

Willis Towers Watson

Pharmacy Benefit Services

Incumbent
Pharmacy Data
Request Guide

Incumbent Pharmacy Data Request Guide

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Table of Contents

Introduction	1
Experience Period	1
File Layout	2
Control Totals	4
Release Instructions	4
Data Encryption	4
Required Media Formats	4
Mailing Data	5
Index	6

Introduction

This guide documents the pharmacy claims data Willis Towers Watson (WTW) requires to perform a client-requested analysis. The intended audience for this memo is incumbent PBM data analysts qualified to develop, test, document, encrypt, and release pharmacy claims data and managing broker resources.

The remaining sections of this document are described in the table below.

Documentation Sections	
Section	Description
Experience Period	This section describes the interval of fill dates required for the data request.
File Layout	This section contains a data dictionary defining the format of the incumbent data request.
Control Totals	This section contains recommended control totals to include with the released data. These control totals will help WTW validate the received data.
Release Instructions	This section describes recommended encryption techniques, required media formats, supported media, our mailing address, and other requirements.

Experience Period

This section describes the interval of fill dates required for the data request.

WTW requires a minimum of 13 months of pharmacy data. The most recent claims data available is desired – even if claims for the final months are incomplete. The data must be at a claim-level.

File Layout

This section defines the format of the incumbent data request.

Incumbent Data Request File Layout					
Field Name	Field Type	Length	Required	Description	Comment
NDC	Text	11	Yes	National Drug Code dispensed	Use "99999999998" for compounds
Claim Status	Text	1	Yes	Status of claim	For example, "P" for paid, "R" for reversed, "D" for denied, and "A" for adjusted
Fill Date	Date		Yes	Date prescription was filled	
Quantity Dispensed	Numeric		Yes	Quantity of prescription dispensed	
Days Supply	Numeric		Yes	Days supply of prescription	
Pricing Indicator	Text	1	Yes	Indicates method of pricing	Use "A" for AWP, "U" for U&C, "M" for MAC, and "O" for all others
AWP	Currency		Yes	Average wholesale price of prescription	Pre-discounted cost if AWP pricing is indicated for claim
Ingredient Cost	Currency		Yes	Post-discount cost of prescription	
Dispensing Fee	Currency		Yes	Fee paid to pharmacy for dispensing prescription	
Sales Tax	Currency		Yes, if available	Sales tax for the prescription	Not required, but should be provided if available
Copay Amount	Currency		Yes	Member co-pay	
Deductible	Currency		Yes	Member deductible contribution	
COB	Currency		Yes	Coordination of benefits	Third-party payments, e.g. drug manufacturer coupon redemption
Paid	Currency		Yes	Paid amount	
U&C Amount	Currency		Yes	Usual & Customary amount of the claim	
Retail/Mail Indicator	Text	1	Yes	Indicates delivery method	For example, "R" for retail and "M" for mail order
Specialty/Brand/ Generic Indicator	Text	1	Yes	Indicates brand vs. generic	For example, "S" for specialty, "B" for brand, and "G" for generic

Incumbent Data Request File Layout					
Field Name	Field Type	Length	Required	Description	Comment
Compound Indicator	Text	1	Yes	Indicates if compound claim	For example, “Y” if compound and “N” if not a compound claim
Formulary Indicator	Text	1	Yes	Indicates if prescription is in formulary	For example, “F” for formulary and “N” for non-formulary
Network Indicator	Text	1	Yes, if available	Indicates if prescription was filled in-network	For example, “Y” for in-network and “N” for out-of-formulary
DAW Indicator	Text	1	Yes	Indicates if prescription could only be dispensed as written (DAW)	Use “Y” for DAW mandated by the prescribing clinician or law, otherwise and “N”
Pharmacy Number	Text	10	Yes, if available	NCPDP number of dispensing pharmacy	
Prescriber Number	Text	20	Yes, if available	Code uniquely identifying the prescribing provider	
Subscriber Division Code	Text	25	No	Employer assigned subscriber category	Required if division-level analytics are desired
Member ID	Text	25	Yes, if available	Code uniquely identifying members	Required if member-level analytics are desired
Member DOB	Date		Yes, if available	Member data of birth	
Member Zip Code	Text	9	No	Zip code of member’s primary address	Required if member proximity analyses are desired for different pharmacy networks

Control Totals

This section contains recommended control totals to include with the released data. We prefer the following control total statistics be sent with any submitted data:

1. Record count
2. Minimum Fill Date
3. Maximum Fill Date
4. Sum of Ingredient Cost
5. Sum of Dispensing Fee
6. Sum of Copay Amount

These control totals will help WTW validate the received data.

Release Instructions

This section describes recommended encryption techniques, required media formats, supported media, our mailing address, and other requirements.

Data Encryption

WTW recommends PGP® (<http://www.pgp.com/downloads/index.html>) or TrueCrypt (<http://www.truecrypt.org/downloads.php>) for data encryption. PGP® offers a 30-day free trial. TrueCrypt is open source. Other encryption methods are acceptable. Please do not send password information with the encrypted data.

Required Media Formats

WTW requires the following related to media formats:

1. ASCII format only
2. Fixed width or delimited data are acceptable
3. No COBOL packed fields (overpunch currency formatting is acceptable)
4. Media must be clearly labeled

Please include field layout documentation (names of fields and fixed width starts and stops) and a data dictionary (describing the meaning of coded field values).

WTW accepts data formatted CDs or DVDs. Uploading data to an FTP site data is also an option – contract your WTW representative for more information.

Mailing Data

If mailing data, please send data to:

Data Services
DeepView Solutions
6047 173rd Ave SE
Bellevue, WA 98006

Please email the following to Emil Kraft at emil.kraft@deepviewsolutions.com:

1. A file layout for the submitted data,
2. The PGP® or TrueCrypt password to decrypt the data, and
3. The mail service used and package tracking number.

Index

ASCII, 5
AWP, 3
Brand/Generic Indicator, 3
Claims Status, 3
control totals, i, 5
Copay Amount, 3, 5
DAW Indicator, 4
Days Supply, 3
Dispensing Fee, 3, 5
encryption, i, 5
experience period, i
Fill Date, 3, 5
Formulary Indicator, 4
Ingredient Cost, 3, 5
MAC, 3
media, i, 5
NCPDP, 4
NDC, 3
Paid, 3
Pharmacy Number, 4
Pricing Indicator, 3
Quantity Dispensed, 3
Rebate, 3
Retail/Mail Indicator, 3
Sales Tax, 3
Subscriber Division Code, 4