

ATTACHMENT 27



Monthly Paid Claims Data Report - RFP entitled: "New York State Vision Plan Services"

Field	Field Name	Format	Description
1	MONTH PAID	Text – 2	month paid (MM)
2	YEAR PAID	Text – 2	year paid (YY)
3	MONTH INCURRED	Text – 2	month incurred (MM)
4	YEAR INCURRED	Text – 2	year incurred (YY)
5	BP	Text – 3	Benefit Program Group code
6	AGENCY CODE	Text – 5	5 digit agency code (customer ID – not department ID)
7	NETWORK	Text – 1	P = participating provider N = non-participating provider
8	TYPE OF SERVICE	Text – 3	type of service
9	SERVICE DESCRIPTION	Text – 50	Description of type of service
10	# EE SERVICES	N	# of services – enrollee
11	\$ CLAIMS PAID EE	N	\$ amount paid – enrollee
12	# DEP SERVICES	N	# of services – dependents
13	\$ CLAIMS PAID DEP	N	\$ amount paid - dependents
14	TOTAL # OF SERVICES	N	# total claims paid
15	TOTAL PAID	N	\$ amount total claims paid
16	PLAN TYPE	Text – 1	1 = Dress wear 2 = Occupational
17	REPORT PERIOD	Text – 6	month & year (MMYYYY)

Type of Service	Type of Service Description (for Field 9)
1	Examination
2	Occupational exam
3	Dispensing fee
4	Contact Lens Dispensing, established patient
5	Contact Lens Dispensing, new patient
6	Basic Frame
7	Standard Frame
8	Enhanced Frame
9	Non-Plan Frame
10	Single Vision Lenses
11	Bifocal Lenses
12	Trifocal Lenses
13	Non-Plan Lenses
14	Blended multi-focal Lenses
15	Progressive Lenses
16	Photochromic Single Vision Lenses - Glass
17	Photochromic Multi-Focal Lenses - Glass
18	Photochromic Lenses - Plastic
19	Polycarbonate Lenses
20	High Index Lenses
21	Polaroid Lenses
22	Contact Lenses – Soft, Daily Wear
23	Contact Lenses – Planned Replacement
24	Contact Lenses - Disposable
25	Non-Plan Contact Lenses
26	Scratch Resistant Coating
27	Reflection-Free Coating
28	Tints
29	Ultra Violet Coating
30	Other Option
31	Custom Intralase
32	Custom Wavefront Lasik
33	PRK
34	Traditional Intralase