InfoDive Data Export Guide

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A reference to the practice data that iSalus OfficeEMR securely exports to InfoDive, including how files are organized, how often they are delivered, and the information contained in each file.

Overview

What the InfoDive export is and how it works at a glance.

The InfoDive data export is an automated feed that delivers your practice's billing, demographic, and reference data from iSalus OfficeEMR to InfoDive on a recurring schedule. Data is packaged as standard **comma-separated value (CSV)** files and transmitted over an encrypted **SFTP** connection to your dedicated InfoDive location.

The export is fully configurable. Your practice chooses which data sets are included and how frequently they are delivered, so the feed can be tailored to exactly what your analytics program requires.

Protected Health Information (PHI). Several export files contain patient-identifiable information such as names, dates of birth, addresses, insurance member IDs, diagnoses, and financial detail. Because these files include PHI, their use is governed by your Business Associate Agreement (BAA) and applicable HIPAA requirements. Files marked `PHI` below contain patient-identifiable data.

How the Export Works

From your practice data to your InfoDive location.

1. Extract

Enabled data sets are pulled for the reporting window

2. Build files

Each data set is written to its own CSV file

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3. Deliver

Files are sent by secure SFTP to your InfoDive site

Delivery schedule

Exports run automatically on the cadence configured for your practice. Supported frequencies are:

Monthly	Once per calendar month
Bi-weekly	Every 14 days
Weekly	Every 7 days

Reporting window

Transactional data sets (Claims, Claim Procedure Lines, and Payments) cover a rolling window based on the transaction posting date — by default, the most recent **12 months** of activity. Reference data sets (such as Providers, Payers, and Fee Schedule) reflect their current values at the time the export runs.

File naming

Each file follows a consistent, predictable naming pattern so files can be identified and processed automatically:

`{AccountID}_{Practice}_{DataSet}_{StartDate}_{EndDate}.csv`

Dates are formatted as `YYYYMMDD`. For example, a Claims file might arrive as `12345_MyPractice_Claims_20250101_20251231.csv`.

File format

Format	CSV (comma-separated values)
Field delimiter	Comma (,)
Text qualifier	Double quotes (")
Header row	One header row of column names per file

Encoding	Standard text

Patient inclusion. Patient, claim, procedure, and payment files include only *active, reportable* patients who had activity during the reporting window. Test and inactive records are automatically excluded.

Available Data Sets

Nine data sets can be enabled individually for your practice.

Patient Demographics	One patient	PHI
Patient Insurance	One insurance coverage per patient	PHI
Providers	One provider	REFERENCE
Payers	One payer (insurance company)	REFERENCE
Service Locations	One service location / facility	REFERENCE
Fee Schedule	One procedure code & negotiated fee	REFERENCE
Claims	One claim	PHI
Claim Procedure Lines	One procedure/charge line on a claim	PHI
Payments	One payment or adjustment	PHI

Data Set Detail

Contents of each file. Column availability may vary slightly based on your practice's configuration.

Patient Demographics PHI One row per patient

Core demographic and contact information for each active, reportable patient with activity in the reporting window.

- last_name
- first_name
- middle_name
- nick_name
- suffix
- chart_number
- active
- signature_on_file
- signature_on_file_date
- address_1
- address_2
- city
- state
- zip
- home_phone
- work_phone
- other_phone
- email
- primary_id
- primary_id_value
- secondary_id
- secondary_id_value
- gender
- marital_status
- birth_date
- date_of_death
- employment_status
- employer
- student_status
- primary_care_physician
- ethnicity
- race
- referring_provider
- practice_physician
- employer_detail
- legacy_patient_ids

Patient Insurance PHI One row per coverage

Insurance coverage details for each patient, including subscriber (insured party) information and member IDs. One row per coverage level (primary, secondary, tertiary).

- last_name
- first_name
- middle_name

nick_name
suffix
chart_number
payer_number
payer_name
start_date
end_date
coverage_level
insurance_type
msp_reason
insured_id
insured_id_value
group_name
group_policy_number
auth_required
secondary_id
secondary_id_value
plan_code
copay_dollar
copay_percent
deductible
insured_is_patient
insured_is_company
insured_first_name
insured_middle_name
insured_last_name
insured_suffix
gender
dob
relationship
employer
signature_on_file
address_1
address_2
city
state
zip
home_phone
email

Providers REFERENCE One row per provider

Directory of providers in your practice, including identifiers and contact information.

doctor_number
active
rendering
first_name

middle_name
last_name
suffix
specialty
address_1
address_2
city
state
zip
phone
email
fax
npi
group_npi
signature_on_file
signature_on_file_date

Payers REFERENCE One row per payer

Directory of the insurance companies (payers) configured in your practice, including financial class, claim-filing configuration, addresses, and contacts.

sys_id
payer_name
active
financial_class_1
financial_class_2
auth_required_primary
auth_required_secondary
auth_required_tertiary
address_1
address_2
city
state
zip
source_of_pay
edi_type
payer_id
send_asa
billing_primary
billing_secondary
use_npi
secondary_id_qualifiers
hcfa_field_settings
contract_info
inquiry_address
referral_address
primary_contact

secondary_contact

The payer file also includes a full set of secondary ID qualifier columns and HCFA form field settings used for claim submission.

Service Locations REFERENCE One row per location

Facilities and service locations configured in your practice, including identifiers and contacts.

sys_id
location_name
place_of_service
tax_id
clia
npi
facility_type
order_location
requisition
address_1
address_2
city
state
zip
geographic_location
location_email
primary_contact
secondary_contact

Fee Schedule REFERENCE One row per code & negotiated fee

Procedure codes and their negotiated fees, including payer/provider/location-specific pricing and related billing configuration.

code
code_type
code_start_date
code_end_date
practice
payer
provider
financial_class
location
fee_start_date
fee_end_date
fee_type
fee
allowed
in_house_cost
tax

rvu
units
time_based
minutes_per_unit
rounding
billing_code
billing_type
asa_code
patient_only_responsible
noc
strength
measure
modifier_1–4
icd_1–8
required_fields
gender
prior_auth
accept_assignment
tos
narrative
description

Claims PHI One row per claim

Header-level claim information for claims with activity in the reporting window, including status, aging, associated providers, and insurance.

claim_number
date_of_service
submission_date
status
sub_status
billing_method
processing_level
owner
primary_insurance
secondary_insurance
tertiary_insurance
chart_number
last_name
first_name
charge
balance
responsible_party
aging_date
aging_type
aging_days
rendering

- referring
- supervising
- ordering
- purchasing
- attending
- alternate
- service_location
- admission_date
- discharge_date
- onset_date
- menstrual_date
- accident_date
- accident_state
- accident_country
- epsdt
- epsdt_code_1–3
- narrative_type
- billing_provider_name

Claim Procedure Lines PHI One row per procedure line

Line-level detail for each procedure/charge on a claim, including procedure codes, modifiers, diagnoses, and charges.

- claim_number
- sort_order
- from_date
- to_date
- procedure_code
- place_of_service
- type_of_service
- units
- charge
- extended_charge
- modifier_1–4
- icd_1–8
- start_time
- end_time
- tax_amount
- tax_rate
- ndc_value
- diagnosis_id
- created_by
- posted
- active

> **Optional columns.** Based on your practice's configuration, this file may also include the patient name (`PatientLast` , `PatientFirst` , `PatientMiddle`) and insurance member

IDs (`InsuredID_1` through `InsuredID_3`).

Payments PHI One row per payment / adjustment

Payment and adjustment activity in the reporting window, including the payer, method, and associated claim. Deleted payments are also included and flagged, providing a complete audit view.

- deposit_date
- deposit_post_date
- paid_amount
- primary_insurance
- primary_financial_class
- secondary_insurance
- secondary_financial_class
- tertiary_insurance
- tertiary_financial_class
- adjustment_amount
- paid_by
- payment_method
- payment_type
- payment_method_id
- user_name
- claim_number
- service_location
- rendering
- diagnosis_id
- payment_id
- removed_flag

The `removed_flag` column indicates whether a payment record was subsequently deleted.

Security & Compliance

How your data is protected in transit.

Transport	Files are transmitted over an encrypted SFTP (Secure File Transfer Protocol) connection.
Isolation	Each practice is delivered to its own dedicated InfoDive location.

Data scope	Only active, reportable patient records with activity in the reporting window are included.
Governance	Files containing PHI are subject to your Business Associate Agreement and HIPAA requirements.

Questions?

We're here to help configure your export.

Your iSalus account team can help you enable or adjust which data sets are included, set the delivery frequency, and confirm your InfoDive connection details. Please reach out to your account representative or iSalus Support to get started.