

Drug Rebate Supplemental File Record Format

NAME: The file naming convention for the supplemental file is as follows:

xx_supplemental_ccyymmdd.txt
 xx=plan code
 cc=century
 yy=year
 mm=month
 dd=day

RECORD LENGTH: 254 (Fixed)

Field Name	Field Length	Starting Position	Ending Position	Alpha/Numeric	Special Instructions
PROMISe ICN:	13	1	13	CHAR	PCO will use ICN sent on NCPDP Response.
Billing Provider NPI	10	14	23	CHAR	PCO will use NPI sent on NCPDP Response.
Billing Provider Name	50	24	73	CHAR	PCO will indicate Billing Provider Name identified by NPI.
Billing Provider Address Line 1	30	74	103	CHAR	PCO will indicate first line of Billing Provider Address
Billing Provider Address Line 2	30	104	133	CHAR	PCO will indicate second line of Billing provider Address
Billing Provider City	18	134	151	CHAR	PCO will indicate first line of Billing Provider City
Billing Provider State	2	152	153	CHAR	PCO will indicate first line of Billing Provider 2 Character State Code
Billing Provider Zip	5	154	158	CHAR	PCO will indicate first line of Billing Provider Zip Code
Billing Provider Telephone Number	10	159	168	CHAR	Format: AAAEEENNNN (AAA-Area Code EEE-Exchange Code NNNN-Number)
NDC	11	169	179	CHAR	This is the NDC billed on the claim.
Allowed Amount	9,2	180	188	NUMERIC	PCO to indicate computed allowable amount for the drug dispensed. <i>(Two (2) decimal positions are implied)</i> Per unit amount.
AWP	10,5	189	198	NUMERIC	PCO to indicate Average Wholesaler Price used to determine reimbursement paid to the billing provider. <i>(Five (5) decimal positions are implied)</i> Per unit amount.
Generic/Brand Indicator	1	199	199	CHAR	0 – Non-Drug Item such as medical supplies 1 – Generic

					2 – Brand
Multi-source code	1	200	200	CHAR	Product Multi-source indicator values on DOS: M-Multi-source Branded Product O-Brand Originator N-Single-source Branded Product Y-Generic Product
EAC	10,5	201	210	NUMERIC	PCO to indicate Estimated Acquisition Cost used to determine reimbursement paid to the billing provider. <i>(Five (5) decimal positions are implied)</i> Per unit amount
MAC	10,5	211	220	NUMERIC	PCO to indicate Maximum Allowable Cost used to determine reimbursement paid to the billing provider. <i>(Five (5) decimal positions are implied)</i> Per unit amount
WAC	10,5	221	230	NUMERIC	PCO to indicate Wholesale Acquisition Cost used to determine reimbursement paid to the billing provider. <i>(Five (5) decimal positions are implied)</i> Per unit amount
FUL	10,5	231	240	NUMERIC	PCO to indicate Federal Upper Limit Cost used to determine reimbursement paid to the billing provider. <i>(Five (5) decimal positions are implied)</i> Per unit amount
Pricing Indicator	3	241	243	CHAR	Indicates the method used to price the drug. AFD = First DataBank AWP AMS = Medi-Span AWP AMX = Micromedex AWP FUL = FUL MAC = MAC WFD = First DataBank WAC WMS = Medi-Span WAC WMX = Micromedex WAC SPE = Specialty OTH = Other
PCO Code	2	244	245	CHAR	2 character PCO Code
Recipient ID	9	246	254	CHAR	9 digit Recipient MAID

TRAILER RECORD - ONE RECORD PER FILE

Field Name	Field Length	Starting Position	Ending Position	Alpha/ Numeric	Special Instructions
Record Count	10	1	10	NUMERIC	
Filler	244	11	254	CHAR	