

**Polk County School Board Medical RFP #054-PSC-0410  
Attachment G - Monthly Claims File Layout Specifications**

**Data must be received in TXT or CSV format and must be delimited. The data must be able to be imported into Microsoft Access and Excel. Your IT representative will work with the Polk County designee to arrange a regularly scheduled monthly download through a secure website or ftp link.**

Order	Description	Detailed Description
1	Group Number	Group number of plan.
2	Claim #	Number to identify the claim.
3	Claim Line #	Number to identify the specific line of the claim.
4	Date of Service	The date services were provided or the admission date for inpatient claims.
5	Discharge Date	Date of discharge for inpatient claims
6	DRG	Medicare DRG for an inpatient visit.
7	Other Carrier Codes	Any unique code related to carrier.
8	Procedure Code	This field would include items such as CPT or HCPCS codes.
9	Specific Dx	This would be an item such as the ICD-9 code.
10	Employment Status	Active, COBRA, Retiree, etc.
11	Premium Tier	This includes how the premium is billed with tiers such as EE, EE + Spouse, EE + Child(ren), and EE + Family.
12	Product	Product purchased from carrier.
13	Subscriber #	Code to identify the primary member for each family.
14	Subscriber SSN	
15	Subscriber First Name	
16	Subscriber Middle Initial	
17	Subscriber Last Name	
18	Patient First Name - Separate Field	Member's first name
19	Patient Last Name - Separate Field	Member's last name
20	Patient SSN	Member's Social Security number
21	Relationship	Code shows how the member is related to the Subscriber such as Self, Spouse, Dependent.
22	Member #	Code to identify specific member.
23	Member Date of Birth	The birth date of the member.
24	Member Gender	The gender of the member.
25	Hospital Day Count	Total days admitted in hospital.
26	Medicare Eligible	Whether the member was eligible for Medicare.
27	In or Out of Network	Code to identify if the service was performed within the carrier's provider network.
28	POS	Place of Service
29	Primary Specialty	A description of what the primary speciality is for the vendor.
30	Provider Name	Name of the provider which provides the service.
31	Provider TIN	Provider Tax ID#
32	Provider Number	Carrier generated Code to identify the provider.
33	Participating Provider	If provider is participating or not.
34	Service Type	This would include items such as Inpatient, Outpatient, ER, Urgent Care, PCP, Specialist, Ancillary, etc.
35	Service Count	Count of the service mentioned in Service Type.
36	Visit Count	Count of the visits mentioned in Service Type.
37	Allowed Amount	Total amount allowed.
38	Billed Amount	Amount billed from the provider.
39	COB Amount	Amount for coordination of benefits.
40	Coinsurance Amount	Total coinsurance paid by the member.

Order	Description	Detailed Description
41	Copay Amount	Total copay paid by member.
42	Covered Amount	Amount of the bill covered under the benefit plan.
43	Deductible Amount	Total deductible paid by the member.
44	Invoice Received Date	Date the invoice was received from the provider.
45	Paid Amount	Total amount paid by the plan.
46	Paid Date	Date the claim was paid.
47	Claim Type	If the claim is positive or reversal.