

Pharmacy Header	Field Format	Column
Identification Fields		
ICN	13 Character	1
RCD-TYPE	2 Integer	14
CLM-TYPE-ALPHA	1 Character	16
General Fields		
DTL-CNT	3 Integer	17
PLAN-CODE	3 Character	20
HDR-FDOS	8 Character	23
HDR-TDOS	8 Character	31
HDR-DIAG-COUNT	2 Integer	39
HDR-DIAG	7 Character (10 Occurrences)	41
ENTRY-CLERK	8 Character	111
HDR-PA-NBR	10 Character	119
FILLER	38 Character	129
FILLER	30 Character	167
Recipient Fields		
BENE-MID	12 Character	197
BENE-MID-CHK-DIG	1 Character	209
K-BENE-LNAME	60 Character	210
K-BENE-FI	35 Character	270
E-BENE-MI	1 Character	305
BENE-CNTY	10 Character	306
BENE-DOB-EXPANDED	8 Character	316
BENE-AGE	3 Integer	324
BENE-SEX	1 Character	327
BENE-HIC	12 Character	328
BENE-STATE-RACE	2 Character	340
BENE-INP-RETRO-ELIG-IND	1 Character	342
HDR-BENE-STATE-AID-CAT	2 Character	343
Provider Fields		
FILLER	15 Character	345
FILLER	15 Character	360
FILLER	15 Character	375
UNIQ-PROV-NBR	15 Character	390
BILL-PROV-NBR	15 Character	405
BILL-PROV-CNTY	10 Character	420
BILL-PROV-LOC	1 Character	430
BILL-PROV-TYPE	2 Character	431
BILL-PROV-SPEC-COUNT	2 Integer	433
BILL-PROV-SPEC	3 Character (5 Occurrences)	435
Financial Fields		
FINAL-STATUS-DATE	8 Character	450
HDR-TOT-BILL	10.2 Float	458
HDR-ALLOW-AMT	11.2 Float	468
HDR-PAID-AMT	11.2 Float	479
HDR-TPL-AMT	10.2 Float	490
HDR-PAT-LIAB-AMT	10.2 Float	500
HDR-PA-AMT-USED	10.2 Float	510
HDR-PA-UNITS-USED	16.3 Float	520

Pharmacy Header	Field Format	Column
Indicator Fields		
HDR-EMERG-IND	1 Character	536
SERV-AUTH-EXCEPT-CODE	30 Character	537
FILLER	2 Character	567
CLM-STAT-IND	1 Character	569
FILLER	3 Character	570
FILLER	3 Character	573
FILLER	3 Character	576
HDR-PA-IND	1 Character	579
FILLER	1 Character	580
HDR-FP-IND	1 Character	581
COPAY-IND	1 Character	582
ENC-IND - District Plan	1 Character	583
BUYIN-IND	1 Character	584
MW-EXEMPT-IND	1 Character	585
HDR-MAN-REFL-IND	1 Character	586
Adjustment Fields		
OHDR-ICN	13 Character	587
OHDR-PAYDATE	8 Character	600
OHDR-PAID-AMT	11.2 Float	608
OHDR-ENC-PAID-AMT - Original District Plan	11.2 Float	619
EOB Fields		
HDR-EOB-COUNT	2 Integer	630
HDR-EOB Fields	(5 Occurrences)	632
HDR-EOB	4 Character	
HDR-EOB-CUT-AMT	10.2 Float	
Error Fields		
HDR-ERR-COUNT	2 Integer	702
HDR-ERR Fields	(5 Occurrences)	704
HDR-ERR-FLAG	1 Character	
HDR-ERR-NBR	4 Character	
TPL Fields		
TPL-IN-IND	1 Character	729
TPL-OUT-IND	1 Character	730
HDR-TPL-ADJUD-DATE	8 Character	731

Claim Type Specific Fields		
Pharmacy Header	Field Format	Column
General Fields		
HDR-INV-CAT	3 Character	739
RX-NBR	7 Character	742
NCPDP-TPL-CODE	2 Character	749
PREF-DRUG-IND	1 Character	751
DISPENS-FEE-IND	1 Character	752
HDR-DISPEN-FEE	8.2 Float	753
END OF RECORD MARK	\n (Carriage Control, Line feed)	761

Pharmacy Claim Detail Record

Pharmacy Detail	Field Format	Column
Identification Fields		
ICN	13 Character	1
RCD-ID	2 Integer	14
CLM-TYPE-ALPHA	1 Character	16
DTL-NBR	3 Character	17
General Fields		
DTL-FDOS	8 Character	20
DTL-TDOS	8 Character	28
FILLER	15 Character	36
FILLER	15 Character	51
FILLER	2 Integer	66
FILLER	8 Character (8 Occurrences)	68
DTL-UNITS	16.3 Float	132
FILLER	6 Character	148
FILLER	4 Character	154
FILLER	2 Integer	158
FILLER	2 Character (4 Occurrences)	160
Recipient Fields		
DTL-B-STATE-AID-CAT	2 Character	168
DTL-BENE-CNTY	2 Character	170
DTL-BENE-AGE	3 Integer	172
Financial Fields		
DTL-PA-AMT-USED	10.2 Float	175
DTL-PA-UNITS-USED	16.3 Float	185
DTL-TOT-BILL	10.2 Float	201
DTL-ALLOW-AMT	10.2 Float	211
DTL-PAID-AMT	10.2 Float	221
DTL-PAC	6 Character	231
DTL-COPAY-AMT	8.2 Float	237
DTL-INV-CAT	3 Character	245
Indicator Fields		
CLM-STAT-IND	1 Character	248
DTL-STAT-IND	1 Character	249
DTL-FP-IND	1 Character	250
DTL-COPAY-IND	1 Character	251
EOB Fields		
DTL-EOB-COUNT	2 Integer	252
DTL-EOB Fields	(5 Occurrences)	254
DTL-EOB	4 Character	
DTL-EOB-CUT-AMT	10.2 Float	
Error Fields		
DTL-ERR-COUNT	2 Integer	324
DTL-ERR Fields	(5 Occurrences)	326
DTL-ERR-FLAG	1 Character	
DTL-ERR-NBR	4 Character	
TPL Fields		
DTL-TPL-ADJUD-DATE	8 Character	351

Pharmacy Detail	Field Format	Column
Claim Type Specific Fields		
General Fields		
DTL-DAYS-SUPPLY	9 Integer	359
DTL-DAW-CODE	1 Character	368
DTL-RX-REFILL	1 Character	369
DRUG-SCHED-IND	1 Character	370
DRUG-GENERIC-PROD-IND	1 Character	371
DTL-RATE-TYPE	4 Character	372
DTL-NDC	11 Character	376
DTL-PRSC-PROV-NBR	15 Character	387
DTL-PRSC-PROV-NBR-NPI	15 Character	402
DTL-PRSC-DATE	8 Character	417
DTL-THER-CLASS	10 Character	425
ODTL-ICN	13 Character	435
ODTL-PAYDATE	8 Character	448
ODTL-PAID-AMT	11.2 Float	456
ODTL-ENC-PAID-AMT	11.2 Float	467
DTL-BENE-MID	12 Characters	478
END OF RECORD MARK	\n (Carriage Control, Line feed)	490