

Rx Claims Data Submission Guide

Microsoft Excel is the preferred format (if applicable). Please send all information to stoplossmail@hmig.com

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| Claimant ID | Unique identifier utilized by pharmacy benefit manager |
| Claimant Last Name | The last name of the claimant associated with the claim |
| Claimant First Name | The first name of the claimant associated with the claim |
| Claimant Middle Initial | The middle initial of the claimant associated with the claim |
| Claimant Date of Birth | The date of birth of the claimant associated with the claim |
| Claimant Gender | The gender of the claimant associated with the claim (male / female/ not specified) |
| Claimant Relationship | The relationship of the claimant associated with the claim to the cardholder / member / subscriber |
| Division / Class / Location (if applicable) | Employer division / class / location utilized for reporting |
| Pharmacy Name | The name of the dispensing provider |
| Service Provider ID | Dispensing provider ID number |
| Claim Status | Identifies the transaction status as assigned by the processor (paid / rejected / reversed / adjusted) |
| Date of Service | Identifies the date the prescription was filled or professional service rendered |
| Adjudication Date | Date the claim or adjustment was processed (paid) |
| Product / Drug Name | Label or drug name associated to the product dispensed |
| National Drug Code Number (NDC) | Known as the NDC, identifies the labeler, product and trade package size |
| Generic Name | The name associated with the GPI or generic name |
| Compound Code | Code indicating whether or not the prescription is a compound (compound / not a compound / not specified) |
| Quantity Dispensed | Quantity dispensed expressed in units |
| Unit of Measure | NCPDP standard product billing codes (EA = each; GM = grams; ML = milliliters) |
| Days Supply | Estimated number of days the prescription will last |
| Ingredient Cost | The ingredient cost, based on quantity dispensed times unit cost |
| Dispensing Fee | Fee paid to the pharmacy for dispensing the drug |
| Total Amount Paid by All Sources (Gross Cost) | Total amount of the prescription regardless of the party responsible for payment |
| Claimant Pay Amount | Total amount to be paid by the claimant to the pharmacy; the claimant's total cost share, including copayments, amounts applied to the deductible, etc. |
| Total Copay Amount | Amount to be collected from the claimant that is included in 'claimant pay amount' that is due to a per prescription copay |
| Net Amount Due (Plan Cost) | Net amount paid to the provider by the payer or net amount due from the client to the payer |

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