

The primary goal of the CALINX Pharmacy Workgroup is to share pharmacy data between health plans and provider organizations for all participants to perform clinical evaluation and disease management functions. The agreements are based on NCPDP definitions although it is recognized that NCPDP is primarily an inbound message between the pharmacy and health plan. Some data elements are beyond NCPDP definitions but are necessary to perform clinical evaluations and disease management. The following list of data elements has been revised during the first half of the demonstration project of data exchange between health plans and provider organizations during the 3rd quarter of 1999.

Item #	Data Element	Definition	NCPDP	CALINX Agreement*	CALINX Comments
	<b>Health Plan Identification</b>				
1	Health Plan ID	Health Plan Identification Code	Required	Essential	
2	Batch Number	Assigned by Process/Sender YYDDD (Julian Date)	Optional	Discretionary	
3	Run Date	Date on which file/tape/disk was created. (CCYYMMDD)	Optional	Discretionary	
4	Version/Release #	CALINX Version and Release Number 10=Ver 1 Rel 0	Required	Essential	
5	Submission Number	00=Original Submission 01=First resubmission, etc.	Optional	Discretionary	
6	Action Code	00=Original Submission (New) 02=Correction/Adjustment to a previous batch 03=Deletion of a previous batch 05=Replacement of a previous batch	Required	Essential	

**\*CALINX – Business Agreement Definitions**

**Essential** – All data elements must be included.

**Conditional** – If these data elements are available or applicable to the health plan, required to be included.

**Discretionary** – These data elements, if available, can be included at the discretion of the health plan.

**NCPDP Compliance Status**

**Required** – Data element must be included in NCPDP format.

**Optional** – Data element inclusion is dependent on CALINX agreement, but if chosen must be in NCPDP format.

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# Pharmacy Data Guidelines

Item #	Data Element	Definition	NCPDP	CALINX Agreement*	Comments
7	Recipient ID	ID of group to whom data is being sent (assigned by sender)	Optional	Discretionary	
8	Blank	Reserved for CALINX future expansion.			
<b>Patient Demographics</b>					
9	Patient ID	Identification Number assigned to patient by Health Plan	Required	Essential	
10	Patient Last Name	Patient's last name	Required	Essential	
11	Patient First Name	Patient's first name	Required	Essential	
12	Date of Birth	Patient's Date of Birth CCYYMMDD format	Required	Essential	
13	Patient Gender	Patient's Gender 0=Not specified 1=Male 2=Female	Required	Essential	
14	Patient Relation	Patient's relationship to cardholder(insured) 0=Not specified 1=Cardholder 2=Spouse 3=Male child 4=Female child 5=Covered minor dependent of cardholder 7=Previous spouse of cardholder 8=Not used 9=Other (not included above)	Required	Essential	
15	Patient Employer	ID code assigned to cardholder employer group (by Health Plan)	Optional	Discretionary	

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# Pharmacy Data Guidelines

Item #	Data Element	Definition	NCPDP	CALINX Agreement*	Comments
	<b>Prescription Description</b>				
16	Date Rx Filled	Date the prescription was filled for service rendered (CCYYMMDD)	Required	Essential	
17	NDC	National Drug Code 11-digit format 5=Manufacturer 4=Product 2=Package	Required	Essential	
18	Label Name	Product or Service Description - Use brand name (except for compound drugs)	Required	Essential	
19	Alternate Product Code ID Qualifier	Alternate Product Code ID Qualifier 00=Not defined 01=GPI 02-AHFS 03=GCN 04=SMART Key 99=Other	Conditional	Conditional	
20	Alternate Product ID	Alternate Product ID Code (Required if NDC not used)	Conditional	Conditional	
21	Generic Name	Name of Generic equivalent	Conditional	Conditional	
22	Strength	Drug product strength (value and units)	Conditional	Conditional	
23	Dosage Form	Dosage form for product dispensed	Conditional	Conditional	
24	Route of Administration	Route of administration of product (Use First Data Bank Codes as CALINX standard values)	Required	Essential	

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# Pharmacy Data Guidelines

Item #	Data Element	Definition	NCPDP	CALINX Agreement*	Comments
25	Quantity Dispensed	Metric Decimal quantity of product dispensed (9999v999S)	Required	Essential	
26	Days Supply	Estimated number of days the prescription will last (999S)	Required	Essential	
27	New/Refill Code	00=New 1-99=Refill number	Required	Essential	
28	Prescription #	Number assigned by pharmacy to transaction provided	Required	Essential	
29	Drug Type	0=Not specified 1=Single source brand 2=Branded generic 3=Generic 4=OTC 5=Multi-source brand	Required	Essential	
30	Formulary status	Y=Yes N=No Z=Unknown	Optional	Discretionary	
31	Pharmacy ID Chain Code	ID assigned by NCPDP to a chain	Optional	Discretionary	
32	Pharmacy ID-NABP Code	ID assigned by NCPDP to a pharmacy	Optional	Discretionary	
33	Place of service	00=Not specified 01=Home 10=Outpatient 99=Other (Consult Implementation Guide for all codes)	Optional	Discretionary	
34	Date Billed		Optional	Discretionary	
35	Co-pay amount	Amount payed by patient \$\$\$\$ccS	Required	Essential	

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Version: January 2000

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36	Net Amount Due	Amount paid to pharmacy (net cost to plan) \$\$\$\$ccS	Required	Essential	
37	Ingredient Cost	Drug Ingredient Cost included in total amount due \$\$\$\$ccS	Required	Essential	
38	Plan Type	Plan Type as determined by Health Plan (Line of Business Code)	Required	Essential	
39	Claim Number	Unique claim identification number assigned by Health Plan	Required	Essential	
40	Payment Status	0=Paid 1=Reversed	Required	Essential	
	<b>Prescriber/Provider Information</b>				
41	Prescriber ID Qualifier	00=Not defined 01=DEA # 02=State License # 03=National Prescriber ID # 04=Tax ID # 05=SS # 06=HIN # 07=Health Plan assigned # 99=Other	Required	Essential	
42	Prescriber ID #	ID assigned to prescriber (in form defined by qualifier)	Required	Essential	
43	Provider Last Name	Last Name of prescribing provider	Required	Essential	
44	Provider First Name	First name of prescribing provider (or initial)	Required	Essential	

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45	PCP ID # Qualifier	00=Not defined 01=DEA # 02=State License # 03=National Prescriber ID # 04=Tax ID # 05=SS # 06=HIN # 07=Health Plan assigned # 99=Other	Required	Essential	
46	PCP ID code	ID assigned to the patient's primary care provider (per #44)	Optional	Discretionary	
47	PCP Last Name	Last Name of Primary Care Provider	Optional	Discretionary	
48	PCP First Name	First Name of Primary Care Provider	Optional	Discretionary	
49	Provider Group	ID assigned to patient's medical group	Optional	Discretionary	
50	PSC/DAW	Product Selection Code/Dispense as Written (0-9)  0=No product selection indicated 1=Substitution not allowed by prescriber 2=Substitution allowed-patient requested product dispensed 3=Substitution allowed=pharmacist selected product dispense 4=Substitution allowed-generic drug not in stoc 5=Substitution allowed-brand drug mandated by law 6=Override 7=Substitution not allowed-brand drug mandated by law 8=Substitution allowed-generic drug not available in market place 9=Payor defined exemption	Optional	Discretionary	

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51	Commercial/Senior Code	0=Unknown 1=Commercial 2=Medicare Risk 3=Senior-Other 4=MediCa 5=Healthy Families 6=Other Government	Optional	Essential	
52	Blank	Reserved for future expansion by CALINX			
53	Filler	Used for additional data specific to trading partners			

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