



Program Data Requirements

Exhibit C – Equiscript Program Data Requirements

Covered Entity agrees to provide Equiscript access to the following data from its Electronic Medical Records, Practice Management, and/or Pharmacy systems. Covered Entity agrees that Equiscript may modify this list of required fields from time to time as may be necessary for Equiscript to perform its duties described in the Agreement

Both Parties recognize that the data described below constitutes Protected Health Information and agree to execute a Business Associate Agreement, such as that attached to the Agreement as Exhibit D, prior to the transfer of any PHI.

If any assistance is needed with the data extract, please contact the Equiscript Information Systems team at data@equiscript.com.

Preferred File Name & Data Format

- Files should include all columns as outlined below. Non-Required values should be transmitted as blank values when not present (ie “Null”) in the record
- Files should include column headers on the first row
- File Names should be the following:
 - Patient_Demographics_YYYYMMDDHHMMSS.TXT
 - Prescribed_Drugs_YYYYMMDDHHMMSS.TXT
 - Medical_Visit_History_YYYYMMDDHHMMSS.TXT
 - Schedule_Data_YYYYMMDDHHMMSS.TXT
 - Site_Information_YYYYMMDDHHMMSS.TXT
 - Insurance_History_YYYYMMDDHHMMSS.TXT
 - Provider_Information_YYYYMMDDHHMMSS.TXT
 - In_House_Protected_YYYYMMDDHHMMSS.TXT
- ASCII Pipe “|” delimited (DO NOT use commas or tabs as delimiters)
- Files should be saved as text files with a .TXT extension

Data File Time Range

- Sample Files: 1 month of historical data (Last full month)
- Initial Files: 12 months of historical data (Prior 12 months from today’s date)
- Recurring Files: Weekly beginning one week after 12 month data files

Data Transport

The preferred method for data transmission is via secure FTP. Equiscript will create an account for the Covered Entity to facilitate the data transfer.

Equiscript EMR Data Requirements

Patient Demographics

List of unique patients created or modified within the report timeframe. This report should be inclusive of any patients identified in the subsequent files (ie, a patient's address has not changed within the prior 12 months but the patient does have a record in the corresponding Prescribed Drugs file as a prescription refill was written last week).

	Column Name	Type	Required	Description
1	EMR Patient ID	Integer	Yes	Primary key for patient record
2	First Name	String	Yes	
3	Middle Name	String	No	
4	Last Name	String	Yes	
5	Date of Birth	Date	Yes	MM/DD/YYYY
6	Gender	String	Yes	(M, F, U)
7	Social Security Number	String	No	No Dashes
8	Home Phone	String	No	No Dashes or Parentheses
9	Work Phone	String	No	No Dashes or Parentheses
10	Cell Phone	String	No	No Dashes or Parentheses
11	Street Address 1	String	No	
12	Street Address 2	String	No	
13	City	String	No	
14	State	String	No	2 Letter Abbreviation
15	ZIP Code	String	No	5 Digit
16	Email Address	String	No	
17	Language	String	No	Preferred Language

			(e.g. “English”, “Spanish”)	
18	Primary Provider ID	Integer	No	Primary key for provider record
19	Primary Site ID	Integer	No	Primary key for office record
20	Opt Out Option for Marketing	Boolean	Yes	Elimination filter for all non-marketing patients
21	Preferred Pharmacy	String	No	Default ePrescribe pharmacy
22	NCPDP ID	String	No	Unique Identifier for Pharmacy
23	Copay Assistance Level	String	No	Copayment assistance or cash plan service level
24	Date of Death	Date	No	

Prescribed Drugs/Orders

All medication orders prescribed or modified within the timeframe.

	Column Name	Type	Required	Description
1	EMR Patient ID	Integer	Yes	Primary key for patient record
2	Prescribed Drug Name	String	Yes	
3	Prescribed Drug Strength	String	No	
4	Prescribed Drug Form	String	No	
5	Drug Coding System	String	Yes	e.g. NDC, First Data Bank, Medispan Drug Code,
6	Drug ID	String	Yes	11 Digit NDC, FDB ID, etc
7	Allow Substitutions	String	No	N = Substitutions are NOT authorized. G=Allow generic substitutions. T=Allow therapeutic substitutions
8	RX Date Written	Date	Yes	MM/DD/YYYY

9	Rx Stop Date	Date	No	MM/DD/YYYY
10	NPI	String	Yes	NPI of ordering provider
11	Provider ID	Integer	Yes	EMR Primary key for provider record
12	Site ID	Integer	No	EMR Primary key for office record
13	# Refills Authorized	Integer	No	Default it to 0 if blank
14	Qty Prescribed	Integer	No	
15	SIG	String	No	Directions
16	Electronic Transmission Destination	String	No	ePrescribe pharmacy destination
17	NCPDP ID	String	No	Pharmacy Identifier for electronic prescription

Medical Visit History

Medical visit (encounter) data is used to corroborate the 340b eligibility of the claim to establish a clear patient provider relationship within the timeframe specified by the client. Each diagnosis code should be listed on a separate line of the file.

	Column Name	Type	Required	Description
1	Patient ID	Integer	Yes	Primary key for patient record
2	Date of Service	Date	Yes	MM/DD/YYYY
3	Site ID	Integer	Yes	Primary key for office record
4	Provider ID	Integer	Yes	Primary key for provider record
5	NPI	String	Yes	NPI of provider
6	Diagnosis Code	String	Yes	ICD 10 Code (e.g. E10.9)

Schedule Data

All scheduled future appointments with a scheduled date from Tomorrow through the next 365 days. Schedule data allows Equiscript to identify patients with upcoming scheduled visits.

	Column Name	Type	Required	Description
1	EMR Patient ID	Integer	Yes	Primary key for patient record
2	Date of Service	Date	Yes	MM/DD/YYYY
3	Site ID	Integer	Yes	Primary key for office record
4	Provider ID	Integer	Yes	Primary key for provider record

Covered Entity Site Information

Locations linked to providers and patient visits.

	Column Name	Type	Required	Description
1	Site ID	Integer	Yes	Primary key for office record
2	Site Name	String	Yes	Name of office/site
3	Site ID Parent	Integer	No	Primary key for parent office record
4	Site Phone Number	String	Yes	No Dashes or Parentheses
5	Street Address 1	String	Yes	
6	Street Address 2	String	Yes	
7	City	String	Yes	
8	State	String	Yes	2 Letter Abbreviation
9	Zip Code	String	Yes	5 Digit

Insurance History

Please provide all available patient insurance history for the specified date range. This may include multiple insurance records per patient.

	Column Name	Type	Required	Description
1	EMR Patient ID	Integer	Yes	Primary key for patient record
2	Cardholder First Name	String	Yes	Insurance Guarantor Name
3	Cardholder Last Name	String	Yes	Insurance Guarantor Name
4	Cardholder ID #	String	Yes	Subscriber/Policy No.
5	Group #	String	No	Group No.
6	Insurance Plan Code	String	No	
7	Insurance Company Name	String	Yes	Insurance Name
8	Date Entered	Date	No	MM/DD/YYYY
9	Relationship To Policyholder	String	No	
10	Primary / Secondary Insurance Indicator	String	No	(1, 2, 3)
11	Effective Date	Date	No	MM/DD/YYYY
12	Expired Date	Date	No	MM/DD/YYYY

Provider Information

List of all providers in EMR.

	Column Name	Type	Required	Description
1	EMR Provider ID	Integer	Yes	Primary key for provider record
2	First Name	String	Yes	

3	Last Name	String	Yes	
4	Credentials	String	Yes	e.g. (MD, DO, NP)
5	Primary Site ID	Integer	Yes	Primary key for office record
6	Secondary Site ID	Integer	No	Primary key for secondary office record
7	Primary Phone Number	String	Yes	No Dashes Or Parentheses
8	Fax Number	String	Yes	No Dashes Or Parentheses
9	Surescripts Identifier	String	No	Surescripts Provider ID Code
10	NPI	Integer	Yes	National Provider Identifier
11	DEA	Integer	Yes	DEA Number
12	Specialty	String	Yes	e.g. Endocrinology
13	Start Date	Date	No	Date the provider started with the client
14	Termination Date	Date	No	Date the provider left the client
15	Exclusive	String	No	"Yes" = Only working at the healthcenter; "No" = working at other locations including non-eligible sites; Null value if not known

In-House Protected Patient List (Optional)

List of patients and dispensed drug information used to exclude patients from the Equiscript program because they are already being serviced by an in-house contracted pharmacy.

	Column Name	Type	Required	Description
1	EMR Patient ID	Integer	Yes	Primary key for patient record
2	Pharmacy NPI	String	Yes	
3	Pharmacy NCPDP	String	Yes	

4	Date of Service	Date	Yes	MM/DD/YYYY
5	Drug Name	String	No	Primary key for office record
6	NDC	String	No	Primary key for secondary office record