

**SP-18-0059 Attachment N: Sample Data File**

**Sample Data File for Claims Repricing**

*Data that will be provided to Prospective Contractor's*

Field Name	Sample Layout	Notes
Provider Tax ID (TIN)	712345678	9 Digit Text Preferred
Provider Zip Code (including +4)	722315610	9 Digit Text Preferred
Provider Full Name	JohnFeelgood	
Provider Last Name	John	
Provider First Name	Feelgood	
Provider Street Address	123 Anywhere Street	
Provider City	Little Rock	
Provider State	AR	
Date of Service Start	20160701	
Date of Service End	20170630	
Service/Bill Type	AN	Data Dictionary to be Provided
Place of Service	11	Data Dictionary to be Provided
Provider Specialty Code	AO	Data Dictionary to be Provided
Procedure Code	99213	CPT Vol I, II, III & HCPCS
Procedure Quantity	26	
Procedure Modifier(s)		
Revenue Code	831	Data Dictionary to be Provided
Hospital DRG		
Diagnosis Code 1	E11.29	ICD-10
Diagnosis Code 2	I10	ICD-10
Diagnosis Code 3	Z00.129	ICD-10
Diagnosis Code 4	J45.21	ICD-10
Claim ID		
Claim Line Number		
Medicare Indicator	Y/N	Y=Yes/N=No  If a Prospective Contractor simplifies the calculation of "Amount Paid by Medicare" by using the Medicare reimbursement rates for participating providers only, it needs to be indicated at the bottom of Attachment L.

Data Requested Back from Bidders		
Usual Customary Reasonable (UCR)/Maximum Allowed Charge	500	
Submitted Charges	488.25	
If applicable, Medicare Paid Amount	99.74	
Allowed Amount (Charge)	124.68	
Network Code	1	1=PAR Quality/Cost Efficient Provider 2=PAR Quality/not Cost Efficient Provider, 3=PAR Regular, 4=PAR Mid-Level, 5=PAR with a wrap network-OON benenfits, 6=Non-PAR Provider
Provider Contract Type		1=Pier Diem 2=Percent of charges 3=Specific Fee Schedule 4=DRG Rate 9=All other methods <blank>=NA