U.S. Office of Personnel Management
Office of the Inspector General

Attachment 1: Media Specifications Form

Please Complete and Return for Each Plan Code

Insurance Company or Health Plan Name: _____

Plan Code(s):

_____

(Maximum 31-character name)

Medical File Name:

_____

(Maximum 31-character name)

Pharmacy File Name:

_____

(Maximum 31-character name)

Submission Certification Check List:

- ✓ Header record present with valid record counts and control amounts.
- ✓ Valid claims records are ASCII formatted fixed length not delimited.
- ✓ Providing only two forms of claims data ((1) medical and (1) pharmacy) file for each plan code (if applicable).
- ✓ Ensure proper year used on file name.
- ✓ Ensure file used proper naming convention.
- ✓ Ensure data files are unzipped.
- ✓ Media Type & Recording Format for both files: SFTP (All Carriers)

Medical File:

Record Size: _____

Record Count: _____

Amount Control Total: $_____

Pharmacy File:

Record Size: _____

Record Count: _____

Amount Control Total: $_____

Attestation:

Signature: _____

Phone: _____

Date: _____

Print Name: _____