

Field Name	Length (bytes)	Remarks
Fund ID	9	Unique ID assigned to each Fund.
Group Number	9	An identification number assigned by BCBSIL.
Subscriber	20	The insured individual's SSN or unique ID.
Patient First Name	10	The first name of the actual patient.
Patient Last Name	15	The last name of the actual patient.
RCN	20	A BCBSIL claim number.
SCCF Serial Number	17	For Illinois Local report, this field is blank. For BlueCard reports, this contains a unique control number which is assigned once a claim enters the ITS process.
DCN	13	BCBSIL's document control number.
Adjustment Suffix	2	Indicates the number of adjustments on the claim. Numbers range from 00 to 99.
Adjustment Reason Code	3	Indicates the type of adjustment made to an original entry claim. See the <i>Code Reference Manual</i> for values.
Claim Type	1	Indicator which identifies a claim as BlueShield (0), BlueCross inpatient (1) or BlueCross outpatient (2).
Claim Status	1	Code which indicates whether a claim is no response (1), rejected (2), or pending (3).
Claim Status Description	7	Indicates whether a claim is no response (NO RESP), rejected (REJ) or pending (RFI) in abbreviated alpha values based on Claim Type.
RFI/Reject Code	5	For pending claims (Claim Status=3) this field will contain the Pending Code and for rejected claims (Claim Status=2) this field will contain the Reject Reason Code. If the claim is no response (Claim Status=1) the field will be left blank.
Provider Number	10	For Illinois claims, this is a unique BCBSIL number which identifies an individual provider or provider group. BlueCross provider numbers will be 1-5 digits long and BlueShield provider numbers will be 6-8 digits long. For BlueCard claims, this number will contain an "X" in the first position, then the plan code followed by the BCBS provider number.
Total Charge	10	The total charge for all services rendered.
Service From Date	10	Contains the begin date of services on this claim. Format will be mm/dd/ccyy.
Service To Date	10	Contains the end date for services on this claim. Format will be mm/dd/ccyy.
Number of Days Old	3	Age of claim since it has been transmitted to the Fund. This report will contain only claims over 30 days old. This field will be in Julian Date format.
Number of Pending/Reject Days	3	The number of days that the claim has been pending or rejected. This field will be in Julian Date format.
Totals Type	1	Report will either contain the actual data (value=A) or projected data (value=P).
Report Month	2	The month that the report was released. This field will be in numeric format (i.e., 11=November, 12=December, etc.).
Report Year	4	The year that the report was released. This field will be in numeric format (i.e. 2004, 2005, etc.).
Report Month Title	42	For the mid-month report, this field will read "Projected Totals <i>month</i>

Field Name	Length (bytes)	Remarks
		<i>year</i> For the month-end report, this field will read "Actual Total <i>month</i> <i>year</i> "
Report Number	5	BCBSIL internal report number, for reference purposes.
Report Type	1	Indicates whether claims are Local (L) or BlueCard (B).
Report Issue Date	10	Issue date of this report. Format will be mm/dd/ccyy.
Filler	57	For future report expansion.
<b>Total:</b>	<b>300</b>	