

Data File Specifications

Last Updated 1/22/2024

This document contains the complete data file requirements for all **RCM Consulting** services. Files required for each engagement can be found on the Data Requirements sections.

The secure file transfer process is included in the final pages of this document for reference. This process is managed within the **PARA Data Editor (PDE) platform** central to the RCM Consulting programs CorroHealth delivers.

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General Data Processing Guidelines

To facilitate accurate and timely data processing, general guidelines were developed for the data files. The general guidelines are listed below:

- A record layout defining field names, lengths, types, etc. should be provided for each file
- Control totals of Dollar and Quantity fields should be provided for each file
- No additional information at the top of file that is not delimited (file date, record count, etc.)
- DATA files ONLY (For migration into a SQL Server database)
- Tab or Pipe delimited files are preferred
- NO comma or quote delimited files (Due to the use of comma and quotes in the description fields)
- NO translated fields
- NO comma or dollar signs in monetary fields

Financial and System Metrics

Please provide as much of the following information as possible:

- Healthcare Information System
- Operating Cost to Charge Ratio – Critical Access Hospitals
- Per Diem Rate – Critical Access Hospitals
- Federal Payment Rate (DRG Blended Rate) –PPS Hospitals

Clinic Information

If any clinics are part of your engagement, please provide a complete list as well as the following information.

- Clinic Name
- Type of Clinic (free-standing, hospital based, RHC)
- Method 1 or Method 2 billing
- Will the data (charge master, transaction/utilization) be included in the hospital data files, or will it be provided separately?



Data Requirements by Project

	CDM Review	Price Transparency and NSA	Market Based Pricing Review	Rx Pricing Review	Materials/Purchasing Pricing Review
Charge Description Master	X	X	X	X	X
Account Summary & Transaction Files	X	X	X	X	X
Billing Coded (HIM) CPT Files		X	X		
Billing Coded (HIM) ICD-10 Files		Optional	Optional		
Detailed Materials Data					X
Materials Markup Schedules					X
Detailed Pharmacy Data				X	
Pharmacy Markup Schedules				X	
Patient Type/Insurance Crosswalks			X		
Payer Contract Information		X	X		
Pharmacy NDC	X	X			
Claims Data (837 EDI ANSI 5010)		Optional			



Charge Description Master (CDM)

The CHARGE DESCRIPTION MASTER files contain information about the method the hospital uses to charge patients for services and supplies provided. The file shows, by department, what services and supplies can be charged to a patient. Each individual charge item has coding details associated with it that allow that specific item to be billed appropriately. **Send only active, chargeable line items for CorroHealth processing/review.**

****Please upload via File Transfer in the PDE selecting category Charge Description Master
CHARGE DESCRIPTION MASTER FILE*

Field Number	Description	Field Name	Format	Length
1	<i>*Department Code</i>	DEPT_CODE	text	1-10
2	<i>*Charge Item Number</i>	PROC_CODE	text	1-20
3	<i>*Department Name</i>	DEPT_NAME	text	null-30
4	<i>*Charge Description</i>	PROC_DESC	text	null-250
5	Technical Description	TECH_DESC	text	null-250
6	<i>*Default Unit Price</i>	UNIT_PRICE	numeric / decimal	
7	<i>**ER Unit Price</i>	UNIT_PRICE1	numeric / decimal	
8	<i>**Outpatient Unit Price</i>	UNIT_PRICE2	numeric / decimal	
9	<i>**Other Unit Price</i>	UNIT_PRICE3	numeric / decimal	
10	<i>*Unit Multiplier</i>	UNIT_MULT	text	null-6
11	<i>*CPT Code</i>	CPT_CODE	text	null-11
12	<i>*HCPCS Code</i>	HCPCS_CODE	text	null-11
13	Medicaid Code	MEDICAID_CODE	text	null-11
14	Workers Comp Code	WCOMP_CODE	text	null-11
15	BLX Code	BLX_CODE	text	null-11
16	TriCare Code	TRICARE_CODE	text	null-11
17	Other Code	OTHER_CODE	text	null-11
18	<i>*Rev Code Default</i>	UB_DEFAULT	text	null-11
19	Rev Code OPPS	UB_OPPTS	text	null-11
20	Rev Code Part B Only	UB_PARTB	text	null-11
21	Rev Code Other	UB_OTHER	text	null-11
22-32	CPT Code - Additional	CPT_CODE1 - CPT_CODE10	text	null-11
33-43	HCPCS Code - Additional	HCPCS_CODE1 - HCPCS_CODE10	text	null-11

* Required ** Provide all available pricing tiers



Important Notes on Chargemaster Data:

No Room Charges?

If the charge master doesn't include room charges, please append those, or submit a separate file. Please include charge number, description, revenue code and price.

No Chargeable Pharmacy Items?

If the charge master doesn't include all chargeable pharmacy items, please append those, or submit a separate file. Please include charge number, description, revenue code, HCPCS code, unit multiplier and price (if applicable). **If this is an EPIC system and the pharmacy data is coming from Willow, include the ERX ID (aka Medication ID)**

No Chargeable Supply Items?

If the charge master doesn't include all chargeable supply items, please append those, or submit a separate file. Please include charge number, description, revenue code, HCPCS code, and price (if applicable). **If these come from a separate system (common with EPIC), please include a unique identification number (not a shell code) that links to the transaction data.**

If the charge master is coming from Cerner, provide both the Bill_Item_ID and all CDM fields (including CDMSCHEDPHARM and supply charge codes). If there are time-based charge amounts, make sure that information is included in the Interval field or provided separately. Please provide all current price schedules.



Account Summary and Transaction Files

The PATIENT LEVEL ACCOUNT SUMMARY AND TRANSACTION files contain information about specific patient encounters or visits, both at a summary and a detailed level.

The SUMMARY file provides encounter level information about each patient visit during the given time frame. This file should contain a single line per encounter. It contains data elements such as the date range of the patient’s stay, the patient type, DRG, insurance plan and total charges assigned to the account.

The TRANSACTION file shows the detailed line level information for each encounter. There will be many records for each encounter corresponding to each charge that appeared on the claim. These records will match to the charge master file on the charge code (procedure code), and (for some systems) department code.

****Please upload via File Transfer in the PDE selecting category Account Headers | Transactions*

ACCOUNT SUMMARY FILE

Field Description	Field Name Example	Data Type
*Unique Encounter Identifier, Claim ID or Visit ID	ClaimID, VisitID, AcctNo	Character
Financial Class	FC	Character
**Insurance Plan (Payer) Identifier	INS	Character
*Type of Patient (IP, OP, ER, etc)	PT TYPE	Character
*Admission Date	ADMIT DATE	Date
*Discharge Date	DC DATE	Date
***Diagnosis Related Group	DRG	Character
*Total Charges	CHGS	Money

* Required

** Optional for Price Transparency only clients. Required for all other engagements including Market Based Pricing, Revenue Integrity, Contract Analysis, etc.

*** MS DRG is optional for Critical Access (CAH) facilities. Otherwise, it is required. We request you provide APR DRG in a separate column if possible.



ACCOUNT TRANSACTIONS FILE (DETAILED)

Field Description	Field Name Example	Data Type
*Unique Encounter Identifier, Claim ID or Visit ID	ClaimID, VisitID, AcctNo	Character
*Department Number	DEPT#	Character
*Charge Item Number	CHG#, Bill_Item_ID	Character
*CPT or HCPCS code	CPT	Character
*Number of Units	QTY	Integer
*Revenue Code	REVENUE CODE	Character
*Line Charges	CHGS	Money
*Date of Service Provided	TRANS DATE	Date

* Required

Important Notes on Account Summary and Transaction Files:

No Room Charge Transactions?

If this data doesn't include room charge transactions, please append those, or submit a separate file for the same date range.

Data from Cerner?

If this data is coming from Cerner, provide both the Bill_Item_ID and CDM number fields.

Data from Epic?

If this data is coming from Epic, provide additional columns with ERX ID (aka Medication ID) and the Supply ID (aka MM ID) if applicable.



Billing Coded (HIM) CPT and ICD-10 Files

The two BILLING CODES files (CPT and ICD10) are additional details, by encounter/claimID, that help identify the reason the patient received services and what specific surgical procedures they received. The information contained in these files is usually entered into the system during the Medical Records or Billing process.

The CPT codes are often referred to as soft coded, in that they are added by HIM or Billing. These are typically added to surgeries because the CPTs are not hard coded in the charge master. **Please provide only the primary CPT code.** It is acceptable to send more as long as the primary code is identified.

ICD10 Diagnosis and Procedure codes: **Please provide only the primary Diagnosis and Procedure codes.** It is acceptable to send more codes as long as the primary code is identified. The ICD10 Procedure, Diagnosis and CPT codes can be columns in a single file, or they can be provided in separate files.

For Market Based Pricing clients, the requirement of these data files is dependent on your charge master structure and commercial payer reimbursement methodology. See Below.

The Billing Coded CPT file **is not required** if all surgical procedures are hard coded in the charge master with CPT code included. This file **is required** if surgery uses any kind of time or level-based charge structure, where the CPT codes are not hardcoded in the charge master.

ICD10 Diagnosis or Procedure codes are required if any payer reimburses based on these codes.

****Please upload via File Transfer in the PDE selecting category HIM Coded Files*

BILLING CODED CPT (HIM)

Field Description	Field Name Example	Data Type
*Unique Encounter Identifier, Claim ID or Visit ID	ClaimID, VisitID, AcctNo	Character
*CPT or HCPCS assigned by Medical Records or Billing	CPT	Character

BILLING CODED ICD-10 (HIM)

Field Description	Field Name Example	Data Type
*Unique Encounter Identifier, Claim ID or Visit ID	ClaimID, VisitID, AcctNo	Character
*ICD-10 Diagnosis Codes	ICD10DX	Character
*ICD-10 Surgical Codes	ICD10PCS	Character

* Required



Materials / Purchasing

The MATERIALS files contain information about the materials and supplies used in the hospital. There are two materials files: Detailed Materials Data and Current Materials Mark-Up Schedule.

***Please upload via File Transfer in the PDE selecting category Supply Detail | Cost | PIM

DETAILED MATERIALS DATA

Field Description	Field Name Example	Data Type
Date of Data Cut to PARA	DATE_STAMP	Date Time
Hospital System's Item Number	ITEM CODE	Character
Hospital System's Item Description	ITEM DESC	Character
<i>*Charge Item Number</i>	CDM ITEM CODE	Character
Package Description (i.e., Box of a Dozen)	PKG SIZE	Character
Unit Item Size (i.e., 1 Syringe)	UNIT SIZE	Character
Units Per Package (i.e., 12 syringes/box)	UNITS/PKG	Character
Unit Item Acquisition Cost	ACQ COST	Money
<i>*Unit Item Cost</i>	COST	Money
Unit Item Charge	UNIT PRICE	Money
Unit of Service Adjustor/Unit Multiplier (If applicable)	UNIT ADJ	Numeric
Supply Type (Med/Surg, Cardiac....)	TYPE	Character
**Vendor/Manufacturer Catalog Number	VENDOR NO	Character

MATERIALS MARK-UP SCHEDULE

Field Description	Field Name Example	Data Type
<i>*Minimum \$ value of tier</i>	RANGE MIN	Money
<i>*Maximum \$ value of tier</i>	RANGE MAX	Money
<i>*Mark-up</i>	MARKUP %	Numeric
<i>*Add-on Fee</i>	ADD ON	Money
<i>*Handling Fee</i>	HANDLING	Money
<i>*Other Fee</i>	ADMIN	Money
<i>*Minimum Charge Amount</i>	MIN CHARGE	Money
Rounding Factor	ROUND	Numeric

* Required

** Required for Purchase Item Master Review



Pharmacy Clinical

The PHARMACY CLINICAL files contain information about the method the hospital uses to charge patients for Pharmacy services and supplies provided. The file shows, by department, what services and supplies can be charged to a patient. Each individual charge item has coding details associated with it that allow that specific item to be billed appropriately.

****Please upload via File Transfer in the PDE selecting category Pharmacy Detail/Cost*

DETAILED PHARMACY DATA

Field Description	Field Name Example	Data Type
Item Code in Pharmacy System	ITEM CODE	Character
Item Desc in Pharmacy System (Generic and Brand if available)	ITEM DESC	Character
Strength	STR	Character
Form	FORM	Character
# of Units in Package	PKG QTY	Character
Dept #	CDM DEPT CODE	Character
<i>*Charge Item Number</i>	CDM PROC CODE	Character
<i>*Item Acquisition Cost</i>	COST	Money
<i>*Item AWP</i>	AWP	Money
<i>*NDC Number</i> Must Be Separated into the 3 Standard Segments by dashes	NDC	Character
Drug Type (Injection, Oral, etc.)	TYPE	Character
<i>*Pricing Category (Dose Form)</i>	CAT	Character
Pricing Category Description	CAT DESC	Character

PHARMACY MARK-UP SCHEDULE

Field Description	Field Name Example	Data Type
<i>*Pricing Category</i>	CAT	Character
Pricing Category Description	CAT DESC	Character
<i>*Minimum \$ value of tier</i>	RANGE MIN	Money
<i>*Maximum \$ value of tier</i>	RANGE MAX	Money
<i>*Mark-up</i>	MARKUP %	Character
<i>*Add-on Fee</i>	ADD ON	Money
<i>*Handling Fee</i>	HANDLING	Money
<i>*Other Fee</i>	ADMIN	Money
<i>*Minimum Charge Amount</i>	MIN CHARGE	Money
Rounding Factor	ROUND	Numeric

* Required



Pharmacy NDC

***Please upload via File Transfer in the PDE selecting category Pharmacy NDC

PHARMACY NDC

Field Description	Field Name Example	Data Type
*Charge Item Number	CDM PROC CODE	Character
*NDC Number Must Be Separated into the 3 Standard Segments by dashes	NDC	Character

* Required



Crosswalks to Support Account Summary

The CROSSWALK files are used to link the Insurance and the Patient Type fields (used in the ACCOUNT SUMMARY and TRANSACTION files) to the complete descriptions of those codes. These are to identify the insurance plan and patient type values that are used in the account summary file. There should be a record for each insurance plan which provides the full name. It is possible that these are provided within the ACCOUNT SUMMARY data files, and in that case these separate crosswalks are not required.

****Please upload using via File Transfer in the PDE selecting category Insurance Crosswalk*

INSURANCE FILE

Field Description	Field Name Example	Data Type
<i>*Insurance Plan (Payer) Identifier (BCBS, UHS, etc.)</i>	INS	Character
<i>*Full Name of the Insurance Plan (Payer) – (Blue Cross, etc.)</i>	INS NAME	Character

* Required

****Please upload via File Transfer in the PDE selecting category Patient Type Crosswalk*

PATIENT TYPE FILE

Field Description	Field Name Example	Data Type
<i>*Type of Patient (IP, OP, ER, etc.)</i>	PT TYPE	Character
<i>*Description of the Type of Patient (Inpatient, etc.)</i>	PT NAME	Character

* Required



Payer Contract Information

Please provide as much detailed data as possible for your payer contracted rates. This can include:

Hard or electronic copies of actual contracts - if only actual copies of the contracts are available, please provide all pages pertaining to current reimbursement terms, including any clauses that indicate exclusions, carve outs, stoploss, and lesser-of language. If only extracts from a contract management system or the facility patient accounting system are available, please include as much detail as possible. Also, if rates are paid by a payer-specific fee schedule, please include the fee schedule file (excel or csv format preferred).

Copies of any contract matrices – if reimbursement terms for multiple payers are tracked in a single facility-created document, please provide as much detail as possible, including any fee schedule documents available.

****Please upload via File Transfer in the PDE selecting category Payer Contract Matrix*



Explode Codes

The EXPLODE CODES file is used to link parent charges to the child charges they trigger. This file may be requested for a charge master review if applicable.

****Please upload via File Transfer in the PDE selecting category Charge Description Master – Explode Codes*

EXPLODE CODES

Field Description	Field Name Example	Data Type
*Parent Charge Item Number	PROC_CODE	Character
*Child Explode Charge Item Number of Parent	EXP_PROC_CODE	Character

* Required



Data Dictionary

There are alternate terms that may be used in your files for the data sent to PARA. This data dictionary lists some of the alternate terms.

Term	Alternative Terms
Charge Item Number	Procedure Code Item Number Charge Code Input Code CDM# CDM Code IVNUM Service Code SIM Code Billing Code Charge Number Bill Item ID EAP Procedure
Date of Service Provided	Transaction Date Service Date Encounter Date
Department Number	Department Code Revenue Center Cost Center
National Revenue Code	UB04 UB92 UB82 Revenue Code UB Code
Patient Identifier	Claim ID Encounter # Visit ID



Secure File Transfer Service

The File Transfer Service provides secure, web based, multiple file transfer services. The tool is accessible from the Select tab by clicking the File Transfer button in the upper right-hand corner.

Please do not upload files that are zipped. The file transfer tool allows the selection and import of hundreds of files as a single upload.

PARA Data Editor - Demonstration Hospital [DEMO] dbDemo | [Contact Support](#) | [Log Out](#)

[Select](#) [Charge Quote](#) [Charge Process](#) [Claim/RA](#) [Contracts](#) [Pricing Data](#) [Pricing](#) [Rx/Supplies](#) [Filters](#) [CDM](#) [Calculator](#) [Advisor](#) [Admin](#) [CMS](#) [PTT](#) [Tasks](#) [PARA](#)

Hospital: [Post a Question](#) [Post a Question](#) [File Transfer](#)

CDM Date:

Department:

Billing Indicators: Provider ID: **990001**

State: **CA** Area Wage Index: **1**

Physicians Fee Schedule: **ANAHEIM/SANTA ANA, CA**

Fiscal Intermediary / MAC: **JE - Noridian Healthcare Solutions, LLC**

Quantity Date Range: **7/1/2018 to 8/1/2018**

FY End Date:

Account Exec: **Sandra LaPlace**
800-999-3332 x225 slaplace@para-hcfs.com

Tech Support: **Peter Ripper (PRipper)**
800-999-3332 x221 pripper@para-hcfs.com

Operations Rep: **Monica Lelevich**
800-999-3332 x221 mlelevich@para-hcfs.com

Financial Analyst: **Randi Brantner**
800-999-3332 x215 rbrantner@para-hcfs.com

Market Hospitals

[Geographic](#) [Organizational](#) [Service](#) [State Average](#)

Name	City
DEMONSTRATION HOSPITAL PTT	ANAHEIM, CA Provider ID: 990001
Main Street Clinic	ANYWHERE, CA Provider ID: 990009
Community Hospital	ANYWHERE, CA Provider ID: 990002
General Hospital	ANYWHERE, CA Provider ID: 990005
Generic Northeast Healthcare	ANYWHERE, CA Provider ID: 990010
Memorial Health System	ANYWHERE, CA Provider ID: 990003
Northwest Regional Hospital	ANYWHERE, CA Provider ID: 990004
Southwest Healthcare	ANYWHERE, CA Provider ID: 990006
Standard Hospital	ANYWHERE, CA Provider ID: 990007
Sample Healthcare System	ANYWHERE, CA Provider ID: 990008

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Date	Title
	Enter Title Search Criteria Here:
09/10/2020	AHRQ News Now: preventing suicide; use of low-value health services;
09/10/2020	AHRQ Review: Screening for Hearing Loss in Older Adults
09/10/2020	AHRQ Screening for Depression, Anxiety, and Suicide Risk in Adults, Including...
09/10/2020	AHRQ News Now: telehealth to treat opioid use disorder; economic burden of ...
09/10/2020	AHRQ News Now: health system integration and quality; improving diagnostic...
09/10/2020	Center for Medicaid and CHIP Services (CMCS) - Manual for State Payment of ...
09/10/2020	Center for Medicaid and CHIP Services (CMCS) - Neonatal Abstinence Syndro...
09/10/2020	Center for Medicaid and CHIP Services (CMCS) - COVID-19 News Alert: Trump...
09/10/2020	Center for Medicaid and CHIP Services (CMCS) - The Affordable Care Act Fed...
09/10/2020	CMS Guidance for Representing Telehealth Encounters in QRDA I Format for e...
09/10/2020	CMS Hospital/Quality Initiative Open Door Forum scheduled for September 17...
09/10/2020	CMS SNF QRP COVID-19 PR Tip Sheet is Available
09/10/2020	CMS LTCH QRP COVID-19 PR Tip Sheet is Available
09/10/2020	CMS IRF QRP COVID-19 PR Tip Sheet is Available
09/10/2020	CMS HQRP COVID-19 PR Tip Sheet is Available
09/10/2020	CMS Home Health QRP COVID-19 PR Tip Sheet is Available
09/10/2020	CMS Care Compare Empowers Patients when Making Important Health Care D...
09/10/2020	CMS Issues FY 2021 IPPS and LTCH Prospective Payment System Final Rule
09/10/2020	CMS Advancing Seniors' Access to Cutting-edge Therapies and Technology in ...
09/10/2020	CMS Quality Payment Program - Reminder: 2020 Cost Measure Field Testing P...
09/10/2020	CMS Submit Comments on the 2021 Proposed Rule for the Quality Payment Pr...
09/10/2020	CMS Quality Payment Program - One Month Remaining to Submit MIPS Target...
09/10/2020	CMS Quality Payment Program - Trump Administration Announces Initiative to...
09/10/2020	NY Medicaid: New FAQs Added for 834 Managed Care Transactions
09/10/2020	NY Medicaid - Physician Procedure Codes and Fee Schedules Updated
09/10/2020	NY Medicaid - Nurse Practitioner Procedure Codes and Fee Schedules Updated

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Uploading Files

The Name, Company and Email fields are auto completed using your current information on file.

Enter a description of the file or any additional information. If the file is intended for a particular person, you can note that here.

Then select a category for the files to be uploaded. The next page of this document contains a guide on selecting the correct category. If you are unsure, select "Other".

To locate files for upload on your computer, click the Choose Files button.

File names are restricted to 100 characters. User will receive notification if file name exceeds this limit after it is submitted.

After you have selected all the files to upload, click the Upload button.

The screenshot displays the PARA Data Editor interface for a demonstration hospital. A modal window titled "PARA File Transfer" is open, showing the following fields:

- Name: Alexander Johnson
- Company: Demonstration Hospital [DEMO]
- Email: ajohnson@para-hcfs.com
- Description of file: (empty)
- Category: Select a Category... (dropdown menu with options: Account Headers | Transactions, Charge Description Master, Charge Description Master - Explode Codes, Claims Data - EDI (837), Claims Data - SCAN / FAX, Department Code Crosswalk, Department Crosswalk, HIM Coded HCPCS, HIM Coded ICD-9 Diagnoses)

The background interface includes a top navigation bar with tabs like "Select", "Charge Quote", "Charge Process", "Claim/RA", "Contracts", "Pricing Data", "Pricing", "Rx/Supplies", "Filters", "CDM", "Calculator", "Advisor", "Admin", "CMS", "PTT", "Tasks", and "PARA". A "Market Hospitals" table is visible at the bottom, listing various hospital names and their locations.



File Transfer Category	Additional Notes
Account Headers Transactions	
Charge Description Master	
Charge Description Master - Clinic	
Charge Description Master - Explode Codes	
Claims Data - EDI (837)	HIPAA 5010 EDI standard
Claims Data - SCAN / FAX	
Department Crosswalk	Only submit if this information is not already included in the Chargemaster file
HIM Coded Files	
Insurance Crosswalk	Only submit if this information is not already included in the Account Summary file
Medical Record	
NSA Disclosure Notice	
NSA Right to Estimate	
Order Entry	
Other	
PARA User List	
Patient Type Crosswalk	Only submit if this information is not already included in the Account Summary file
Payer Contract	
Pharmacy Detail / Cost	
Pharmacy Mark-up	Please note in the File Transfer description whether values refer to cost markups or cost multipliers
Pharmacy NDC	
Remittance Data - EDI (835)	HIPAA 5010 EDI standard
Revenue and Usage	
Supply Detail Cost PIM	
Supply Mark-up	Please note in the File Transfer description whether values refer to cost markups or cost multipliers

Each file that is uploaded will be processed by a virus scanner at the server. The result of that scan will be displayed for each file in the list and a summary of those stats will be displayed at the bottom of the queue list.

A copy of the transfer results will be emailed to the address given, and CorroHealth staff will be notified to load/process the data.