



Optional Data Addendum Form to New Hampshire Limited Use Commercial Health Care Claims Research Data Sets

Information for the NHCHIS Limited Use Data Requester:

- 1) This is an **optional** form to aid in determining what fields to request and justifying the research need for the fields in your Limited Use Data Set – while this form is not a required form to request the Limited Use Data Sets it may aid in the review process and in extraction of the approved data sets.
- 2) Please complete either this form OR the data section (table) of the Application for Access to New Hampshire Limited Use Commercial Health Care Claims Research Data Sets, but not both. If you choose to use this Addendum, please reference that in the data section of the Application.
- 3) For a complete list of fields that may not be cited below, please reference the latest Consolidated Data Dictionary from <https://nhchis.com/DataAndReport/DataSetDocumentation>. Additional lines are provided in this form to enter any needed field(s) not already listed.
- 4) If this Addendum is used, please send it with your completed application for access to New Hampshire Limited Use Commercial Health Care Claims Research Data Sets. If your NHCHIS Limited Use Datasets Application Form is not included or completed, your form will be returned. Application Forms for the NHCHIS Limited Use Datasets are found at <https://nhchis.com/DataAndReport/LimitedUseDataRequests>

Please e-mail Mary Fields (Mary.Fields@dhhs.state.nh.us) at the Department of Health and Human Services with any questions.

Please send your completed application materials to the following address:

Mary Fields
Bureau of Data & Systems Management
Office of Medicaid Business & Policy
NH Department of Health and Human Services
129 Pleasant St
Concord, NH 03301-3857

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Below, please list the data elements required for your research. Request only those elements needed. Note: Group ID is not available unless it can be shown that it cannot be used to directly identify a person.

For each element provide a justification for need and where possible specify any sub-selection of records or grouping of values you expect to use for each data elements. Note: after your request is approved our contractor will work with you on the data set extract for your request; at that time they may recommend additional data elements. *Please use as much space as you need.*

- *Need:* We will only provide the minimum set of information with the minimum specificity that you need. Please supply a need for potential indirect identifiers (elements below with Need listed to the right of element). Data elements may be denied if your application does not justify your need explicitly when required.
- *Sub-selection of Records (Filters):* We will only release the minimum set of records needed for your study. Please provide any selection criteria for the records you are specifically interested in. For instance, if you are specifically studying heart disease, be sure to indicate you only require records where the diagnosis met your specified criteria for heart disease.
- *Grouping of Values:* Where relevant, we will provide data elements pre-grouped. Please indicate any grouping that is needed for your study. For instance, if you only need to know the patient's grouped by a state of residence or your own custom service area grouping based on zip code, indicate that, and we will supply it instead of the zip code. Another common example is grouping of patient age.

Health Plan Member Eligibility File Data Element Selection (Shaded columns for internal use only.)

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	ME001 & 2	Payer and Payer National Plan ID	Need: Filter: Grouping:			
<input type="checkbox"/>	ME003 & ME912	Insurance Type Code/Product & Standardized Code	Filter: Grouping:			
<input type="checkbox"/>	ME004	Year for which eligibility is reported in this submission	Filter: Grouping:			
<input type="checkbox"/>	ME005	Month for which eligibility is reported in this submission	Need: Filter: Grouping:			
<input type="checkbox"/>	ME006	Encrypted Insured Group or Policy Number (specify at right if grouping or filtering by number of members in group)	Need: Filter: Grouping:			
<input type="checkbox"/>	ME007	Benefit Coverage Level Code	Filter: Grouping:			
<input type="checkbox"/>	ME012 & ME911	Member's Relationship to Insured & Standardized Relationship Code	Filter: Grouping:			
<input type="checkbox"/>	ME013	Member Gender	Filter:			
<input type="checkbox"/>	ME014 calc	Member Age at Last Day of Month	Filter: Grouping:			
<input type="checkbox"/>	ME015	Member City	Need: Filter: Grouping:			
<input type="checkbox"/>	ME015 calc	Member New Hampshire County	Filter: Grouping:			
<input type="checkbox"/>	ME016	Member State or Province	Filter: Grouping:			
<input type="checkbox"/>	ME017	Member ZIP Code	Need: Filter: Grouping:			
<input checked="" type="checkbox"/>	ME018	Medical Coverage Flag		Automatically Provided When Eligibility File Is Approved		
<input type="checkbox"/>	ME019	Prescription Drug Coverage Flag	Filter:			
<input type="checkbox"/>	ME020*	Dental Coverage Flag	Filter:			
<input type="checkbox"/>	ME021*	Race 1 (not well populated)	Need:			
<input type="checkbox"/>	ME022*	Race 2 (not well populated)	Need:			

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	ME024*	Hispanic Indicator (<i>not well populated</i>)	Need:			
<input type="checkbox"/>	ME025*	Ethnicity 1 (<i>not well populated</i>)	Need:			
<input type="checkbox"/>	ME026*	Ethnicity 2 (<i>not well populated</i>)	Need:			
<input type="checkbox"/>	ME028*	Primary Insurance Indicator	Filter:			
<input type="checkbox"/>	ME029*	Coverage Type	Filter:			
<input type="checkbox"/>	ME030*	Market Category	Filter:			
<input type="checkbox"/>	ME031*	Special Coverage	Filter:			
<input type="checkbox"/>	ME203**	Member's Assigned PCP	Need:			
<input type="checkbox"/>	ME204**	HIOS Plan ID	Need:			
<input type="checkbox"/>	ME205**	Plan Effective Date	Need:			
<input type="checkbox"/>	ME206**	Minimum Value	Need:			
<input type="checkbox"/>	ME207**	Exchange Indicator	Need:			
<input type="checkbox"/>	ME208**	High Deductible Health Plan	Need:			
<input type="checkbox"/>	ME209**	Active Enrollment	Need:			
<input type="checkbox"/>	ME210**	New Coverage	Need:			
<input type="checkbox"/>	ME900***	Plan State	Need:			
<input type="checkbox"/>	ME901***	Advanced Premium Tax Credit	Need:			
<input type="checkbox"/>	ME902***	NAIC Number	Need:			
<input type="checkbox"/>	ME903***	Grandfather Plan Indicator	Need:			
<input type="checkbox"/>	ME904***	Metal Value	Need:			
<input checked="" type="checkbox"/>	ME905	Medicare Coverage Flag		Automatically Provided When Eligibility File Is Approved		
<input checked="" type="checkbox"/>	ME906	Composite Unique Member Key (required for linking to claim tables)		Automatically Provided When Eligibility File Is Approved		
<input checked="" type="checkbox"/>	ME915	MI_PERSON_KEY - Allows linking of members across all payers		Automatically Provided When Eligibility File Is Approved		

*Added with 1/1/2010 paid dates
 **Added with 1/1/2016 paid dates
 ***Added with 1/1/2021 paid dates

Additional Health Plan Member Eligibility File Data Element Requests (Shaded columns for internal use only.)

Element #	Element Name	Element Description	Justification of Need	Filtering of Data Element (state "none" if none)	Grouping of Data Element (state "none" if none)	Approved	Exclusions	Verification Initials

Medical Claim File Data Element Selection (Shaded columns for internal use only)

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	MC001 & 2	Payer and Payer National Plan ID	Need: Filter: Grouping:			
<input type="checkbox"/>	MC003 & MC913	Insurance Type/Product Code & Standardized Code	Filter: Grouping:			
<input type="checkbox"/>	MC004, 5, 5A	Payer Supplied Claim Control Number, Line Counter, and Version Number	Need:			
<input type="checkbox"/>	MC006	Encrypted Insured Group or Policy Number (specify at right if grouping or filtering by number of members in group)	Need: Filter: Grouping:			
<input type="checkbox"/>	MC011	Member Relationship to Insured Code	Filter: Grouping:			
<input type="checkbox"/>	MC012	Member Gender	Filter:			
<input type="checkbox"/>	MC901	Member Age at Last Day of Month	Filter: Grouping:			
<input type="checkbox"/>	MC014	Member City	Need: Filter: Grouping:			
<input type="checkbox"/>	MC014 calc	Member New Hampshire County	Filter: Grouping:			
<input type="checkbox"/>	MC015	Member State or Province	Filter: Grouping:			
<input type="checkbox"/>	MC016	Member ZIP Code	Need: Filter: Grouping:			
<input type="checkbox"/>	MC017	Date Service Approved (AP Date)	Need: Filter: Grouping:			
<input type="checkbox"/>	MC018	Inpatient Admission Date	Need: Filter: Grouping:			
<input type="checkbox"/>	MC018 calc	Inpatient Admission Year	Filter:			
<input type="checkbox"/>	MC019	Admission Hour	Filter: Grouping:			
<input type="checkbox"/>	MC020	Admission Type	Need: Filter: Grouping:			
<input type="checkbox"/>	MC021	Admission Source	Filter: Grouping:			

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	MC022	Discharge Hour	Filter: Grouping:			
<input type="checkbox"/>	MC022A	Inpatient Discharge Date	Need: Filter: Grouping:			
<input type="checkbox"/>	MC018/22 calc	Inpatient Length of Stay	Filter: Grouping:			
<input type="checkbox"/>	MC023	Member Status at Discharge	Filter: Grouping:			
<input type="checkbox"/>	MC024 & MC026 & MC912	Payer Service, National Service Provider, Standardized Provider ID# Numbers	Need: Filter: Grouping:			
<input type="checkbox"/>	MC027	Service Provider Entity Type Qualifier (Person or Non-Person Entity)	Filter:			
<input type="checkbox"/>	MC028 - 31	Service Provider Name or Organization Name	Need: Filter: Grouping:			
<input type="checkbox"/>	MC032	Payer Service Provider Specialty Code	Filter: Grouping:			
<input type="checkbox"/>	MC033	Service Provider City	Need: Filter: Grouping:			
<input type="checkbox"/>	MC034	Service Provider State	Filter:			
<input type="checkbox"/>	MC035	Service Provider ZIP Code	Need: Filter: Grouping:			
<input type="checkbox"/>	MC036	Type of Bill – Institutional	Filter: Grouping:			
<input type="checkbox"/>	MC037	Place of Service (POS) – Professional	Filter: Grouping:			
<input type="checkbox"/>	MC038	Claim Status (payment status of specific service line record, Note: Normally released is the final status of the claim at the time the extract is made, subject to payer irregularities and available information)	Filter: Grouping:			
<input type="checkbox"/>	MC039	Inpatient Admitting Diagnosis	Filter:			
<input type="checkbox"/>	MC040	E-Code	Filter:			
<input type="checkbox"/>	MC041	Principal Diagnosis	Filter:			
<input type="checkbox"/>	MC042 - 53	Other Diagnosis – 1 to 12	Filter:			
<input type="checkbox"/>	MC054	NUBC Revenue Code	Filter:			

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	MC055 - 57	HCPCS/CPT Procedure Code and Modifiers 1 and 2	Filter:			
<input type="checkbox"/>	MC058	ICD-9-CM Procedure Code	Filter:			
<input type="checkbox"/>	MC059	Date of Service – From	Need: Filter: Grouping:			
<input type="checkbox"/>	MC060	Date of Service – Thru	Need: Filter: Grouping:			
<input type="checkbox"/>	MC061	Quantity	Filter:			
<input type="checkbox"/>	MC062	Charge Amount	Filter:			
<input type="checkbox"/>	MC063	Paid Amount	Filter:			
<input type="checkbox"/>	MC064	Prepaid Amount (and for capitated services the fee for service equivalent)	Filter:			
<input type="checkbox"/>	MC065	Copay Amount	Filter:			
<input type="checkbox"/>	MC066	Coinsurance Amount	Filter:			
<input type="checkbox"/>	MC067	Deductible Amount	Filter:			
<input type="checkbox"/>	MC069*	Discharge Date	Filter: Grouping:			
<input type="checkbox"/>	MC070*	Service Provider Country Name	Filter:			
<input type="checkbox"/>	MC071 & 72*	DRG, DRG Version	Filter:			
<input type="checkbox"/>	MC073 & 74*	APC, APC Version	Filter:			
<input type="checkbox"/>	MC075*	Drug Code	Filter:			
<input type="checkbox"/>	MC076 & 77*	Payer Billing Provider Number and National Billing Provider ID	Need: Filter: Grouping:			
<input type="checkbox"/>	MC078*	Billing Provider Name or Organization Name	Need: Filter: Grouping:			
<input type="checkbox"/>	MC200**	ICD Indicator	Filter:			
<input type="checkbox"/>	MC202**	Other ICD-CM Procedure Code – 2	Filter:			
<input type="checkbox"/>	MC203**	Other ICD-CM Procedure Code – 3	Filter:			
<input type="checkbox"/>	MC204**	Other ICD-CM Procedure Code – 4	Filter:			
<input type="checkbox"/>	MC205**	Other ICD-CM Procedure Code – 5	Filter:			
<input type="checkbox"/>	MC206**	Other ICD-CM Procedure Code – 6	Filter:			

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	MC207**	Carrier Associated With Claim	Need:			
<input type="checkbox"/>	MC209**	Practitioner Group Practice	Need:			
<input type="checkbox"/>	MC210**	Coordination of Benefits/Third Party Liability Amount	Need:			
<input type="checkbox"/>	MC211**	Cross Reference Claims ID	Need:			
<input type="checkbox"/>	MC212**	Allowed Amount	Need:			
<input type="checkbox"/>	MC215**	Service Line Type	Need: Filter:			
<input type="checkbox"/>	MC216**	Payment Arrangement Type	Need: Filter:			
<input type="checkbox"/>	MC217**	Pay For Performance Flag	Need:			
<input type="checkbox"/>	MC218**	Claim Processing Level Indicator	Need:			
<input type="checkbox"/>	MC219**	Denied Claim Indicator	Need:			
<input type="checkbox"/>	MC220**	Denial Reason	Need: Filter:			
<input type="checkbox"/>	MC221**	Procedure Modifier – 3	Need: Filter:			
<input type="checkbox"/>	MC222**	Procedure Modifier – 4	Need: Filter:			
<input type="checkbox"/>	MC223**	HIOS Plan ID	Need:			
<input type="checkbox"/>	MC900***	In Network Indicator	Need:			
<input type="checkbox"/>	MC901***	Unit of Measure	Need:			
<input checked="" type="checkbox"/>	MC905	Medicare Coverage Flag		Automatically Provided When Medical Claims File Is Approved		
<input checked="" type="checkbox"/>	MC906	Composite Unique Member Key (required for linking to member and pharmacy claim tables)		Automatically Provided When Medical Claims File Is Approved		
<input checked="" type="checkbox"/>	MC915	MI_PERSON_KEY - Allows linking of members across all payers		Automatically Provided When Medical Claims File Is Approved		

*Added with 1/1/2010 paid dates

**Added with 1/1/2016 paid dates

***Added with 1/1/2021 paid dates

Additional Medical Claim File Data Element Requests (Shaded areas for internal use only.)

Element #	Element Name	Element Description	Justification of Need	Filtering of Data Element (state "none" if none)	Grouping of Data Element (state "none" if none)	Approved	Exclusions	Verification Initials

Pharmacy Claim File Data Element Selection (Shaded columns for internal use only.)

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	PC001 & 2	Payer and Payer National Plan ID	Need: Filter: Grouping:			
<input type="checkbox"/>	PC003 & PC912	Insurance Type/Product Code & Standardized Code	Filter: Grouping:			
<input type="checkbox"/>	PC004 & 5	Payer Claim Control Number and Line Counter	Need:			
<input type="checkbox"/>	PC006	Encrypted Insured Group or Policy Number (specify at right if grouping or filtering by number of members in group)	Need: Filter: Grouping:			
<input type="checkbox"/>	PC011	Member Relationship to Insured Code	Filter: Grouping:			
<input type="checkbox"/>	PC911	Standardized Member Gender	Need:			
<input type="checkbox"/>	PC901	Member Age at Last Day of Month	Filter: Grouping:			
<input type="checkbox"/>	PC014	Member City	Need: Filter: Grouping:			
<input type="checkbox"/>	PC014 calc	Member New Hampshire County	Filter: Grouping:			
<input type="checkbox"/>	PC015	Member State or Province	Filter: Grouping:			
<input type="checkbox"/>	PC016	Member ZIP Code	Need: Filter: Grouping:			
<input type="checkbox"/>	PC017	Date Service Approved	Need: Filter: Grouping:			
<input type="checkbox"/>	PC018 & PC913	Payer Pharmacy Number & Standardized Pharmacy ID# Number	Need: Filter: Grouping:			
<input type="checkbox"/>	PC020	Pharmacy Name	Need: Filter: Grouping:			
<input type="checkbox"/>	PC021	National Pharmacy ID Number	Need: Filter: Grouping:			

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	PC022	Pharmacy Location City	Need: Filter: Grouping:			
<input type="checkbox"/>	PC023	Pharmacy Location State	Filter:			
<input type="checkbox"/>	PC024	Pharmacy ZIP Code	Need: Filter: Grouping:			
<input type="checkbox"/>	PC025	Claim Status (payment status of specific service line record, Note: Normally released is the final status of the claim at the time the extract is made, subject to payer irregularities and available information)	Filter: Grouping:			
<input type="checkbox"/>	PC026	Drug Code (NDC)	Filter: Grouping:			
<input type="checkbox"/>	PC027	Drug Name	Filter: Grouping:			
<input type="checkbox"/>	PC028	New Prescription	Filter: Grouping:			
<input type="checkbox"/>	PC028A	Refill Number	Filter: Grouping:			
<input type="checkbox"/>	PC029	Generic Drug Indicator	Filter:			
<input type="checkbox"/>	PC030	Dispense as Written Code	Filter:			
<input type="checkbox"/>	PC031	Compound Drug Indicator	Filter:			
<input type="checkbox"/>	PC032	Date Prescription Filled	Need: Filter: Grouping:			
<input type="checkbox"/>	PC032 calc	Year Prescription Filled	Filter:			
<input type="checkbox"/>	PC033	Quantity Dispensed	Filter:			
<input type="checkbox"/>	PC034	Days Supply	Filter:			
<input type="checkbox"/>	PC035	Charge Amount	Filter:			
<input type="checkbox"/>	PC036	Health Plan Paid Amount	Filter:			
<input type="checkbox"/>	PC037	Ingredient Cost/List Price	Filter:			
<input type="checkbox"/>	PC038	Postage Amount Claimed	Filter:			
<input type="checkbox"/>	PC039	Dispensing Fee	Filter:			
<input type="checkbox"/>	PC040	Copay Amount	Filter:			
<input type="checkbox"/>	PC041	Coinsurance Amount	Filter:			
<input type="checkbox"/>	PC042	Deductible Amount	Filter:			
<input type="checkbox"/>	PC043***	Prescription Number	Need:			
<input type="checkbox"/>	PC044 - 46*	Prescribing Physician Name	Need:			

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	PC047*	Prescribing Physician Payer Number	Need:			
<input type="checkbox"/>	PC203**	Carrier Associated With Claim	Need:			
<input type="checkbox"/>	PC211**	Cross Reference Claim ID	Need:			
<input type="checkbox"/>	PC212**	Allowed Amount	Need:			
<input type="checkbox"/>	PC213**	HIOS Plan ID	Need:			
<input type="checkbox"/>	PC214**	Claim Processing Level Indicator	Need:			
<input type="checkbox"/>	PC215**	Service Line Type	Need:			
<input type="checkbox"/>	PC216**	Denied Claim Indicator	Need:			
<input type="checkbox"/>	PC217**	Denial Reason	Need:			
<input type="checkbox"/>	PC900***	Mail Order Pharmacy Indicator	Filter: Need:			
<input type="checkbox"/>	PC901***	In Network Indicator	Filter: Need:			
<input type="checkbox"/>	PC902***	Claim Version Number	Need:			
<input checked="" type="checkbox"/>	PC906	Composite Unique Member Key (required for linking to member and medical claim tables)		Automatically Provided When Pharmacy Claims File Is Approved		
<input checked="" type="checkbox"/>	PC915	MI_PERSON_KEY - Allows linking of members across all payers		Automatically Provided When Pharmacy Claims File Is Approved		

*Added with 1/1/2010 paid dates
**Added with 1/1/2016 paid dates
***Added with 1/1/2021 paid dates

Additional Pharmacy Claim File Data Element Requests (Shaded columns for internal use only.)

Element #	Element Name	Element Description	Justification of Need	Filtering of Data Element (state "none" if none)	Grouping of Data Element (state "none" if none)	Approved	Exclusions	Verification Initials

Dental Claim File Data Element Selection (Shaded columns for internal use only.)

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	DC001 & 2	Payer and National Plan ID	Need: Filter: Grouping:			
<input type="checkbox"/>	DC003 & 913	Insurance Type/Product Code & Standardized Code	Filter: Grouping:			
<input type="checkbox"/>	DC004 & 5	Payer Claim Control Number, Line Counter	Need:			
<input type="checkbox"/>	DC006	Insured Group or Policy Number	Need:			
<input type="checkbox"/>	DC011	Individual Relationship to Insured Code	Filter: Grouping:			
<input type="checkbox"/>	DC012	Member Gender	Filter:			
<input type="checkbox"/>	DC014	Member City Name of Residence	Need: Filter: Grouping:			
<input type="checkbox"/>	DC014 calc	Member New Hampshire County of Residence	Filter: Grouping:			
<input type="checkbox"/>	DC015	Member State or Province	Filter: Grouping:			
<input type="checkbox"/>	DC016	Member ZIP Code of Residence	Need: Filter: Grouping:			
<input type="checkbox"/>	DC017	Date Service Approved	Need: Filter: Grouping:			
<input type="checkbox"/>	DC018 & 20	Payer Service Provider Number & National Service Provider ID	Need: Filter: Grouping:			
<input type="checkbox"/>	DC021	Service Provider Entity Type Qualifier (Person or Non-Person Entity)	Filter:			
<input type="checkbox"/>	DC022 - 25	Service Provider or Organization Name	Need: Filter: Grouping:			
<input type="checkbox"/>	DC026	Payer Service Provider Specialty Code	Filter: Grouping:			
<input type="checkbox"/>	DC027	Service Provider City name	Need: Filter: Grouping:			
<input type="checkbox"/>	DC028	Service Provider State or Province	Filter:			

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	DC029	Service Provider ZIP Code	Need: Filter: Grouping:			
<input type="checkbox"/>	DC030	Facility Type - Professional	Filter:			
<input type="checkbox"/>	DC031	Claim Status (payment status of specific service line record, note: normally released is the final status of the claim at the time the extract is made, subject to payer irregularities and available information)	Filter:			
<input type="checkbox"/>	DC032-34	CDT Code and Modifiers	Filter:			
<input type="checkbox"/>	DC035	Date of Service - From	Need: Filter: Grouping:			
<input type="checkbox"/>	DC036	Date of Service - Thru	Need: Filter: Grouping:			
<input type="checkbox"/>	DC037	Charge Amount	Filter:			
<input type="checkbox"/>	DC038	Paid Amount	Filter:			
<input type="checkbox"/>	DC039	Copay Amount	Filter:			
<input type="checkbox"/>	DC040	Coinsurance Amount	Filter:			
<input type="checkbox"/>	DC041	Deductible Amount	Filter:			
<input type="checkbox"/>	DC042 & 43	Payer Billing Provider Number and National Billing Provider ID	Need: Filter: Grouping:			
<input type="checkbox"/>	DC044	Billing Provider Last Name or Organization Name	Need: Filter: Grouping:			
<input type="checkbox"/>	DC201**	Carrier Associated with Claim	Need:			
<input type="checkbox"/>	DC203**	Practitioner Group Practice	Need:			
<input type="checkbox"/>	DC204**	Tooth Number/Letter	Need:			
<input type="checkbox"/>	DD205**	Dental Quadrant	Need:			
<input type="checkbox"/>	DC206**	Tooth Surface	Need:			
<input type="checkbox"/>	DC207**	Claim Version	Need:			
<input type="checkbox"/>	DC208**	Diagnosis Code	Need:			
<input type="checkbox"/>	DC209**	ICD Indicator	Need:			
<input type="checkbox"/>	DC211**	Cross Reference Claims ID	Need:			
<input type="checkbox"/>	DC212**	Allowed Amount	Need:			
<input type="checkbox"/>	DC213**	HIOS Plan ID	Need:			
<input type="checkbox"/>	DC215**	Service Line Type	Need:			

Requested	Element #	Element Description	Need/Filter/Group	Approved	Exclusions	Verification Initials
<input type="checkbox"/>	DC218**	Claim Processing Indicator	Need:			
<input type="checkbox"/>	DC219**	Denied Claim Indicator	Need:			
<input type="checkbox"/>	DC220**	Denial Reason Code	Need:			
<input type="checkbox"/>	DC900***	In Network Indicator	Filter: Need:			
<input type="checkbox"/>	DC901***	Quantity	Need:			
<input checked="" type="checkbox"/>	DC906	Composite Unique Member Key (required for linking to member and medical claim tables)		Automatically Provided When Dental Claims File Is Approved		
<input checked="" type="checkbox"/>	DC915	MI_PERSON_KEY - Allows linking of members across all payers		Automatically Provided When Dental Claims File Is Approved		

**Added with 1/1/2016 paid dates

***Added with 1/1/2021 paid dates

Additional Dental Claim File Data Element Requests (Shaded areas for internal use only.)

Element #	Element Name	Element Description	Justification of Need	Filtering of Data Element (state "none" if none)	Grouping of Data Element (state "none" if none)	Approved	Exclusions	Verification Initials

*Supporting Tables **Automatically** Provided When Claim File(s) Approved:*

Table Name	Verification Initials
Reference (30)	
Provider Detail	
Final Claim	

Principal Investigator and Requestor Signatures

I have reviewed the request form. All statements made in the request form are true, complete, and correct to the best of my knowledge.

Principal Investigator Name:	
Principal Investigator Signature:	Date:
Requestor (if different than Principal Investigator) Name:	
Requestor Signature:	Date:

******REMAINDER OF FORM FOR INTERNAL USE ONLY******

NH DHHS INTERNAL USE FORM FOR LIMITED USE DATASET REQUESTS

Research Title: _____

Date Approved By Claims Data Release Advisory Committee: _____

Commercial Only Commercial and MCO

Years approved: _____

Researcher Contact Info: _____

UPS # _____ FedEx # _____

Exclusions to Limited Use Data Request: Yes No

(Note: All Exclusions need to be marked on the Data Element Selection Form for correct dataset creation)

Additional Notes regarding Exclusions: _____

MILLIMAN INTERNAL USE FORM FOR LIMITED USE DATASET REQUESTS

(For use by NH MedInsight Client Service Manager)

Data Request Reviewed By: _____

Date Reviewed: _____

Data Request Approved By DHHS: _____

Files sent to Limited Use Requester:

Limited Use Datasets

Limited Use Data Dictionary

Reference Tables

Provider Detail reference table

Limited Use Notice (hard copy or soft copy)

FED EX or UPS (circle one) account number: Yes No

Secure FTP credentials created for dataset download: Yes No

Datasets sent to Requestor on (Date): _____