



# Data File Layout

## *Pharmacy*

### Background

The Vendor Drug Program provides a weekly update of resource data available for download from [txvendordrug.com/resources/downloads](http://txvendordrug.com/resources/downloads). This file is of variable field length, meaning the field length varies depending on the data. Column headers are included as the first line, and each subsequent line is a row of data whose items have been separated by a vertical bar, or pipe (|). Values are enclosed between double quotes when values are present, but double quotes are not applied to fields when no character value exists. Null values are not populated with spaces

- Layout effective: Aug. 3, 2020
- Document updated: Sept. 1, 2020

## Layout

Field Name	Description	Max. Length	Format	Note & Valid Values
ID	10-digit National Provider Identifier (NPI).	10		
Pharmacy_NPI	10-digit National Provider Identifier (NPI).	10		
Pharmacy_Vendor_Number	6-digit contract number assigned by VDP.	6		
Pharmacy_name	Trade/DBA Name of pharmacy.	25		
Pharmacy_alternate_Name	Legal Name of pharmacy.	25		
Pharmacy_State_Lic	Texas State Board of Pharmacy license number.	6		
Pharmacy_Address	The physical address of pharmacy (line #1).	25		
Pharmacy_Address2	The physical address of pharmacy (line #2).	25		
Pharmacy_City	Physical address city.	16		
Pharmacy_State	Physical address state.	2		
Pharmacy_Zip	Physical address ZIP code.	10	XXXXX-XXXX	
Pharmacy_region	HHS region code	2		Refer to the field "Pharmacy_Region_Cat" for values.

Field Name	Description	Max. Length	Format	Note & Valid Values
Pharmacy_Region_Cat	HHS region description (refer to <a href="https://www.hhs.texas.gov/sites/default/files/documents/about-hhs/hhs-regional-map.pdf">hhs.texas.gov/sites/default/files/documents/about-hhs/hhs-regional-map.pdf</a> for map).	25		<ul style="list-style-type: none"> <li>• 0 = Out of State</li> <li>• 1 = High Plains</li> <li>• 2 = North West</li> <li>• 3 = Metroplex</li> <li>• 4 = Upper East Texas</li> <li>• 5 = South East Texas</li> <li>• 6 = Gulf Coast</li> <li>• 7 = Central Texas</li> <li>• 7 = Central Texas</li> <li>• 8 = Upper South Texas</li> <li>• 9 = West Texas</li> <li>• 10 = Upper Rio Grande</li> <li>• 11 = Lower South Texas</li> </ul>
Pharmacy_Subregion	VDP-defined sub-region code.	2		Refer to the field "Pharmacy_Subregion_Cat" for values.
Pharmacy_Subregion_Cat	VDP-defined sub-region description.	25		<ul style="list-style-type: none"> <li>• 0 = Out of State</li> <li>• 1 = Houston</li> <li>• 2 = Gilmer</li> <li>• 3 = Austin</li> <li>• 4 = West San Antonio</li> <li>• 5 = Fort Worth</li> <li>• 6 = Midland</li> <li>• 7 = Dallas</li> <li>• 8 = McAllen</li> <li>• 9 = Abilene</li> <li>• 10 = East San Antonio</li> <li>• 11 = Lubbock</li> <li>• 12 = South Fort Worth</li> <li>• 13 = Beaumont</li> <li>• 14 = North Houston</li> </ul>
Pharmacy_County	3-digit county code plus county name	20		
Pharmacy_Phone_Number	Physical address phone number.	10	XXXXXXXXXX	

Field Name	Description	Max. Length	Format	Note & Valid Values
Pharmacy_khc	The pharmacy is enrolled in the KHC Program.	3		
Pharmacy_khc_EffDate	The effective date of pharmacy enrollment in the KHC program.	10	MM/DD/CCYY	
Pharmacy_khc_EndDate	The termination date of pharmacy enrollment in the KHC program.	10	MM/DD/CCYY	
Pharmacy_medicaid	The pharmacy is enrolled in the Medicaid Program.	3		
Pharmacy_medicaid_EffDate	The effective date of pharmacy enrollment in the Medicaid program.	10	MM/DD/CCYY	
Pharmacy_medicaid_EndDate	The termination date of pharmacy enrollment in Medicaid program/VDP.	10	MM/DD/CCYY	
Pharmacy_chip	The pharmacy is enrolled in CHIP.	3		
Pharmacy_chip_EffDate	The effective date of pharmacy enrollment in CHIP.	10	MM/DD/CCYY	
Pharmacy_chip_EndDate	The termination date of pharmacy enrollment in CHIP.	10	MM/DD/CCYY	
Pharmacy_cshcn	The pharmacy is enrolled in the CSHCN Services Program.	3		
Pharmacy_cshcn_EffDate	The effective date of pharmacy enrollment in the CSHCN Services program.	10	MM/DD/CCYY	

Field Name	Description	Max. Length	Format	Note & Valid Values
Pharmacy_cshcn_EndDate	The termination date of pharmacy enrollment in the CSHCN program.	10	MM/DD/CCYY	
Pharmacy_Delivers	Identifies whether the pharmacy has been certified as providing free delivery service to Medicaid recipients.	3		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Pharmacy_htw	The pharmacy is enrolled in the HTW Program.	3		
Pharmacy_htw_EffDate	The effective date of pharmacy enrollment in the HTW program.	10	MM/DD/CCYY	
Pharmacy_htw_EndDate	The termination date of pharmacy enrollment in the HTW program.	10	MM/DD/CCYY	
Pharmacy_Mail_order_identifier	Identifies whether the dispenser type of pharmacy is mail order.	3		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Pharmacy_Self_Reported_Type	Identifies the type of pharmacy, self-reported at the time of its enrollment.	20		<ul style="list-style-type: none"> <li>• Retail</li> <li>• Long Term Care</li> <li>• Specialty</li> </ul>
Pharmacy_340b	Identifies whether pharmacy self-reported as 340B pharmacy at the time of enrollment.	3		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>