

List of Required Fields for Specialty Medical Rebate Analysis

Source: Medical Claims

Instructions: Please provide the data fields below for an analysis of medical claims rebates. Twelve months of medical claims is preferred but the analysis can be provided with as little as 3 months of data. Please include any prior authorization criteria or medical policy that describes the clinical requirements for approval of the following drugs: Remicade, Simponi Aria, Makena or Dysport. This information is important for rebate qualification and rebate level.

Required Fields:

Field Name	Description	Examples
Plan Sponsor Name	Name of the plan sponsor for which medical claims data has been provided	Health Net of California
Claim ID	Unique identifier for each claim provided	20169988FN099
Procedure Code / J-Code	Procedure code or J-Code submitted for reimbursement	J1745
Primary Diagnosis	Code for patient’s primary diagnosis	K5090
DOS Start Date	Date of Service start date	4/28/2016
DOS End Date	Date of Service end date	4/28/2016
Claim Process Date	Date the claim was processed by plan sponsor	7/14/2016
Line of Business	LOB for processed claim (i.e. Commercial, Exchange, Other, etc.)	Commercial
Product (if available)	Refinement of the LOB provided above	MSUP
Billed Amount	Amount billed to plan sponsor	\$12,327.00
Allowed Amount	Amount contracted by plan sponsor for procedure code	\$12,237.00
Paid Amount	Amount paid for processed claim	\$744.00
COB Paid Amount	COB amount paid by other payer	\$2,916.00
Provider ID	NPI for submitting entity	940562680 BI
Provider Category Code	Plan sponsor code for provider type (i.e. Hospital, Physician Office, Outpatient, Inpatient, etc.)	HOSP
Service Unit Count	Number of units dispensed	40.00