

Attachment

Data Elements Available For Members to Download

Payer & Coverage Information

- Payer name
- Payer ID type (e.g. CMS National Plan ID)
- Payer ID code
- Plan ID
- Payer web site
- Eligibility period start date
- Eligibility period end date (if applicable)
- Plan Type (e.g. Medical, Pharmacy, etc.)
- Primary Insurance vs. Secondary

Patient Information

- Patient Name (Last, First)
- Patient Identifier (e.g. Member ID#)
- Provider Information (note: may be provided on a claims-level basis)
- Provider ID code (e.g. NPI)
- Provider Name (Last & First name or organization)
- Provider web site

Claims-Level Detail

- Claims ID number(s)
- Date of Service(s)

- “Procedure” Code Type (e.g. CPT, HCPCS, NDC Rx code, ICD-9 CM procedure)
- “Procedure” Code(s)
- “Procedure” Description(s)
- Diagnosis Codes (e.g. ICD-9, ICD-10)
- Diagnosis Description(s)

Health Financial Amounts

- Provider Charged Amount(s) (“Amount charged”)
- Allowed/Negotiated Amount(s) (“Insurance approved”)
- Paid-to-Provider Amount(s) (“Provider paid”)
- Patient Responsibility(ies) (“You may be billed”)
- Deductible Amount(s)
- Coinsurance Amount(s)
- Copay Amount(s)
- Coordination-of-Benefits (COB) Amount(s)
- Adjustments
- Explanatory Codes