COL	FIELD	LENGTH	NOTES
1	Patient ID **(linkid)**	11	Random ID Number to be linked with the MHOS data
12	Encrypted PDE ID **(PDE_ID)**	15	Identifies a unique Part D event for a beneficiary.
27	RX Service Date **(srvc_mon, srvc_day, srvc_yr)**	8	This field contains the date on which the prescription was filled. MMDDYYYY
35	Product Service ID **(PROD_SRVC_ID)**	19	This field identifies the dispensed drug using a National Drug Code (NDC). The NDC is reported in NDC11 format. In instances where a pharmacy formulates a compound containing multiple NDC drugs, the NDC of the most expensive drug is used. NDC code in the following format: MMMMMDDDDPP followed by 8 spaces. CMS rejects the following codes: 99999999999, 99999999992, 99999999993, 99999999994, 99999999995 and 99999999996.
54	Quantity Dispensed **(QTY_DSPNSD_NUM)**	12.3	This field indicates the number of units, grams, milliliters, or other dispensed in the current drug event. If a compounded item, then the QUANTITY DISPENSED is the total of all ingredients.
66	Days' Supply **(DAYS_SUPLY_NUM)**	3	This field indicates the number of days' supply of medication dispensed by the pharmacy and will consist of the amount the pharmacy enters for the prescription. Possible values are 0 – 999.
69	Catastrophic Coverage Code **(CTSTRPHC_CVRG_CD)**	1	This field indicates that a beneficiary has reached the out-of-pocket threshold or attachment point. At this point, catastrophic coverage provisions begin, namely reinsurance and reduced beneficiary cost sharing. A = Attachment point met on this event C = Above attachment point Blank = Attachment point not met

COL	FIELD	LENGTH	NOTES
70	Patient Pay Amount **(PTNT_PAY_AMT)**	10.2	This field lists the dollar amount the beneficiary paid that is not reimbursed by a third party (e.g., copayments, coinsurance, deductible or other patient pay amounts). This amount contributes to a beneficiary's TrOOP only when it is payment for a covered drug. Payments made by the beneficiary or family and friends shall also be reported in this field. Other third party payments made on behalf of a beneficiary that contribute to TrOOP shall be reported in Other TrOOP Amount or Low-Income Cost-Sharing Amount and payments that do not contribute shall be reported in Patient Liability Reduction due to Other Payer Amount. Amount beneficiary paid that is not reimbursed by a third party.
80	Gross Drug Cost **(TOT_RX_CST_AMT)**	10.2	This variable is derived from the sum of these variables: Ingredient Cost Paid Dispensing Fee Paid Total Amount Attributed to Sales Tax
90	Brand Name **(BN)**	30	The name that appears on the package label provided by the manufacturer.
120	Dosage Form Code **(GCDF)**	2	The dosage form of a clinical formulation describes the physical presentation of a drug, such as tablet, capsule, or liquid. It may also incorporate the delivery and release mechanism of the drug.
122	Dosage Form Code Description **(GCDF_DESC)**	40	Extended text description for a Dosage Form Code (GCDF). The dosage form of a clinical formulation describes the physical presentation of a drug, such as tablet, capsule, or liquid. It may also incorporate the delivery and release mechanism of the drug.
162	Drug Strength Description **(STR)**	10	Description of drug potency in units of grams, milligrams, percentage, and other terms.

COL	FIELD	LENGTH	NOTES
172	Generic Name - Short Version **(GNN)**	30	The drug ingredient name adopted by United States Adopted Names (USAN). The chemical name is used when the USAN name is not available. For multi-ingredient products, abbreviations may be used (such as HCTZ [Hydrochlorothiazide] and PP [Phenylpropanolamine]).
202	The benefit phase of the Part D Event **(BENEFIT_PHASE)**	2	Indicates the benefit phase in which the claim was expected to occur based on a date of service ordering of the beneficiary's claims, the beneficiary's accumulated gross drug and out-of-pocket costs, and the plan's deductible, initial coverage limit (ICL) and out-of-pocket threshold (OOPT) amount. Phases may include Deductible, Pre-ICL, ICL (Coverage Gap) or Catastrophic. Events that occur between two different phases are called straddle PDEs. Blank = Not a covered drug XX = PDE Plan Identifiers do not link to the Plan Benefit file NA = National Pace or Employer Sponsored Plan DD = Deductible phase DP = Deductible to Pre-ICL Straddle PDE DI = Deductible to ICL (coverage gap) Straddle PDE DC = Deductible to Catastrophic Straddle PDE PP = Pre-ICL phase PI = Pre-ICL to ICL Straddle PDE PC = Pre-ICL to Catastrophic Straddle PDE II - ICL (coverage gap) Phase IC = ICL (coverage gap) to Catastrophic Straddle PDE CC = Catastrophic phase

COL	FIELD	LENGTH	NOTES
204	Medicare Part D formulary tier identifier **(TIER_ID)**	2	This field represents the minimum cost sharing tier in which the product was placed in the sponsor's formulary. This identifier is also a key that links a Part D plan's cost sharing tier record to a prescription drug event record via contract ID, plan ID, and tier ID. NA = The drug on the PDE does not link to the plan's formulary XX = Unable to link to plan 1-max = The tier on the plan's formulary associated with the drug on the PDE or if the plan is not required to submit a formulary then TIER_ID is assigned a value of '1'
206	Maximum Step Number **(STEP)**	2	This variable indicates whether the formulary specifies the drug product is subject to a step therapy protocol. This field will be populated with the maximum step value (i.e., in instances where a product may be part of two different step therapy protocols) for the product. Blank = Either a) the drug is not part of a Step Therapy Group or b) the drug is on Step 1 of a Step Therapy Group (i.e., not restricted) or c) the plan on the PDE is not required to submit a formulary, so there are no restrictions on the drug NA = The drug on the PDE does not link to the plan's formulary XX = Unable to link to plan 1-max = The maximum step on the plan's formulary associated with the drug on the PDE
208	Whether or Not the Drug has Quantity Limits **(QUANTITY_LIMIT_YN)**	2	This variable indicates whether the formulary specifies the drug product has a quantity limit. NA = NDC does not link to formulary XX = Unable to link to plan 1 = The drug has quantity limits 0 = Either a) the drug does not have quantity limits or b) the plan is not required to submit a formulary so there are no restrictions on the drug

COL	FIELD	LENGTH	NOTES
210	Whether or Not the Drug Requires Prior Authorization **(PRIOR_AUTHORIZATION_YN)**	2	This variable indicates whether the formulary specifies the drug product is subject to prior authorization. NA = NDC does not link to formulary XX = Unable to link to plan 1 = The drug is subject to prior authorization 0 = Either a) the drug is not subject to prior authorization or b) the plan is not required to submit a formulary so there are no restrictions on the drug